Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Information Technology Council June Update

June 1, 2015

Agenda

1. **Welcome** [5min]
   - April meeting minutes approval
2. **Consent Workgroup Update** [15min] - Micky Tripathi
3. **MassHealth Update** [20min] – Daniel Tsai
4. **Massachusetts eHealth Institute Update** [15min] – Laurance Stuntz
5. **Operations Update** [15 min] - Darrel Harmer
6. **HIT Council meeting frequency discussion** [5min]
   - Council vote

Discussion Item 2: Consent Workgroup Update

Consent Workgroup

Consent Workgroup update

- In past month a 37 member Consent workgroup was re-established with new members joining the previously established consent subgroup
- Meeting was held May 22nd at the Massachusetts Medical Society
  - First meeting focused on comprehending the universe of consents that Participants deal with when connecting with others electronically
  - Completed inventory of Federal, State, and other consents with details on consent type, applicability, and frequency
- Workgroup agreed to 3 prong approach and will meet over the summer to work through the details:
  - Share current best practices solutions to thorny consent issues invoked when an organization connects with other organizations for electronic exhchange
  - Identify potential changes to laws and/or regulations to help solve current issues
  - Design broad public education campaign

Discussion Item 3: MassHealth Update

Update to the HIT Council

Executive Office of Health & Human Services

June 1, 2015

Priorities for MassHealth

- Improve **customer service and member experience**

- Fix **eligibility systems and operational processes**

- Improve **population health and care coordination through payment and care delivery reform**

- Improve **integration of physical, behavioral health and LTSS care** across the Commonwealth

- Scale **innovative approaches for populations receiving long term services and supports**

- Improve **management of our existing programs** and spend

MassHealth Payment and Care Delivery reform strategy has 5 elements, which are complementary and mutually reinforcing

1 **Payment reform / model**

2 **Approach to provider improvement**

3 **Data support, infrastructure and policy initiatives**

4 **Behavioral health and LTSS integration** *(emphasized throughout)*

5 **Addressing social determinants of health** *(emphasized throughout)*

Enhancing functionality of the Mass HIway can significantly improve exchange of clinically and operationally meaningful data amongst providers

Mass HIway has wide adoption for reporting related use cases, but very low adoption related to providing support for care transitions

Current state

- 26% of MA practices report they participate in an HIE

- Of these, 51% are participating in the Mass HIway with others participating in private exchanges

- Predominant use of the HIway is reporting to the Department of Public Health/CDC (~77%)

Recognized challenges

- Providers report that joining the HIway is a *limited value proposition* given absence of clinically and operationally meaningful provider tools for **care transitions**, e.g., ADT
    - Only 28% of practices report using the HIway for care transitions
    - Providers prioritize investments in direct connection with primary trading partners (via private solutions) vs investment in statewide connectivity

- *Opt-in* **consent requirements** are a barrier to patient enrollment. The Commonwealth currently offers only limited patient consent supports or best practices

Next steps

- EHS will seek **stakeholder input in the next 90 days** to articulate current challenges and opportunities facing the HIway

- The goal of these meetings will be to identify specific approaches the agencies may take – individually or collectively – to accelerate implementation of enhancements to the HIway to better support the clinical and operational needs of providers, payers, and key government stakeholders. Specific deliverables should include:

  - Articulating **prioritized use cases** from the interagency and provider perspective (e.g., DPH reporting, ADT feeds, quality reporting etc)
  - **Validating those prioritized use cases** with key market stakeholders
  - Evaluating approaches from **other state-based HIEs**, including key lessons for Massachusetts
  - **Outline 12mo, 24mo and 36mo goals** for enhanced Hiway functionality
  - **Outline a roadmap** to meet those goals, including required resources, policies and interagency collaboration

- EHS will present synthesized findings and next steps to the HIT Council in September

Discussion Item 4: Massachusetts eHealth Institute Update

DRAFT FY16 Operating Plan Overview

HIT Council Review

June 1st, 2015

Operating Plan Design Principles

- **Financial**
  - Plan for resources to last through FY18
    - Stretched through extension of REC
  - Plan for only committed resources
    - Applied for the ONC HIE Grant (2 years, $3 million)

- **Initiatives**
  - Continue the thrust of the June 2014 Strategic Plan
  - Major grant programs (eHealth eQuality and Connected Communities) remain the same
  - Added a small eHealth Innovation Opportunity

FY16 Initiatives

Connected Communities

- Community Grants
- eHealth Fellowship
- Patient Engagement
- Vendor Engagement

eHealth Services & Support

- Medicaid MU
- Services Delivery
- REC

eHealth eQuality

- eQIP
- Adoption Toolkit
- BH Consent WG

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- eHealth Innovation Opportunity Fund
- Grantee Forum
- Health IT Index
- Outreach & Ops

eHealth Cluster Development

- Market Access
- Big Data in HC
- Cluster Convening

Common Programs

- eHealth Innovation Opportunity Fund
  - $250,000/year
  - Designed to provide flexibility to invest in high-value projects

- HIT Index
  - Currently working on the 2015 Index/Survey
  - Documenting progress along Adoption, Use, Impact continuum

- Grantee Forum
  - Planned for October, 2015
  - Opportunity to exchange information, highlight grantee success, and identify high-value projects to support HIT

- Outreach & Operations
  - Communications and Marketing eHealth Services
  - Salesforce
  - Website

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Connected Communities

- Continuing Efforts
  - Complete Statewide eHealth Plan – publish late Summer 2015
  - Community Grants award and management - $3.5M, 5-8 grants

- New Efforts
  - Patient Engagement
    - First steps towards satisfying our Consumer Engagement goal
    - Will require lots of partners in government and healthcare sectors
  - Vendor Engagement
  - eHealth Fellowship

- eQIP
  - Currently: 18 BH grantees with 126 sites
  - Validating: 15 LTPAC applicants and 9 more BH applicants
  - We expect to obligate about ½ of the $6.7 allocated to this program in FY15, and will then determine the highest impact for the remainder

- Behavioral Health Consent Workgroup
  - Supporting eQIP grantees

- EHR Model Deployment and Adoption Support
  - Support for small providers to help them choose and implement EHRs

eHealth Services & Support

- **Medicaid Meaningful Use Incentive Application**
  - 7 FTE + Operations/IT support
  - Priced to cover costs
  - ~$1.3M revenue and expenses

- **eHealth Services**
  - Incorporates Regional Extension Center
  - Significant interest in the Physician Quality Reporting System Registry
  - Diversifies funding stream
  - May distract from the broader mission
  - We are continually looking at ways to best support these groups and fill the "support providers in achieving Meaningful Use" part of our mission
    - Next review in June to check progress and plans

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eHealth Cluster Development- Evolving Approach

Objective	To make Mass a global leader in eHealth by bridging gaps and unlocking new opportunities		
Strategies	Cluster Convening	Improving Access to Market	Improving Healthcare Data Transparency & Availability
Initiatives	> Mass. eHealth Cluster Website > Mass. eHealth Quarterly/ Annual Events	> Market Access Program Connecting (provider & payer) needs with ideas & products via pilots	> Healthcare Big Data Initiative Hackathons on existing & new healthcare data to drive insights, product & solutions

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Discussion Item 5: Operations Update

HIway Participation

May Participation Activity

New Participation Agreements completed in May:

- Allergy and Asthma Center of MA

- Doru Iancovici M.D.

- Duffy Health Center, Inc.

- Michael S. Levin M.D.

- Newton Wellesley Orthopedic Associates

- Maples Rehabilitation & Nursing Center, LLC.

- Outer Cape Health Services

- Physician Care West P.C.

May Connection Activity

New Connections completed in May:

- Allergy and Asthma Center of MA

- Cape Cod Healthcare

- Doru Iancovici M.D.

- Holyoke Health Center

- Michael S. Levin M.D.

- Newton Wellesley Orthopedic Associates

- VNA of Eastern MA

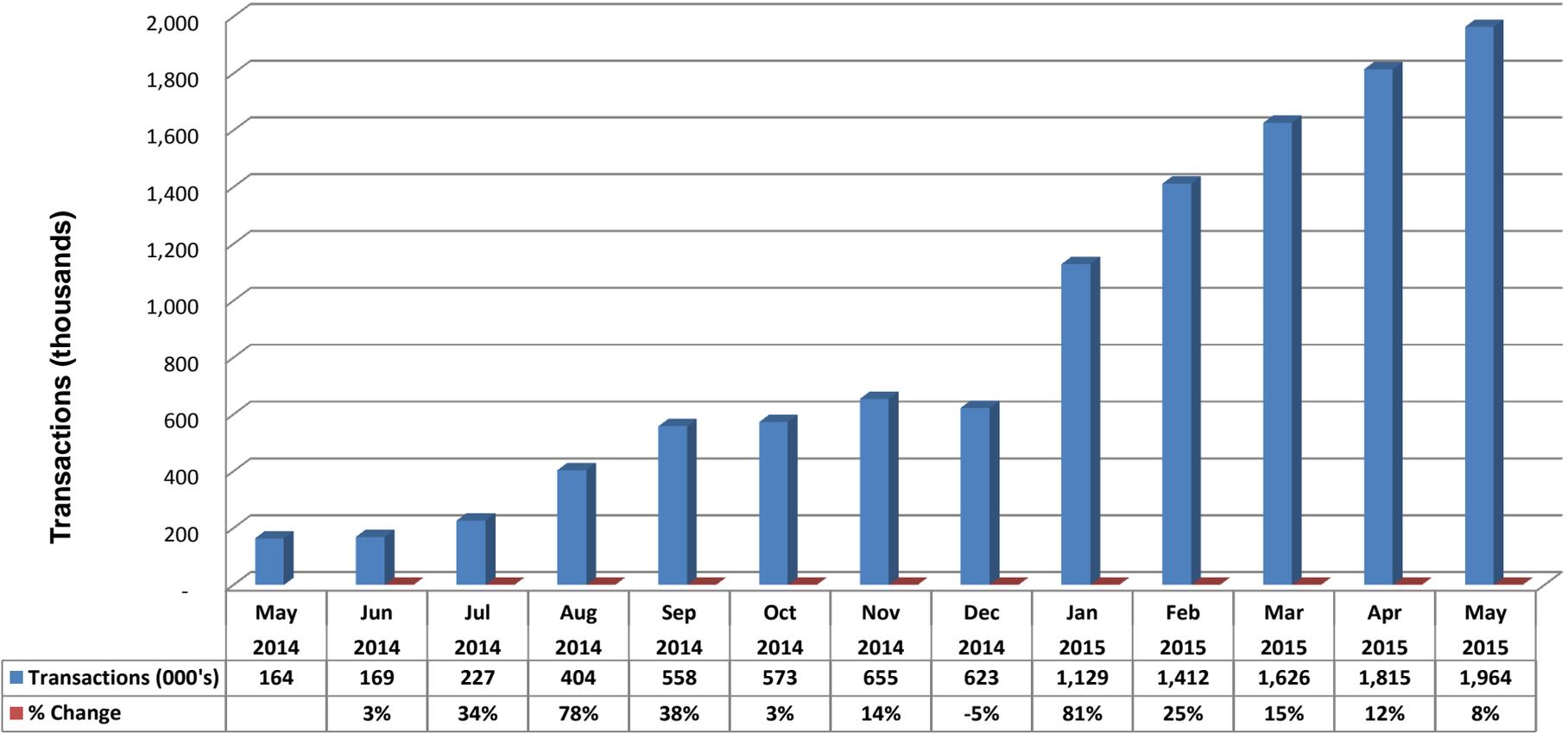| Tier	SubTier	Universe (est)	Mass Hiway HISP			Via another HISP		Total (Actual)		Current SFY '15 Forecast		SFY '15 Target	
			# Signed on	# Connected	# Actively Using	# Connected	# Actively Using	# Actively Using	% Actively Using	# Actively Using	% Actively Using	# Actively Using	% Actively Using
Tier 1	Large Hospitals / Health Systems	29	26	20	14			14	48%	14	48%	19	66%
	Health Plans	9	4	4	2			2	22%	2	22%	3	33%
	Multi-entity HIE	5	3	1				0	0%	0	TBD	TBD	TBD
	Commercial Imaging Centers & Labs	TBD	1	1				0	0%	0	TBD	2	TBD
Tier 2	Small Hospitals	37	35	31	25			25	68%	25	68%	30	81%
	Large ambulatory practices (50+)	11	8	7	4	5	1	5	45%	5	45%	5	45%
	Large LTCs	8	1	1				0	0%	0	0%	4	50%
	ASCs	63						0	0%	0	0%	4	6%
	Ambulance/Emergency Response	39	1	1				0	0%	0	0%	5	13%
	Business Associate Affilliates	5	1	1	1			1	20%	1	20%	3	60%
	Local government, publichealth	TBD	1	1	1			1	0%	1	TBD	TBD	TBD
Tier 3	Small LTC	310	22	17	2			2	1%	2	1%	12	4%
	Large behavioral health	10	2	2				0	0%	0	0%	3	30%
	Large home health (Added to 4b)	Merged							Merged		Merged		Merged
	Large FQHCs (10-49)	10	17	9	4	2	1	5	50%	6	60%	9	90%
	Medium ambulatory practices (10-4	365	17	14	4	4	1	5	1%	6	2%	15	4%
Tier 4	Small behavioral health	90	18	13	2			2	2%	2	2%	17	19%
	Home Health, LTSS	149	28	23	5	2		5	3%	6	4%	15	10%
	Small FQHCs	29	4	1	1			1	3%	1	3%	5	17%
	Small ambulatory practices (3-9)	1595	43	58	13	6	1	14	1%	15	1%	80	5%
Tier 5	Small ambulatory practices (1-2)	4010	188	150	25	59	1	26	1%	29	1%	200	5%
Grand Total		6774	420	355	103	78	5	108	2%	115	2%	431	6%

13 Month HIway Transaction Activity

1,963,783 Transactions* exchanged in May (4/21 to 5/20/2015**)

13,770,336 Total Transactions* exchanged inception to date

	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
■ Transactions (000's)	164	169	227	404	558	573	655	623	1,129	1,412	1,626	1,815	1,964
■ % Change		3%	34%	78%	38%	3%	14%	-5%	81%	25%	15%	12%	8%

Y-axis label: Transactions (thousands)

* Note: Includes all transactions over Mass HIway, both production and test
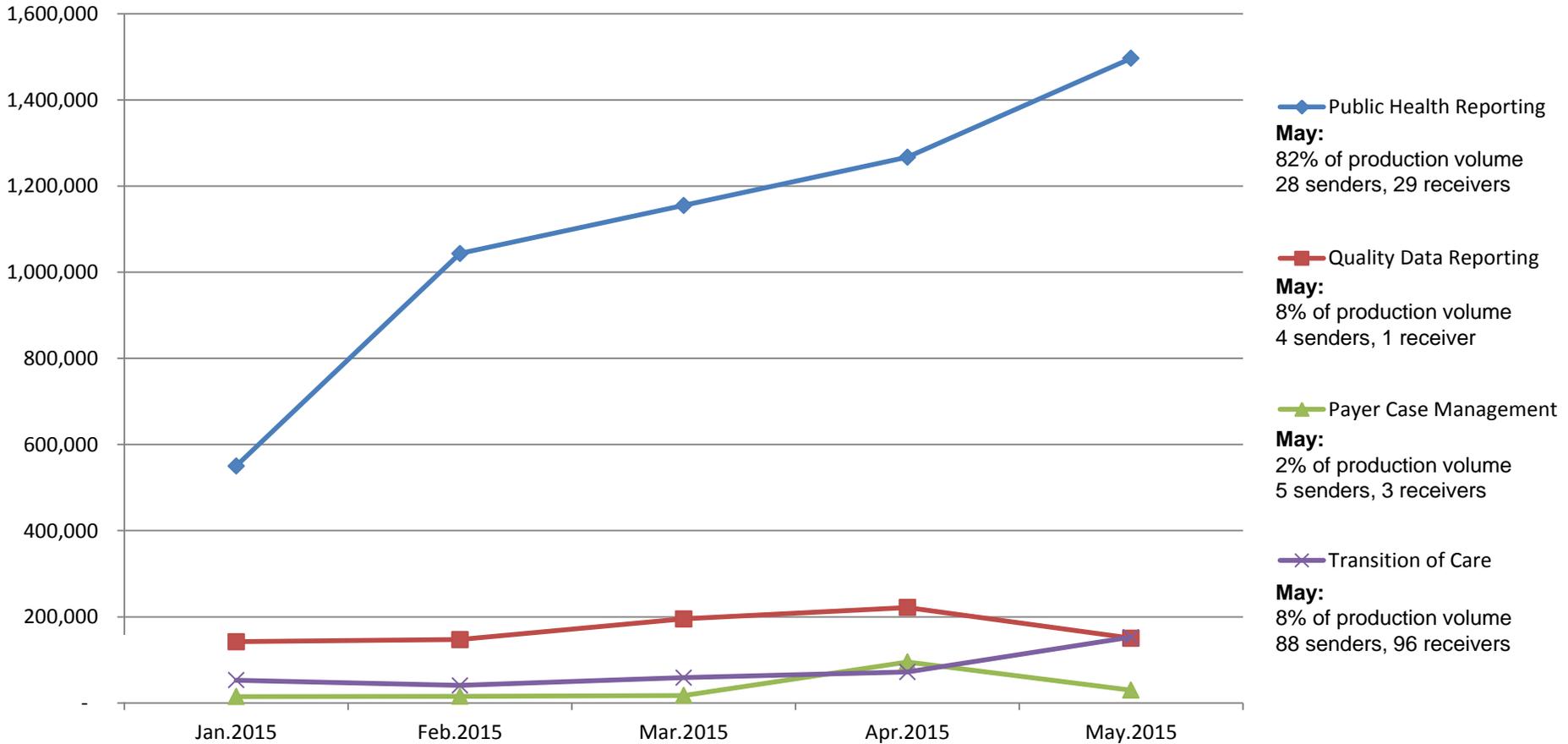*** Note: Starting 12/20/2014, reporting cycle is through the 20th of each month.*

2015 HIway Production Transaction Trends by Use Case Type

85% of HIway activity year-to-date* was for production transactions

93% of HIway activity in May* was for production transactions

Public Health Reporting
May:
82% of production volume
28 senders, 29 receivers

Quality Data Reporting
May:
8% of production volume
4 senders, 1 receiver

Payer Case Management
May:
2% of production volume
5 senders, 3 receivers

Transition of Care
May:
8% of production volume
88 senders, 96 receivers

Note: Reporting cycle is through the 20th of each month.

HISP to HISP Connectivity

#	HISP Vendor	Kickoff	Onboarding	Testing	HIway Prod Readiness	Live/Target Date
1	eLINC					✓ 2014-May
2	ADS/DataMotion					✓ 2014-Jun
3	Alere					✓ 2014-Jul
4	Inpriva					✓ 2014-Aug
5	Surescripts					✓ 2014-Oct
6	eClinicalWorks					✓ 2014-Oct
7	McKesson(RelayHealth)					✓ 2014-Dec
8	Allscripts(MedAllies)					✓ 2014-Jan
9	EMR Direct					✓ 2015-Mar
10	SES					✓ 2015-Mar
11	Medicity					✓ 2015-Apr
12	NHHIO					✓ 2015-May
13	MyHealthProvider(Mercy Hospital)					✓ 2015-May
14	NextGen Share					2015-Jun
15	athenahealth					2015-Jun
16	Aprima					2015-Jun
17	Cerner					TBD
18	UpDoxx					TBD
19	MaxMD					TBD
20	VA					TBD

DPH Update

DPH Vendor	Status	Agreement Status	Production Target Date
SMART	OTP - Live	With Client	APR
Netsmart	OTP - Awaiting Prod go live	With Client	MAY
eClinicalWorks	MIIS - Testing eReferral - Testing	Complete	JUN
Epic	On Hold	On Hold	TBD
GE Qvera	MIIS - Live	With Client	FEB
Cerner	MIIS - Live SS -Testing	With Client	JUN
Allscripts	Testing - MIIS	Complete	JUN
athenahealth	MIIS - Legacy(HL7 gateway) Testing - MCS	Complete	TBD
Aprima	MCS - engagement started	With Client	TBD
Surescripts	MIIS - Legacy(HL7 gateway)	N/A	N/A

2015 Mass HIway Incident Summary Dashboard
May 2015

THE HIWAY
MASSACHUSETTS HEALTH INFORMATION HIGHWAY
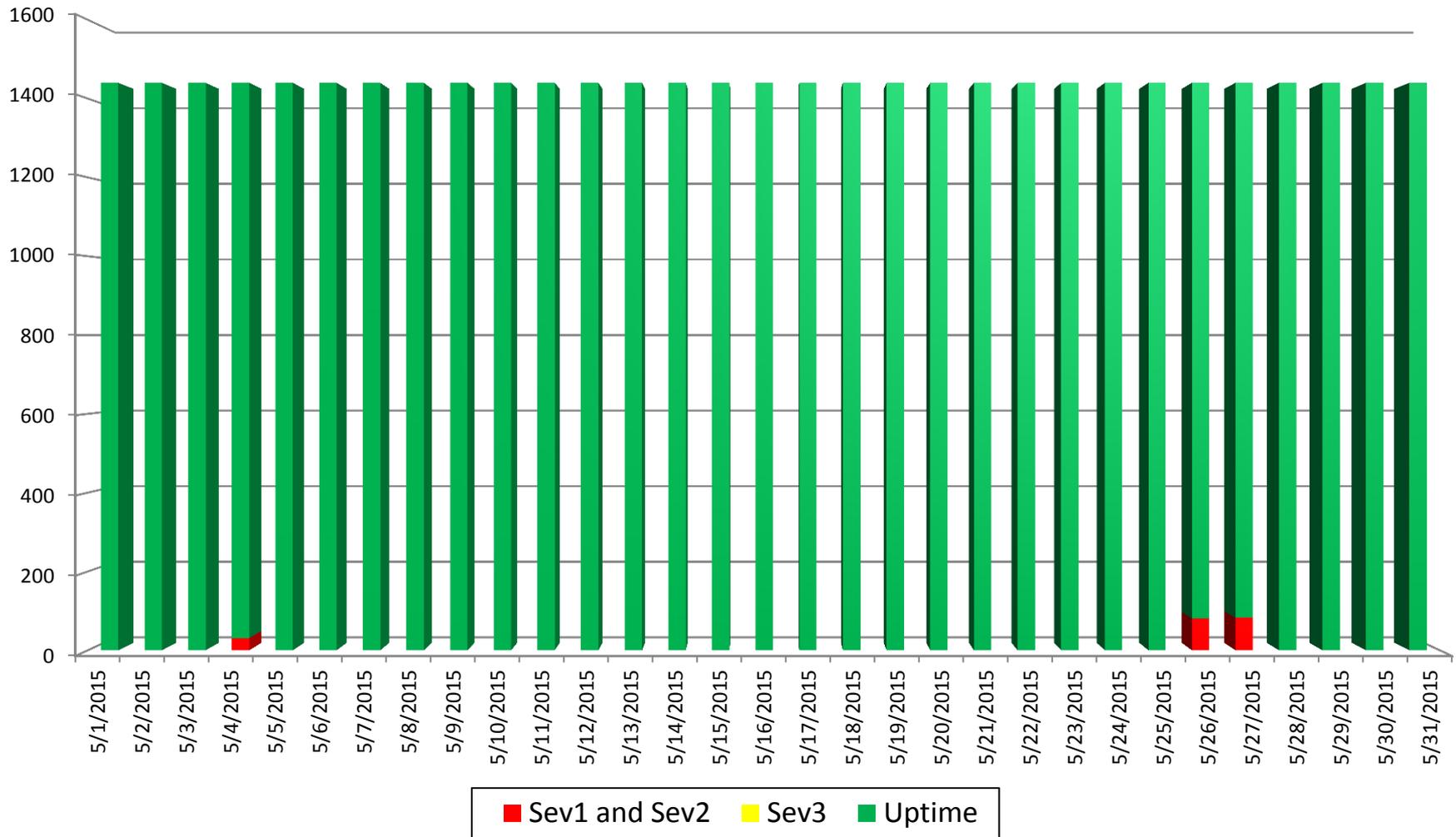
Legend: ■ Sev1 and Sev2   ■ Sev3   ■ Uptime

Sev 1 -   All / Most Mass HIway components impacted as a result of outage. For example: LAND, Webmail, Direct XDR, and DPH nodes are all down

Sev 2 -   Multiple Mass HIway components impacted as a result of outage in one of the shared service. For example: LAND and Webmail are down but Direct XDR and DPH nodes are up.

Sev3 – One Mass HIway component impacted as a result of outage. For example: Webmail is down but all other services are up and running.

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HIway Availability Trends
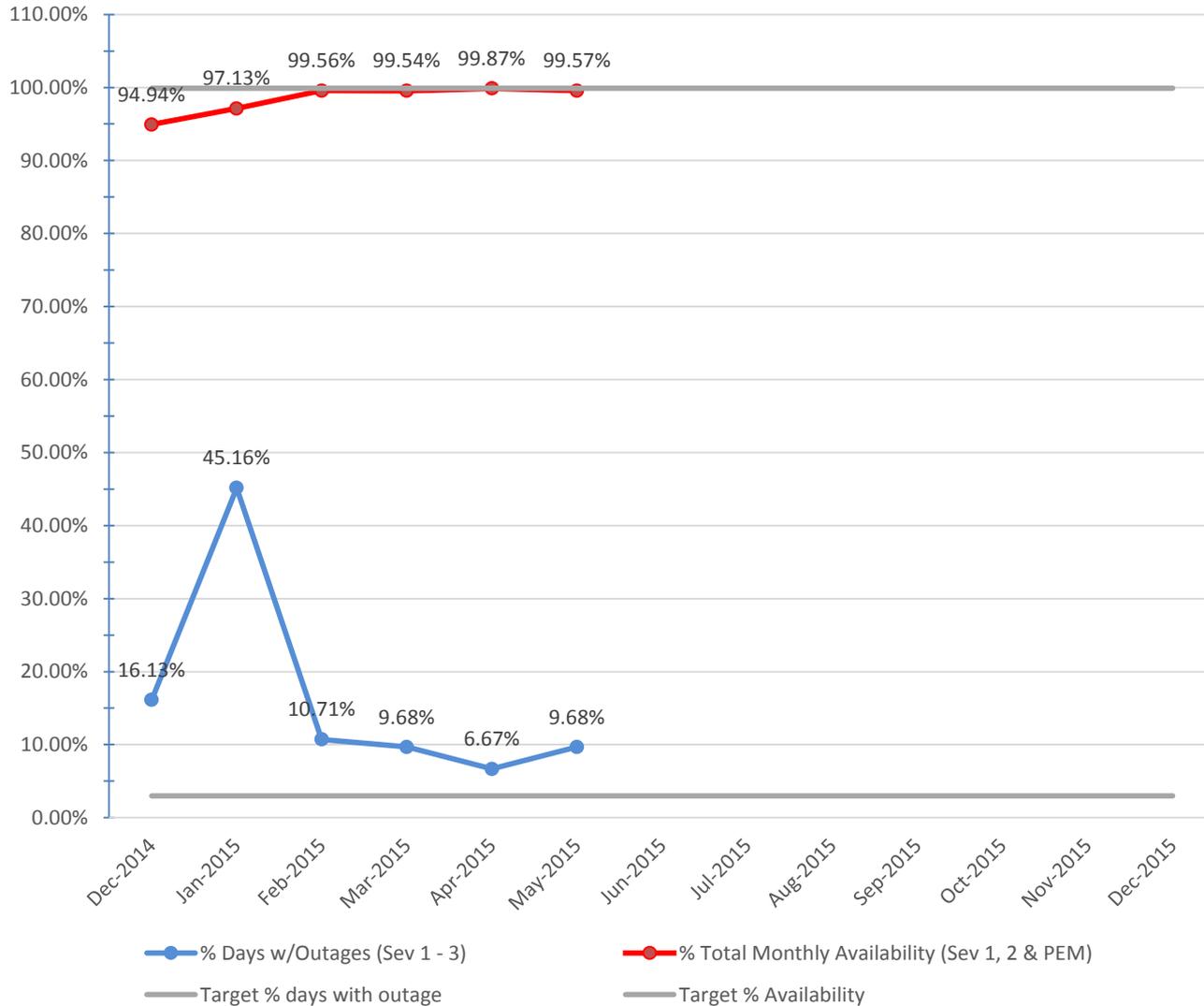
Metric Targets:

- "Total Monthly Availability" – no lower than 99.9% (downtime no more than ~44 minutes/month)
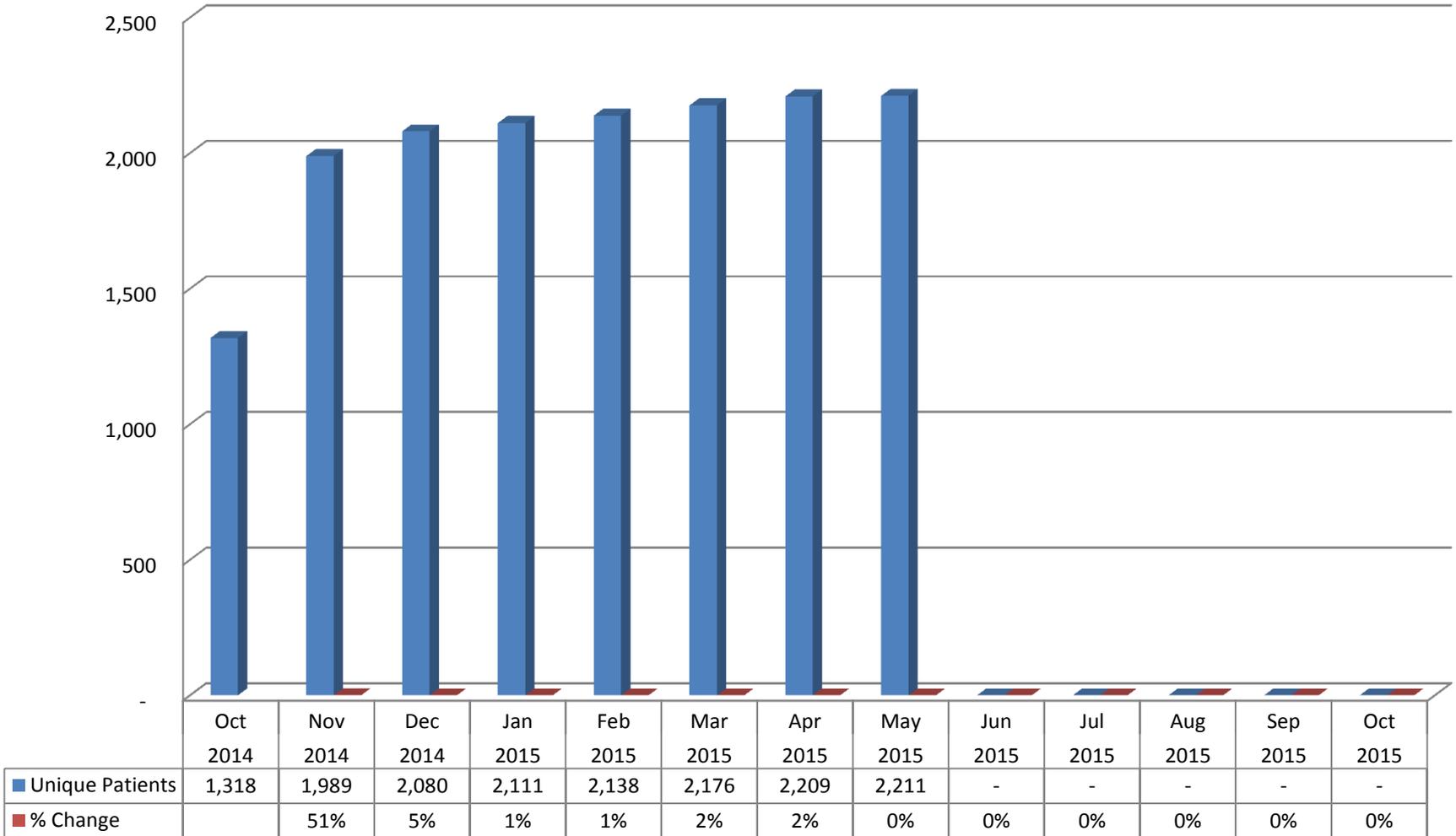
- "Days with Outages" – no higher than ~ 3% (1 day)

Query and Retrieve Pilot Updates

Pilot Site	Status	~Go-live
BIDMC	PatientSite (patient portal) has gone live in the test environment during the week of 5/18 and will serve as the first entry point where patients can opt-in or opt-out to the Mass HIway. There are no early returns as of yet to determine effectiveness. Processed 5,707 messages, representing 4,453 unique patients to the RLS	TBD - Upon completion of testing PatientSite
Atrius	Additional ADT testing with the Mass HIway for patients that have a consent on file continues. There are two outstanding questions from Atrius: 1. Conversion of patient consent from Yes to No and the patient information revealed when this change is made 2. Confirmation of the accuracy of patient matching criteria 9/2014 – 5/2015 – 184,000 requests given to patients, 102,000 consents, 8,000 declines	TBD – Pending Q&R update
Tufts	(No change) Providing real-time ADTs to Q&R to test environment. Production status to be updated upon completion of the development work for patient consent changes (also noted by Atrius). Would like to see a high volume test of the patient matching algorithm to prove that the EMPI works because they have seen matching errors and blanks. Would like to see the code for the algorithm to use for test scenarios.	TBD – Pending Q&R update
Holyoke	The consent process has been finalized. Workflow analysis continues for efficient capture of patient consent preferences (date to be determined) . Once complete, Holyoke is production ready (No new update).	TBD

RLS Unique Patients Count

	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015
Unique Patients	1,318	1,989	2,080	2,111	2,138	2,176	2,209	2,211	-	-	-	-	-
% Change		51%	5%	1%	1%	2%	2%	0%	0%	0%	0%	0%	0%

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Note: Starting 12/20/2014, reporting cycle is through the 20th of each month.

Discussion Item 6: HIT Council meeting frequency discussion

HIT Council meeting frequency discussion:

- The Council's initial focus was on EHR adoption – the planning work here is complete with periodic check in on progress and minor course correction

- The Council then turned attention to HIE - During the Mass HIway planning, design, and initial launch phase the Secretary and EOHHS leadership relied heavily on timely recommendations from the HIT Council and multi-stakeholder workgroups on everything from technical design to policy to pricing – Conversely, the HIT Council provided an effective forum for timely dissemination of progress information - We are now 2 ½ years into Mass HIway operations and have worked through the majority of (but not all) the open questions and issues surrounding HIE

- The Council continues to have obligations for periodic review of EOHHS and MeHI plans and for an annual report to the General Court

- Given that the Council now has some "breathing room:"

  – Should we turn some of our attention to other areas?

  – Should we reduce meeting frequency? (e.g., Quarterly HITC meetings)

    - Council meetings could be focused on substantive and interactive discussions of strategic policies, issues, etc.

    - Provides time for formulating and vetting proposals and recommendations before being brought to the full Council

Section 3.1 of HITC Bylaws:

- Regular meetings of the Council for the transaction of any lawful business of the Council shall be held with such frequency as the Chairperson and the Council may determine, **but at least once each calendar quarter**. Notice shall be provided to the members as set forth in Section 3.3. Meetings of the Council shall be held at the principal office of the Council or such other place as may be designated in the notice of the meeting. **Any regularly scheduled meeting of the Council may be cancelled or rescheduled by the Chair or by a vote of the majority of members at any prior meeting of the Council.**

Proposed Meeting Schedule if we move to quarterly frequency:

- – Monday September 14, 2015
- – Monday December 7, 2015
- – Monday March 7, 2016
- – Monday June 6, 2016

   *All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st floor, Boston MA

Commonwealth of Massachusetts
Executive Office of Health and Human Services

THE HI WAY
MASSACHUSETTS HEALTH INFORMATION HIGHWAY

Thank you!