Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Information Technology Council Meeting

June 6, 2016

Agenda

1. **Welcome** [5 minutes] – *Alice Moore*
   a) Introductions
   b) Approval of April 4, 2016 Meeting Notes
2. **HIway Regulations: Opt-In & Opt-Out Mechanism** [15 minutes] – *Sharon Boyle & Gary Sing*
3. **HIway Regulations: Connecting to the HIway** [45 minutes] – *Sharon Boyle & Gary Sing*
4. **Massachusetts eHealth Institute Operating Plan Overview** [20 minutes] – *Laurance Stuntz*
5. **Conclusion** [5 minutes] – *Alice Moore*
   a) Next Steps
   b) 2016 Schedule

Appendix A: *M.G.L. Chapter 118I references*

Appendix B: *HIway Operations Update*

HIway Regulations: Opt-In & Opt-Out Mechanism

Sharon Boyle, Gary Sing

Background

EHS is planning to release draft HIway regulations in summer 2016 for public comment, with the goal of final regulations promulgated by the end of 2016

- **HIway regulations are needed to clarify two main parts of M.G.L. Chapter 118I:**

  1. The **opt-in / opt-out** mechanism for the HIway

  2. The statutory requirement for Providers to **connect to the HIway** by January 2017

Background for opt-in/opt-out

- **M.G.L. Chapter 118I describes that there shall be a mechanism for patients to opt-in and opt-out of the HIway**
    - **M.G.L. Chapter 118I, Section 11: "***Any plan approved by the executive office … shall establish a mechanism to allow patients to opt-in to the health information exchange and to opt-out at any time"*

- **Based on HIT Council Feedback from our previous meeting, we propose to focus the opt-in/opt-out mechanism based on specific HIE functions:**
    - **Function #1 – A secure mode of transmission (**aka, **"Direct Message over the HIway"):** i.e., a secure method of sending a transmission from Provider A to Provider B, where the HIway does not store information
    - **Function #2 – HIway-sponsored services:** i.e., the existing Relationship Listing Service (RLS) and the forthcoming Event Notification Service (ENS), where the HIway does store information

Proposed opt-in/opt-out mechanism

HIway Function #1: Direct Messaging over the HIway	**Existing state and federal requirements related to the use and disclosure of data, including HIPAA, 42 CFR Part 2, and state laws regarding genetic testing & HIV continue to apply.**
	• For Direct Messaging, **if federal and state rules** (e.g., HIPAA, 42 CFR Part 2) **permit the use and disclosure of information**, then **providers may transmit via Direct Messaging over the HIway** in the same way they are permitted to fax the information
	• Provider organizations can also **implement their own local opt-in/out processes**
	• Rationale:
	  ○ Aligns the requirements to use Direct Messaging over the HIway similar to that for Provider Organizations sending a fax or making a phone call
	  ○ Consistent with how other HIEs currently function
	  ○ Promotes Direct Messaging over the HIway, which is a more efficient and secure form of transmitting messages than other methods

Proposed opt-in/opt-out mechanism (continued)

HIway Function #2: HIway-sponsored services *(e.g. existing Relationship Locating Service [RLS] and future Event Notification Service [ENS])*	**Opt-in mechanism: Provider Organizations give patients public notice** • **Public notice** may include, but is not limited to: visible posters, handouts, inclusion in the privacy notice, banner on a web portal, letter or email to the patient • The HIway will provide a **sample public notice** that Provider Organizations may adapt and use **Opt-out mechanism: A centralized opt-out mechanism** • Provider Organizations also have the option of an additional local opt-in/opt-out mechanism • EOHHS would accompany the regulations with **state-wide education for both patients and Provider Organizations**

HIway Regulations: Connecting to the HIway

Sharon Boyle, Gary Sing

Background

M.G.L. Chapter 118I describes that providers shall connect to the HIway by January 2017

- *"All providers in the commonwealth shall implement fully interoperable electronic health records systems that connect to the statewide health information exchange"* by January 1, 2017

Forthcoming proposed HIway regulations will clarify this requirement to connect to HIway

- The HIway regulations will describe the following:
  - **Who** must connect?
  - **What** does it mean to "connect" to the HIway?
  - **When** must Providers connect?
  - Fees and penalties
  - Collecting information regarding "**interoperable EHRs**"

This is the *start* of the regulatory process: the following slides provide draft recommendations and stakeholder input is very welcome

Three key questions about connecting

HIway regulations will clarify the requirement to connect by answering the 3 key questions.

Question	Answer
Q1: Who must connect?	**A: Provider Organization types that are listed in the regulations**
Q2: What does it mean to connect?	**A: *"Connecting"* means becoming an *"Active User"* of HIway services, and the applicable HIway services vary for different types of Provider Organizations** • e.g., acute care hospitals must submit ADTs to a state-sponsored, state-wide Event Notification Service, but other Provider Organizations do not
Q3: When must a Provider Organization connect?	**A:** EOHHS anticipates requiring Provider Organizations to connect **starting January 2017, using a phased-in approach for different types of Provider Organizations**

Question 1: Who must connect?

The regulations will implement three key decisions regarding *"who must connect."*

Key decisions

1. **The requirement to connect to the HIway is implemented by requiring *Provider Organizations* to connect, not *individual practitioners*.**

2. **The regulations will require Provider Organizations to connect to the HIway that have not previously connected to the HIway.**

3. **Some Providers Organizations are required to connect by <u>specified dates</u>, while other Provider Organizations are required to connect at <u>unspecified future dates.</u>**

- This gives Providers Organizations not currently on the HIway advanced notice to prepare.
- Notice will be provided at least 1 year before the requirement to connect.

Question 1: Who must connect?

The draft regulations will describe which Providers Organizations must connect to the HIway and when.

- **EOHHS anticipates some Provider Organizations will be required to connect in January 2017**, while other organizations will be required to connect in January 2018 or January 2019

- **EOHHS anticipates that the remaining Provider Organizations will have a required connection date that will be determined in future guidance**
  - EOHHS anticipates these Provider Organizations will be given at least 1 year notice

- **The regulations will provide definitions of each type of Provider Organization that is being required to connect** (e.g., the definition of an acute care hospital)

Q2: What does it mean to connect?

The regulations will clarify that initially the requirement to "connect" to the HIway is satisfied by two methods

HIway Connection Methods

Direct Messaging over the HIway

Direct Messaging: Consistently sends all transactions over the HIway for at least one Direct Messaging use case

Use Case Categories:

- *Provider-to-Provider (P2P) communication*
- *Payer case management*
- *Quality reporting*
- *Public health reporting*

(see the next slide for example use cases within these Use Case Categories)

This requirement to use Direct Messaging applies to all organizations, regardless of whether they connect to the HIway directly or via another HISP

Statewide Event Notification Service

ADT† Submission: Acute care hospitals send all ADTs regarding ED visits and hospital admissions, discharges & transfers (as allowed by HIPAA and other privacy laws) to populate the state-sponsored ENS

*If a Provider Org implements a local opt-in/opt-out process that **limits ADTs sent to statewide ENS**, then that organization **must submit a plan** for Mass HIway approval that describes how that organization will **actively educate staff and inform patients** about purpose & benefits of participating in HIway*

- *For Direct Messaging, **Provider Organizations must attest** to having implemented **at least one specific use case**, where it is **consistently using Direct Messaging for all transactions within the selected use cases**, to the extent possible, and **at least one transaction partner is a HIway participant** (see next slide).*
- *If Provider Organization is **successfully implementing the P2P Direct Messaging use case off of the HIway** (e.g., using a HISP hosted by an EHR system such that HIway is not involved), EOHHS anticipates allowing the **Provider Organization to use this as basis for attestation for the Direct Messaging use case.***
- *†An "ADT" (Admission Discharge Transfer) is a message that meets industry standards for conveying info about health care encounters.*

Use Cases for Direct Messaging

Use Case Categories	Example Use Cases
Provider-to-Provider Communications	• Hospital sends a discharge summary to a Skilled Nursing Facility (SNF) or Long Term/Post Acute Care (LTPAC) facility • Primary Care Provider (PCP) sends a referral notice to a specialist • Specialist sends consult notes & updated medications list to patient's PCP • Hospital ED requests a patient's medical record from a PCP • PCP sends a CCD or C-CDA with Problems, Allergies, Medications, and Immunizations (PAMI) to a Hospital caring for their patient
Payer Case Management	• ACO sends quality metrics to a payer • Provider sends lab results to a payer • Provider sends claims data to payer
Quality Reporting	• Provider sends clinical data to Business Associate for quality metrics analysis • Provider sends quality metrics to Business Associate for report preparation
Public Health Reporting	• **Provider sends to DPH:** ○ Massachusetts Immunization Information System (MIIS) ○ Syndromic Surveillance (SS) ○ Opioid Treatment Program (OTP) ○ Childhood Lead Paint Poison Prevention Program (CLPPP) • **Provider sends to other agencies:** ○ Occupational Lead Poisoning Registry (Adult Lead) ○ Children's Behavioral Health Initiative (CBHI)

Q2: What does it mean to connect? (continued)

Additional key points regarding "connecting" to the HIway:

1. **The regulations will clarify that all Provider Organizations will need to consistently send all transactions over the HIway for at least one Direct Messaging use case**
   - However, some Provider Organization types will have specified dates, whereas others will have dates specified in future guidance.

2. **The regulations will require acute care hospitals to send ADTs (i.e., Admission Discharge Transfer transmissions) to the state-wide ENS once it is launched.**
   - This requirement is similar to what other states with a state-wide ENS have implemented
   - It is the most efficient way to create a robust state-wide ENS service
   - ADTs are standard transmissions that all hospitals are currently producing

3. **The regulations will establish that for the purposes of Chapter 118I, the HIway is the state-wide HIE.**
   - This clarification is consistent with the intent of Chapter 118I.
   - Currently there is no state-wide HIE other than the HIway

4. **The regulations will allow Providers to meet the requirement to connect to the HIway by either connecting to the HIway directly or through a HISP.**
   - This flexibility is important because over one-third of current HIway connections are made via another HISP.

Q3: When must Providers connect? / Fees and Penalties

The regulations will specify dates by which Provider Organizations must connect to the HIway in a phased manner.

- EOHHS anticipates some Provider Organizations will be required to connect to the HIway **via Direct Messaging in January 2017**, while other organizations will be required to connect in January 2018 or January 2019.
- EOHHS anticipates that the remaining Provider Organizations will have a required connection date that will be determined in future guidance (e.g., behavioral health entities).
- EOHHS anticipates that **acute care hospitals** will be required to connect to the HIway via **submission of ADTs to a state-wide Event Notification Service within 1 year of its launch**.

Regulations will continue to include fees for using the HIway, and will address penalties as authorized by M.G.L. Chapter 118I.

Implementing a fully interoperable EHR

For the purpose of these regulations, Provider Organizations initially meet M.G.L. Chapter 118I's requirement *"to implement a fully interoperable electronic health record system that connects to the statewide HIE"* by meeting connection requirements to the HIway.

- No national standard for "fully interoperable" currently exists; thus, for the purposes of these regulations, **"fully interoperable" will initially be defined as the ability to send Direct Messages via the HIway**

- To facilitate future alignment of EOHHS' definition of "fully interoperable" with evolving national and industry standards regarding interoperability, **"fully interoperable" will be defined in sub-regulatory guidance**

- Regulations will describe that Provider Organizations will be required to attest that they have reported information about what EHRs they are using. EOHHS and the Massachusetts eHealth Institute (MeHI), which keeps the most complete information about EHR adoption in the state, will be coordinating this requirement

- Rationale for approach:
    - There currently is no standard definition of *"fully interoperable EHR"*
    - Some Provider Organizations may not have traditional EHRs
    - Mechanisms are already in place encouraging EHR adoption (e.g., federal provider incentive payment program, state BORIM licensing requirements)

Proposed HIway Regulations Timeline

The proposed timeline aims to promulgate regulations by the end of 2016

Proposed timeline:

- Develop the complete draft proposed regulation: **June 2016**
- Engage stakeholders about the draft proposed regulations: **July 2016**
- Public hearing and public comment period: **~ August - October 2016**
- Promulgate final regulations: **~ November / December 2016**

MeHI Operating Plan Overview

Laurance Stuntz

DRAFT FY17 Operating Plan Overview

Health Information Technology Council

June 6th, 2016

MeHI
MASSACHUSETTS eHEALTH INSTITUTE
at the MassTech Collaborative

Strategic Context and Positioning

- Initiate
  - Consumer Engagement
- Grow / Invest
  - Digital Health Cluster Development
- Maintain
  - Connected Communities
  - eHealth eQuality
  - Medicaid Meaningful Use
- Diminish / Divest
  - eHealth Services
  - Regional Extension Center (Federal Grant)

Operating Plan Design Principles and Themes

- Initiatives
  - Remain in the context of the June 2014 Strategic Plan
  - Focus on Digital Health Cluster Development
  - Transition hands-on direct support model to broad-based support and education
- Financial
  - Plan for resources to last through FY18
  - Propose plans for eQIP budgeted balance
    - BH Integration and Data Sharing
    - Sharing of Advanced Directives

Digital Health Initiative – Strategic Framework

Objective	To make Massachusetts a global leader in Digital Health and in turn drive economic growth and improve Healthcare outcomes and efficiency in the Commonwealth		
Strategies	Improving Access to Customers	Cluster Convening	Healthcare Data Transparency & Availability
Programs	Digital Health Marketplace Program	Digital Health Hub	Healthcare Data Initiative

MeHI MASSACHUSETTS eHEALTH INSTITUTE at the MassTech Collaborative

Digital Health Initiative

- Digital Health Marketplace Program
  - Matchmaking the top priority/need/problem areas for healthcare organizations (providers, payers and pharmacies) with solutions from startups.
  - Streamlines technology selection and adoption for the healthcare organizations, improves customer/market access for startups and provides a de-risking mechanism for investors.
- Digital Health Hub & Cluster Convening
  - Regular cluster networking events at PULSE@MassChallenge
  - Monthly/Quarterly mentoring, early validation (feedback for early stage startups) events; speaker series.
  - Digital Health Learning Series – Helping tech entrepreneurs prepare for Healthcare startups.
  - Continue to grow content on massdigitalhealth.org and leverage it to drive participation in other programs.
- Health Data Initiative
  - Create greater access to public sector healthcare data to enable Digital Health entrepreneurs and academia to drive new insights, products and solutions.
  - Provide access by publishing the datasets or through targeted data challenges.
  - Expand over time to private-sector data.

Connected Communities

- Communities Grants award and management - $3.5M, 8 Grants
  - Collaboration among community organizations to use Health IT to improve cross-setting care management
  - Grants will run through most of FY18
- Consumer Engagement
  - Focusing research and programmatic development on caregivers
  - Need to better understand caregivers needs and opportunities to use technology to support their efforts
- Vendor Engagement
  - Develop HISP Directory of providers across the state
  - Match providers with potential vendor solutions
  - Coordinate activities between various government agencies in an effort to improve vendor interactions

eHealth eQuality

- eQuality Incentive Program (eQIP)
  - Ongoing support for 39 BH & LTPAC grantees with 211 facilities
- EHR Planning and Procurement Toolkit
  - Assist with additional EHR/HIT use and needs surveys
  - Add toolkit content around consent process
  - Extend conversations to other LTPAC settings (Home Health and Assisted Living)
- Behavioral Health Data Sharing workgroup
  - Focus on automating high cost reporting workflows
  - Starting with CBHI
  - Coordinated with HPC, ABH and others
- Behavioral Health integration demonstration project
  - Coordinated with the DMH/SAMHSA Certified Community Behavioral Health Centers Initiative
- Massachusetts Coalition for Serious Illness Care support
  - Work with stakeholders to design and pilot the infrastructure to ensure providers have reliable access to patients' care requests

Education and Outreach

- Learning Collaboratives
  - Time-bound and topic specific
    - E.g. 1 year, “Technology and Issues related to Behavioral Health Integration”
  - Supported by MeHI with Subject Matter Experts
  - Output must include best practices, checklists, educational content
  - Plan to support 2 in FY17
- Webinars and Regional Meetings
  - Focus on educational topics that need to reach the broad provider community
  - E.g., Incentive Program, HIway, MACRA, ACO regulations
  - Partner with other state agencies to deliver their content

Medicaid Meaningful Use Incentive Application Program

- Support Management and Operations of the program
- Increase assistance to applicants
- Working with MassHealth on continuing to streamline internal operations, e.g., clarity in documentation requirements for providers
- Contract renewal is agreed in principle, starts with the new fiscal year

Conclusion

Alice Moore

2016 Schedule

HIT Council - Meeting Schedule:*

- The 1st Monday of every other month
- Remaining 2016 Meetings:
  - August 1, 2016
  - October 3, 2016
  - December 5, 2016

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

Commonwealth of Massachusetts
Executive Office of Health and Human Services

THE HIWAY
MASSACHUSETTS HEALTH INFORMATION HIGHWAY

Thank you!

Appendix A: *M.G.L. Chapter 118I references*

M.G.L. Chapter 118I: Section 7

Chap 118I. Section 7. **Fully interoperable electronic health records systems connecting to statewide health information exchange**

[Text of section added by 2012, 224, Sec. 134 **effective January 1, 2017**. See 2012, 224, Sec. 286.]

All providers in the commonwealth shall implement fully interoperable electronic health records systems that connect to the statewide health information exchange.

The executive office, in consultation with the institute, shall ensure that the statewide health information exchange and associated electronic health records systems comply with all state and federal privacy requirements, including those imposed by the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, the American Recovery and Reinvestment Act of 2009, P.L. 111-5, 42 C.F.R. §§ 2.11 et seq. and 45 C.F.R. §§ 160, 162 and 164.

M.G.L. Chapter 118I: Section 8

Chap 118I. Section 8. **Penalties for non-compliance**

[Text of section added by 2012, 224, Sec. 134 effective November 4, 2012.]

The executive office shall prescribe by regulation penalties for non-compliance by healthcare providers with the requirements of section 7; provided, however, that the executive office may waive penalties for good cause, including, but not limited to lack of broadband internet access as provided in section 9.

Penalties collected under this section shall be deposited into the Prevention and Wellness Trust Fund, established in section 2G of chapter 111.

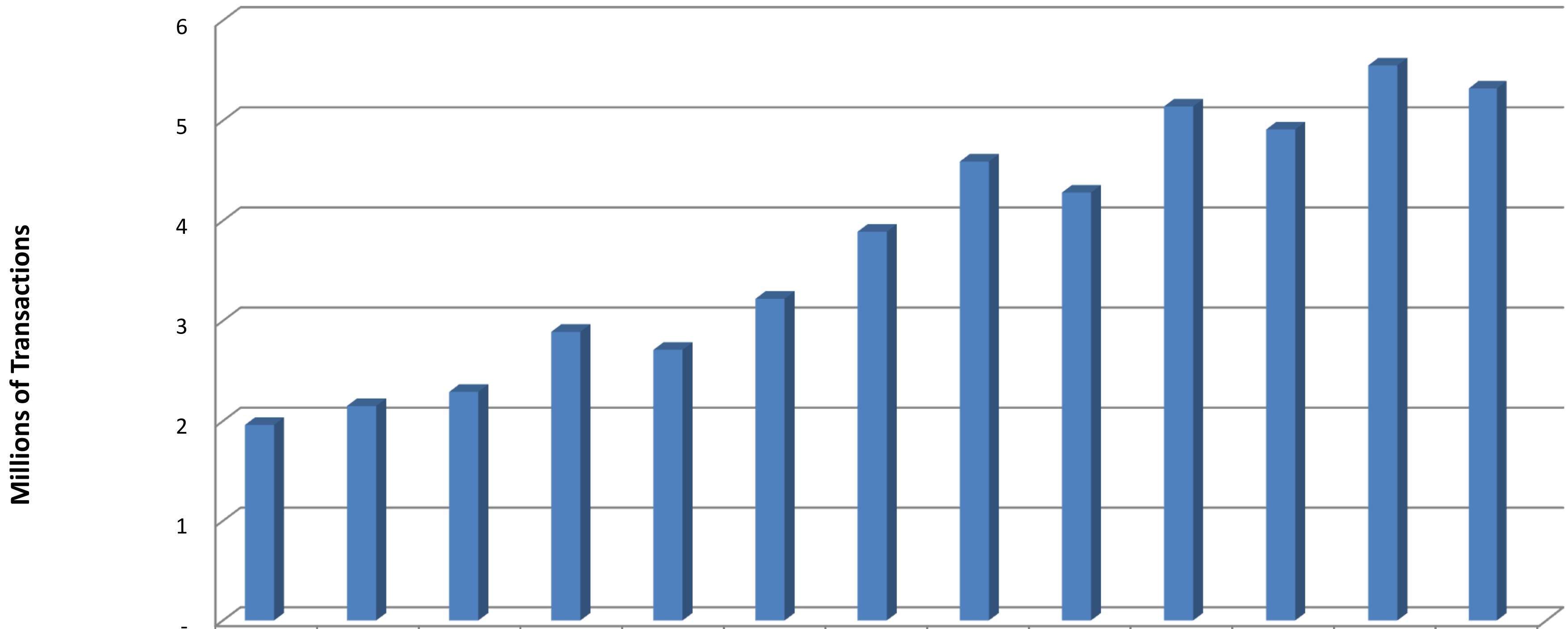
Appendix B: *HIway Operations Update*

HIway Transaction Activity

13 Month HIway Transaction Activity

5,321,134 Transactions* exchanged in May (4/21 to 5/20/2016**)

61,027,385 Total Transactions* exchanged inception to date



	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016
Transactions (Millions)	1.96	2.15	2.29	2.89	2.71	3.22	3.89	4.59	4.28	5.14	4.91	5.55	5.32
% Change		10%	7%	26%	-6%	19%	21%	18%	-7%	20%	-4%	13%	-4%

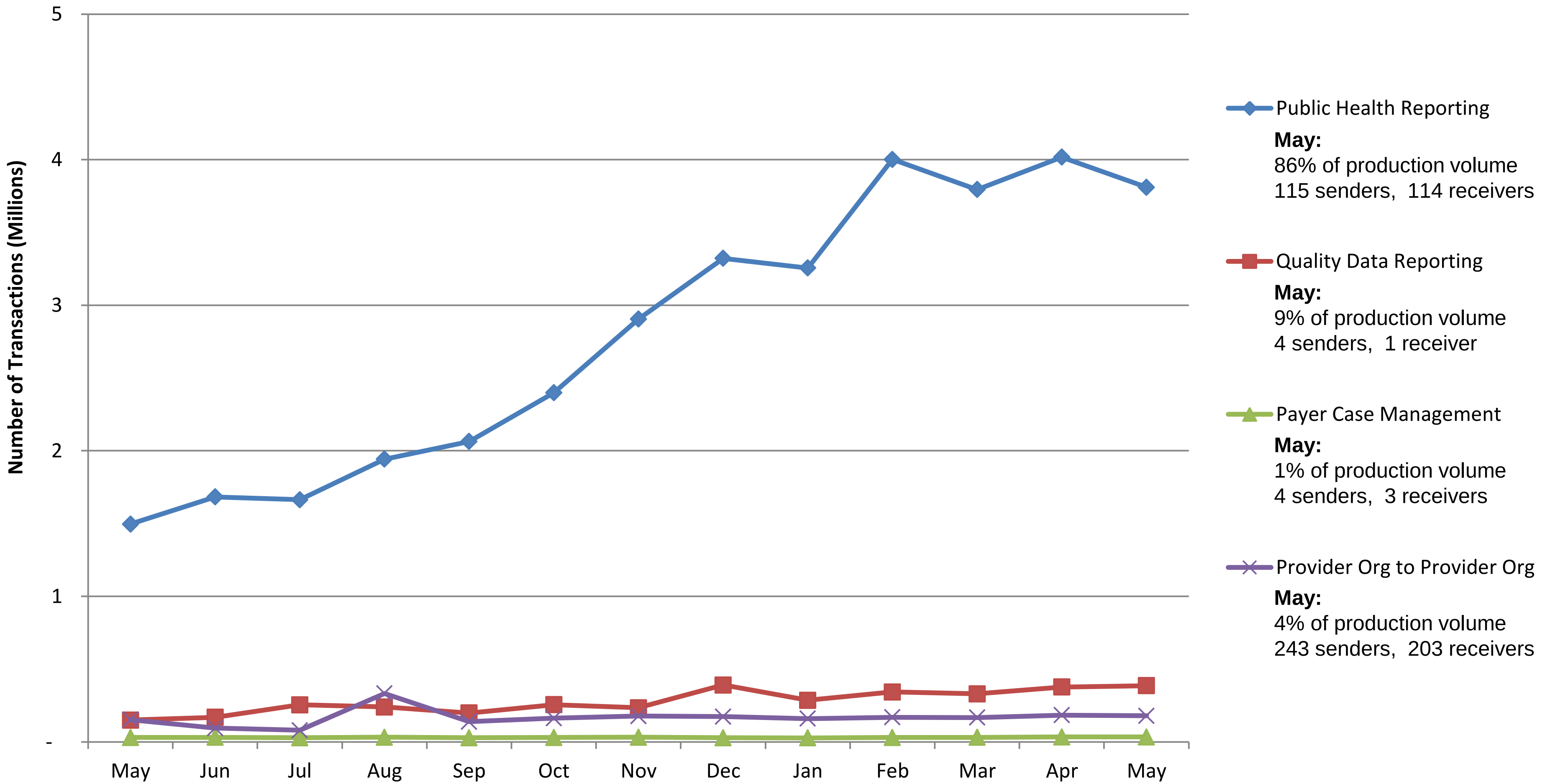
** Note: Includes all transactions over Mass HIway, both production and test*

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

HIway Transaction Analysis

13 Month HIway Production Transaction Trends by Use Case Type

83% of HIway activity in May* was for production transactions



May:
86% of production volume
115 senders, 114 receivers

May:
9% of production volume
4 senders, 1 receiver

May:
1% of production volume
4 senders, 3 receivers

May:
4% of production volume
243 senders, 203 receivers

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

Customer Status Dashboard

Mass HIway Customer Status Dashboard

			Mass HIway HISP			Via another HISP		Total			
Tier	SubTier	Universe (est)	# Signed on	# Connected	# Actively Using	# Connected	# Actively Using	# Connected	% Connected	# Actively Using	% Actively Using
Tier 1	Large Hospitals / Health Systems	29	25	20	16		-	20	69%	16	55%
	Health Plans	9	4	4	3		-	4	44%	3	33%
	Multi-entity HIE	5	4	2	1		-	2	40%	1	20%
	Commercial Imaging Centers & Labs	4	4	3				3	75%	-	0%
Tier 2	Small Hospitals	40	38	35	28	2	-	37	93%	28	70%
	Large ambulatory practices (50+)	26	14	13	6	13	6	26	100%	12	46%
	Large LTCs	8	2	2	2		-	2	25%	2	25%
	ASCs	63	1	1				1	2%	-	0%
	Ambulance/Emergency Response	39	1	1	-			1	3%	-	0%
	Business Associate Affilliates	5	2	2	1		-	2	40%	1	20%
	Local government, publichealth	1	1	1	1		-	1	100%	1	0%
Tier 3	Small LTC	310	22	21	12	1	-	22	7%	12	4%
	Large behavioral health	10	2	2		1		3	30%	-	0%
	Large FQHCs (10-49)	30	18	12	6	10	2	22	73%	8	27%
	Medium ambulatory practices (10-49)	365	27	21	11	22	13	43	12%	24	7%
Tier 4	Small behavioral health	90	18	16	5	1	-	17	19%	5	6%
	Home Health, LTSS	149	31	26	12	6	3	32	21%	15	10%
	Small FQHCs	29	5	1	1	2	-	3	10%	1	3%
	Small ambulatory practices (3-9)	1595	87	82	22	56	19	138	9%	41	3%
Tier 5	Small ambulatory practices (1-2)	4010	214	176	42	109	15	285	7%	57	1%
Grand Total		6817	520	441	169	223	58	664	10%	227	2%

HIway Participation Mar 21 – May 20

12 New Participation Agreements

- Cape Cod Dermatology
- Children's Health Care
- Cohasset Pediatrics
- Community VNA
- Execute Office of Elder Affairs (EOEA)
- Gilchrist, Mark G MD, LLC.
- Hallmark Health Medical Associates
- Health & Social Services Consortium (HESSCO)
- Heywood Pediatrics
- Old Colony YMCA
- Pediatrics at 1180
- Pulmonary Critical Care & Allergy Assoc, Inc.

12 New Connections

- Community VNA
- Execute Office of Elder Affairs
- Gilchrist, Mark G. MD, LLC.
- Hallmark Health Medical Associates
- Health & Social Services Consortium (HESSCO)
- Heywood Pediatrics
- Ludlow Medical Center
  (Gino Mercandante, MD, PC)
- Marion Pediatrics
- Old Colony YMCA
- Pediatrics at 1180
- Pulmonary Critical Care & Allergy Assoc, Inc.
- South Shore Dermatology Physicians PC

HISP to HISP Connectivity

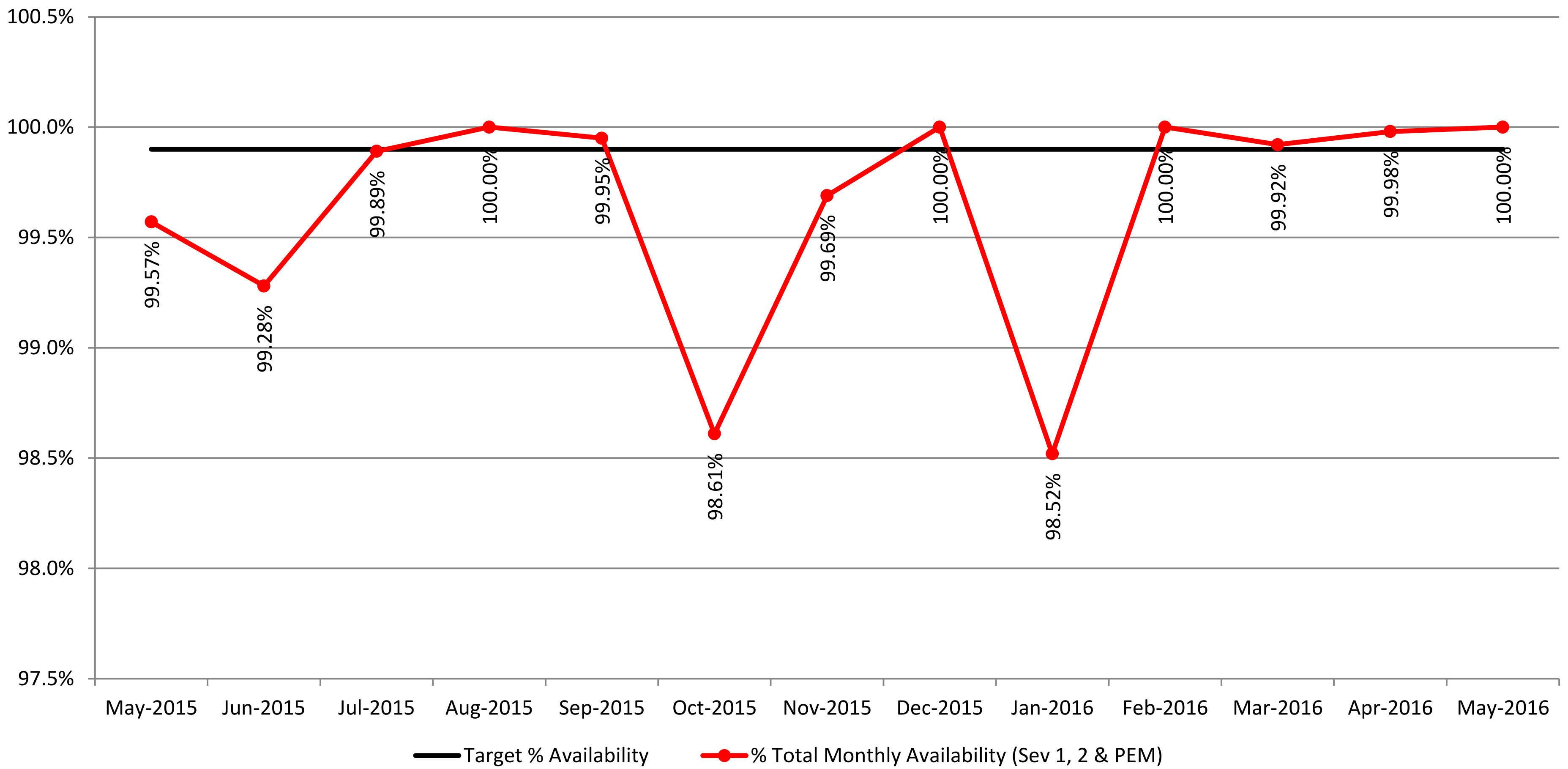
22 HISPs Connected to Mass HIway

1. Allscripts (MedAllies HISP)
2. Aprima
3. Athenahealth
4. CareAccord
5. CareConnect (NetSmart HISP)
6. Cerner
7. DataMotion
8. eClinicalWorks
9. eLINC
10. EMR Direct
11. Inpriva
12. MaxMD
13. MatrixCare
14. McKesson (RelayHealth)
15. Medicity
16. MyHealthProvider (Mercy Hospital)
17. NextGen Share
18. NHHIO
19. SES
20. Surescripts
21. UpDox
22. Wellport (Lumira HISP)

4 HISPs In Process of Connecting to Mass HIway

HISP Vendor	Kickoff	Onboarding	Testing	HIway Prod Readiness	Live/Target Date
ASP.md					2016-Jul
eClinicalWorks Plus					2016-Jul
Care 360					2016-Jul
IICA-Direct					Initiated

13 Month HIway Availability Trends



Metric Targets:

- "Total Monthly Availability" – no lower than 99.9% (downtime no more than ~44 minutes/month)