



MeHI
Massachusetts
eHealth Institute



A Division of the
Massachusetts
Technology Collaborative

Health IT Council and Advisory Committee Meeting

January 30, 2012

One Ashburton Place, 21st Floor
Conference Room 3, Boston

Agenda

- Approval of December 12, 2011 Minutes (HIT Council Motion)
- Pamela Goldberg - Introductory Comments
- HIE Strategic and Operational Plan (SOP) and Memorandum of Understanding (MOU) – (Motion to Approve with Delegated Authority)
- MeHI 2012 Budget - (Motion to Approve)
- Implementation and Optimization Organization (IOO) Oversight
- Marketing and Communications Update
- Implementation-Advanced Planning Document (I-APD)/Request For Responses (RFR) Review Update
- Workgroup Update
- Vendor Roundtable and Network Users Forum Recap
- Statewide HIE Services Overview
- State Policy Guidance Document Introduction
- Other

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HIE SOP AND MOU – MOTION TO APPROVE

Goal 1: Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and meaningful use of certified EHRs.

Goal 2: Demonstrably improve the quality and safety of health care across all providers, through Health IT that enables better coordinated care, provides useful evidence-based decision support applications, and can report data elements to support quality measurement.

Goal 3: Slow the growth of health care spending through efficiencies realized through the use of Health IT.

Goal 4: Improve the health of the Commonwealth's population through public health programs, research and quality improvement efforts, enabled through an efficient, accurate, reliable and secure health information exchange processes.

Strategy 1: Establish Multi-Stakeholder Governance

Strategy 2: Establish a Privacy Framework to Guide the Development of a Secure Health IT

Strategy 3: Implement Interoperable Health Records in all Clinical Settings and Assure they are used to Optimize Care











Strategy 4: Develop and Implement a Statewide Health Information Exchange (HIE) Infrastructure to Support Care Coordination, Patient Engagement and Population Health Improvement

Strategy 5: Create a Local Workforce to Support Health IT Related Initiatives.

Strategy 6: Monitor Success.

- Repurposing HIE funding
- Leveraging REC and other MeHI team members
- Analysis to include review of status of adoption of EHRs and vendors
- Managed procurement of standards based interfaces for EHR vendors
- Assistance with end-user testing and implementation support
- Education and outreach for providers and patients

Last Mile Project Timeline

ID	Task	Start	Finish	Duration	2011			2012				2013				2014		
					Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1		
1	LAST MILE IMPLEMENTATION	2/1/2012	2/3/2014	524d														
2	Initial Planning/Kickoff	2/1/2012	2/28/2012	20d														
3	EHR Assessment/Analysis	2/2/2012	5/31/2012	86d														
4	Last Mile Management Office (LMMO)	3/2/2012	2/3/2014	502d														
5	Grant Management	4/2/2012	2/3/2014	481d														
6	Integration	6/1/2012	4/1/2013	217d														
7	End-User Support	6/6/2012	2/3/2014	434d														
8	Education & Outreach	10/2/2012	2/3/2014	350d														
9	Go-Live – HIE Backbone	10/31/2012	10/31/2012	0d														
10	Deployment/Roll-Out	2/3/2014	2/3/2014	0d														

Overall, ONC was very positive about the quality and content of the plan but had some specific requests

Operational Questions

- Infrastructure hosting – where and by whom?
Action –Check the SMHP and IAPD
- Staffing assignments for Last Mile
Action - MeHI will respond

Policy Questions

- Describe certification process for EHR vendors in MA beyond MU Stage 1
Action – MeHI and HIE-HIT Advisory Committee
- What policy levers can MA use to ensure compliance with lab results delivery, eRx, CCD exchange, etc?
Action - Secretary EOHHS

- Is MA planning to leverage authority to ensure that vendors and/or providers use certified EHRs? MeHI requires through REC.
Action – Secretary EOHHS
- Statewide health improvement goal. Is there a statewide health improvement goal that will help rally everyone?
Action - Secretary of EOHHS
- Include non-technical milestones we hope to achieve with the statewide HIE.
Action - MeHI and HIE-HIT Advisory Group

Plan will be submitted on February 3rd

Memorandum of Understanding

MTC and EOHHS intend to execute a concise MOU to clarify roles and responsibilities of MassHealth and MTC with regard to the Statewide HIE.

The MOU will essentially describe the division of roles and responsibilities as follows:

- MTC will no longer be responsible for any HIE implementation services and procurement activities. MTC will be responsible solely for the “Last Mile” HIE development and implementation activities as well as ongoing management of the HIE Challenge Grants;
- EOHHS will be solely responsible for all implementation services and procurements and all other related activities necessary to fully implement and operationalize the HIE.
- MTC and EOHHS agree that their respective activities are elements of the Commonwealth’s strategy for full implementation of an operational HIE that allows the maximum number of providers to connect to it.

- Execution, execution, execution!
- Ensure strong program management and effective oversight of entire program
- Develop risk mitigation strategy
- Execute on finalized REC business model including support for “have nots”
- Continue to support statewide communication to all stakeholders
- Continue to provide strong support for Medicaid Incentive Payment Program
- Implement private sector strategy with focus on Economic Development

Motion To Approve HIE SOP and MOU

- The Health Information Technology Council (“Council”) does hereby take the following actions relative to an updated and revised Strategic and Operational Plan for the Health Information Exchange (“Updated HIE Plan”), as presented:
 1. Approve an Updated HIE Plan that provides for a material modification in MTC’s role and responsibilities with regard to the development of a statewide HIE and that reflects a focus on so-called “Last Mile” activities and services for the Massachusetts Technology Park Corporation (“MTC”) and the Massachusetts e-Health Institute (“MeHI”); provided that the Updated HIE Plan shall be further revised to address input provided by the Office of the National Coordinator (“ONC”) on January 27, 2012;
 2. Recommend that the MTC Board of Directors, or its designee, authorize the MTC Chief Executive Officer to: (i) submit the Updated HIE Plan ONC, as revised to address the ONC input provided on January 27, 2012; provided that the Secretary of Health and Human Services or her designee shall approve the additional revisions to the Updated HIE Plan prior to its submission to ONC; and (ii) make subsequent non-material revisions to the Updated HIE Plan to address input and feedback from ONC; and
 3. Recommend that the MTC Board of Directors, or its designee, delegate authority to the MTC Chief Executive Officer to execute a Memorandum of Understanding (“MOU”) with the Executive Office of Health and Human Services (“EOHHS”) that clarifies the respective roles and responsibilities of MTC/MeHI and EOHHS and the State Medicaid Office (“MassHealth”) as they relate to the development and implementation of a statewide HIE; provided that the MOU shall comport with the Updated HIE Plan, as approved by ONC and relevant federal funding documents related to MassHealth’s HIE activities, as approved by the Centers for Medicare and Medicaid Services.
- The Council recommends that the MTC Board of Directors, or its designee, approve the Updated HIE Plan, as approved by the Council, and take action on the related recommendations described above.

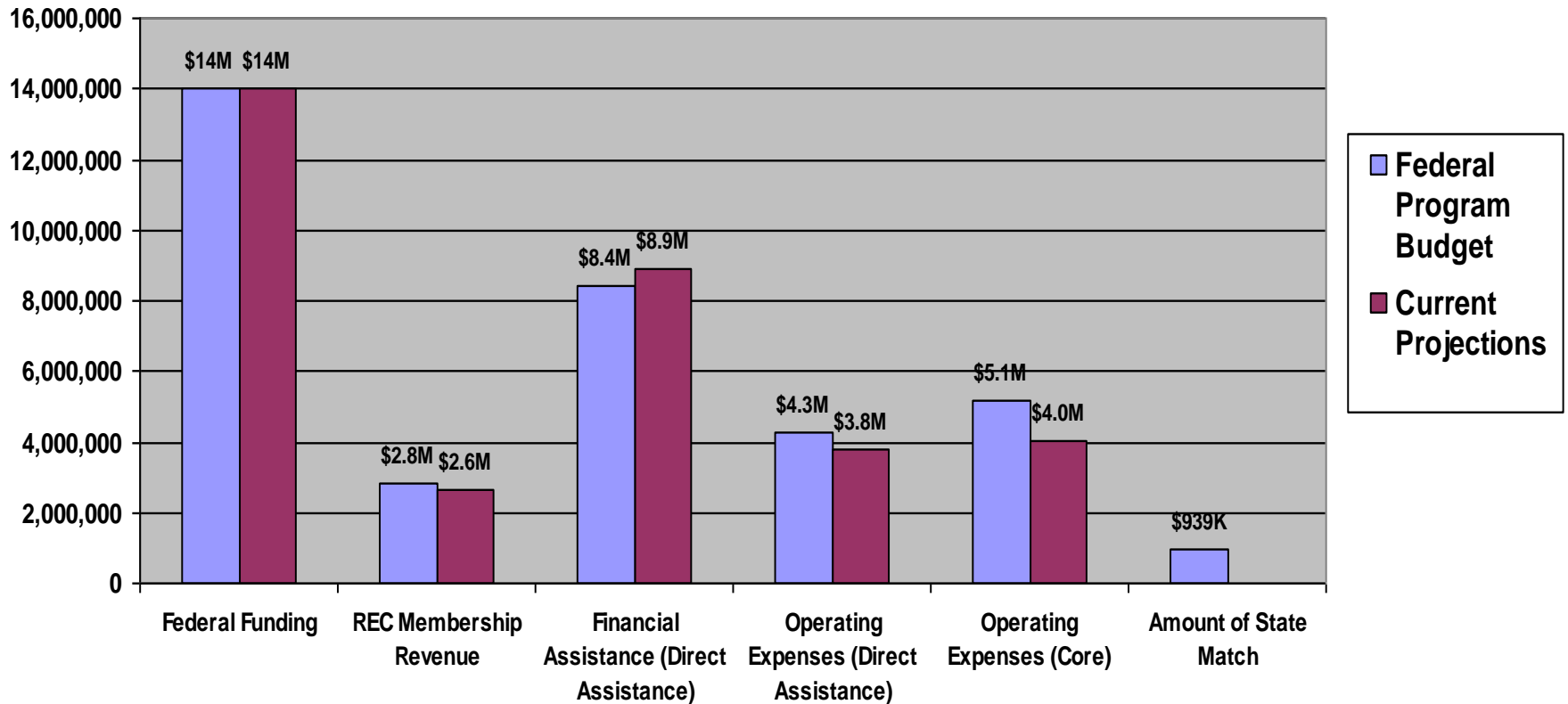
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MEHI 2012 BUDGET – MOTION TO APPROVE

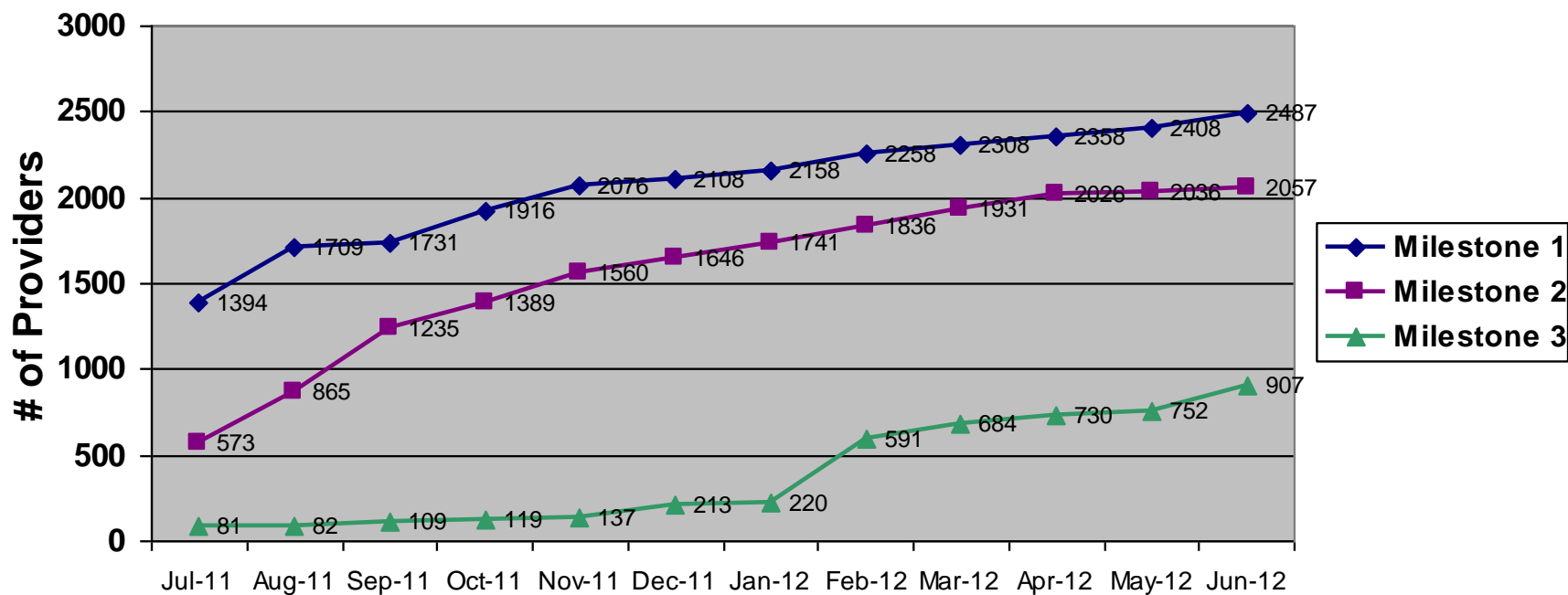
- MeHI's primary activities in FY12 are focused on executing its responsibilities under the REC and HIE federal grant award programs and its Medicaid Services contract with MassHealth
- FY12 REC, HIE and Medicaid Services Budgets built to support those grant program and contract activities
- Generally, MeHI is operating within, or favorably to, federal grant program budgets and to MassHealth contract budget

- IOO's projected to achieve MU milestones at a slower pace than originally anticipated; affects FY12 financial assistance payments, but IOOs still project achieving all MU milestones within program timeframe
- REC membership renewal revenues will be less than anticipated
- Operating expenses in good control and will be well less than federal grant budget

Regional Extension Center Federal Program Budget vs. Current Projections (Life of Program)

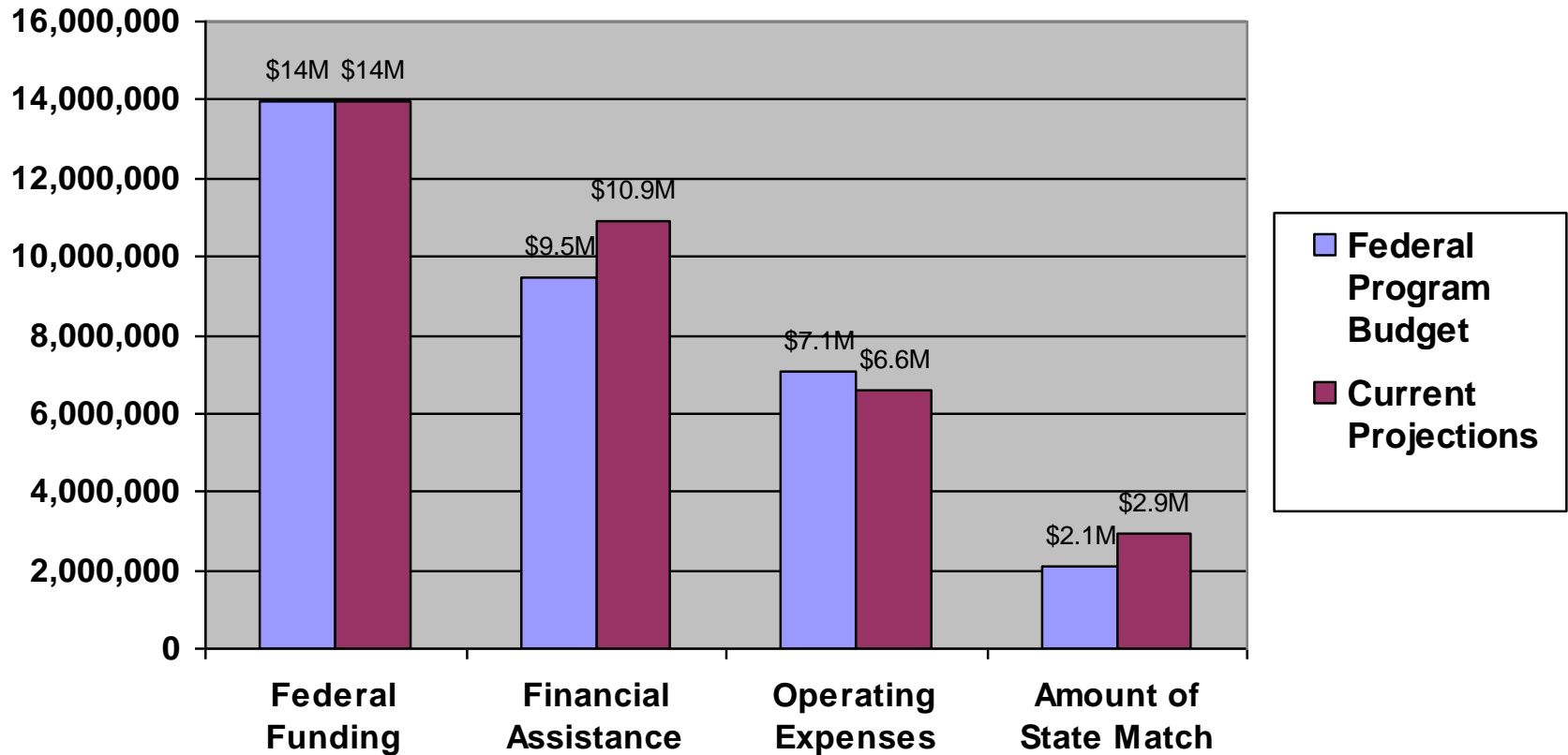


Regional Extension Center Milestone Achievement



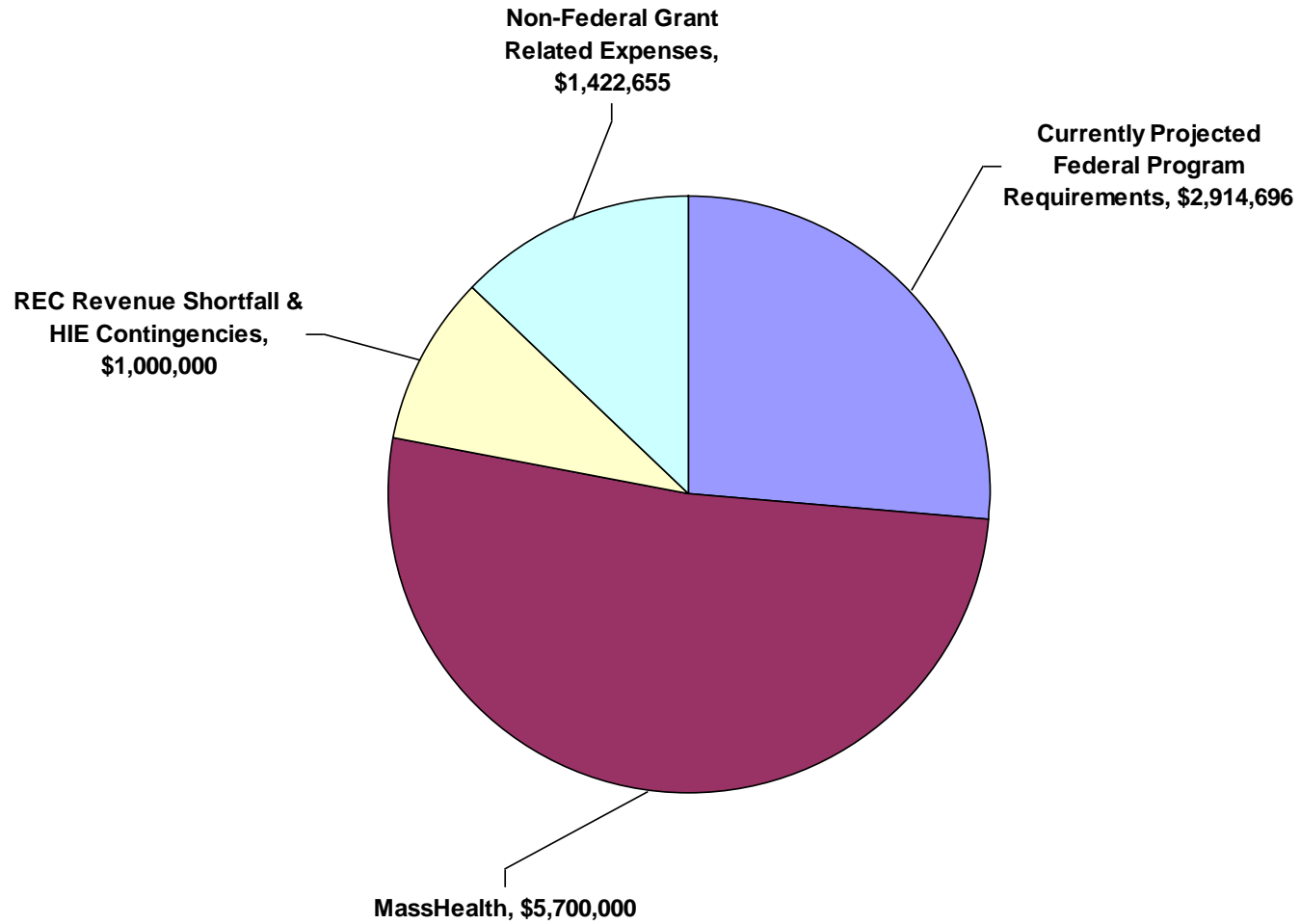
- Budget reflects revised (last-mile) role of MeHI; \$288K of financial assistance deferred from FY12 to FY13/14
- Still developing specifics of last-mile plan and budget, but that should mostly affect FY13/14 budgets; will look at possibility of accelerating expenditures into better match period
- Operating expenses in good control and will be well less than federal grant budget

Health Information Exchange Federal Program Budget vs. Current Projections (Life of Program)



- Governor's Conference now planned for fall (FY13)
- Beginning to explore economic development activities; no funding assumed in FY12 budget
- Workforce Development:
 - Implement list of all HIT curricula in Massachusetts by Institution
 - Implement job board for HIT positions in Massachusetts
- Marketing and Outreach:
 - Finalize communication strategy for providers and consumers
 - Implement new MeHI web site

MeHI E-Health Fund FY12 and Beyond Uses



The Health Information Technology Council (the “Council”) does hereby approve the Fiscal Year 2012 budget and its constituent elements for the Massachusetts e-Health Institute (“MeHI”), as presented, and does hereby recommend that the Board of Directors of the Massachusetts Technology Park Corporation (“MTC”), or its designee, take corresponding action to approve said Fiscal Year 2012 MeHI budget.

- Oversight of the IOO/provider implementations includes the review and tracking of Milestones 1, 2 and 3 and a formal process for conducting bi-monthly project status reviews with each IOO.
- The **bi-monthly IOO Status Review** process includes the following:
 1. Receive project summary reports from the IOO's project management system
 2. Conduct an internal meeting to review the IOO's project summary reports and identify any practice or IOO issues
 3. Conduct an in-person or phone call meeting with the IOO to review the project summary reports, address issues, identify delays and assure that the IOO is progressing on project milestones
 4. Enter all relevant information into Sales force and follow-up with providers and vendors as required
 5. CRMs are dedicated to regions and individual practices including outreach and education efforts

- Communication Plan and interview findings have been incorporated into a Marketing and Communication Plan.
- Conducting brainstorming/planning session with team to complete and execute plan. These sessions will include Deb Schiel to be sure MassHealth is included in the decisions.
- Next steps:

Task	Definition	Status
Identify content owners	Content for website, provider and consumer marketing/educational material	90% complete
Develop list of target audiences	Will include the subject/topics targeted to each	85% complete
Develop list of collateral material needed	Will be developed by content owners. Templates are being created, so everything will carry the MeHI brand and, when required, the MassHealth brand	10% complete
Define events	List of event types and the purpose of each. Actual list of events will be developed from this.	50% complete
Develop resource requirements	Determine what will be developed in-house versus sourced	25% complete
Set media relations schedule	Includes media monitoring, press releases, op eds, etc.	10% complete
Complete social media strategy/planning	Includes activity timeline for Twitter, YouTube and HIT Community (discussion forum), and monitoring criteria	25% complete
Conduct market research	Plan and conduct market research on consumers and patients	Not started

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I-APD/SOP/RFR REVIEW UPDATE

The IAPD and SMHP were successfully submitted in November 2011

- Some follow-up questions were raised by CMS and addressed
- EOHHS expects to receive approval of the plan by late January/early February

RFR development is currently in progress at EOHHS. Document targeted for release in mid-February

- Technology and Implementation workgroup has been informing the design of the desired solution – as input to the scope of work and requirements in the RFR
- All WGs have been given an opportunity to provide feedback on the envisioned scope of services, technical architecture, and design.
- Feedback was due to EOHHS by January 27th

SOP has been updated to reflect last round of comments and is expected to be submitted to ONC by the end of January.

- All WGs were provided with the opportunity to respond, with specific focus on the Health IT Adoption – The Last Mile
- Comments were due to MeHI by January 24th.

Workgroup	High level summary of discussion (detailed workgroup notes are available)
<p>Consumer & Public Engagement</p>	<ul style="list-style-type: none"> • Developing Consumer First Principles Report Card to guide and monitor HIE progress • Planning for a Consumer HIE Summit to take place in April/May • Aligning work efforts of the MeHI Communications Plan and REC outreach work
<p>Provider Engagement & Adoption</p>	<ul style="list-style-type: none"> • Identifying and prioritizing key clinical and administrative transactions • Identifying transactions not yet mature enough for Phase 1 • Facilitating development of business/legal/technical reqs for immature transaction types
<p>Legal & Policy</p>	<ul style="list-style-type: none"> • Beginning assessment of legal frameworks and user agreements in current use • Defining Policies and Procedures framework • Developing key principles around Governance, Users, and Persistent Data
<p>Technology & Implementation</p>	<ul style="list-style-type: none"> • The envisioned scope of services, technical architecture, and design considerations for the statewide HIE were developed based on recommendations from the WG • Defining use case inventory to advance understanding of workflow and associated issues
<p>Finance & Sustainability</p>	<ul style="list-style-type: none"> • Identifying value framework to refine Phase 1 value propositions for stakeholder segments (e.g., large providers, small providers, payers, LTC, behavioral health)

Initiative	Completion date
Submit IAPD and SMHP to CMS	Complete
Submit updated SOP to ONC	Complete
EHR/HIE Vendor Roundtable	Complete
Network Users Roundtable – Eastern MA	Complete
Network Users Roundtable – Western MA	Jan 31 2012
CMS approval of APD-U/SMHP (all signs indicate)	By end-Jan 2012
ONC approval of SOP and SOP budget (expected)	By early Feb 2012
RFR for Phase 1 services released to Infrastructure Vendors	Week of Feb 6, 2012
Infrastructure Vendor selected	Mar 30, 2012
Infrastructure Vendor under contract	Apr 26, 2012
Go-live for phase 1 “Information Highway” (Direct Gateway)	Oct 15, 2012
Go-live for Last Mile program	Oct 15, 2012
Go-live for Impact program	Oct 15, 2012
Go-live for phase 1 Public Health Gateway (CBHI, SS)	Dec 14, 2012

The HIE HIT Advisory Committee hosted two roundtables to get market feedback on the overall strategy, technical approach, and procurement approach

Vendor Roundtable: December 16th, Waltham, MA

- 2 Roundtable discussions (AM and PM session) with EHR/HIE Vendors
 - 24 vendors attended
 - Offered candid insight into their current and planned capabilities
 - Overall positive response and support for the direction and plan for the MA HIE

Network Users Forum: January 19th, Waltham, MA and January 30th, Springfield MA

- As part of the CIO forum, CIOs, CMIOs, and other network users attended the discussion
 - General support for the plan and direction
 - Some concerns raised regarding long-term sustainability and governance, however in the near term there was overall positive feedback
 - Overall positive response and support for the direction and plan for the MA HIE
- The event on January 30th 2012 will mirror the first Network Users forum, but will provide an opportunity for the Western MA network users to attend

Statewide HIE Services Overview

Phase 1:

Network participants

- Hospitals (inc. labs and imaging)
- PCP or Specialist
- Health plans
- Long-term care facilities
- Other care setting
- Patient-authorized applications (PHRs, portals)*
- Quality Reporting Service*
- Public health*
- Behavioral Health Providers*

Network functions

Send/receive:

- Referral/Consult
- Admission notification
- Post-encounter summary
- Discharge Summary/Instructions
- Lab Order/Results
- Death Notification
- Universal Transfer Form
- Public health (CBHI, SS, Imm.)
- Provider address search

Phase 2:

Additional network participants

- More providers and payers and quality reporting services
- Commercial diagnostic facilities
 - Imaging centers
 - Labs

Additional network functions

Send/receive:

- Public Health Alerts
- Quality Measure Reports
- Patient-matching service
- Vocabulary normalization service

Phase 3:

Additional network participants

- More providers and payers

Additional network functions

Search and retrieve:

- Patient record
- Patient consent/authorization

HIE-HIT Statewide Policy Guidance

- Artifact that captures all the policy recommendations and approval decisions from the Advisory Committee and workgroups
- Document framework provides workgroups with a blueprint and concrete deliverables for completion
- Document encourages closure on important decisions, provides a reference point, and reduces “backsliding” and duplication
- Expect to have first draft available for HIT Council review on Feb 16

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OTHER

- Governance
- Financing
- Infrastructure and Standards
- HIE Services
- Policies and Procedures
- Business Processes
- Users and Uses

Governance

#	Policy Area	Primary WG
G 1	Principles	L & P
G 2	Roles & Responsibilities and Decision Rights	L & P
G 3	Governance Structure	L & P
G 4	Governance Processes	L & P

Financing

#	Policy Area	Primary WG
F 1	Principles	F & S
F 2	Public vs Private	F & S
F 3	Capital Requirements (Design, Development, Implementation)	F & S
F 4	Ongoing (Operations and Maintenance)	F & S
F 5	Fee Structures	F & S

#	Policy Area	Primary WG
I 1	Principles	I & S
I 2	Transport	I & S
I 3	Provider Directory	I & S
I 4	Trust Framework (PKI & Certificate Management)	I & S
I 5	Content standards	I & S
I 6	Vocabulary standards	I & S
I 6	EMPI	I & S
I 7	Record Locator Service	I & S
I 8	Consent Management	I & S

#	Policy Area	Primary WG
S 1	Principles	I & S
S 2	Clinical Gateway (HL7 public health)	I & S
S 3	Direct Gateway (Statewide HISP – EHR connect & Portal Access)	I & S
S 6	PKI and Certificate Management services	I & S
S 6	Provider Directory services	I & S
S 7	EMPI services	I & S
S 8	Record Locator Services	I & S
S 9	Consent Management	I & S
S 10	Last Mile Integration & Adoption Services	I & S
S 11	Ongoing supporting services (technical support, user administration, etc)	I & S

Policies & Procedures

#	Policy Area	Primary WG
P 0	Principles	L&P
P 1	Authorization	L&P
P 2	Authentication	L&P
P 3	Access controls	L&P
P 4	Audit	L&P
P 5	Breach notification	L&P
P 6	Consent	L&P
P 7	Data integrity and quality	L&P
P 8	Security	L&P
P 9	Data collection, use, and disclosure	L&P
P 10	Legal terms and conditions	L&P

Business Processes

#	Policy Area	Primary WG
B 0	Principles	PA
B 2	Clinical Gateway (HL7 public health)	PA
B 4	Direct Gateway (Statewide HISP – EHR connect & Portal Access)	PA
B 5	PKI and Certificate Management services	PA
B 6	Provider Directory services	PA
B 7	EMPI services	PA
B 8	Record Locator Services	PA
B 9	Consent Management	PA
B 10	Last Mile Integration & Adoption Services	PA
B 11	Ongoing supporting services (technical support, user administration, etc)	PA

Users and Uses

#	Policy Area	Primary WG
U 1	Principles	PA & CE
U 2	Prospective Users of Statewide HIE Services	PA & CE
U 3	Permitted Uses of Statewide HIE Services	PA & CE
U 4	Prohibited Users and Uses	PA & CE