

## **Minutes**

### **Massachusetts Health Information Technology Council Meeting**

April 25, 2011  
3:30 – 5:00 p.m.

Matta Conference Room  
One Ashburton Place  
Boston, Massachusetts

**Minutes**  
**Massachusetts Health Information Technology Council**

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Attendees:

Council Members: JudyAnn Bigby, MD – *(Chair) Secretary of Health and Human Services*  
Deborah Adair – *Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*  
Meg Aranow – *VP and Chief Information Officer, Boston Medical Center*  
Karen Bell, MD – *Chair of the Certification Commission for Health Information Technology*  
Marcie Desmond – *Chief Information Officer, Administration and Finance, Commonwealth of Massachusetts*  
Terry Dougherty – *Director of Medicaid, Commonwealth of Massachusetts*  
Lisa Fenichel, MPH – *E-Health Consumer Advocate*  
Abigail Moncrieff, JD – *Peter Paul Career Development Professor and Associate Professor of Law, Boston University School of Law*

MTC:

Rick Shoup  
Carole Rodenstein  
Judy Silvia  
Bethany Gilboard  
Donna Nehme

Other:

David Martin – *Health & Human Services*  
David Smith – *Massachusetts Hospital Association*  
Bert Ng – *House Healthcare Financing Committee*  
Claudia Boldman, *Administration and Finance*  
Lorillyn Allan - *Lahey Clinic*  
Karen Walsh – *Centers for Medicare & Medicaid*  
Manu Tandon, *Executive Office, Health and Human Services*  
Katie Annas – *Eastern Massachusetts Healthcare Initiative*  
Adam Delmolino – *Massachusetts Hospital Association*  
Foster Kerrison – *Royal College of Surgeons of Edinburgh*  
Adrian Gropper – *Health URL*  
Lynda Rowe – *NextGen Healthcare*  
Caren Lawson, RN – *Graduate Student, Regis College*  
Michael Silton  
Thomas Dooley

The thirty third meeting of the Massachusetts Health Information Technology Council was held on April 25, 2011 at One Ashburton Place, Matta Conference Room Boston, Massachusetts.

Secretary Bigby called the meeting to order at 3:35 p.m.

Secretary Bigby reintroduced new Council member Abigail Moncrieff and welcomed her again to the Council.

**I. Approval of the March 23, 2011 minutes:**

The Secretary made the motion to approve the minutes with one edit to remove Karen Bell from attendance; she was not at the meeting. After motions were made, and seconded minutes were approved with two abstentions from Karen Bell and Marcie Desmond.

**II. Motion to approve contracts for Health Information Exchange (HIE) Challenge Grants**

**Highlights:**

Sole Source Procurement: The skills required for the project tasks are unique to the vendors identified. Sole source is required for these grants for the following reasons:

1. Both projects were underway prior to receipt of the grant funding
2. Relatively short timeline for project delivery
3. Work products from both grants will become public domain and available across the state and the US.
4. Sole source recipients come with unique knowledge and skills in terms of software development that is not currently available elsewhere I the marketplace
5. Massachusetts Department of Public Health (MDPH), as one of the recipients in both grants, brings alignment with state Health Information Technology (HIT) plans and public health endeavors.

MeHI is seeking Council approval for the Sole Source contracts described herein.

**Question:** How were the vendors found?

**Answer:** All were partners with the project before we applied for the grant, except for Lincoln Peak but they are the most suitable and have the unique skills required for this project.

**Question:** Are there any other justifications required at the federal level?

**Answer:** No, the approvals required are from MTC and the Council. Budget already submitted and sole source were a part of the grant submission.

Background:

MeHI received 2 of 10 grants themes.

- Theme 2: Improving Massachusetts Post-Acute Care Transfers (IMPACT)
- IMPACT project has 4 objectives:
  - Complete development and testing of a paper and an electronic version of the state's universal transfer form (UTF), based on the clinical document architecture (CDA)/continuity of care document (CCD);
  - Develop a tool that translates clinical information into consumer-friendly language that is meaningful and easy to understand for patients and families for use in a personal health record (PHR) or printed on paper;
  - Establish learning collaborative that will engage post-acute care providers, and build on existing cross-continuum teams to implement and disseminate forms and processes that assure safe care transitions; and
  - Deploy objectives 1-3 within existing HIEs in Massachusetts and align them with future HIE initiatives.

**Question:** Who does the learning collaborative involve?

**Answer:** The collaborative consists of provider teams at our pilot sites.

The second theme award was on Theme 5: Massachusetts Department of Public Health Network (MDPHnet), which seeks to create a scalable, transportable, open source, distributed system that allows public health agencies to use patient and encounter level data residing in practice-based Electronic Health Records (EHRs), without requiring transfer of protected health information (PHI). This automated distributed analytic tool will use data across multiple EHRs to allow authorized users to generate routine counts and standard reports, as well as to build customized complex queries.

**Proposal covers the following 4 aims:**

**Aim 1:** Create technical infrastructure to perform distributed public health analysis of EHR data.

**Aim 2:** Create EHR based data repositories.

**Aim 3:** Develop governance mechanisms to determine appropriate data release guidelines.

**Aim 4:** Use distributed analysis to address major public health topics.

Query Workflow

1. Query created and submitted by authorized user on the secure network portal
2. Data partners notified of query and retrieve it from the secure network portal
3. Data partners review and run query against their local data

4. Data partners review results
5. Data partners securely return results to the secure network portal for review by requestor

**Question:** Who are the data partners?

**Answer:** The data partners are MDPH and provider organizations.

### **Sole Source Contracts for Challenge Grants**

#### **MA Post-Acute Care Transfers (IMPACT)**

- Fallon Clinic - \$322,007 for 3 year period
  - An execution partner on the IMPACT project
  - Patients living in Worcester County receive approximately 85% of their healthcare within the county. Fallon has access to all claims data on approximately 20,000 Medicare Advantage patients living in the area from Fallon Community Health Plan.
  - Is a key connecting agent between the patient-centered medical homes, State Action for Avoidable Rehospitalizations (STAAR) initiatives, the Worcester Hospitals of UMass Medical Center and Saint Vincent Hospital, SAFE Health, a community HIE, and long term care facilities.
  - The project will utilize Fallon's epidemiological resources as it relates to their review of the substantial Medicare data at their disposal.
- MA Department of Public Health (MDPH) - \$198,000 for 3 year period
  - A project coordination resource will be funded at MDPH to coordinate IMPACT project activities with MDPH activities.
  - Specific area of coordination will include coordinating with the MDPH team responsible for piloting and deployment of the Universal Transfer Form (UTF).
  - Other areas of coordination will include communication and collaboration with the Patient Centered Medical Home Initiative (PCMHI), which MeHI is also a part of.

MA Department of Public Health Network (MDPHnet) – informatics vendor to provide MDPHnet installation services and project evaluation will be competitively procured.

- Harvard Pilgrim Healthcare (HPHC) - \$549,991 for 3 year period
  - Will develop MDPHnet distributed database comprised of local installations of existing EHR surveillance platform. Dr. Richard Platt from Harvard is involved.
  - The electronic Support for Public Health System (ESP) is software for automated detection and reporting conditions of interest to public health.
  - HPHC offers extensive institutional knowledge and project experience to orchestrate MDPHnet development and deployment.
  - Overall subject matter experts (SME) in design, architecture and testing capabilities.

- Has been principal architect and project lead for PopMedNet and the scientific director of the FDA Mini-Sentinel program – essential elements of the project.
  - As the SME, they will advise on requirement gathering for the informatics vendor to be procured for the project.
- Lincoln Peak Partners
  - Their practice partners have 15-30 years experience working with many large companies including AT&T, Microsoft, Fidelity, etc.
  - In partnership with HPHC, they have developed and are now managing and supporting a distributed research network.
  - PopMedNet is a distributed research network solution that allows researchers to collaborate and share information while protecting patient and institutional privacy by conforming to HIPAA standards.
  - MDPHnet project relies on PopMedNet to securely distribute de-identified clinical health information.
  - Combination of unique capabilities of software and the vendor, plus tight timeframe causes Lincoln Peak to be the only vendor of choice.
- MA Department of Public Health
  - An epidemiologist resource from MDPH will provide some project management, development and epidemiological follow-up prompted by MDPHnet.
  - As part of the Bureau of Health Information, Statistics, Research and Evaluation (BHISRE), the central research division of the MDPH, the resource will create synergies between BHISRE programs, which include Behavior Risk Factor Surveillance System (BRFSS), Vital Records, Occupational Health Surveillance, Injury Surveillance and MassCHIP, the Department's online web-based query system which provides data to the public.
  - MDPH will be integral in the creation of a Community of Practice (CoP) focused on MDPHnet replication that will include community health centers, hospital Chief Information Officers (CIOs) and infection control, state and local health representatives, small group practices and payers.
- MA League of Community Health Centers (MLCHC)
  - Brings 10 community health centers (CHCs) to the partnership using a reporting system that merges data from three different EHRs allowing for a data extraction necessary for evaluation.
  - MLCHC staff and affiliated consultants will provide expert knowledge of the EHRs in the CHCs and reporting capabilities.
  - As an implementation partner, MLCHC will work closely with HPHC to create governance structures. Implementation processes and artifacts which facilitate replication.
  - MLCHC will also contribute to the generation of training resources and dissemination of tools as appropriate.

**Question:** Why were these particular vendors selected?

**Answer:** HPHC has been a partner since the beginning. Lincoln Peak Partners were an incumbent before the grant and because of the short timeframe, it made sense to go with them.

### **Challenge Grants and State HIT-HIE Strategy**

The successful completion of both challenge grants will support our overall HIT-HIE strategy:

- Supports all four goals in HIT Plan
  - Improve access to comprehensive, coordinated, personal-focused care health care through widespread adoption and meaningful use of certified EHRs
    - Part of IMPACT project's goal is to create consumer-friendly version of the UTF that can be provided to the patient during the transition of care process in either a paper or electronic version that can be incorporated into his/her Patient Health Record (PHR).
    - ESP, a component of MDPHnet, uses EHRs to automatically detect selected infectious disease events which are reportable to MDPH.
  - Demonstrably improve the quality and safety of health care across all providers through HIT that enables better coordinated care, provides useful evidence-based decision support and can report data elements to support quality measurements.
    - IMPACT's goal is to link long-term/post-acute care (LTPAC) providers to acute care providers and physician offices via a HIE, and to deliver an electronic version of the validated UTF which will contain medication lists, advance directives, functional status, and all other clinical information necessary for effective transitions across the continuum of care.
    - IMPACT will focus on transitions between acute care facilities, nursing facilities, home health agencies, and patient-centered medical homes in Worcester County, MA.
  - Slow the growth of health care spending through efficiencies realized through the use of Health IT
    - Through coordination of IMPACT and the state HIE infrastructure, organizations with EHRs will be able to provide electronic UTFs from within their native EHR, as well as view electronic UTFs from other organizations, simply by looking in their EHR.
    - LTPAC providers without EHRs will be able to receive UTFs through whichever mechanism they prefer (fax, secure email, or via an online portal), as well as complete electronic UTFs via an online portal for transmission to other healthcare providers.
    - Electronic UTFs will allow for quicker data exchange and may allow the receiving provider to be better prepared to care for the patient and have the necessary drugs on hand and available when a patient arrives.

- 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 information exchange processes
  - ESP allows for automated identification of selected infectious diseases, and electronic reporting of these events to MDPH which facilitates quicker public health response and a more comprehensive picture of the disease burden in the state.
  - MDPHnet is a distributed research network that will allow secure analysis of key public health issues (influenza like illness and diabetes) while protecting patient and institutional privacy by conforming to HIPAA standards.

**Question:** Who will take the lead on each one of these projects?

**Answer:** MeHI along with Larry Garber, MD, the project lead providing primary subject matter for the grant.

Motion was made for the HIT Council to approve:

- 1) Authorize the expenditure of funds for awards in amounts not to exceed \$322,007 to Fallon Clinic; \$349,000 to Mass Department of Public Health (MDPH), and \$549,991 to Harvard Pilgrim Healthcare. These awards shall be subject to the execution by each named vendor of an agreement with the Massachusetts Technology Park Corporation (MTPC), and
- 2) Delegate authority to the MTPC to negotiate and execute agreements with Lincoln Peak Partners and MA League of Community Health Centers for awards in amounts not to exceed \$320,000 and \$220,000, respectively.

**Question:** Why does one authorize the release of funds and one delegate authority to MA Technology Park Corporation (MTPC)?

**Answer:** The HIT Council approval is required to authorize the release of the funds to the vendors and to delegate authority to MTPC to negotiate with the vendors because the chosen vendors were not specifically defined in the grant.

The motion was moved as described, seconded, no opposition, no abstentions to approve the authorization of expenditure of funds as named and to delegate authority to MTPC to negotiate and execute agreements as described.

The Council recommends that the Board of Directors of MTPC do the same.

### III. Marketing and Communications Update

- Hiring new marketing director at MeHI to complete marketing and communications strategy and execute
  - Job description complete and received approval to post position (we have funding to support through grants)
- Governor's Conference
  - Reviewed conference agenda

**Question:** What is the reason for repeating the workshops at the Governor's Conference?

**Answer:** The workshops are repeated at different times to allow people to be able to attend more than one workshop.

**Suggestion:** For future conferences check into offering CLE credits and health information technology credits.

- Development of new website
  - MeHI will host website
  - Minibid was written with a defined scope
  - March 23 the minibid was sent to 14 vendors, of which 3 responded (KSV/Boston, Alipes, and 451 Marketing)
  - All three respondents met requirements.
  - MeHI staff interviewed each firm
  - After reviewing and interviewing all 3 responses to the minibid, KSV/Boston was selected to design, develop and implement the MeHI website.
  - KSV/Boston was selected because of:
    - They clearly demonstrated that they were very familiar with the healthcare field and in particular health IT.
    - As a marketing firm, they will be able to assist in the development and dissemination of a brand identity.
    - Their depth of marketing and technical expertise was much deeper than 451 and Alipes.
    - KSV offered a number of innovative ways for us to develop and manage the social media aspect as part of the site.
    - Overall they seemed to be savvier on social media.

**Question:** Do the vendors conform to state standards and will they have to comply with the American with Disabilities Act (ADA) requirement?

**Answer:** The ADA is part of the contract.

**Question:** What is the budget for this?

**Answer:** \$195,000 which MeHI has delegated authority for. It will take approximately 90-120 days to build out website.

#### **IV. MassHealth Agreement Update**

- Medicaid Operations Director, Tarsha Weaver, starts May 16
  - She will hire internal communications specialist and administrative assistant
  - Also build out a team to be housed in Westborough, MA
- Assist MassHealth with completion of Implementation-Advanced Planning Document (I-APD) which is funded by MassHealth through Medicaid
- Meeting scheduled with MassHealth for May to align HIE and I-APD services and schedules. Soon as approved I-APD will be submitted.
- Once State Medicaid Health IT Plan (SMHP) is approved, development of specific processes for support of Medicaid Eligible Providers (MEPs) will proceed in Westborough.
- Develop a new agreement with EOHHS to provide funding through the eHealth Fund for 10% state share for HIT/HIE projects described in the SMHP and I-APD.
  - 90/10 funding
  - Meaningful use stages 2 and 3
  - Planning Advanced Planning Document (PAPD) provides support for 10% match. Will come back to the Council and provide more detail and include systems integrator, also for approval from eHealth Fund expenditure.
- Time line for funding state share of MassHealth HIT/HIE Projects
- MassHealth is working toward an August 1, 2011 go live date for the EHR Incentive Payment Program. The August date is to register to receive payment by September or within 30 days. There is a 3 year payout for hospitals.
- The Program launch date is contingent upon CMS approval of the State Medicaid HIT Plan as well as having sufficient IT and agency resources in order to implement, test and deploy the systems necessary to disburse and administer the incentive payment to eligible providers. We will be the conduit to pay people.
- We will track what comes into Massachusetts
  - Medical Assistance Provider Incentive Repository (MAPIR) system integrated system
  - 13 state collaborative
  - Medicaid and Medicare
  - Visibility to Medicare payments
  - Releasing reporting to MeHI

#### **V. REC Update**

- As of April 22, 2533 enrolled
- MA first state to reach 101% of enrollment
- 284 Preferred Primary Care Physicians (PPCPs) contracted with an Implementation Optimization Organization (IOO) as of April 22
- 95% of IOOs are actively working on contracts

- As of April 7, 114 providers have reached Milestone 2
- Through coordination of practice recruitment, we have maximized REC enrollment of Patient Centered Medical Home Initiative (PCMHI) practices
- Upcoming webinar will introduce IOO and EHR vendors to the PCMHI initiative
- REC/PCMHI leadership meeting on April 8 to establish direction for a joint project plan to coordinate implementation efforts and leverage vendor relationships.

**Question:** How many altogether for Meaningful Use?

**Answer:** 25

- REC/PCMHI Collaboration – Joint Project Plan
  - Development functional requirements that resolve vendor practice gaps
  - Create joint project plan defining tasks, timing and resources
  - Develop coordination plans with other state programs and incorporate in joint project plan
  - We are looking at other services we can offer

**Suggestion:** A Funds Flow diagram would be helpful

**Comment:** Will bring back at the next meeting a funds flow diagram.

#### **VI. HIE Update**

- Governance Update – letters going out this week to HIE-HIT Advisory Committee nominees
- Subject Matter Expert (SME) Procurement
  - 1<sup>st</sup> - Request for Proposal (RFP) completed and to be released this week
  - 2<sup>nd</sup> - Notice of intent to apply
  - 3<sup>rd</sup> - Formal bidding conference
  - 4<sup>th</sup> - Final submission
  - 5<sup>th</sup> - Review responses and finalize selection
- \$250,000 procurement

**Question:** Is this one individual?

**Answer:** It can be. This person will work with MeHI to get White Papers written, will work on RFP for system integrator, and recommendations for services.

**Question:** Are there other HIE's collaboration?

**Answer:** We have monthly calls with other states, robust conversations with vendors and states share information.

**VII. Health IT Council Retreat**

- Scheduled for June 22, 2011, 9:00 am – 1:00 p.m.
- Facilitator to be determined
- Location to be determined
- Draft agenda in May
- Council members can email Secretary or Rick with suggestions for the agenda

No further questions or comments.

Meeting adjourned at 4:48 p.m.