Minutes

Massachusetts Health Information Technology Council Meeting

July 18, 2011
3:30 – 5:00 p.m.

One Ashburton Place
The Ashburton Café Conference Room, Plaza Level
Boston, Massachusetts

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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 (CCHIT)*
Julian Harris, MD – *Director of Medicaid, Commonwealth of Massachusetts*
Lisa Fenichel, MPH – *E-Health Consumer Advocate*
John Letchford – *Chief Information Officer, Commonwealth of Massachusetts*
Abigail Moncrieff, JD – *Peter Paul Career Development Professor and Associate Professor of Law, Boston University School of Law*

HIE-HIT Advisory Committee:
John Halamka
Nicolaos Athienites
Rita Battles
Kathleen Donaher
Steven Fox
Larry Garber
Ellen Janos
Keith Maxwell
Naomi Prendergast
Janet Rico
Geoff Wilkinson

MTC:
Rick Shoup
Judy Silvia
Carole Rodenstein
Bethany Gilboard
Tarsha Weaver
Dawn Heisey-Grove

Other:
Claudia Boldman, *Administration and Finance*
Adam Delmolino – *Massachusetts Hospital Association*

Terry Dougherty – *Former Director of Medicaid, Commonwealth of Massachusetts*
Foster Kerrison – *Royal College of Surgeons of Edinburgh*
Melanie Lower – *Solomon McCown*
Bert Ng – *House Healthcare Financing Committee*
Deb Schiel – *Office of Medicaid, EOHHS*
David Matteodo – *MA Association of Behavioral Health Systems*
Beth Marsden – *ICA Informatics*
Sara Mastromarino – *Regis College*
Kristin Nason – *Regis College*
Michelle Paris – *Regis College*
Shayla Shrestha – *Regis College*
Edmundo Smith – *Regis College*
Mark Steck

The thirty fifth meeting of the Massachusetts Health Information Technology Council was held on July 18, 2011 at One Ashburton Place, The Ashburton Café Conference Room, Plaza Level, Boston, Massachusetts.

Secretary Bigby called the meeting to order at 3:34 p.m.

Secretary Bigby acknowledged Terry Dougherty for his leadership and for making the MA Medicaid Plan the number one in the country.

I. Approval of the June 7, 2011 Meeting Minutes:

After motions were made, seconded, and approved with no abstentions, it was agreed to accept the draft minutes as the official minutes of the June 7, 2011 meeting.

II. Motion to Approve 2012 Budget:

Highlights of the budget presentation:
MeHI Responsibilities

- Focus to ensure ubiquitous adoption of Electronic Health Records (EHRs) and creation of Health Information Exchange (HIE) to enable the transformation of the Commonwealth's health care system
- Drafting the Commonwealth's Health IT Strategic Plan and preparing an annual Operating Budget
- State Designated Entity (SDE) for HIE

- Regional Extension Center (REC) for Massachusetts to support providers in achieving Meaningful Use to receive HITECH funding
- Coordination with other states, both regionally and nationally
- Measuring and monitoring performance of Health IT efforts in the Commonwealth
- Administering key components of the Medicaid EHR Incentive Payment Program
- Reporting and Updates to the Health IT Council, MTC Board and Legislature
- Focus on the way in which we are leveraging federal grants, public/private efforts to ensure that the all stakeholders in the Commonwealth understand and participate in our collective transformational efforts – preparing all stakeholders for Payment Reform expected in 2012
- Support for the public good especially those patients, providers and other stakeholders who have little or no support – "have's vs. have nots"
- Significant efforts on education and outreach to all stakeholders in the Commonwealth
- Serve as single point of contact between ONC for all federal ARRA grant programs including HIE, REC, Workforce Development, Broadband, etc.

Statewide HIE – FY12

Major Efforts

- Procurement and contracting of HIE vendors and partners
- Support of HIE-HIT Advisory Committee
- Prioritization and sequencing of HIE services
- Initiation of phased implementation of services and capabilities
- Business development activities such as readiness assessments and effective mechanisms to connect a broad and diverse range of providers

Challenges

- Timeliness of grant funds usage to minimize match requirements
- Value creation for HIE participants
- Sustainability of HIE Operations with both ongoing sources of revenue and portion available for MeHI Operations
- Transforming vision of HIE into operational entity

Program Timelines - HIE

Milestone	Start	Finish
Governance	Ongoing	Ongoing
Business Planning & Sustainability	August 2011	April 2012
Marketing & Communications	September 2011	March 2012 & Ongoing
Financial Reporting & Budgeting	Ongoing	Ongoing
Legal & Policy	July 2011	October 2011 & Ongoing
Program Evaluation	June 2011	December 2012 & ongoing
Review & Validate Current HIE Requirements, Service Stack & Architecture		

Documentation	July 2011	September 2011 & ongoing
Reconcile Medicaid IAPD & MeHI HIE	July 2011	August 2011 & ongoing
Procure SME Services	March 2011	July 2011
Procure Systems Integration (SI) Services	September 2011	December 2011
Procure Evaluation Services	October 2011	February 2012
Procure Open Access HISP	October 2011	February 2012
Phase 1 – Implement Services	December 2011	July 2012
Phase 2 – Implement Services	April 2012	November 2012
Phase 3 – Implement Services	September 2012	March 2013

Regional Extension Center (REC) – FY12

Major Activities:

- Developing Strategic Partnerships (marketing & communications)
- Leveraging a robust set of Educational webinar and learning materials (CME)
- Recruitment and Outreach to other provider types (specialists, behavioral health, long term care, home care and others)
- Growing Physician Advisory Group for outreach and peer learning initiatives
- Launching a robust set of a la carte services using existing IOOs and deeply discounted pricing
- Becoming the trusted advisor and "go to" resource for providers working towards MU (1,2 and 3), HIE connectivity and Medicaid incentives

Challenges:

- Financial Sustainability beyond American Recovery and Reinvestment Act (**ARRA**) funding
- Identifying the core set of services and strategic partnerships that are both wanted and needed by stakeholders working towards Meaningful Use and payment reform
- Working through potential competitive issues impacting the REC

Program Timelines - REC

Milestone	**Start**	**Finish**
Sustainability model	June 2011	October 2011
Membership Pricing Strategy	July 2011	August 2011
Create suite of educational programming	July 2011	Ongoing
Initial MeHI Offerings	July 2011	Ongoing
Development of Strategic Partnerships	August 2011	Ongoing
Marketing & Communication Strategy and Plan	July 2011	October 2011
Develop effective Account management strategy	August 2011	October 2011
Recruitment Strategy & Outreach	July 2011	September 2011
Prepare for ONC Biennial Visit	September 2011	May 2012

Medicaid Services – FY12

Major Activities:

- Obtain the Center for Medicare & Medicare Services' (CMS) approval to launch program October 3, 2011.
- Outreach and education to providers and hospitals
- Collaborate with MassHealth to develop marketing material
- Develop policies, procedures and training material

- Hire and train staff
- Build-out facility and implement technology to operationally support the program
- Process eligible providers and hospitals' Medicaid EHR Incentive Payment Applications

Potential Challenges:

- Approval from CMS is delayed
  This will impact the launch date of October 3, 2011
- Demand for outreach and education is greater than what was anticipated
  Add additional staffing may be required (temporary vs. permanent)
- Not enough staff to process a high volume of EHR incentive payment applications
  Add additional staffing may be required (temporary vs. permanent)

Program Timelines – Medicaid Services

Milestone	**Start**	**Finish**
SMHP Approval	March 2011	June 2011
IAPD Approval	March 2011	August 2011
Executed Scope of Work Agreement	June 2011	August 2011
Budget Development	May 2011	July 2011
Human Resources	May 2011	September 2011
Compliance Requirements	May 2011	August 2011
IS/Technology Requirements & Implementation	June 2011	October 2011
Facility Planning & Build-out	May 2011	November 2011
Marketing & Communication Planning & Execution	June 2011	Ongoing
Operational Policies & Procedures	TBD	TBD
End User Training Development & Execution	August 2011	September 2011
Process approximately 2500 eligible provider and hospital incentive payment applications (1st year)	October 2011	June 2012
Conduct outreach and education to approximately 150 provider or hospital practices/associations (1st year)	September 2011	June 2012

MeHI Budget – FY12

Background - Federal Grant Awards

- MeHI received two grants from ONC in 2010 for HIE ($10.6M) and REC ($13.4M), and two HIE Challenge Grant awards ($3.4M) in January 2011
- Two year REC award extended to four years to support the deployment of EHRs to 2,500 priority and 800 non-priority providers within a four year period. This grant includes two funding components: $5,000 per provider for the 2,500 priority primary care providers ($12.5 M) in direct incentives and an additional $900K in core funding to support operations
- ONC will conduct bi-annual review in FY 2012 with potential for additional funding

Overview of Key Activities:

- Execution and aggressive marketing and communications strategy with fall launch
- Development of new web site to facilitate broad stakeholder outreach for healthcare reform with additional support for coordination of Workforce Development for Health IT
- Completion of a multi-year agreement between MeHI/MTC and MassHealth for providing Eligibility, Verification, Outreach and Training for Medicaid Eligible Providers (EP's) and hospitals – Medicaid Services
- Medicaid collaboration included active involvement in development of Medicaid's State Health Information Technology Plan (SMHP) and Implementation Advanced Planning Document with opportunity for leveraging 90/10 CMS funding for certain services supporting the statewide HIE
- Project management and oversight for two new HIE Challenge grants
- Third Health Information Technology Conference planned for spring 2012 and similar in format and scope to second event.
- Statewide reporting to monitor the status of healthcare reform efforts including job growth in Health IT sector

Summary of Massachusetts e-Health Objective for 2011:

- The three projects under the MeHI Program are:
  - Health Information Exchange
  - Regional Extension Center (including support for Medicaid Eligible Providers)
  - Medicaid Services supporting Medicaid Incentive Payment Program
- Additional support for coordinating other federal and state healthcare efforts

MeHI Budget – FY12

- Major revenue sources are: Federal funding ($10.3 million); Medicaid Services ($3.5 million); and REC membership ($1.2 million)
- Major expense categories include:
  - Financial Assistance ($6.9 million), which includes $4.2 million to Implementation Optimization Organizations (**IOO's**) under the REC program and $2.5 million relating to services under the HIE program
  - Personnel ($3.5 million). MeHI is proposing to hire 3 new staff in the REC/HIE programs for a total of 18 and 14 new staff in the Medicaid Services program for a total of 33. Corporate Services Budget is $2.3 million.
  - Professional Services ($2 million), primarily for the Medicaid Services program, web development, HIE Subject Matter Expert (**SME**) and outreach and educational activities.

- Shared Corporate Services ($2.3 million), which includes MeHI's pro-rata share of Executive, Legal, Finance, IT, Communications, Facilities and other expenses shared among the divisions.

Question: What is the Medicaid $3 million for?
Answer: Building up staffing for eligibility verification.

Question: What is REC membership for? Is there overlap between the two?
Answer: Potentially there may be Medicaid providers who are REC members.

Question: Are we paying providers from both pots?
Answer: Medicaid will provide the Meaningful Use (**MU**) payments.

Suggestion: For the program timelines, can we map outcomes to the dates to show deliverables and outcomes.

Budget walk-through:

- We will review the Profit and Loss information to show where different revenue sources are coming from and where we are heading.
  - More federal funds - $300,000 for matching funds;
  - 200K for Governor's conference that we do each year;
  - REC membership is $600/$800 fees for new members plus members who are renewing at 100/provider =$1.2mil this year.
  - When we originally submitted the budget, we thought July would start the Medicaid services, will need to be modified for delayed ramp-up.
  - $4.5MIL go to IOOs as direct assistance.
  - Implementation of 3 elements of HIE implementation ramping up in 2012.
  - Professional fees = $2MIL ($800,000 in Medicaid services and a few hundred thousand for evaluation of REC and HIE
  - Corporate services number is shared services for MTC employees working on MeHI services. This has been in process at MTC for about 10 years; approved by feds and recent state audit.

Question: Professional fees: Medicaid and evaluation –are these contracts with other organizations to work with us?

Answer: Medicaid: management consultants helping with implementation; auditors for $15,000; $22,000 consultants with annual services; translation services for website; outreach and education; $130,000 for networks security assessment; ongoing network services; website development services

Question: What's the difference between professional fees and corporate services?
Answer: Professional and Audit fees we pay out; corporate are MTC staffing costs, Deloitte audits, etc.

Question: If HIT Council doesn't approve the budget today, will it cause a problem?
Answer: No, because MTC board will not meet until September. We will come back and bring detailed budget items for next meeting.

Question: Can we vote on pieces of the budget, or is it all-or-nothing?
Answer: Need all because these are services we need to provide.

Questions: Could we vote on approval of Medicaid services so we don't delay the process?
If they don't pass the budget today, can we proceed with hiring of Medicaid services staff?
Do you need Implementation-Advanced Planning Document (**I-APD**) approval to go forward with hiring?
What's the date for I-APD approval?
Answer: Was submitted last week – will take 6-8 weeks from that date. We won't hire until I-APD is approved.

Question: When is the next HIT Council meeting?
Answer: August 15th

Question: Is there anything MeHI needs to assume that won't be approved? Can we keep doing business as usual? Can we continue to execute the process?
Answer: There is nothing in our concerns that should put a hard stop to any activities. Our questions are more on what we're trying to build in terms of the REC and HIE.

The Motion to Approve the Budget was tabled until the next meeting of the Council.

III. Subject Matter Expert (SME) Update:

- In order to accelerate the development and implementation of the HIE, the HIE-HIT Advisory Committee requested the acquisition of a HIE Subject Matter Expert (SME)
- On April 25th, the process and budget for selecting the SME was presented to the Council
- MeHI will contract with an HIE SME for:
  - Advisory Committee Support
  - Technical Support
- A competitive, open, transparent process was used to select the vendor.

- Budget $250,000 (with some flexibility)

Pre-Meeting Role and Activities:

Meet with Advisory Committee co-chairs and MeHI to:

- Identify specific issues to address based on input from MeHI; Identify agenda items; and identify any meeting documentation to be developed and provided for the meeting
- Create Agenda and develop meeting deliverables based on the agenda
- Coordinate meeting schedule and invitations

In-Meeting Role and Activities:

- Facilitate meetings; document meetings; and identify and confirm action items

Post-Meeting Role and Activities:

- Review meeting notes with Advisory Committee co-chairs and MeHI; distribute meeting notes to Advisory Committee; and follow-up with all parties assigned to action items, in coordination with MeHI
- Provide detailed technical and industry advice and information to the Advisory Committee
- Make subject-matter-specific presentations
- Research and develop white papers and other analysis deliverables
- Provide support to MeHI with respect to procurement materials, including but not limited to a request for proposals for a Systems Integrator
- Assist in the review and development of HIE implementation guides
- Support HIE readiness assessment work as needed
- Support HIE architecture development and decision-making
- Provide risk assessments of solutions integrator and services vendor activities as needed

RFP Process

- Competitive RFP (issued April 28, 2011)
- Six firms responded
  - Massachusetts eHealth Collaborative (**MAeHC**)
  - Public Consulting Group (**PCG**)
  - Global Sage
  - Freedman Consulting
  - Chilmark Consulting Group
  - Tilson Technology Management
- Bidders Conference (held May 6th, 2011)
- Questions and answers resulting from RFP distributed May 13th, 2011

Review and Selection Process

Review Team Members

- Internal
  Rick Shoup, Judy Silvia, Carole Rodenstein, Kris Cyr and Dawn Heisey-Grove
- External - Co-chairs of the HIE-Workgroup
  Manu Tandon (EOHHS), John Halamka (Beth Israel Deaconess Medical Center)

Interview (held June 17th, 2011)

- Entire review team met with MAeHC and PCG
- Standard interview process template for recording results
- All review team members reviewed all responses and scored on standard template
- Team met, reviewed and discussed results
- Two firms clearly differentiated themselves as leaders and were chosen for an interview:
  - Massachusetts eHealth Collaborative (MAeHC)
  - Public Consulting Group (PCG)
- Unanimous agreement that MAeHC was most qualified and best suited for the SME

Dr. Halamka commented as a participant in the process, it was an open and transparent process. Numeric criteria were completed on a spreadsheet of other reviewers and MeHI added up individual scores. The scores clumped the top two together and the others were far behind. The interviews made it clear that MAeHC was the top candidate.

Question: When you say they had previous experience in developing network-of-networks, are we talking HIE networks or others?
Answer: HIE

The Secretary commented there is no need to approve since it was approved in the federal process.

Items involving Advisory Committee Participation

IV. Feedback from Retreat – Planning Workgroup

- At the Council retreat, a planning group was formed to identify issues that need to be address, in order for the Commonwealth to accelerate the adoption of EHRs and the deployment of a statewide HIE.
- The members of the group were: Karen Bell, Lisa Fenichel, Andrei Soran, Abby Moncrieff, Barbara Popper, Deb Stevens, Peter Bristol, John Halamka, Manu Tandon, Rick Should, Judy Silvia, Carole Rodenstein, and Marie Fells-Remmers
- Planning group recommended the following workgroups:
  - Privacy & Security
  - Technology & Interoperability
  - Business Model & Sustainability
  - Consumer & Public Engagement
  - Provider Adoption

Question: How do these things integrate? Interoperability workgroup would be providing input for Systems Integrator services, for example? Would the workgroups be driving the timelines?

Answer: They will be driving them, but recommendations have to come to the Council because it is the governance body. It is very important that all the interdependencies be reviewed because its policy not just technology.

Question: Where do population and care coordination intersect?

Answer: Everywhere – in order to do the work, we need to have HIE and incentives. There was a lot of discussion about how to break the workgroups down. The themes will come together in the governance body (HIT Council). This is similar to federal model: major committee votes based on subject matter group recommendations.

Comment: It is not clear that we have metrics to follow this.

Response: MeHI has baseline data and will use that to inform the HIE starting point and progress.

The Secretary commented that one of the general areas of agreement at the end of the strategic plan was that we needed to be clear on how to get as many providers as possible adopting EHRs and how we were going to accelerate the HIE process. She would still like to have the broader goal upheld to ensure we are not more focused on the details of implementation and we lose focus on the providers' needs.

Question: Is there any conversation about this level of work now vs. in the past? An example would be, all the work done on privacy and security.

Answer: Privacy and Security is a good example: we have consent and security recommendations that were developed from the previous ad hoc workgroup. Those should be brought to the workgroup and used to bring the new workgroup back up to speed and use those as the starting point. There were elements completed by each of the groups, so wherever there are learning's, we will bring those back so you're not starting from ground zero.

Question: Will the SME or MeHI or the Council mesh the overall plan?

Answer: HIT Strategic plan guides the activities. We are working together.

Question: Would there be one or two people responsible for developing a project plan that encompasses the entire process?

Answer: MeHI owns the plan – has the fiduciary responsibility to make sure this all happens. MeHI will manage the plan and coordinate with all the groups.

The SME will craft recommendations and bring those to Council; MeHI implements those recommendations after approval from the Council.

Question: The memo that precedes the budget implies that the HIE Advisory group is the governance body?

Answer: HIT Council is the governance committee.

We as a council voted to make the HIE HIT Advisory Committee (Advisory Committee) the governance group for HIE.

Question: The HIT Council is the voting body and the Advisory Committee is not part of the voting body?

Answer: The HIT Council voted to create the Advisory Committee to guide the governance of the HIE.

V. Business Needs Survey Summary

- MeHI and Co-chairs of HIE HIT Advisory Committee will create workgroups with Advisory Committee members and members of the health care community
- With assistance from MeHI and SME, the workgroups will:
  - Review previous workgroup findings, validate and update, as appropriate and will identify and prioritize the key issues under the following topics:
    - Policy
    - Technical
    - Business
    - Other
  - Develop the list of deliverables with dates and roadmap.
- Who will pay for statewide HIE Capability?
  a. Providers – Yes
  b. Health Plans – Maybe, if there are relevant services
  c. Patients – No – fear that they may be priced out of healthcare
- Who is/should be exchanging data and how?

  Who
  - Physicians
  - Hospitals
  - Health Plans
  - State Agencies
  - Consumers/Patients
  - Other
    - Long-term/post-acute care facilities
    - Home health aides

- Labs
- Imaging centers
- Pharmacies

How

- Primarily (fax, phone, mail)
- Electronic
  - Secure File and Email Delivery (SFED)
  - HIE
  - Secure Virtual Private Network (VPN)
  - Manual entry of electronic EHR feeds

Biggest Obstacles

There was overlap in identified obstacles for both efficiency of care and quality/safety of care:

- Data quality and access
  - Lack of standardized data in EHRs
  - Concerns for unaffiliated and underserved populations
- Financial resources
  - Fee-for-service
- Technology resources
  - Lack of broadband access
  - Lack of electronic health record (EHR)
- Staffing resources

What will HIE Solve?

- Effective Data Exchange
  - "establishing effective efficient meaningful data exchange in a bidirectional mode"
  - "harmonization of data flow among providers"
  - "timely access to information"
  - "breaking barriers of data exchange among fiscally competing entities"
- Communication
  - Transitions of care
  - Between agencies
  - Between agencies and providers
  - Referrals

No further questions or comments.

Meeting adjoined at 5:00 p.m.