Minutes

Massachusetts Health Information Technology Council
And Advisory Committee Meeting

March 19, 2012
3:30 – 5:00 p.m.

One Ashburton Place, 21st Floor Conference Room 2
Boston

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<u>Attendees:</u>

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 – *Aranow Consulting*
James Ermilio – *Special Council to Secretary Gregory Bialecki, representing*
EOHED
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

<u>HIE-HIT Advisory Committee:</u>

John Halamka, Co-Chair
Manu Tandon, Co-Chair
Nicolaos Athienites
Rita Battles
Peter Bristol
Kathleen Donaher
Steven Fox (TP)
Larry Garber
Gillian Haney
Keith Maxwell (TP)
John Merantza (TP)
John Poikonen
Naomi Prendergast

 (TP) participated by telephone

MTC: Pamela Goldberg
Rick Shoup
Judy Silvia
Matt Schemmel
Tarsha Weaver

Donna Nehme

Public Attendees:

David Smith – *Massachusetts Hospital Association*
Claudia Boldman – *Administration and Finance*
Deb Schiel – *EOHHS/MassHealth*
Foster Kerrison – *Royal College of Surgeons of Edinburgh*
Christina Moran – *Massachusetts eHealth Collaborative*
Micky Tripathi – *Massachusetts eHealth Collaborative*
Helene Solomon – *Solomon McCown & Company*
Bert Ng – *Joint Commission, Healthcare Financing*
Mark Belanger – *Massachusetts eHealth Collaborative (MAeHC)*
Peter P. Garcia – *Leading Age Massachusetts*
Carla Marcinowski – *Consultant*
Scott McCoy - *Verizon*

The forty first meeting of the Massachusetts Health Information Technology Council was held on March 19, 2012 at One Ashburton Place, 21st Floor, Conference Room 1, Boston, Massachusetts.

Secretary Bigby called the meeting to order at 3:30 p.m.

I. Approval of the January 30, 2012 Meeting Minutes: (Note the February meeting was canceled)

After motions were made, seconded, and approved with no abstentions, it was agreed to accept the draft minutes as the official minutes of the January 30, 2012 meeting.

HIE-HIT Advisory Committee Meeting notes:
*Please refer to Slide Presentation "Health IT Council and Advisory Committee Meeting" March 19, 2012.

II. HIE Strategic and Operational Plan (SOP) Update

HIE Strategic and Operational Plan: Health IT Adoption - Last Mile (Rick Shoup)

Overview (Refer to slides 3-8)
- The SOP has been submitted to the Office of the National Coordinator (ONC). We are waiting on their response.
- The SOP update focuses on the Last Mile activities and once approval is received, the work will commence.

The main components of Health IT Adoption – the Last Mile are:

- **Connection** – will address the technical integration of EHRs and sub-network HIEs with the statewide HIE backbone, to facilitate stages1 through 3 of Meaningful Use (MU)
    - Requires vendor market analysis
    - Identify those top 20-25 EHR vendors and work with them to implement DIRECT
- **Education** – will be directed at providers, patients and consumers, to instruct them on the benefits of using health IT for better health outcomes
    - Understanding the clinical value
    - Fully engage on statewide basis and focus on specific population
- **Optimization** – will focus on ensuring that providers use the technology in an effective manner to maximize efficiency while delivering quality care to the patient.
    - Evaluation process and methods
    - Improving efficiency and effectiveness
    - Develop an annual report card of performance benchmarks

Question: What are the strategies for sharing some of these measures that may be part of the annual report card?

Answer: Currently the data is only consumed internally. This raises policy questions regarding proprietary data, however will certainly be important information to share.

Question: Has there been any thought to integrating current research, discussions, or articles that have an impact on the work and how we think about it (i.e., recent health affairs article regarding associated costs and EHRs)?

Answer: Hope that information we capture will be actionable from a policy perspective to allow for updates and changes over time

– The Secretary asked to add to the next agenda an overview of what is happening in Massachusetts with payment reform, value measurements, health reform, etc. Include what the role of the Health IT as a means and not an end, need policies to support EHRs as a tool.

Question: What is the lead time to get the vendors for the Last Mile procurement work?

Answer: The assessments will be done in April. We hope to have the vendors up and running by September. The Last Mile program will be in effect inventing technologies that don't yet exist and aligning vendors to achieve some of these envisioned functionalities.

Question: What will happen with the sub-networks like NEHEN and CHAPS?

Answer: All sub-networks will stay intact, the HIE will be an additional network to connect many of these sub-networks.

III. Regional Extension Center (REC) and Medicaid Update

      REC (Refer to slides 10-14)
- The EHR will help create interfaces to the HIE
- $75,000 per vendor
- Future – less representation in market
- One challenge is how do we reach 90% with the money we have
    - One time funding to help develop interface
    - Implement at each number of sights
- Massachusetts is fourth in the top 21 REC progress towards Meaningful Use 1, 2 and 3 as a percentage of all targets, New Hampshire is first.

Question: There are 2,081 providers signed up with an EHR vendor, how many of these have no EHRs?
Answer: Roughly two thirds of 2,081.

      Medicaid (Refer to slides 16-17)

- The Medicaid office is now fully staffed
- $500-600 million has been paid out

Comment: We hope that each institution can tell the story of how the money was used to help fundamentally change their care to the patient.

IV. Request For Reponses (RFR) Update (Manu Tandon)

(Refer to slides 18-21)
- The Request for Responses (RFR) was released on February 16, 2012
- The high-level project schedule is still working towards the Oct 15th Go-Live date; however this date will need to be reassessed once a vendor is contracted and a determination has been made regarding what is customizable vs. off the shelf.

Question: What is currently driving the Oct 15th Go-Live date?

Answer: Mainly momentum due to the support from the state and the federal government.

V. Workgroup (WG) Update (Dr. John Halamka)

(Refer to slides 21-28)
- As the HIE/HIT Advisory Committee and its 5 underlying workgroups advise the HIT Council, the staff is currently working to identify what will be needed from a policy perspective for the Go-Live and to create a single point of accountability with any deliverables
  - Includes time from vendor selection to Go-Live to identify all pieces that need to be developed.
- Development of Guiding Principles from each WG are in the process of being reviewed by all WGs
- Each Workgroup will have specific deliverables that they will lead and be accountable for while also providing a supporting role for other tasks
  - Some suggestions were raised regarding which WGs should support which deliverables, these will be addressed with the WGs and staff as the project plan and roadmap are developed.

Question: What is the pilot consumer?

Answer: There will be some recruitment to identify users who would be interested to participate in sharing data across the network as the "pilot" cases once the network is live.

Question: The Health Affairs article noted that MA has 35,000 physicians, but all of our work has been focusing on 20,000. What is the discrepancy between the two?

Answer: The number becomes narrowed when looking at licensed vs. active vs. practicing etc. We have been working towards the correct number of 20,000

Question: Do vendors need to be prepared for the Go-Live, and are there regulatory items to consider?

Answer: During the vendor discussions, they were supportive of a "one time, one-way" approach and are aware of the DIRECT standards. For phase 1 we do not see any regulatory barriers that need to be addressed. Patient consent is an issue of concern as well as regulatory changes around HIV, but these are being discussed and watched.

Question: How are we managing consent?

Answer: Phase 1 is the same workflow that we have in place today, but phase 3 will need consent to pull from a centralized repository.

Question: What are the Consumer Agreements?

Answer: Currently many providers offer patient portals where data and administrative functionalities can be accessed for the specific provider organization, but this creates silos of data that are tethered to that specific organizations. If consumers decide they want to consolidate their patient information in a separate personal health record (PHR), there may need to be a policy in terms of what the state is

expected to do in terms of security in transmitting that data to and from the PHR. So as consumers decide what services the HIE should provide, will need to determine what agreements are needed.

No further questions or comments.

Meeting adjoined at 4:40 p.m.

March 19, 2012 PowerPoint Presentation attached.