

**Commonwealth of Massachusetts**  
Executive Office of Health and Human Services



# **Introduction to the Mass HIway**

December 9, 2015



# Questions to address in today's panel



- What is the Mass Hlway?
- Why should you connect?
- How can Mass Hlway help you meet your grant objectives?
- What's ahead on the Mass Hlway?



# What is the Mass Hlway?



**The Mass Hlway is the statewide Health Information Exchange (HIE) providing secure, electronic transport of health-related information between health care organizations and providers regardless of affiliation or technology.**

**The Mass Hlway offers two services:**

- 1. Direct Messaging** - Secure point-to-point transport of electronic patient health information among healthcare organizations and authorized government agencies for purposes of patient treatment, payment, or operations.
- 2. Query and Retrieve** – Relationship Listing Service (RLS) for locating healthcare organizations that hold records for a particular patient. Medical Record Request (MRR) service for initiating a query for a patient's records.

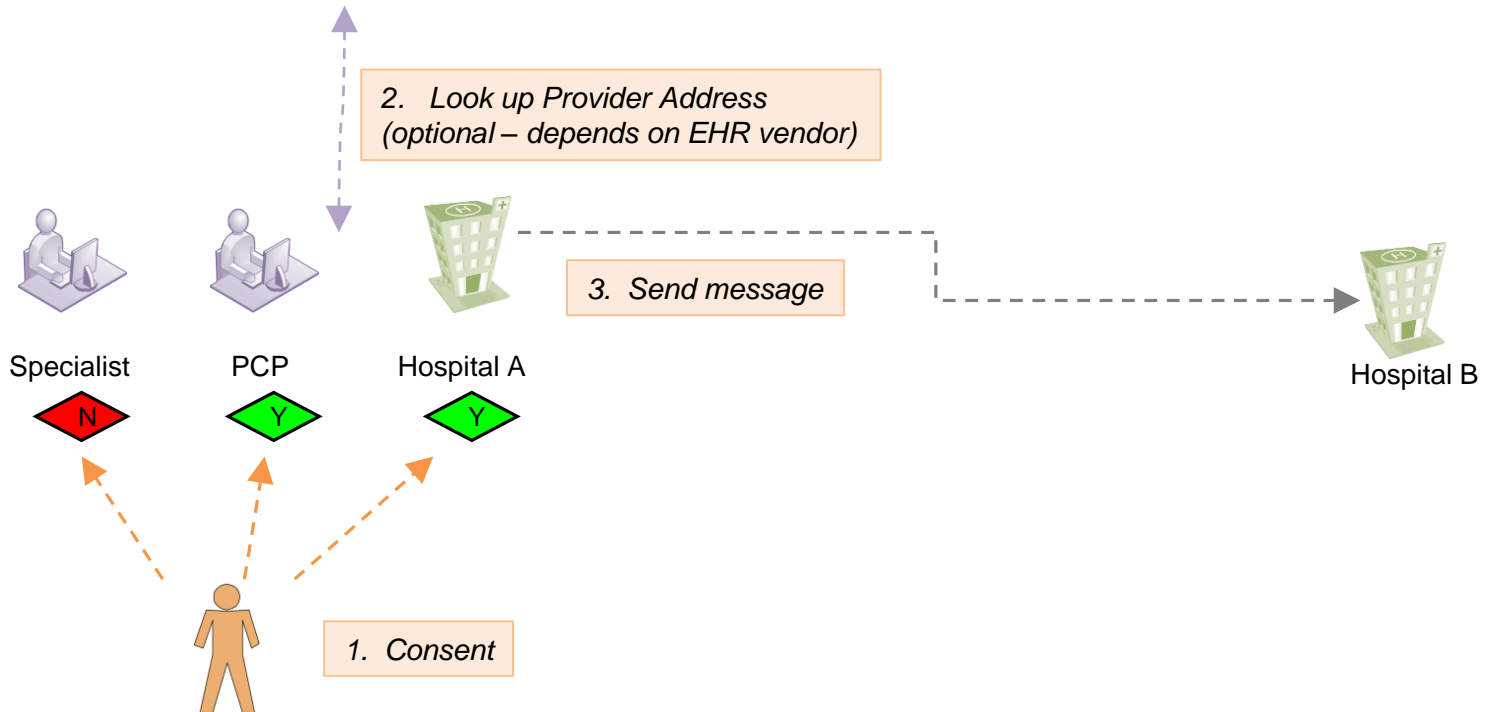
**The Mass Hlway is not a clinical data repository HIE and holds no clinical information. The Mass Hlway is also not the state health insurance exchange known as the Health Connector.**



## Data holder sends patient information to recipient

### Provider Directory

<u>Provider name</u>	<u>Local name</u>	<u>Institution</u>	<u>Direct address</u>
Smith, Marilyn M	Smith, Marilyn	Hospital B	<a href="mailto:Marilyn.Smith@direct.HospitalB.masshighway.net">Marilyn.Smith@direct.HospitalB.masshighway.net</a>
Smith, Marilyn M	Smith, Mary	Highland Primary Care	<a href="mailto:Marilyn.Smith@direct.HPC.masshighway.net">Marilyn.Smith@direct.HPC.masshighway.net</a>





# Clarifying Hlway consent



## Guidance to Mass Hlway participants for implementing Mass Hlway consent:

- If you have a written consent to treat form that includes sharing information with other providers involved in your care, mention Mass Hlway as a mode of transport either on the Consent to Treat form or in your HIPAA notice of privacy policies (NPP). Make Hlway collateral available in registration areas.
- If you do not have a current written consent to treat form, use the simple one-line template (below) for those patients for whom you are going to send information to another provider over the Hlway.

*I consent to allow my provider to use the Massachusetts Health Information Highway (Mass Hlway) to securely transmit my medical information to other authorized health care organizations involved in my care. (Signature and date)*

## Exceptions - No Mass Hlway consent is required for:

- Sending direct message from a non-Hlway HISP
- Transactions covered under separate statutory authority (e.g., Mandatory PH reporting)
- HIPAA defined administrative transactions that directly support payment (e.g., Eligibility checking)
- Transactions sent over the Mass Hlway between a Covered Entity and its Business Associate(s) for healthcare operations



# What can you send?



**Mass HIway is “content agnostic,” and does not restrict message types**

**Patient clinical information:**

- Summary of Care / Transition of Care Record (TOC)
- Request for Patient Care Summaries
- Discharge Summaries
- Referral Summary Information
- Specialist Consult Notes
- Progress Notes

**Quality reporting:**

- Information for calculation and reporting of clinical quality measures

**Patient clinical alerts:**

- Emergency Department Notification
- Mortality Notification
- Transfer Notification
- Disposition Notification (admit/discharge)

**Public Health Reporting:**

- Securely comply with reporting regulations for the department of public health



## **DPH Registries connected with Mass Hlway:**

- Massachusetts Immunization Information System (MIIS)
- Electronic Lab Reporting (ELR)
- Syndromic Surveillance (SS)
- Massachusetts Cancer Registry (MCR)
- Opioid Treatment Program (OTP)
- Childhood Lead Poisoning Prevention Program (CLPPP)
- E-Referral
- Adult Lead
- PMP (Testing)



# Example 1 – Specialist Referral



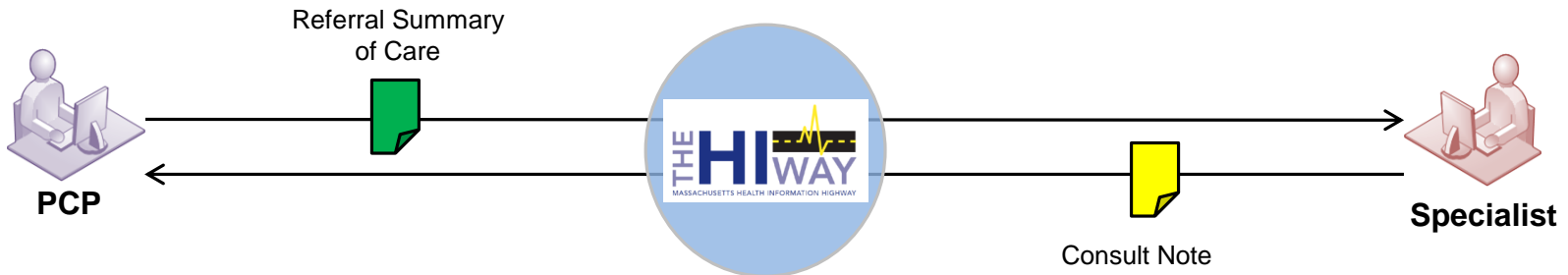
## Example 1 - PCP refers patient to a Specialist

### Patient Scenario:

1. Patient sees PCP
2. PCP refers patient to a Cardiac specialist
3. Patient sees specialist
4. Patient sees PCP for follow up care

### Information Flows:

- A. PCP sends Specialist a summary of care document via the Mass HIway
- B. Specialist sends PCP a consult note via the Mass HIway







# Example 2 – Hospital Visit



## Example 2 – Patient admitted to Hospital – Patient discharged from Hospital

### Patient Scenario:

1. Patient admitted to Emergency Department
2. Patient is treated
3. Patient is discharged
4. Patient sees PCP for follow up care

### Information Flows:

- A. Hospital informs PCP that patient is in ED (could be via Mass HIway or other channels)
- B. PCP sends critical information to Hospital ED via the Mass HIway
- C. Hospital sends PCP discharge summary via the Mass HIway





## Example 3 – Provider reports to immunization registry

### Patient Scenario:

1. Patient sees Pediatrician and receives DTaP vaccination
2. Pediatrician sends immunization information to Department of Public Health

### Information Flows:

- A. Pediatrician sends immunization information to the MIIS via the Mass HIway





**There are currently 550+ participant organizations signed up for the Hlway.**

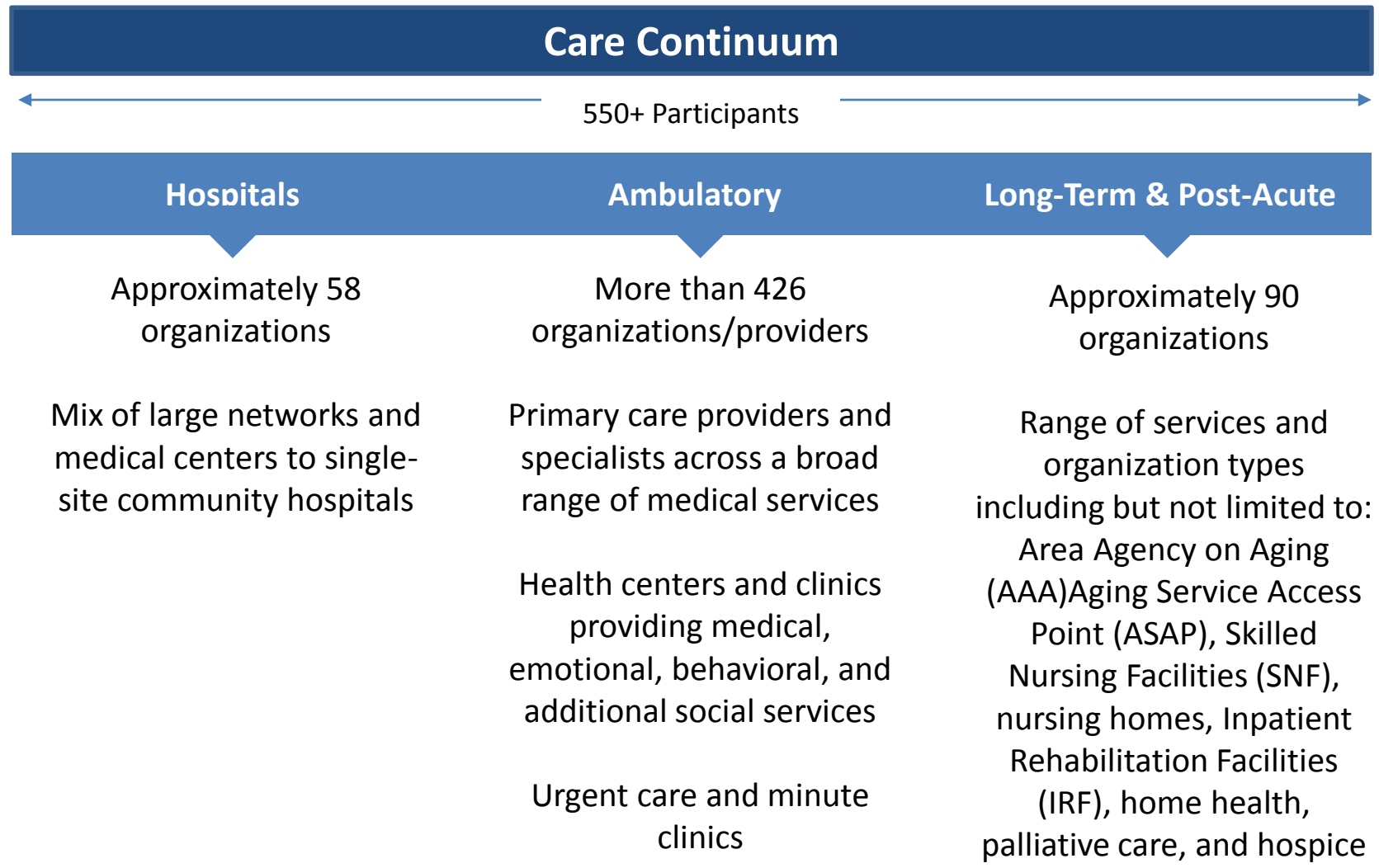
- The full participant list is available at <http://masshiway.net/HPP/Resources/ParticipantList/index.htm>

**The Provider Directory contains over 7,000 addresses (department and individual level addresses included)**

- The latest Provider Directory extracts are available at the Mass Hlway website <http://masshiway.net/HPP/Services/ProviderDirectory/index.htm>. You will need to sign up to receive monthly notifications of PD extract updates



# HIWay Participants by Level of Care



**Note:** 10+ orgs such as Labs, Payers, Imaging Centers, business associates etc.



## HISPs connected with Mass Hlway

- eLINC
- DataMotion
- Wellport (By Lumira)
- Inpriva
- Surescripts
- eClinicalWorks
- McKesson(RelayHealth)
- Allscripts(MedAllies)
- EMR Direct
- SES
- Medicity
- NHHIO
- MyHealthProvider(Mercy Hospital)
- NextGen Share
- Athenahealth
- Aprima
- Cerner
- Medicity
- CareConnect (NetSmart HISP)
- MaxMD
- UpDox
- Care Accord (Pre-Testing)
- eClinicalWorks Plus (Testing)



# How can Mass Hlway help you?



**Mass Hlway is foundational technology for helping healthcare organizations improve quality and safety, improve care coordination, and improve efficiency of medical records management**

**Provides Interoperability path to exchange Transitions of Care and other MU2 measures/documents**

**Providers are using the Mass Hlway to satisfy requirements of many programs:**

- Demonstrate EHR proficiency - state physician licensing requirements
- Satisfy the 2017 requirement to connect to Mass Hlway
- Meaningful Use Stage 2 – Transition of Care and Public Health Reporting measures
- CMS Delivery System Transformation Initiatives (DSTI)
- Community Hospital Acceleration, Revitalization and Transformation Grants (CHART)
- Massachusetts Infrastructure and Capacity Building Grants
- Massachusetts Prevention and Wellness Trust Fund
- Patient Centered Medical Home (PCMH)



# How can you send?



## User types

-  Physician practice
-  Hospital
-  Long-term care  
Other providers  
Public health  
Health plans
- 

## Connectivity options



**EHR connects directly**



**EHR connects through LAND Appliance**



**Browser access to webmail inbox**

## Additional connection

Vendor HISP

## HIE Services





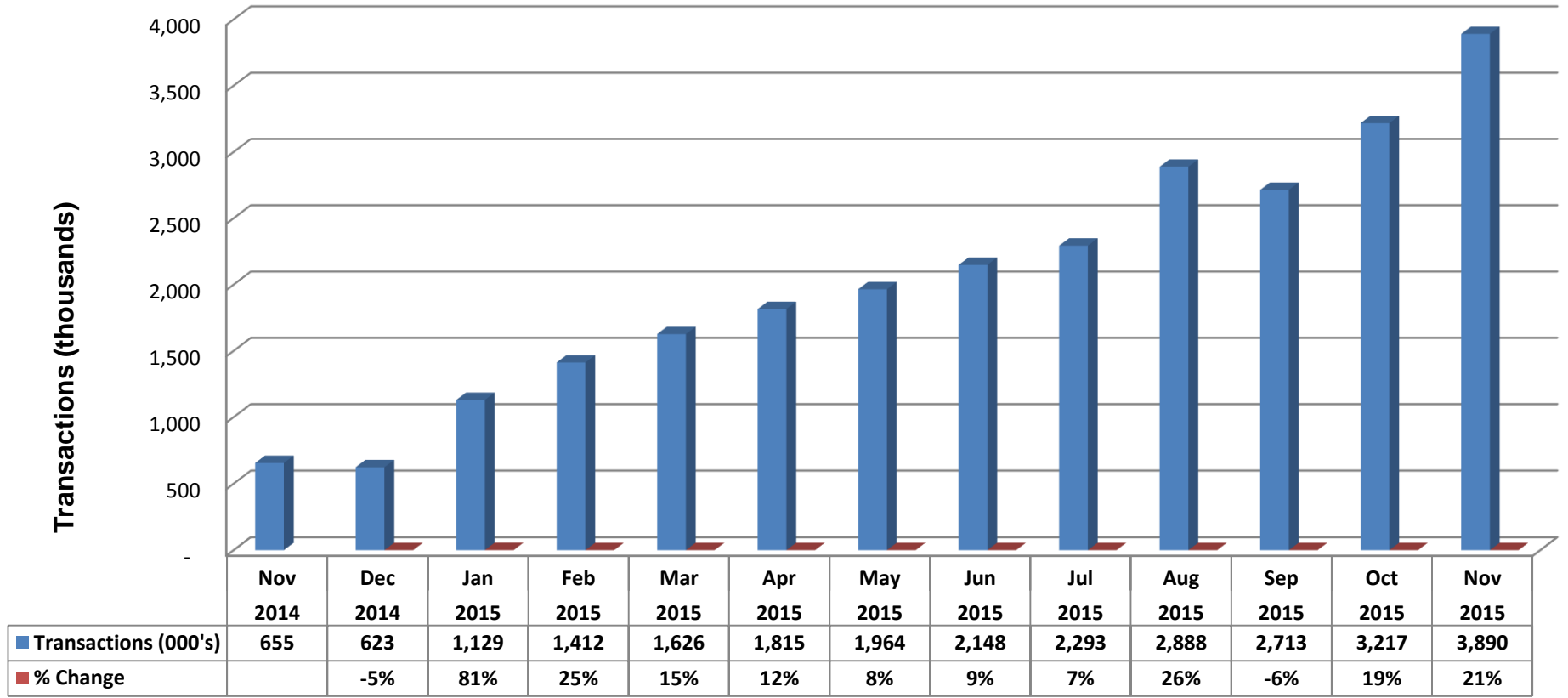
# Hiway Transaction Activity



## 13 Month Hiway Transaction Activity

**3,889,748** Transactions\* exchanged in November (10/21 to 11/20/2015\*\*)

**31,248,655** Total Transactions\* exchanged inception to date



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

16 \*\* Note: Starting 12/20/2014, reporting cycle is through the 20<sup>th</sup> of each month.



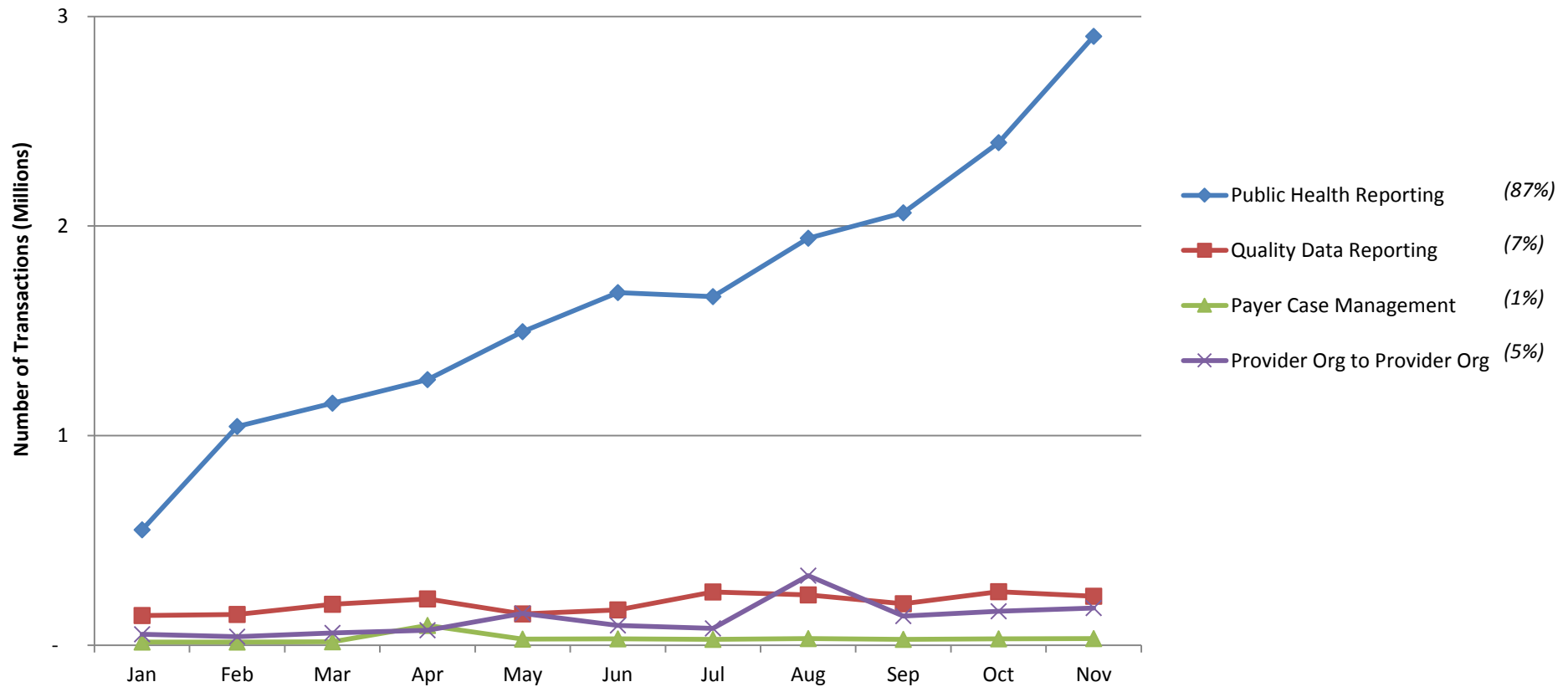


# HIway Transaction Analysis



## 2015 HIway Production Transaction Trends by Use Case Type

**88%** of HIway activity year-to-date\* was for production transactions



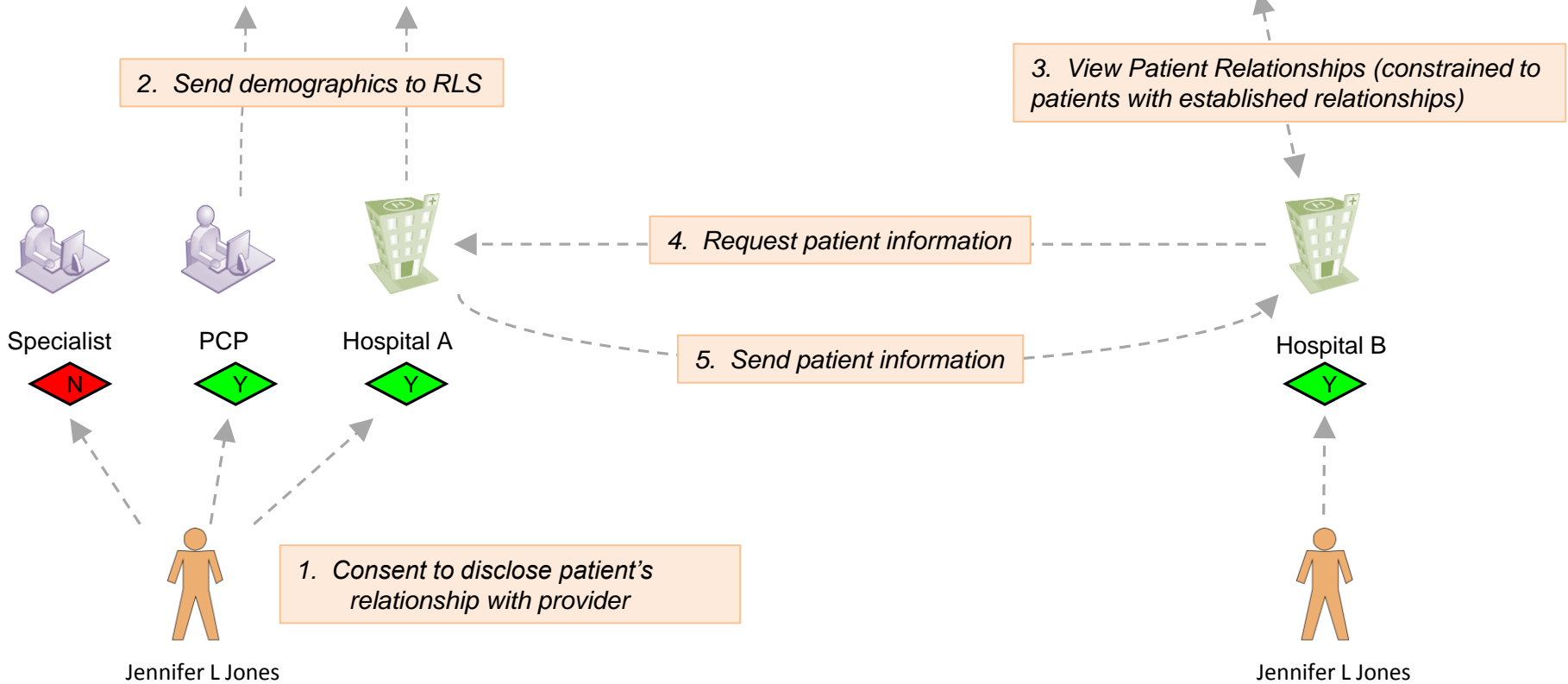
\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.



## Data requester locates and requests patient information - Data holder responds

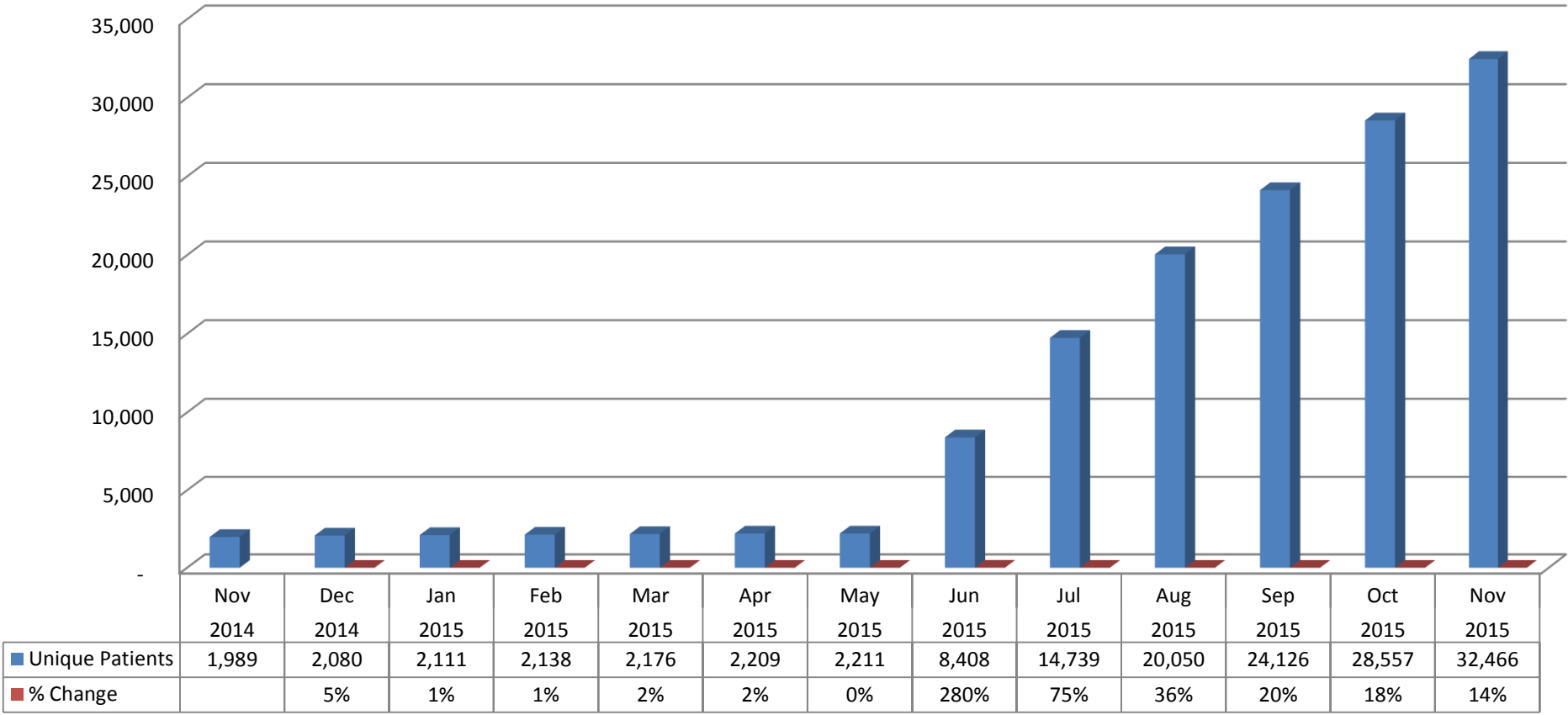
### Relationship Listing Service

<u>Patient name</u>	<u>Local name</u>	<u>Institution</u>	<u>MRN</u>	<u>Last event date</u>	<u># events</u>
Jones, Jennifer L	Jones, Jennifer	Hospital A	1234	Dec 3, 2014	3
Jones, Jennifer L	Jones, Jenny	PCP	5678	Jul 8, 2014	12
Jones, Jennifer L	Jones, Jenifer	Hospital B	9854	Jan 2, 2015	1





## 13 Month RLS Growth – Cumulative Unique Patients Count





# Rate Card



## Massachusetts Health Information Highway (Mass HIway) Rate Card

Effective Date – October 1, 2014

Tier	Category	Description	One-time set-up fee (per node)	Direct Messaging Service			Direct Messaging Service + Query & Retrieve Service	
				Annual HIE Services Fee (per node)	Annual HIE Services Fee + LAND (per node)	Annual HIE Services Fee Webmail (per mailbox)	Annual HIE Services Fee (per node)	Annual HIE Services Fee + LAND (per node)
Tier 1	1a	Large hospitals/Health Systems	\$2,500	\$15,000	\$27,500	\$60	\$30,000	\$42,500
	1b	Health plans						
	1c	Multi-entity HIE						
	1d	Commercial imaging centers & labs						
Tier 2	2a	Small hospitals	\$1,000	\$10,000	\$15,000	\$60	\$17,500	\$22,500
	2b	Large ambulatory practices (50+ licensed providers)						
	2c	Large LTCs (500+ licensed beds)						
	2d	Ambulatory Surgery Centers						
	2e	Ambulance and Emergency Response						
	2f	Business associate affiliates						
	2g	Local government/Public Health						
Tier 3	3a	Small LTC (< 500 licensed beds)	\$500	\$2,500	\$4,500	\$60	\$4,750	\$6,750
	3b	Large behavioral health (10+ licensed providers)						
	3d	Large FQHCs (10+ licensed providers)						
	3e	Medium ambulatory practices (10-49 licensed providers)						
Tier 4	4a	Small behavioral health (< 10 licensed providers)	\$25	\$175	\$250	\$60	\$275	\$350
	4b (includes former 3c)	Home health, LTSS						
	4c	Small FQHCs (< 10 licensed providers)						
	4d	Small ambulatory practices (3-9)						
Tier 5	5a	Very Small ambulatory practices (1-2)	\$25	\$60	\$60	\$60	\$90	\$90



# Enrollment – Getting Started



## If your organization is interested in connecting to the Mass Hlway

- Simply, contact the lead for the Mass Hlway Account Management Team
  - Murali Athuluri, [mathuluri@maehc.org](mailto:mathuluri@maehc.org) 781-296-3857
- Or talk to one of the Mass Hlway Account Managers that are here today:



**Len Levine**



**Jessica Hatch, RN**



**Kelly Luchini**

- The Mass Hlway Account Manager will be your personal liaison to take you through **Enrollment, Onboarding, Addressing, Connection steps, and exchanging with your trading partners**

**The Massachusetts Health Information Highway**

1.855.MAHIWAY (1.855.624.4929) Option 1

General Support: [masshiway@state.ma.us](mailto:masshiway@state.ma.us)

[www.masshiway.net](http://www.masshiway.net)



Key Challenge

Potential Initiative

**Complexity of Connection**

**FAST Initiative**

- Standardize available methods of connecting to the Hlway
- Provide expected time-to-connection for each method
- Streamline connection process and ensure expected timelines are met

**Consent Management**

**Consent Initiative**

- Evaluate feasibility of consent workgroup recommendations and pursue potential policy and procedure improvements
- Educate providers and consumers about current consent requirements and potential changes

**Functionality to Support Care Delivery Goals**

**Event Notification Service Initiative**

- Identify, develop and launch new functionality to facilitate new or third-party tools that support care delivery goals
- Event Notifications Service (ENS) identified as a priority tool to facilitate in the near-term



# FAST Initiative Projects



- Some activities from the FAST initiative are already underway.

1. Engage clinical, business, and IT leaders with streamlined content	2. Simplify sign-on	3. Simplify connecting	4. Support Active Use	5. Support Expansion of Hlway Use
<ul style="list-style-type: none"> <li>• Update of core content</li> <li>• Website update and redesign</li> <li>• Sales packet refresh</li> <li>• Outreach campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Connection type decision tree</li> <li>• Outreach meeting improvement</li> <li>• Streamline Contractual Agreements for Participants</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor relationship management</li> <li>• Provider Directory 2.0</li> <li>• Connection type simplification and reduction in time to connect</li> <li>• Customized end user technical onboarding documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Trading Partner matchmaking</li> <li>• Post and maintain trading partners and their readiness</li> <li>• Technical support for clinical workflow improvement</li> </ul>	<ul style="list-style-type: none"> <li>• RLS Early Adopter Recruitment and Expansion</li> </ul>



- At the November meeting of the HIT Council, the 3 recommendations from the Consent Work Group were shared.

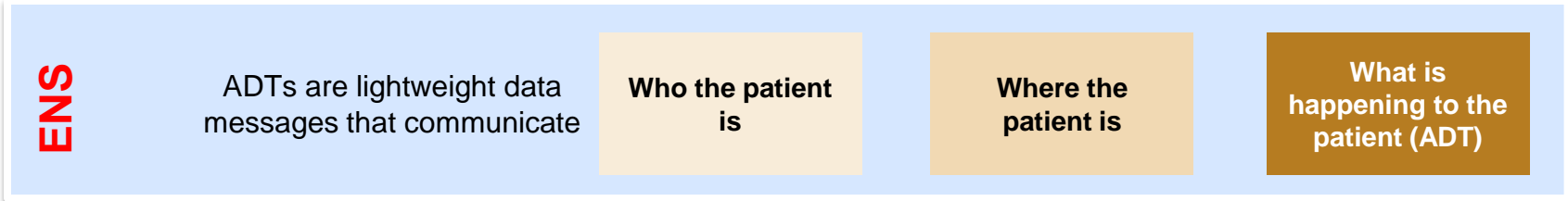
## Recommendations from the Consent Work Group:

1. **Consent for Direct Messaging:** Mass HIway Direct Messaging should not have a consent requirement that goes above and beyond HIPAA
2. **Education for Providers:** Mass HIway should provide additional education, clarification, and guidance to providers about health information exchange generally as well key consent requirements related to the HIway specifically
3. **Educations for Patients:** Mass HIway should provide education and guidance to patients about the HIway including a statewide education and outreach campaign





ENS is a notification system that alerts providers and health plans when a patient is admitted, discharged, or transferred in a clinical setting. ENS provides real-time awareness of where patients are receiving care serves as a backbone to help providers ensure patients are receiving the appropriate level of care



- In health level 7 (HL7) - the data interchange standard that supports the processing of messages - ADT messages are considered it's **most commonly used messaging type**. In total there are 51 different types of ADT messages that represent real case scenarios for a patient.
- ADT messages are often created through a clinical (e.g. an EHR) or administrative (billing data) information system. In any setting where an update occurs to a patient's health record, an ADT message is sent to all ancillary systems to keep the patient's information in sync.
- State HIEs are using trigger events with information contained in ADT messages (e.g. patient demographics) combined with a notification system (that uses rules) to indicate where the alert should go and who should receive it.

*ADT notifications provide a basic level of interoperability that increases efficiency in the healthcare system, while improving health outcomes for the patient.*



# Additional Information



## Appendix



## MGL Chapter 112 Section 2- Effective as of January 1, 2015

“The board shall require, as a standard of eligibility for licensure, that applicants demonstrate **proficiency in the use of computerized physician order entry, e-prescribing, electronic health records and other forms of health information technology, as determined by the board.** As used in this section, proficiency, at a minimum shall mean that applicants demonstrate the skills to comply with the "meaningful use" requirements, as set forth in 45 C.F.R. Part 170.” <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section2>

### DOCUMENTS TO BE SUBMITTED WITH YOUR FULL LICENSE APPLICATION

1. Full License Application – every data field on the full license application must be completed
2. Curriculum vitae
3. Supplement – all questions answered and supplement pages completed for any “ yes” answers
4. Authorization for Release
5. CORI Acknowledgment Form
6. Medicare Tax Form
- ★ 7. Electronic Health Records (EHR) Proficiency Form
8. 90-Day Form
9. Certificate of Moral and Professional Character (sealed envelope)
10. State License Verifications (sealed envelopes)
11. Evaluations (sealed envelopes)
12. Postgraduate Verifications (sealed envelopes)
13. Examination scores (sealed envelope)
14. National Practitioner Data Bank (sealed envelope)
15. Malpractice History Form – listing all liability carriers since postgraduate
16. Malpractice history reports from all carriers since postgraduate tr
17. ECFMG Certificate, notarized copy (international medical gradua
18. Medical School Diploma, notarized copy (international medical g
19. Legal documents, as required

### **ELECTRONIC HEALTH RECORDS (EHR) PROFICIENCY FORM**

Pursuant to M.G.L. c. 112, § 2, an applicant for licensure must demonstrate proficiency in the use of electronic health records (EHR). This is a one-time requirement.

*Complete Section 1 (Demonstrating Proficiency) OR Section 2 (Claiming an Exemption) and Sign in Section 3.*

#### SECTION 1. DEMONSTRATING PROFICIENCY

1. I have demonstrated proficiency in the use of EHR in one of the following ways:

- Participation in a Meaningful Use program as an eligible professional;
- ★  Employment with, credentialed to provide patient care at, or in a contractual agreement with an eligible hospital or critical access hospital with a CMS Meaningful Use program;
- ★  Participation as either a Participant or an Authorized User in the Massachusetts Health Information Highway.
- Completion of 3 hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the Clinical Quality Measures (“CQMs”) for Meaningful Use.



## **MGL Chapter 118i Section 7- Effective January 1, 2017**

“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, and the American Recovery and Reinvestment Act of 2009.”

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter118I/Section7>



**There are 10 objectives for EPs including one consolidated public health reporting objective, and 9 objectives for eligible hospitals and CAHs including one consolidated public health reporting objective.**

10 Core Objectives	
	Protect Patient Health Information
	Clinical Decision Support
	Computerized Provider Order Entry
	Electronic Prescribing and Drug Formulary
★	Health Information Exchange
	Patient Specific Education
	Medication Reconciliation
	Patient Electronic Access (VDT)
	Secure Messaging
★	Public Health Reporting



## **Objective:**

EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care provides a Summary of Care record for each transition of care or referral

## **Measure:**

Provider that refers must –

- Use CEHRT to create a summary of care record, and
- Electronically transmit such summary to a receiving provider for 10%+ of transitions of care or referrals

## **Exclusion:**

Any EP who transfers a patient to another setting or refers at patient to another provider <100 times during the reporting period. No exclusions for EH or CAH.



# Public Health Objectives



- EPs - One objective, 3 measures. Must report 2 measures for Stage 2, 1 measure for Stage 1**
- EH /CAH- One objective, 4 measures. EH /CAH must report 3 measures for Stage 2, 2 measures for Stage 1**

## Measures:

- Syndromic Surveillance- not available to most EPs in Massachusetts at this time
- Immunization- available to EPs and EHs
- Specialized (includes the Cancer Registry) -. The State Specialized Registry is generally not available to EPs. There are non-state registries available
- Electronic Lab Reporting (EH, CAH measure only)

## Must be actively engaged with the Registry to satisfy measure:

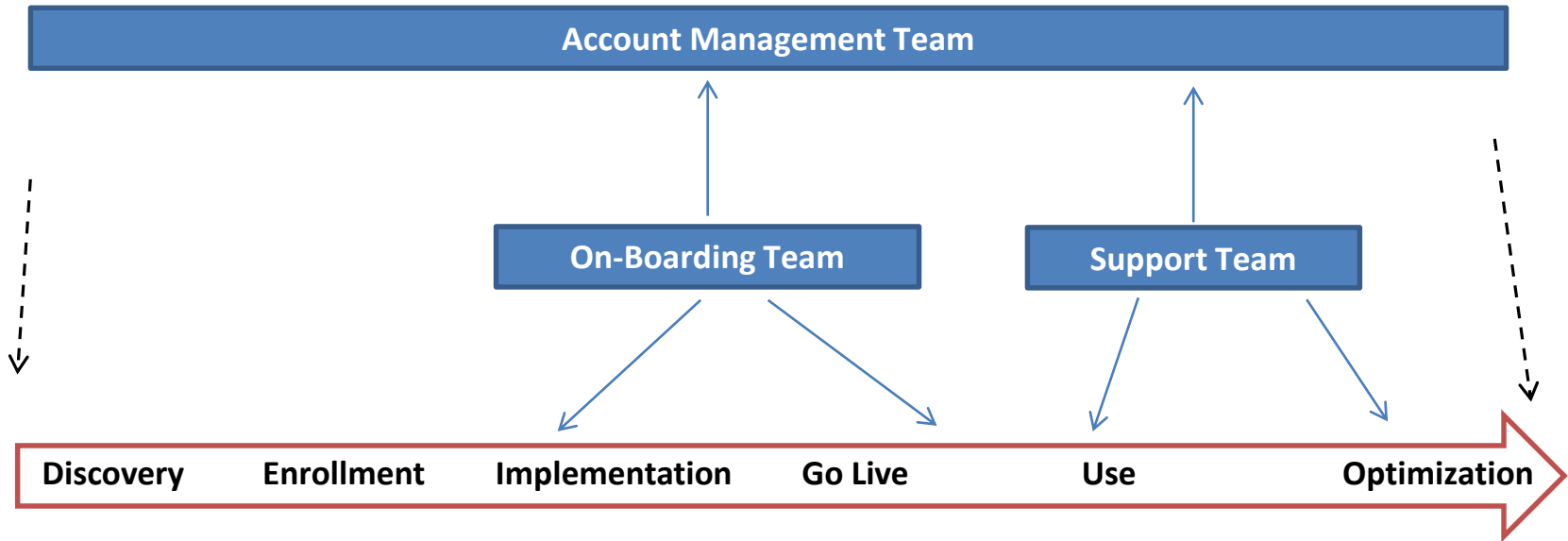
- Register Intent with Registry within first 60 days of the reporting period and await invitation to test, actively testing or in production
- Register intent before November 28<sup>th</sup> for last 90 day reporting period\*

## EP Exceptions:

- Electronic Notes, Family History and Imaging Results measures were eliminated from Menu measures (EPs). If under the 2014 Stage 2, EP intended to report one of these menu items instead of a public health reporting measure then an exclusion may be taken.
- Your vendor is not certified to send to a specific registry (e.g. eCW cannot submit Cancer)
- You do not diagnose cancer or perform immunizations



## Customer Lifecycle







# Enrollment – Process/Timeline



Discovery	Implementation	Testing	Go Live
Week 1 – 2	Week 3 – 5	Week 6 – 8	Week 9
Connection Type Forms/Certs	Installation Work	Loop back test Transaction testing	Migrate to production

- **Connection to the Mass Hlway is dependent on capabilities of your EHR vendor and your organization’s technical architecture. Your Account Manager will walk you through the connectivity options to find the best solution for you:**
  - Direct connection to EHR
  - Local Area Network Device (LAND) solution
  - Webmail
- **Your account manager will also help you set up your addresses for the Provider Directory**
- **The implementation team will configure and test the solution and bring your organization live**

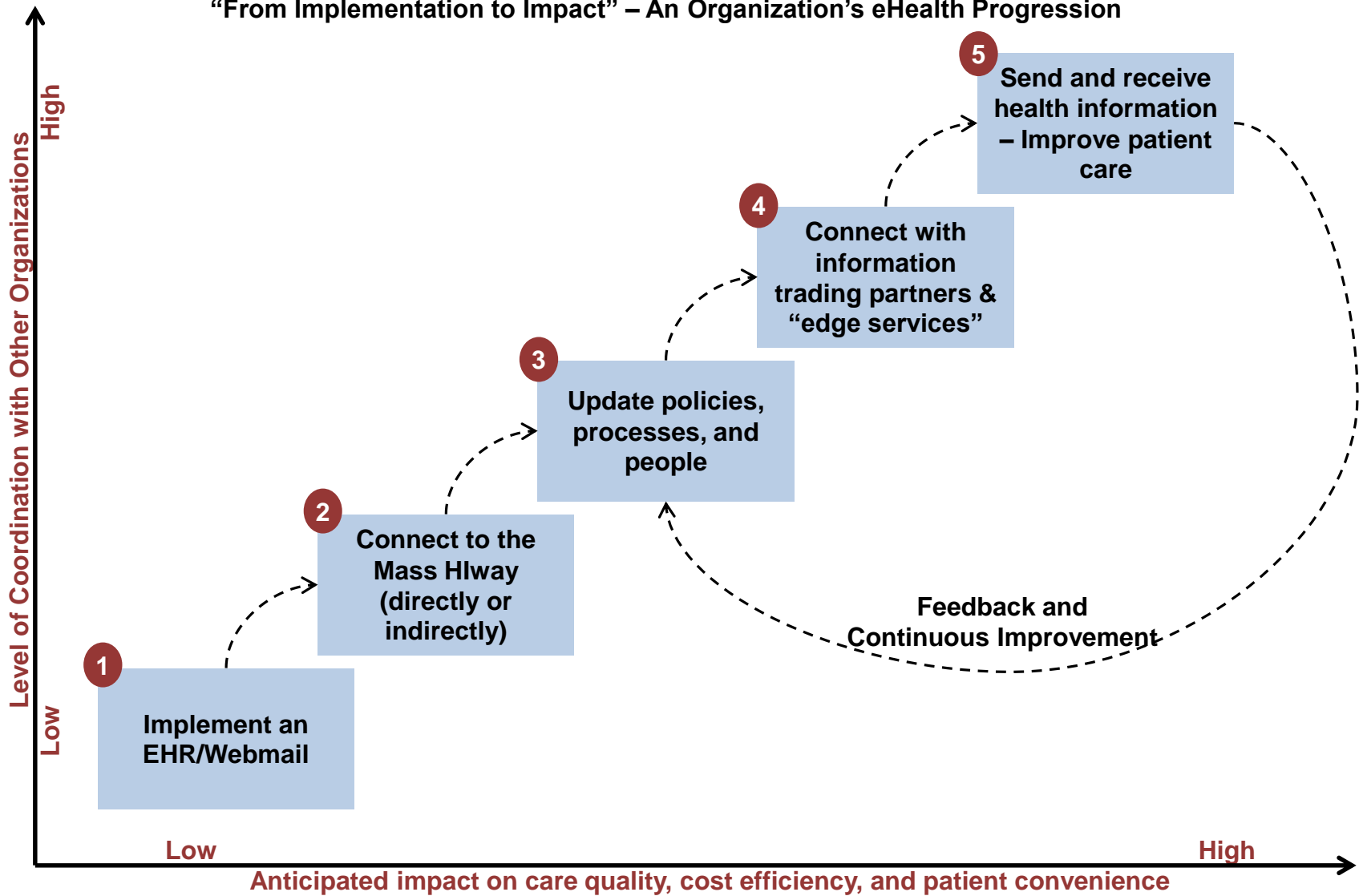
**Note:** Above timelines are indicative of a typical effort time spent by the Mass Hlway team from the time all of the completed requirements are obtained from the participant and vary by connection type/EHR vendor.



# TOC and Change Management

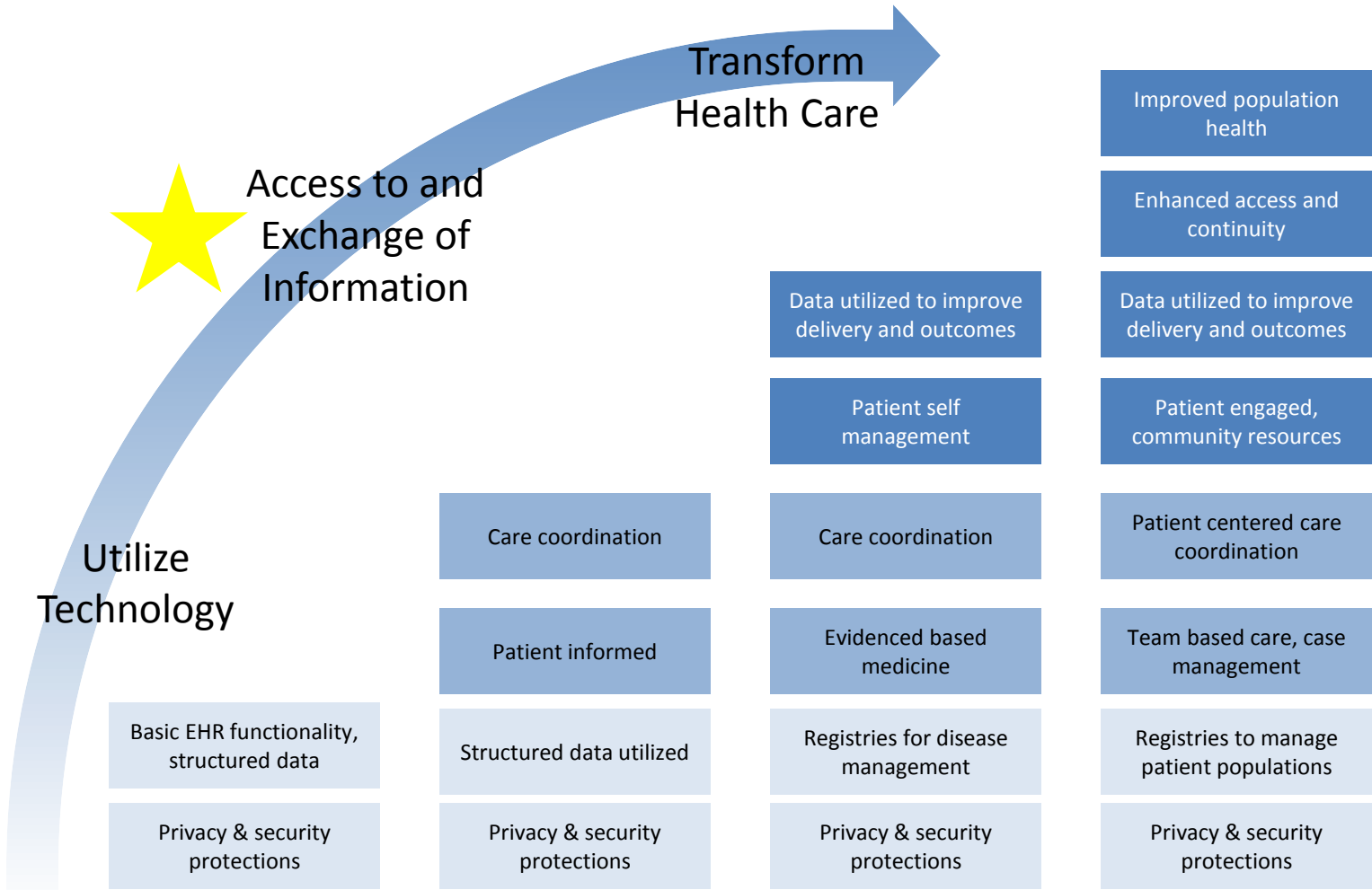


“From Implementation to Impact” – An Organization’s eHealth Progression





# Meaningful Use is the Building Block for other Clinical Transformation Initiatives





# Modifications to Meaningful Use in 2015 through 2017



## Final rule for Medicare and Medicaid EHR Incentive Programs:

- Streamlines program by removing redundant, duplicative and topped out measures.
- Modifies patient action measures in objectives related to patient engagement.
- Changes EHR reporting period in 2015 to 90-day period to accommodate modifications.
- Eligible Providers will be able to attest to MU for 2015 beginning Jan 4, 2016 – Feb 29, 2016.
- Aligns reporting period with full calendar year for Eligible Hospitals and must attest for 2015 by Feb 29, 2016.

1 <sup>st</sup> Year	Stages of Meaningful Use						
	2011	2012	2013	2014	2015	2016	2017
2011	1	1	1	1 or 2	2	2	2 or 3
2012		1	1	1 or 2	2	2	2 or 3
2013			1	1	2	2	2 or 3
2014				1	2	2	2 or 3
2015					2	2	2 or 3
2016						2	2 or 3
2017							2 or 3



## Objectives no longer required to report

11 Objectives
Record Demographics
Record Vital Signs
Record Smoking Status
Clinical Summaries
Structured Lab Results
Patient List
Summary of Care (1 - Any Method; 3 –Test)
Patient Reminders
Electronic Notes
Imaging Results
Family Health History



*Documentation and structured data are still necessary to complete CQM calculations, ACO and PQRS reporting, PCMH compliance and other quality program requirements.*



- All EPs, EHs, and CAHs need to implement the 2014 certified edition of their EHR technology – regardless of the meaningful use stage they need to meet.
- Providers continue to use 2014 Edition certified criteria until the transition to 2015 Edition certification criteria is required for the reporting period in 2018.

To see if your vendor is 2014 certified visit: <http://oncchpl.force.com/ehrcert>

The screenshot shows the 'Certified Health IT Product List' website. At the top, there is a logo with a star and the text 'Certified Health IT Product List' and 'The Office of the National Coordinator for Health Information Technology'. Navigation links for 'Home | Overview | Contact | Product Listings' are visible. The main heading is 'Comprehensive List of Certified Health Information Technology'. Below this is a search box with the prompt 'Start by searching the list of certified products:'. The search box contains a dropdown menu labeled 'Product Name', a search input field with a magnifying glass icon, and a blue 'Search' button. A link 'View all products >' is located below the search box.



# 2015-2017 Reporting Periods

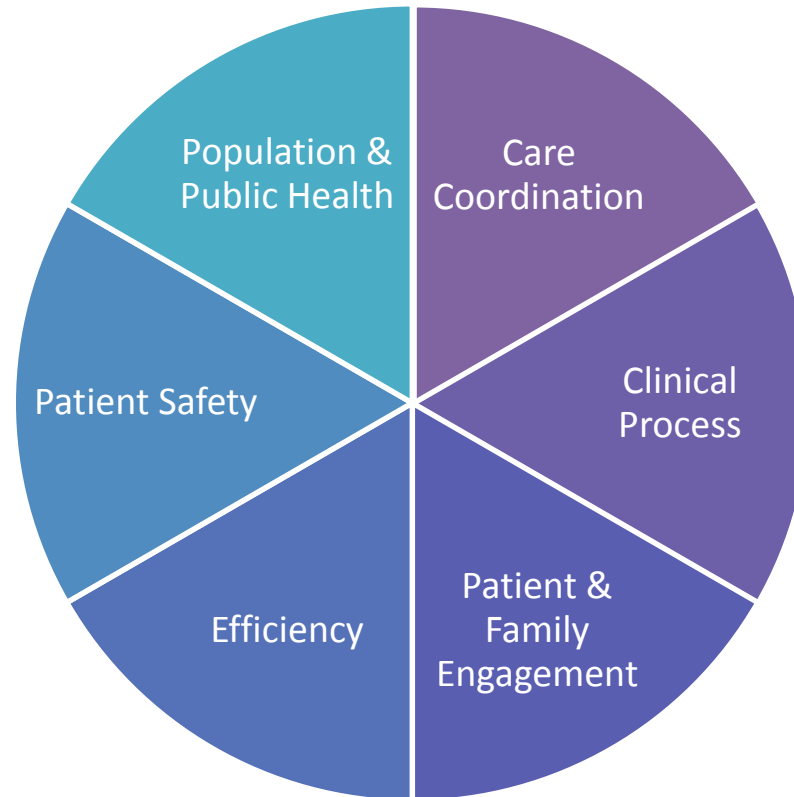


Year	Eligible Professional	Eligible Hospital/CAH
2015 All Participants	Any continuous 90-day period from Jan. 1 to Dec. 31, 2015	Any continuous 90-day period from Oct. 1, 2014 to Dec. 31, 2015
2016 Returning participants	Full calendar year January 1 through December 31, 2016	
2016 New participants	Any continuous 90-day period between January 1 and December 31, 2016	
2017 Returning participants	Full calendar year January 1 through December 31, 2017	
2017 New participants and/or choose to implement Stage 3	Any continuous 90-day period between January 1 and December 31, 2016	
2018 All Providers (except Medicaid 1 <sup>st</sup> yr. EP)	Full calendar year January 1 through December 31, 2017	



No changes to CQM selection or reporting scheme from CQM requirements in Stage 2 rule.

Submit 9 of 64 CQMs from at least 3 of 6 National Quality Standard domains listed below:







## Meaningful Use Stage 3



Most of the modifications proposed for Meaningful Use for 2015 through 2017 are designed to align the current Meaningful Use requirements with those proposed in Meaningful Use Stage 3.

The Stage 3 requirements are optional in 2017. Providers who choose to begin Stage 3 in 2017 will have a 90-day reporting period. All providers will be required to comply with Stage 3 requirements beginning in 2018 using EHR technology certified to the 2015 Edition.



Meaningful Use Stage 3 will increase the value of the HIway as the requirements for data exchange increase.

### Patient engagement incentives

- 80% of patients can access record through VDT or an ONC-certified API
- 25% of patient do access record through VDT or an ONC-certified API
- Must incorporate data from patients or their non-clinical settings (ie, home health) from 15% of patients



*The Mass HIway can be a single source to many “non-clinical” settings such as home health agencies*

### HIE incentives

- Send CCD electronic summary for 50% of transitions of care or referrals (not restricted to Direct protocol)
- Receive and incorporate electronic summary for 40% of transitions of care or referrals (not restricted to Direct protocol)
- Perform reconciliation on 80% of transitions of care or referrals for meds, med allergies, and problems



*Greater demand for secure messaging services*



*Greater demand for secure messaging services; greater demand for RLS services*



## PCMH 2014 Standards: Element 5B – Referral Tracking & Follow-up

- Provide consultant/specialist pertinent demographic and clinical data, including test results and current care plan
- Mass Hlway can operate as the vehicle to send Summary of Care records and TOC documents
- Mass Hlway can operate as the vehicle to send referrals and consult orders & notes

## PCMH 2014 Standards: Element 5C – Coordinate Care Transitions

- Proactively identify patients with unplanned admissions and ED visits
  - Shares clinical information with admitting hospitals/ED
  - Consistently obtains patient discharge summaries
- Mass Hlway can operate as the vehicle to send Summary of Care records and TOC documents
- Mass Hlway can support workflow through exchange of encounter notifications and dispositions





- **EHR Incentive Stage 3 and Modification Rule 2015-2017**  
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf>
- **2015 EHR Incentive Program Requirements**  
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2015ProgramRequirements.html>
- **Clinical Quality Measures** [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014\\_ClinicalQualityMeasures.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html)
- **Hardship Exception**  
[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj\\_Hardship.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html)
- **EHR Incentive Program Website**  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/valuebasedpaymentmodifier.html>
- **National Institutes of Health**  
<http://www.nih.gov/health/clinicaltrials/registries.htm>
- **National Quality Registry Network (NQRN)**  
<http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement/nqrn.page>
- **National Broadband Map (NBM)**  
<http://www.broadbandmap.gov/developer/api/county-broadband-availability-api-search-by-county-name>