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## *MU Info Session Q&A*

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### HIE Questions:

What can be done to ease the worries of our legal team who is concerned with security of the Mass HIway?

Refer to the Mass HIway Regulations FAQs found at [http://masshiway.net/HPP/cs/groups/hpp/documents/document/dglv/bnnf/~edisp/hiway\\_regulations\\_faq.pdf](http://masshiway.net/HPP/cs/groups/hpp/documents/document/dglv/bnnf/~edisp/hiway_regulations_faq.pdf) See especially FAQ 8 (b) protecting patient privacy. Also, the Mass HIway is in the process of attaining Direct Trust accreditation which comprises technical, legal, and business standards. See <https://www.directtrust.org/>

We are a primary care office who sends electronic fax via our EHR. We've been experiencing an issue around transitions of care where the "transition mechanism" isn't working. Why can't the receiver see the message if everyone is on the HIway?

For technical issues that cannot be diagnosed and fixed by your own IT staff or consultants, seeking input from the various vendors involved may provide insight, or even solutions, to the problem. Identifying which software product or application is not working right requires communication with the vendors. Consider contacting the Mass HIway support team at 1-855-MAHIway (624-4929)

Our organization is unable to achieve MU because our trading partner is not "federated". What is the Mass HIway doing to improve interoperability?

**This may not be a Mass HIway problem. A federated network, like the Mass HIway, is a distributed decentralized network and does not centrally store the data that is being transmitted. The other site may need to work with its vendor to get connected to a federated network. The Mass HIway is in the process of procuring a system from a vendor to provide the technology needed to become a member of DirectTrust which will advance the interoperability of the network.**

Can internal transfers be counted towards the HIE MU Measure? Meaning, transitions of care from provider to provider from the same network using the same EHR.

In cases where providers share access to an EHR, a transition or referral may still count toward the measure if the referring provider creates the summary of care document using CEHRT and sends the summary of care document electronically. If a provider chooses to include such transitions to providers where access to the EHR is shared, they must do so universally for all patients and all transitions or referrals.

What documentation is required for the HIE MU Measure, and what is meant by “demonstrate confirmation that receiving provider queries summary of care”?

For Modified Stage 2:

- An EHR-generated MU dashboard or report for the selected MU reporting period that shows the EP’s name, numerator, denominator and percentage of referrals and transitions of care generated electronically using a Summary of Care Record.
- Copy of an actual Summary of Care Record with EP’s name (redact patient’s name and address) that occurred within the same calendar year as the MU reporting period. Submit a unique record per EP
- Copy of confirmation of receipt, or that the receiving provider made a query, of this one Summary of Care Record

The most robust way for you to be assured of message delivery is for your system to receive message disposition notification (MDNs) for each message sent by your EHR to the intended recipient. Other acceptable methods of assurance are through email responses from the receiving provider or HISP delivery logs.

Can you elaborate on note 2 for the HIE Objective providing confirmation providers queried summary of care records?

To count in the numerator, the sending provider must have reasonable certainty of receipt of the summary of care document. This means that a “push” to an HIE, which might be queried by the recipient, is insufficient. Instead, the referring provider must have confirmation that the query was made to count the action toward the measure. This could be a call to the receiving provider, or an email confirmation from the HIE itself in instances where a third party is used. The exchange must comply with the privacy and security protocols of ePHI under HIPAA.

What does transferring a patient include? Does it include referring to a specialist for consultation?

In terms of measure requirements, it does not matter whether the action is a transfer or a referral. Both are considered transitions. The only difference between the two is that with a transfer the provider – patient relationship ends, while with a referral the referring provider continues to maintain a clinical relationship with the referred patient. Referring a patient to a specialist for consultation would be considered a transition.

Is there a relationship between Partner Valley Information Exchange (PVIX) and the Mass Hlway?

Yes, PVIX is a member of the Mass Hlway. When PVIX members wish to communicate electronically with non-PVIX providers who use the Mass Hlway, they would send a message through PVIX which then uses the Mass Hlway to connect with the non-PVIX provider. This eliminates the need for PVIX members to join the Mass Hlway independently.

We are a community mental health center for developmentally disabled. I have personally made hundreds of calls looking for a trading partner but cannot seem to find someone to successfully trade information with. We face many obstacles such as issues with the kind of information we're sharing because patients may have substance abuse issues, HIV, genetic health information which all requires a high level of permission to share and EHRs cannot remove or exclude this information.

While being a high priority for the Commonwealth, interoperability between behavioral and physical health providers continues to evolve and present challenges given the lack of past integration. To make progress at the practice level, one approach to consider is making sure there is high level buy-in within your organization. That way IT, clinical and administrative staff can come together to brain storm and implement solutions.

Also, our 2016 and 2017 MeHI Learning Collaboratives bring together both IT and clinical staff from behavioral and physical health organizations to network and address issues such as those posed in this question. See <http://mehi.masstech.org/support/learning-collaboratives> to access resources developed through the Collaborative. To learn more about the Collaborative or reach out to MeHI for assistance with your specific issues, complete the "Contact Us" form on the webpage and one of our team members will respond.

Are there any counties in MA which qualify for the broadband location exclusion?

No, there are no locations that qualify for exclusion in MA

For secure messaging, does any information count? For example a flu shot reminder?

To meet the Secure Messaging Objective there are no specifications regarding content. A flu shot reminder would be acceptable.