The Massachusetts HIT Plan: Context and Content

Ray Campbell, Executive Director

Massachusetts Health Data Consortium

Chapter 305

- Chapter 305 of the Acts of 2008, signed into law by Governor Patrick on August 10, 2008.
- An omnibus collection of various cost control proposals.
- Section 4 of Chapter 305 amends Massachusetts General Laws, Chapter 40J, by adding four new sections (6D, 6E, 6F, and 6G).
- MGL Chapter 40J is the enabling legislation for the Massachusetts Technology Park Corporation, better known as the Massachusetts Technology Collaborative (MTC).
- MTC is a quasi-public authority of the Commonwealth created in 1982, and currently operates a wide variety of programs relating to economic development and the innovation economy, including the John Adams Innovation Institute, the Renewable Energy Trust, and the Massachusetts Broadband Institute.

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- The new MGL c. 40J, s. 6D establishes “an institute for health care innovation, technology and competitiveness, to be known as the Massachusetts e-Health Institute.”

- The Executive Director of MTC appoints the Executive Director of MeHI, who by law must be an employee of MTC and report to the Executive Director.

- MeHI’s mission is to “advance the dissemination of health information technology across the commonwealth, including the deployment of electronic health records systems in all health care provider settings that are networked through a statewide health information exchange.”

- MGL c. 40J, s. 6D also established a Health Information Technology Council to advise MeHI.

- The HIT Council is composed of nine members, four of whom are state officials and five of whom are appointed by the Governor.

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- The four public-sector members of the HIT Council are:
  - The Secretary of Health and Human Services, who serves as chair (JudyAnn Bigby);
  - The Secretary of Administration and Finance, or a designee (Jay Gonzalez/Marcie Desmond);
  - The Executive Director of the Health Care Quality and Cost Council (vacant);
  - The Director of the Office of Medicaid (Terry Dougherty);
- Of the five gubernatorial appointees, “1 shall be an expert in health information technology, 1 shall be an expert in law and health policy, and 1 shall be an expert in health information privacy and security.” The current gubernatorial appointees, who serve two year terms and may be reappointed, are:
  - Deborah Adair - Director of Health Information Services/Privacy Officer, MGH
  - Karen Bell, MD - Senior Vice President of HIT Service, Masspro
  - Lisa Fenichel, M.P.H. - E-Health Consumer Advocate
  - Meg Aranow - VP & Chief Information Officer, Boston Medical Center

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- MGL, c. 40J, s. 6D(d) provides "The institute director shall prepare and annually update a statewide electronic health records plan, and an annual update thereto. Each plan shall contain a budget for the application of funds from the E-Health Institute Fund for use in implementing each such plan. The institute director shall submit such plans and updates, and associated budgets, to the council for its approval. Each such plan and the associated budget shall be subject to approval of the board following action on it by the council."

- "Components of each such plan, as updated, shall be community-based implementation plans that assess a municipality's or region's readiness to implement and use electronic health record systems and an interoperable electronic health records network within the referral market for a defined patient population. Each such implementation plan shall address the development, implementation and dissemination of electronic health records systems among health care providers in the community or region, particularly providers, such as community health centers that serve underserved populations, including, but not limited to, racial, ethnic and linguistic minorities, uninsured persons, and areas with a high proportion of public payer care."

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- MGL, c. 40J, s. 6D(d) further provides: “Each plan as updated shall:
  - (i) allow seamless, secure electronic exchange of health information among health care providers, health plans and other authorized users;
  - (ii) provide consumers with secure, electronic access to their own health information;
  - (iii) meet all applicable federal and state privacy and security requirements, including requirements imposed by 45 C.F.R. §§160, 162 and 164;
  - (iv) meet standards for interoperability adopted by the institute with the approval of the council;
  - (v) give patients the option of allowing only designated health care providers to disseminate their individually identifiable information;
  - (vi) provide public health reporting capability as required under state law; and
  - (vii) allow reporting of health information other than identifiable patient health information for purposes of such activities as the secretary of health and human services may from time to time consider necessary.”

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- MGL c. 40J, s. 6F provides: “Any plan approved by the board and every grantee and implementing organization that receives monies for the adoption of health information technology shall:

- (1) establish a mechanism to allow patients to opt-in to the health information network and to opt-out at any time;

- (2) maintain identifiable health information in physically and technologically secure environments by means including, but not limited to: prohibiting the storage or transfer of unencrypted and non-password protected identifiable health information on portable data storage devices; requiring data encryption, unique alpha-numerical identifiers and password protection; and other methods to prevent unauthorized access to identifiable health information;

- (3) provide individuals the option of, upon request, obtaining a list of individuals and entities that have accessed their identifiable health information; and

- (4) develop and distribute to authorized users of the health information network and to prospective network participants, written guidelines addressing privacy, confidentiality and security of health information and inform individuals of what information about them is available, who may access their information, and the purposes for which their information may be accessed.

The MeHI Draft HIT Plan

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The MeHI Draft HIT Plan

The Draft HIT Plan introduces a proposed, three-part strategic framework consisting of:

1) Vision of Health Information Technology

2) HIT Plan Goals and Objectives

3) Strategies to Achieve HIT-Related Goals and Objectives

The future vision for HIT in Massachusetts is expressed in terms of how it will transform the healthcare system for providers, patients, payers, the HIT workforce, and how it will reduce costs.

The MeHI Draft HIT Plan

Below the level of the vision, the MeHI Draft HIT Plan lays out four overarching HIT Goals, each of which is supported by a number of specific objectives

Goal 1: Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and meaningful use of certified EHRs

Objectives:

- Equitably increase the number of providers who can demonstrate meaningful use of interoperable EHRs across all service areas, including rural and urban areas where health disparities have been identified.
- Assure electronic access to personal health information by all individuals.

The MeHI Draft HIT Plan

Goal 2: 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 applications, and can report out data elements to support quality measurement.

Objectives:

- Equitably increase the number of ambulatory primary care providers that have re-engineered their care processes to better manage chronic conditions though adoption of patient centered medical home processes and HIT that supports evidence based care.
- The Commonwealth will adopt and promulgate a common set of HIT enabled quality and safety measures across all payers and providers.
- The Commonwealth will adopt meaningful use measures as defined by the federal government for reporting purposes
- The state will collect and report on these quality and safety measures for all providers and track progress toward quality improvement goals.
- Quality and safety measures reported from EHRs will be tracked and improved over time.

The MeHI Draft HIT Plan

Goal 3: Slow the growth of health care spending through efficiencies realized from the use of HIT.

Objectives:

- A single set of Federal standards for eligibility and claims payment processes will be supported to enhance administrative simplification.
- Standardized measures of administrative costs for both payers and providers decrease over time.
- Patients report more timely care, both virtual and face to face.
- Redundant testing has decreased
- Episodes of futile care can be documented, tracked, and minimized.

The MeHI Draft HIT Plan

Goal 4: Improve the health and wellness of the Commonwealth's population through public health programs, research, and quality improvement efforts enabled through efficient, reliable and secure health information exchange processes.

Objectives:

- Efficiently track and demonstrate improvement in the Commonwealth's key public health initiatives to better the health of its population.
- Support health reform in the Commonwealth by providing ready access to data and information necessary to identify and implement key reform strategies and tactics
- Increase the number of patients whose care is coordinated across disparate delivery systems within the state and across state boundaries.

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The MeHI Draft HIT Plan

Finally, the MeHI Draft HIT Plan articulates six strategies for achieving the goals and objectives that are needed to realize the future-state vision.

- Strategy 1: Establish Multi-Stakeholder Governance.
- Strategy 2: Establish a Privacy Framework to Guide the Development of a Secure HIT Environment.
- Strategy 3: Implement Interoperable Health Records in all Clinical Settings and Assure They Are Used to Optimize Care.
- Strategy 4: Develop and Implement a Statewide HIE Infrastructure to Support Care Coordination, Patient Engagement, and Population Health.
- Strategy 5: Create a Local Workforce to Support HIT Related Initiatives.
- Strategy 6: Monitor Success.

The MeHI Draft HIT Plan

Strategy 1: Establish Multi-Stakeholder Governance

The Draft Plan emphasizes the importance of leveraging the efforts of private organizations and creating a public/private, multi-stakeholder governance structure. The components of the proposed governance structure are:

- The HIT Council
- MTC
- MeHI
- Ad Hoc Workgroups (including, but not limited to)
  - Clinical Quality and Public Health;
  - Consumer Engagement, Education, and Outreach;
  - Privacy and Security;
  - Regional Extension Center;
  - HIE; and
  - Workforce Development

The MeHI Draft HIT Plan

Strategy 2: Establish a Privacy Framework to Guide the Development of a Secure HIT Environment

The Draft Plan acknowledges the critical importance of maintaining patient trust in HIT/HIE through robust privacy and security. The Draft Plan embraces ONC's Six Privacy Principles:

- Individual Access
- Correction
- Openness and Transparency
- Individual Choice
- Collection, Use, and Disclosure Limitation
- Data Quality and Integrity

The Draft Plan also states that the Commonwealth's privacy and security framework will focus on four key areas:

- Compliance with policies and standards
- Secure HIE technology
- Process for certification
- Consent management

The MeHI Draft HIT Plan

Strategy 3. Implement Interoperable Electronic Health Records in all Clinical Settings and Assure They Are Used to Optimize Care

The Draft Plan acknowledges the central importance of widespread EHR adoption and meaningful use, and outlines three support strategies

1. Adequate Funding – MeHI is working to develop a loan program with favorable terms for small practices and to secure additional for its efforts from public and private sources.

2. Build an Effective Regional Extension Center (REC) Program for the Commonwealth – MeHI is preparing to engage implementation optimization organizations to give EHR implementation assistance to priority providers, and to support providers with education, online support, peer learning, etc.

3. Provide Additional Support for All Other Providers and Provider Types – while acknowledging that current funding is not sufficient, the Draft Plan acknowledges the need for subsequent efforts targeting dental, chiropractic, long term care, home health, behavioral health, and pharmacy.

The MeHI Draft HIT Plan

Strategy 4: Develop and Implement a Statewide HIE Infrastructure to Support Care Coordination, Patient Engagement, and Population Health

- The Draft Plan says MeHI will initially focus on “priority services” such as administrative simplification, e-prescribing, electronic laboratory ordering, electronic public health reporting, quality reporting, prescription fill status, and coordination of care/clinical summary exchange.
- The Draft Plan says MeHI will employ a federated model that leaves health information with those who collect and use it, except when necessary to support specific uses such as public health and quality reporting.
- The Draft Plan lays out various guiding principles and technical requirements for the HIE.
- MeHI will be using its first installment of ONC State-Level HIE money to conduct a planning exercise to bring more detail to its vision for a statewide HIE service.
- The Draft Plan raises the issues of financing and sustainability and of consumer engagement, and notes their importance, but does not address specifics.

The MeHI Draft HIT Plan

Strategy 5: Create a Local Workforce to Support HIT Related Initiatives

The Draft Plan says the state will develop training programs to give people the skills for HIT-related jobs.

The Commonwealth will try to leverage federal funds for HIT workforce development training programs.

Strategy 6: Monitor Success

The Commonwealth will develop performance measures that directly align with the four goals identified above.

The Commonwealth will align with and leverage other measurement and reporting activities, including those of the Health Care Quality and Cost Council, the Meaningful Use requirements, and others.