Leveraging Mass HIway to Improve Care Coordination

January 6, 2016
Agenda

- What is the Mass HIway?
- Why should you connect?
- How can Mass HIway help Improve Care Coordination?
- What’s ahead on the Mass HIway?
The Mass HIway 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 HIway 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 HIway is not a clinical data repository HIE and holds no clinical information.

The Mass HIway is also not the state health insurance exchange known as the Health Connector.
Data holder sends patient information to recipient

Provider Directory

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

1. Consent

2. Look up Provider Address (optional – depends on EHR vendor)

3. Send message

Specialist
PCP
Hospital A
Hospital B
Clarifying HIway consent

Guidance to Mass HIway participants for implementing Mass HIway consent:

- If you have a written consent to treat form that includes sharing information with other providers involved in your care, mention Mass HIway as a mode of transport either on the Consent to Treat form or in your HIPAA notice of privacy policies (NPP). Make HIway 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 HIway.

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

Exceptions - No Mass HIway consent is required for:

- Sending direct message from a non-HIway HISP
- Transactions covered under separate statutory authority (e.g., Applicable PH reporting)
- HIPAA defined administrative transactions that directly support payment (e.g., Eligibility checking)
- Transactions sent over the Mass HIway 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 Mass. Department of Public Health
Public Health Registry Connectivity

Mass DPH Registries and other state Applications 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)
- Occupational Lead Poisoning Registry (Adult Lead)
- E-Referral

In Testing:

- Prescription Monitoring Program (PMP)
Heywood Hospital Sending Lab Results to Gardner VNA

**Workflow:**
1. After a Gardner VNA provider, or the patient’s primary care physician, orders lab work the patient takes the lab order to Heywood Hospital.
2. Heywood Hospital receives the order.
3. Information for Gardner VNA patients is entered with a specific location code so that results for Gardner VNA patients can be filtered.
4. Once the patient’s lab work is completed, the results are passed to Heywood’s Iatric interface engine, which does the filtering, and sends the appropriate results from Heywood Hospital (LAND) over the Mass HIway to Gardner VNA (LAND).
5. The lab result is then accepted into Gardner VNA’s McKesson Home Health system where the result is attached to the patient record for review and follow-up.
Sending Referrals (TOC)

**Patient Scenario:**
1. Patient sees PCP @ Intermed
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
Public Health Reporting

Provider reports to applicable DPH 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

Hospitals / Health Centers
Provider(s) / Practices
DPH Transactions
DPH (MIIS, OTP, SS etc.)
Patient Scenario:
1. Patient discharged from Emergency Department of SVH or Milford Regional
2. Discharge CCDA is sent via Mass HIway
3. Patient sees PCP for follow up care, PCP has access to Meds prescribed during discharge

Information Flows:
A. SVH informs Reliant that patient is in ED via point to point interface
B. PCP sends critical information to Hospital ED via the Mass HIway
C. Hospital sends PCP discharge summary via the Mass HIway
Automated Transitions of Care

Between Saint Vincent Hospital/Milford Regional Medical Center and Reliant Medical Group

**Patient Scenario:**
1. Patient Admitted/Registered at SVH or Milford Regional ED
2. ADT alert sent to Reliant EHR for it’s patients
3. Reliant triggers CCD back to respective Hospital

**Information Flows:**
A. SVH alerts Reliant that patient is in ED via point to point interface
B. Reliant’s EHR sends CCD to Hospital ED via the Mass HIway
There are currently 600+ participant organizations signed up for the HIway.

- The full participant list is available at [http://masshiway.net/HPP/Resources/ParticipantList/index.htm](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 HIway website [http://masshiway.net/HPP/Services/ProviderDirectory/index.htm](http://masshiway.net/HPP/Services/ProviderDirectory/index.htm). You will need to sign up to receive monthly notifications of PD extract updates.
<table>
<thead>
<tr>
<th>Care Continuum</th>
<th>Hospitals</th>
<th>Ambulatory</th>
<th>Long-Term &amp; Post-Acute</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>Participants</td>
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<td>Long-Term &amp; Post-Acute</td>
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<td>hospice</td>
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**Note:** 10+ orgs such as Labs, Payers, Imaging Centers, business associates etc.
<table>
<thead>
<tr>
<th>Tier</th>
<th>SubTier</th>
<th>Universe (est)</th>
<th># Signed on</th>
<th># Connected</th>
<th># Actively Using</th>
<th>Via another HISP</th>
<th>Total</th>
<th>% Actively Using</th>
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<tbody>
<tr>
<td>Tier 1</td>
<td>Large Hospitals / Health Systems</td>
<td>29</td>
<td>25</td>
<td>20</td>
<td>16</td>
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<td></td>
<td>Health Plans</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>3</td>
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<td>4</td>
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<tr>
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<td>Multi-entity HIE</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>1</td>
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<td>Commercial Imaging Centers &amp; Labs</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>0%</td>
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<tr>
<td>Tier 2</td>
<td>Small Hospitals</td>
<td>40</td>
<td>37</td>
<td>35</td>
<td>28</td>
<td>2</td>
<td>37</td>
<td>28 (70%)</td>
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<td></td>
<td>Large ambulatory practices (50+)</td>
<td>25</td>
<td>14</td>
<td>11</td>
<td>6</td>
<td>13</td>
<td>24</td>
<td>11 (44%)</td>
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<td>Large LTCs</td>
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<td>2</td>
<td>6</td>
<td>-</td>
<td>2</td>
<td>2 (25%)</td>
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<tr>
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<td>63</td>
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<td>0%</td>
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<td></td>
<td>Ambulance/Emergency Response</td>
<td>39</td>
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<td>1</td>
<td>1</td>
<td>-</td>
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<td>0%</td>
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<td>Business Associate Affiliates</td>
<td>5</td>
<td>2</td>
<td>2</td>
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<td>1 (20%)</td>
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<tr>
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<td>Local government, publichealth</td>
<td>TBD</td>
<td>1</td>
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<td>1</td>
<td>-</td>
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<td>Tier 3</td>
<td>Small LTC</td>
<td>310</td>
<td>22</td>
<td>20</td>
<td>12</td>
<td>1</td>
<td>21</td>
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<td>Large behavioral health</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>0%</td>
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<tr>
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<td>Large FQHCs (10-49)</td>
<td>30</td>
<td>19</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>18</td>
<td>8 (27%)</td>
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<tr>
<td></td>
<td>Medium ambulatory practices (10-49)</td>
<td>365</td>
<td>25</td>
<td>19</td>
<td>8</td>
<td>20</td>
<td>39</td>
<td>18 (5%)</td>
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<td>Tier 4</td>
<td>Small behavioral health</td>
<td>90</td>
<td>17</td>
<td>14</td>
<td>5</td>
<td>-</td>
<td>14</td>
<td>5 (6%)</td>
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<td>Home Health, LTSS</td>
<td>149</td>
<td>28</td>
<td>24</td>
<td>12</td>
<td>5</td>
<td>29</td>
<td>14 (9%)</td>
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<tr>
<td></td>
<td>Small FQHCs</td>
<td>29</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1 (3%)</td>
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<td>Small ambulatory practices (3-9)</td>
<td>1595</td>
<td>75</td>
<td>69</td>
<td>19</td>
<td>41</td>
<td>14</td>
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<tr>
<td>Tier 5</td>
<td>Small ambulatory practices (1-2)</td>
<td>4010</td>
<td>209</td>
<td>166</td>
<td>35</td>
<td>105</td>
<td>16</td>
<td>271 (51%)</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>6812</td>
<td>494</td>
<td>406</td>
<td>156</td>
<td>195</td>
<td>49</td>
<td>601 (2%)</td>
</tr>
</tbody>
</table>
Participating HISP vendors

- Aprima
- ASP.MD (Testing)
- Athenahealth
- Care Accord (Oregon)
- CareConnect (NetSmart HISP)
- Cerner
- DataMotion
- eClinicalWorks
- eClinicalWorks Plus (Testing)
- eLINC
- EMR Direct
- Inpriva
- MaxMD
- MedAllies (for Allscripts and others)
- Medicity
- MyHealthProvider (Mercy Hospital)
- NextGen Share
- NHHIO (New Hampshire)
- RelayHealth (McKesson HISP)
- SES
- Surescripts
- UpDox
- Wellport (By Lumira)
HISP to HISP Connections

23 Private HISPs connected successfully and can exchange with Mass HIway Participating organizations

Note: Transactions between or among private HISPs are not visible to Mass HIway and do not go through Mass HIway.

Example: Exchange between athenahealth & surescripts
### Participating EHR/Integration vendors

- ADS
- Allscripts
- Amazing Charts
- Aprima
- Athenahealth
- BayCIS/ehana/AMS
- Care at Hand
- Carelogic
- Cerner
- CPSI
- Credible
- Dentrix
- Eaglesoft Clinician
- eClinicalWorks
- EMA Modernizing Medicine
- eMDs
- encite
- EPIC
- Flatiron (oncologyEHR)
- GE Centricity
- gEHRiMed
- Greenway
- HealthWyse
- HermesIQ
- Homecare Homebase
- InterSystems
- LMR
- Lytec
- MatrixCare
- McKesson
- Medflow
- MEDITECH
- MediTouch
- MedNet Medical Solutions
- Netsmart
- Nextech
- NextGen
- OCHIN (Epic)
- Office Pracutum
- Point N Click
- PointClickCare
- Practice Fusion
- Practice Partners
- Quest
- Siemens
- SMART
- Soarian
- Spring Charts
- STC
- Unitcare
- WebOMR
- Zoll ePCR

**Note:** EHRs used by Mass HIway participating organizations either connected/implementing
Mass HIway 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 HIway to satisfy requirements of many programs:

• Demonstrate EHR proficiency - state physician licensing requirements
• Satisfy the 2017 requirement to connect to Mass HIway
• 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 (ICB)
• 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

**HIE Services**
- Additional connection
- Vendor HISP
13 Month HIway Transaction Activity

4,017,293 Transactions* exchanged in December (11/21 to 12/20/2015**)
35,265,948 Total Transactions* exchanged inception to date

* Note: Includes all transactions over Mass HIway, both production and test
** Note: Reporting cycle is through the 20th of each month.
2015 HIway Production Transaction Trends by Use Case Type

89% of HIway activity in 2015* was for production transactions

- **Public Health Reporting**
  - December: 85% of production volume
  - 42 senders, 45 receivers

- **Quality Data Reporting**
  - December: 10% of production volume
  - 5 senders, 1 receiver

- **Payer Case Management**
  - December: 1% of production volume
  - 4 senders, 3 receivers

- **Provider Org to Provider Org**
  - December: 4% of production volume
  - 212 senders, 196 receivers

*Note: Reporting cycle is through the 20th of each month.*
Data requester locates and requests patient information - Data holder responds

### Relationship Listing Service

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

1. Consent to disclose patient’s relationship with provider
2. Send demographics to RLS
3. View Patient Relationships (constrained to patients with established relationships)
4. Request patient information
5. Send patient information
HIway RLS - Unique Patients

13 Month RLS Growth – Cumulative Unique Patients Count

Note: Reporting cycle is through the 20th of each month.
If your organization is interested in connecting to the Mass HIway or improving Care Coordination

• Simply, contact the lead for the Mass HIway Account Management Team
  – Murali Athuluri, mathuluri@maehc.org 781-296-3857
• Or talk to one of the Mass HIway Account Managers that are here today:

Len Levine
Jessica Hatch, RN
Kelly Luchini

• The Mass HIway 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
www.masshiway.net
TOC and Change Management

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

1. Implement an EHR/Webmail
2. Connect to the Mass Hiway (directly or indirectly)
3. Update policies, processes, and people
4. Connect with information trading partners & “edge services”
5. Send and receive health information – Improve patient care

Feedback and Continuous Improvement

Level of Coordination with Other Organizations

Anticipated impact on care quality, cost efficiency, and patient convenience
The Mass HIway is planning three new initiatives to address key challenges.

<table>
<thead>
<tr>
<th>Key Challenge</th>
<th>Potential Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complexity of Connection</strong></td>
<td><strong>FAST Initiative</strong></td>
</tr>
<tr>
<td></td>
<td>• Standardize available methods of connecting to the HIway</td>
</tr>
<tr>
<td></td>
<td>• Provide expected time-to-connection for each method</td>
</tr>
<tr>
<td></td>
<td>• Streamline connection process and ensure expected timelines are met</td>
</tr>
<tr>
<td><strong>Consent Management</strong></td>
<td><strong>Consent Initiative</strong></td>
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<tr>
<td></td>
<td>• Evaluate feasibility of consent workgroup recommendations and pursue potential policy and procedure improvements</td>
</tr>
<tr>
<td></td>
<td>• Educate providers and consumers about current consent requirements and potential changes</td>
</tr>
<tr>
<td><strong>Functionality to Support Care Delivery Goals</strong></td>
<td><strong>Event Notification Service Initiative</strong></td>
</tr>
<tr>
<td></td>
<td>• Identify, develop and launch new functionality to facilitate new or third-party tools that support care delivery goals</td>
</tr>
<tr>
<td></td>
<td>• Event Notifications Service (ENS) identified as a priority tool to facilitate in the near-term</td>
</tr>
</tbody>
</table>
FAST Initiative Projects

- Some activities from the FAST initiative are already underway.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>• Update of core content</td>
<td>• Connection type decision tree</td>
<td>• Vendor relationship management</td>
<td>• Trading Partner matchmaking</td>
<td>• RLS Early Adopter Recruitment and Expansion</td>
</tr>
<tr>
<td>• Website update and redesign</td>
<td>• Outreach meeting improvement</td>
<td>• Provider Directory 2.0</td>
<td>• Post and maintain trading partners and their readiness</td>
<td></td>
</tr>
<tr>
<td>• Sales packet refresh</td>
<td>• Streamline Contractual Agreements for Participants</td>
<td>• Connection type simplification and reduction in time to connect</td>
<td>• Technical support for clinical workflow improvement</td>
<td></td>
</tr>
<tr>
<td>• Outreach campaign</td>
<td>• Customized end user technical onboarding documentation</td>
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</table>
Recommendations

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

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.

ADTs are lightweight data messages that communicate

- **Who the patient is**
- **Where the patient is**
- **What is happening to the patient (ADT)**

- 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.
Event Notification Service (ENS) – a Potential Future Service

Organizations utilize Mass HIway to Send ADTs and receive Controlled alerts/notifications to define further Care Coordination across Care Continuum

Information Flow:
1. Hospital / EMS sends ADT registration message to Mass HIway
2. Mass HIway notifies or alerts the applicable/subscribed Practice/Provider/SNF/LTC
3. Applicable/Subscribed organization sends summary of Care document to Hospital or EMS
4. Hospital can send back the discharge summary/CCDA
Event Notification Service - Concept

Hospital / Emergency Response

Primary Care / Specialist

SNF / LTPAC / VNA

Pharmacy / Minute Clinic / Imaging Center etc.

Subscribed Alert / TOC

Subscribed Alert

Subscribed Alert / Discharge Summary

ADTs / Discharge Summary

ADTs

ADTs

Prescription Refill / Other Docs

With RLS
Appendix
# Massachusetts Health Information Highway (Mass HIway) Rate Card

**Effective Date – October 1, 2014**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Category</th>
<th>Description</th>
<th>One-time set-up fee (per node)</th>
<th>Direct Messaging Service</th>
<th>Direct Messaging Service + Query &amp; Retrieve Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual HIE Services Fee (per node)</td>
<td>Annual HIE Services Fee + LAND (per node)</td>
</tr>
<tr>
<td>Tier 1</td>
<td>1a</td>
<td>Large hospitals/Health Systems</td>
<td>$2,500</td>
<td>$15,000</td>
<td>$27,500</td>
</tr>
<tr>
<td></td>
<td>1b</td>
<td>Health plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1c</td>
<td>Multi-entity HIE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1d</td>
<td>Commercial imaging centers &amp; labs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>2a</td>
<td>Small hospitals</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2b</td>
<td>Large ambulatory practices (50+ licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2c</td>
<td>Large LTCs (500+ licensed beds)</td>
<td>$1,000</td>
<td>$10,000</td>
<td>$15,000</td>
</tr>
<tr>
<td></td>
<td>2d</td>
<td>Ambulatory Surgery Centers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2e</td>
<td>Ambulance and Emergency Response</td>
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<td></td>
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<tr>
<td></td>
<td>2f</td>
<td>Business associate affiliates</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2g</td>
<td>Local government/Public Health</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tier 3</td>
<td>3a</td>
<td>Small LTC (&lt; 500 licensed beds)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3b</td>
<td>Large behavioral health (10+ licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3c</td>
<td>Large FQHCs (10+ licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3d</td>
<td>Medium ambulatory practices (10-49 licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>4a</td>
<td>Small behavioral health (&lt; 10 licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4b (includes former 3c)</td>
<td>Home health, LTSS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4c</td>
<td>Small FQHCs (&lt; 10 licensed providers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4d</td>
<td>Small ambulatory practices (3-9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 5</td>
<td>5a</td>
<td>Very Small ambulatory practices (1-2)</td>
<td>$25</td>
<td>$60</td>
<td>$60</td>
</tr>
</tbody>
</table>
Customer Lifecycle

- Account Management Team
- On-Boarding Team
- Support Team

- Discovery
- Enrollment
- Implementation
- Go Live
- Use
- Optimization
Connection to the Mass HIway 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 HIway team from the time all of the completed requirements are obtained from the participant and vary by connection type/EHR vendor.
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 (i.e., home health) from 15% of patients

**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

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

Greater demand for secure messaging services

Greater demand for secure messaging services; greater demand for RLS services
Additional Resources

- **EHR Incentive Stage 3 and Modification Rule 2015-2017**

- **2015 EHR Incentive Program Requirements**

- **Clinical Quality Measures**

- **Hardship Exception**

- **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)**

- **National Broadband Map (NBM)**
  http://www.broadbandmap.gov/developer/api/county-broadband-availability-api-search-by-county-name