Commonwealth of Massachusetts
Executive Office of Health and Human Services

Massachusetts Health Data Consortium Meeting

September 25, 2019

Agenda

1. **Introduction to Mass HIway**

2. **HIway 2.0 Migration success**

3. **ENS Update**

4. **HIway Connection Requirement**

5. **HIway Adoption and Utilization Services**

6. **Federal and State Initiatives**

Enable Health Information Exchange by healthcare providers and other HIway Users regardless of affiliation, location or differences in technology

- **HIway Direct Messaging**
  - Secure method of sending transmissions from one HIway User to another
  - HIway does not use, analyze or share information in the transmissions
  - HIway does <u>not</u> currently function as a clinical data repository

- **HIway Provider Directory** offers a searchable directory of healthcare providers operating statewide to support provider to provider communications. The directory contains information for 25,000+ providers.

- **HIE Adoption and Utilization Services (HAUS)** offers project management services to Medicaid providers to assist with the challenges of implementing provider to provider communications over the Mass HIway. Mass HIway is working with MassHealth to tailor these services to serve the Medicaid ACO pilot project.

- **HIway Facilitated Services** represent state-wide resources, such as an Event Notification Service (ENS) which would be available to all HIway participants.

What type of documents can you send?

The 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

Patient clinical alerts

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

Quality reporting

- Reporting of clinical quality measures (CQMs)

Public Health Reporting*

Securely comply with reporting regulations for the Massachusetts Department of Public Health (DPH)

- 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)

* There is no cost for a HIway connection that is used exclusively for DPH reporting.

HIway 2.0 migration and HIway 1.0 shutdown

Participant Migration Completed 6/13/2019

- As of 6/13/2019 a total of **252** participants completed migrating their **316** connections to HIway 2.0.

- A few HIway 1.0 participants were not ready to migrate. Each implemented individual plans to establish new HIway 2.0 connections at a later date, when their organization's testing is complete and their forms are approved.

HIway 1.0 Shut Down on 6/14/2019

- On 6/14/2019, access to HIway 1.0 was shut down, following an extensive communications and awareness campaign. To date, no reports have been received of HIway Participants inadvertently left behind.

- On 6/28/2019 the HIway approved work orders to decommission the HIway 1.0 infrastructure.

HIway 2.0 achievement graph by quarter

HIway 2.0 Migrations WAVES 0-1

Q1-Q2 2018

Initiation and Planning
Infrastructure setup/testing
✓ 9 CG nodes Migrated

Early Adopters & Pilots WAVE 2

Q2 2018

Project Management
Plans are in place
✓ Pilot Participants are engaged

WAVES 2-3

Q3 2018

Early Adopter migrations
in progress
✓ Completed a total of 7 Participant migrations

WAVES 4-6

Q4 2018

✓ Completed a total of **71** Participant migrations

WAVES 7-9

Q1 2019

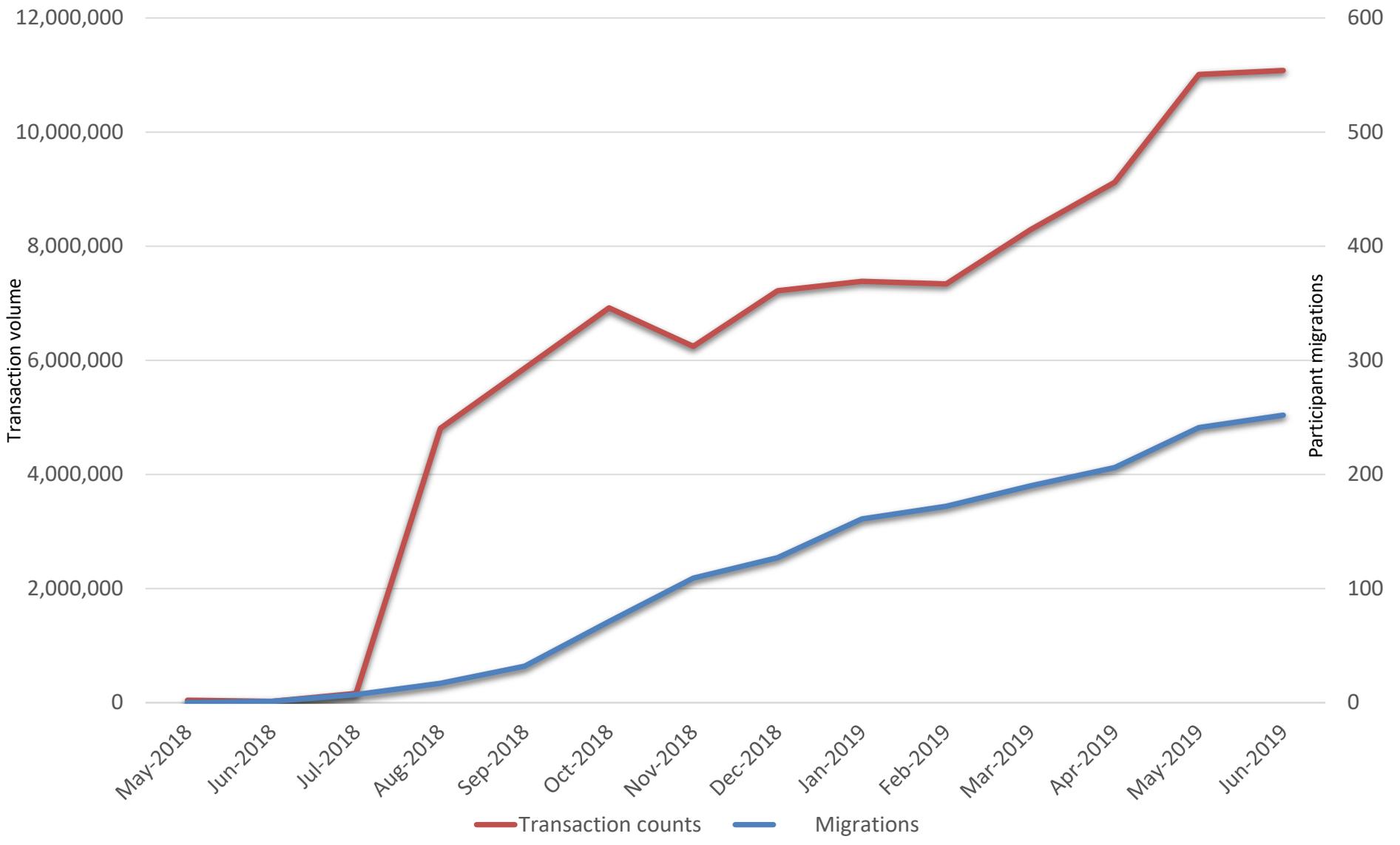✓ Completed a total of **161** Participant migrations

WAVES 10-11 & SUNSET HIway 1.0

Q2 2019

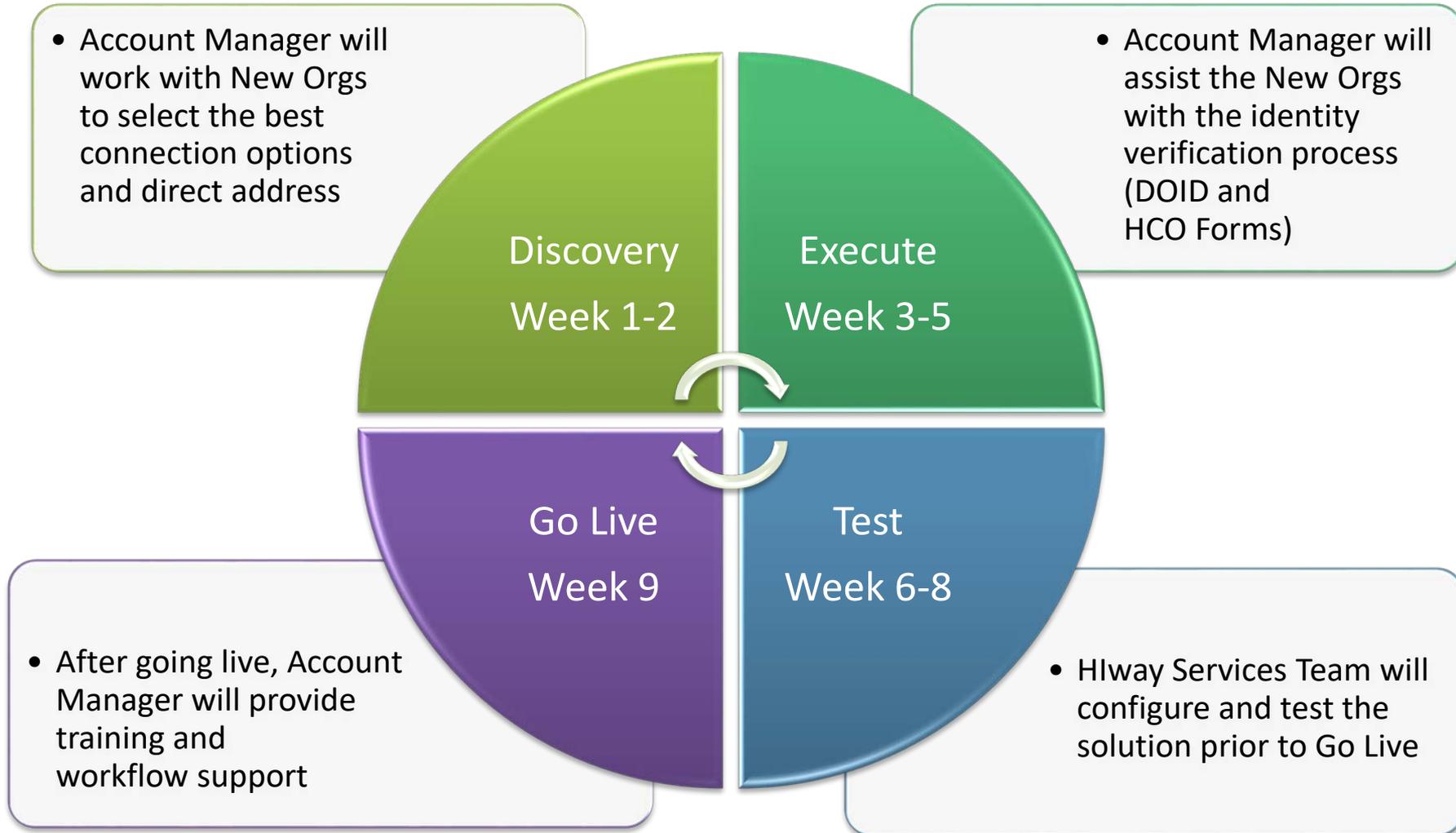✓ Completed a total of **252** Participant migrations

HIway 2.0 transaction volume growth and progression of participant migrations

- Account Manager will work with New Orgs to select the best connection options and direct address

- Account Manager will assist the New Orgs with the identity verification process (DOID and HCO Forms)

Discovery

Week 1-2

Execute

Week 3-5

Go Live

Week 9

Test

Week 6-8

- After going live, Account Manager will provide training and workflow support

- HIway Services Team will configure and test the solution prior to Go Live

* Timeline indicates typical time spent by the Mass HIway team from the time all completed requirements are obtained from the participant. Actual times vary by connection type and EHR vendor.

Market-based ENS Initiative

ENS initiative: History

EOHHS ENS Initiative goal:
- Supporting timely statewide Event Notification Services (ENS) across the Commonwealth in order to improve health care delivery, quality, and coordination
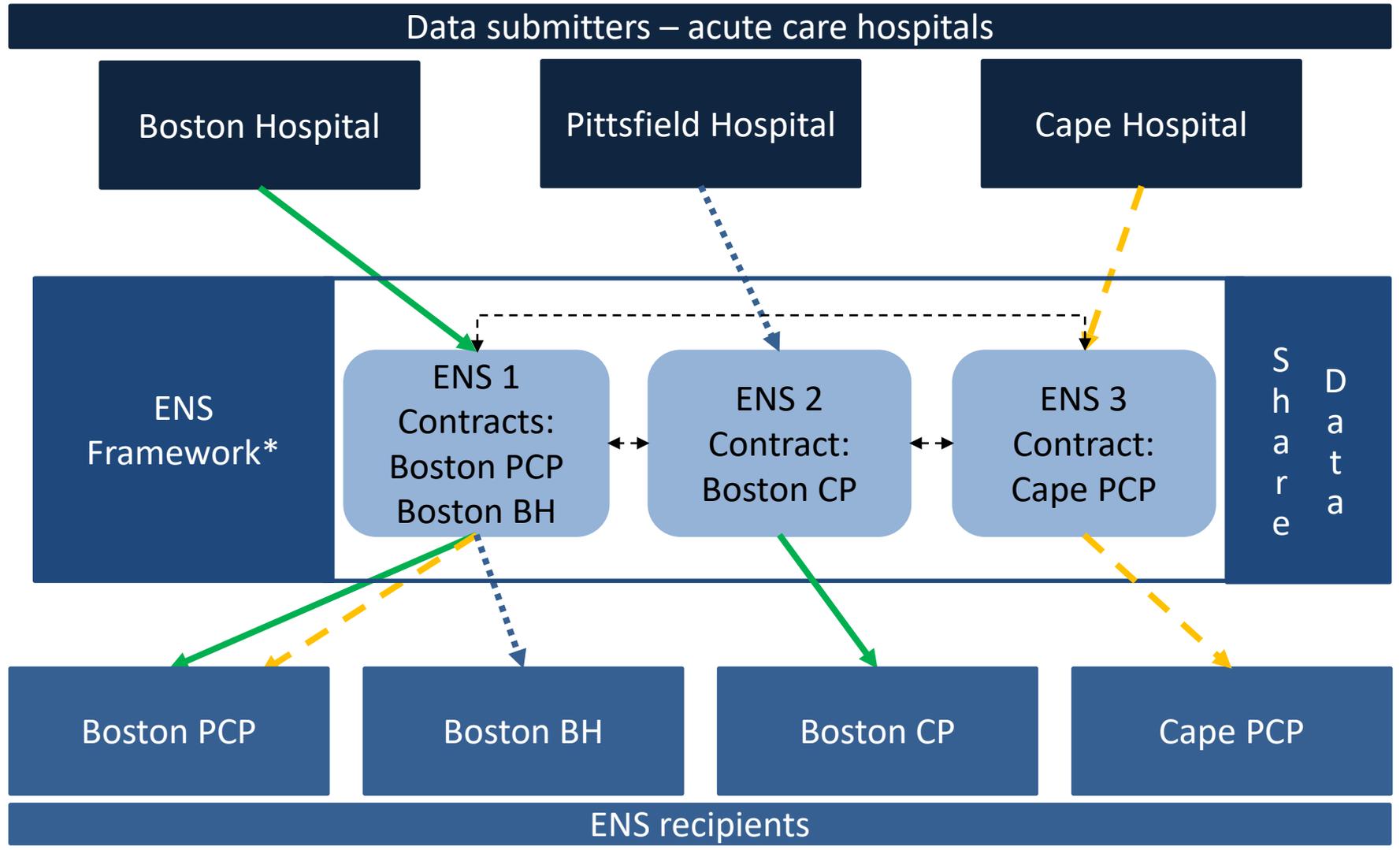
EOHHS process:
- Feb 2018: RFR issued - Developing a state-operated repository of Admission, Discharge, and Transfer (ADT) data with the potential for ENS services in the future
- Oct 2018: RFR cancelled - Creating a state-operated ADT repository would be duplicative of existing market capabilities
- Oct 2018: RFI issued - Leveraging the existing ENS marketplace to achieve universal provider access to ENS more quickly
- Jul 2019: Proposed regulations - Defining certification process for ENS vendors

EOHHS guiding principles:
- Universal access - Promoting data sharing within an ENS framework to increase accessibility to ENS by providers of all sizes
- Streamline provider experience - Crafting ENS framework to allow single submission and single reception of data
- Improve notification timing - Working with industry to improve data flow timing
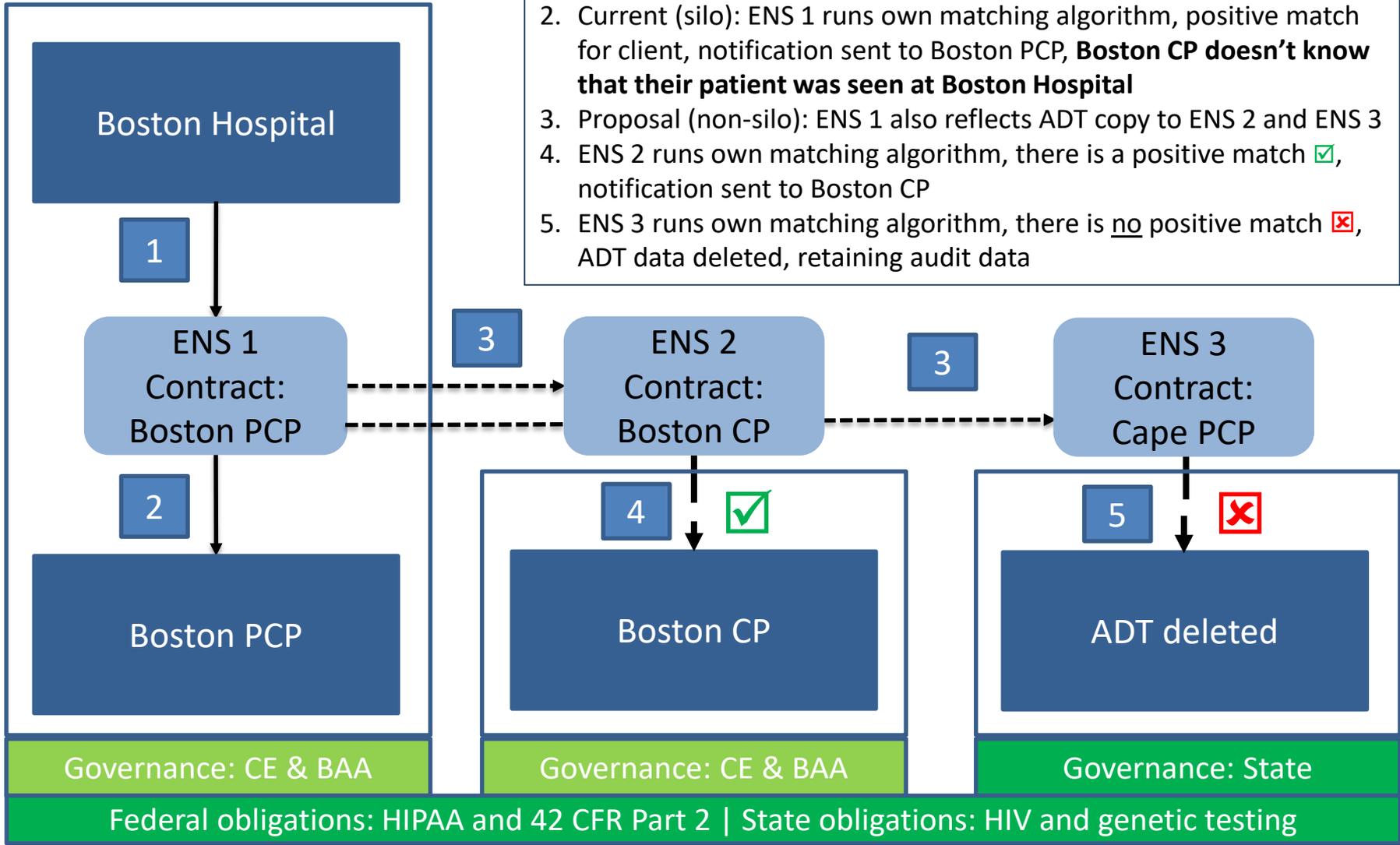
ENS initiative: Framework

Data submitters – acute care hospitals

Boston Hospital | Pittsfield Hospital | Cape Hospital

ENS Framework*

ENS 1 Contracts: Boston PCP Boston BH

ENS 2 Contract: Boston CP

ENS 3 Contract: Cape PCP

Share Data

Boston PCP | Boston BH | Boston CP | Cape PCP

ENS recipients

*ENS framework will include regulations and a state certification process that will govern the ENS initiative. Number of vendors still to be determined; three used for simplified illustrative purposes.

1. Boston Hospital sends ADT to ENS 1
2. Current (silo): ENS 1 runs own matching algorithm, positive match for client, notification sent to Boston PCP, **Boston CP doesn't know that their patient was seen at Boston Hospital**
3. Proposal (non-silo): ENS 1 also reflects ADT copy to ENS 2 and ENS 3
4. ENS 2 runs own matching algorithm, there is a positive match ☑, notification sent to Boston CP
5. ENS 3 runs own matching algorithm, there is no positive match ☒, ADT data deleted, retaining audit data

Boston Hospital

1

ENS 1 Contract: Boston PCP

3

ENS 2 Contract: Boston CP

3

ENS 3 Contract: Cape PCP

2

4 ☑

5 ☒

Boston PCP

Boston CP

ADT deleted

Governance: CE & BAA

Governance: CE & BAA

Governance: State

Federal obligations: HIPAA and 42 CFR Part 2 | State obligations: HIV and genetic testing

ENS initiative: Regulatory and certification process

Objectives:	Implement a regulatory framework that: • Supports initiatives the HIway would facilitate to improve health care delivery, quality, and coordination • Promotes robust privacy and security standards that protect patient data
Regulation:	• Establish a HIway-facilitated framework, including ENS certification process • Require providers to submit ADT feeds to certified ENS vendor(s)
Certification:	• EOHHS to develop detailed objective criteria to determine certification eligibility • Define ENS "rules of the road" through vendor certification (*e.g.,* limit use cases, require vendor reflection, security requirements, etc.)

ENS regulation and certification timeline

Q3 2019

- ✓ 6/28 – Proposed regulation published
- ✓ 7/19 – Proposed regulation public hearing & written testimony

- ❑ Finalize regulation
- ❑ Listening session on certification criteria

Q4 2019

- ❑ Post certification criteria
- ❑ Vendors chosen and certified

Q1 2020

- ❑ ENS framework live

Certification: Process

Vendors will be certified for a 2-year term, with the option to recertify. Future certification criteria will account for evolving HIT landscape and new technologies.

	Initial certification	Future certification (Re-certification)
Term	2-year term ('20 – '22)	2-year terms ('22 – '24, '24 – '26, etc.)
Objective	Create framework for vendor to vendor ADT sharing	Adapt with changing/new technologies and ENS services
Criteria	Some flexibility on interoperability standards (menu of options)	Move toward uniform interoperability standards

Connection requirement/attestation update

HIway connection requirement phased in over four years

The four year phase-in progressively encourages providers to use the HIway for provider-to-provider communications via bi-directional exchange of health information

Progressive HIway connection requirements

Year 1   **Send or receive** HIway Direct messages for at least one use case
- Can be from **any use case category** listed below

Year 2   **Send or receive** HIway Direct messages for at least one use case
- Must be a **provider-to-provider communications** use case

Year 3   **Send** HIway Direct messages for at least one use case, **and** **Receive** HIway Direct messages for at least one use case
- Both must be **provider-to-provider communications** use cases

Year 4   Meet Year 3 requirement **or** be subject to penalties if requirement is not met
- Penalties go into effect in the applicable Year 4 (e.g., January 2020 for acute care hospitals)

2019

Future

Additional ENS requirement for acute care hospitals only

Send admission, discharge, and transfer notifications (**ADTs**) to ENS framework

Use case categories	1. Public health reporting	3. Quality reporting
	2. Provider-to-provider communications	4. Payer case management

HIway connection and attestation requirement

The HIway connection requirement requires providers to connect to the Mass HIway
as set forth in M.G.L. Chapter 118I, Section 7, and as detailed in the Mass HIway Regulations (101 CMR 20.00)

The table below shows the year by which organizations must connect to the HIway

The organizations must subsequently attest to their connection between June 1 and July 31 of each year

Provider organization	First year requirement applies	Submit by July 31, 2019
Acute care hospitals	**2017**	**Year 3 attestation form**
Large and medium medical ambulatory practices	**2018**	**Year 2 attestation form**
Large community health centers		
Small community health centers	**2019**	**Year 1 attestation form**

As of September 18, submissions of Attestation Forms were coming in at a steady pace.

The HIway continues to reach out to provider organizations to maximize submissions.

Status update (as of September 18, 2019):

- **43 Acute Care Hospitals** submitted Year 3 forms, and 24 submitted exception forms regarding HIway connection plans (100%; 67 out of 67 expected).

- **32 Community Health Centers** submitted Year 2 forms; 2 provided exception forms (85%; 34 out of 40 expected).

- **51 Medium/Large Medical Ambulatory Practices** submitted Year 2 forms, and 18 provided exception forms (87%: 482 of 533 expected).
  A total of 482 entities (including organizations, sub-organizations, and practice locations) were accounted for by these forms. There are approximately 553 practices that meet the regulatory definition of a Medium/Large Medical Ambulatory Practice.

HIway Adoption and Utilization Services (HAUS)

- The goal of the initiative is to increase use of health information exchange for care coordination purposes and to more closely align these services with the real driver of change in the Health IT space – payment reform

- Services provided include technical assessments, end-to-end management of health information exchange projects among multiple trading partners, workflow support, and overall change management

- HAUS Account Managers work closely with provider organizations and their trading partners to facilitate meaningful exchange of health information

- Services offered in the future may be expanded to include helping providers to utilize query HIE services such as Commonwell and CareQuality as well as the forthcoming market based ENS system.

HAUS Engagements

A listing of completed and active HAUS engagements is below:

Provider Organization	Use Case	Status
North Shore Community Health	Referral to orthopedic specialist	Complete
Hallmark PHO Phase 1	Referrals to specialists	Complete
Women's Health Care	Receiving discharge summaries with Beth Israel Deaconess Medical Center	Complete
BayPath Elder Services	Electronically exchange information with rehab facilities	In Process
Jewish Healthcare Center	Receive discharge summaries and CCDs from hospitals	In Process
Merrimack Valley ACO	Care plan exchange with Community Partners	In Process
South Boston Community Health Center	Receive ADTs and discharge summaries from Tufts Medical Center	In Process
Broad Reach Liberty Commons	Use Case pending	Exploratory
Natick Walpole VNA	Sending authorizations to insurance companies	Exploratory

- NSCH and Sports Medicine North frequently exchange referral and progress notes between their organizations. The previous workflow relied on faxes being sent back and forth, which was time-consuming and often led to delays in closing the referral loop and in patient care.

- With HAUS assistance, the organizations transitioned to a completely electronic workflow and eliminated the need to send faxes.

- The new workflow reduced the need for administrators to physically look up the correct patient's file and then manually enter information from the fax.

- It is a more efficient process that has saved the organization significant time.

More about HAUS Services

- HAUS Services are provided free of charge to Mass Health Accountable Care Organizations (ACOs), Community Partners (CPs), and Community Service Agencies (CSAs), and organizations needing assistance with a care coordination use case.

- Utilization of HAUS Services will not impact the ACO and CP Technical Assistance Card funding available through MassHealth. Organizations may participate in both.

- Mass HIway is working closely with MassHealth to understand the health information exchange needs of its ACO participants, Behavioral Health and Long Term Services and Supports Community Partners (CPs), and Community Service Agencies (CSAs)

- HAUS services are also available to those organizations required to meet the Mass HIway Connection requirement who are encountering obstacles or challenges along the way.

- The HAUS team will work with your organization to understand and address these challenges.

For Information About HAUS Services

Visit www.masshiway.net under Services Tab, click HAUS Services

The website includes:

- Full description of services and related documentation
- Step by step enrollment
- Outline of HAUS Implementation
- Information for Mass Health ACOs, CPs, and CSAs

The website will be updated to include:

- Resources, such as webinars and other educational guides
- FAQs
- Success stories from HAUS Services Implementations

Update on Federal and State Initiatives

Massachusetts Digital Health Initiative

- The Massachusetts Digital Health Initiative is a public-private partnership working to establish the state as a leading ecosystem for digital health innovation, driving economic impact and improving healthcare costs and quality

- On November 22, 2016, Governor Baker signed Executive Order #574 establishing the Massachusetts Digital Healthcare Council

- The Council was charged with identifying a set of near-term strategic initiatives that support a three year growth plan and executing against the initiatives through public-private partnerships.

- These initiatives include:
  - Pilot environments and product validation
  - Ecosystems and connectivity
  - Creation of a distributed data network

- With the exception of the creation of distributed data network, these initiatives are in the process of being implemented

- The lack of exchange between different healthcare information networks and the need for point-to-point interfaces between organizations were two of the primary reasons for the development of the Trusted Exchange Framework and Common Agreement (TEFCA.)

- TEFCA strives to establish a single "on-ramp" for HIE that will enable providers, hospitals and other healthcare stakeholders to join any health information network (HIN) and then to automatically connect and participate in nationwide health information exchange.

- ONC's stated goals for TEFCA are:
  - Provide a single "on-ramp" to nationwide connectivity
  - Electronic Health Information (EHI) securely follows patients when and where it is needed
  - Supports nationwide scalability

- The role state HIEs such as the Mass HIway will play in this framework is yet to be determined but is being followed closely by the Mass HIway.

QUESTIONS