HIE-HIT Advisory Committee
Kickoff Meeting

June 15, 2011
MTC Office, 2 Center Plaza, Suite 440, Boston
Agenda

- Introductions

- Charge and Procedural Requirements

- Overview
  - MA Role and the Federal Program
  - HIE Ad Hoc Workgroup Accomplishments
  - State Medicaid Health Plan
    - HIT Council Retreat

- Next Steps

Tuesday, June 14, 2011
HIE-HIT Advisory Committee Kickoff Meeting

CHARGE AND PROCEDURAL REQUIREMENTS
“The Advisory Committee is to serve as the mechanism for channeling advice and recommendations to the Council from interested private and public sector constituencies. The Advisory Committee’s primary focus will be to advise and make recommendations on all aspects of the design and implementation of the HIE, as well as on other health information technology policies for the Commonwealth”.

Because of certain limitations established by Massachusetts law on private sector participants (Chapter 268A), the Advisory Committee will provide advice and recommendations. The decision making authority resides in the HIT Council and MTC Board of Directors.
In-kind Contributions

For each MeHI federal grant, MTC is required to provide a certain amount of State funds to be used towards the Match requirements. The Match may consist of MTC’s cash outlay and/or In-Kind.

In-kind may consist of a donated value for Property, Equipment, Supplies or Services (Labor). In most cases, MTC uses donated services for its In-kind valuation.

Ad hoc workgroups In-kind contribution to date totaled $217,000!!

You will be asked to sign in every time you participate in a meeting. If you participate by telephone, the sign in sheet will reflect as such. Because we need a signature, you will be contacted by JL Aldo, MTC’s Federal Compliance Officer, and asked to return a form with your signature.

Quarterly, JL will be in touch with you requesting that you indicate how much time you have contributed as an Advisory Committee Member. If you can, please keep a log with your time (meetings, calls, research, etc).
HIE-HIT Advisory Committee Kickoff Meeting

MASSACHUSETTS ROLE AND THE FEDERAL PROGRAM
Massachusetts eHealth Institute (MeHI) established within the Massachusetts Technology Collaborative through Chapter 305 of the Acts of 2008

Mission to promote implementation of Electronic Health Records in all provider settings as part of an interoperable Health Information Exchange

Development of a Statewide Health Information Technology Strategic Plan in April 2010 as roadmap for the future

Use of Implementation & Optimization Organizations to assist in the execution of the plan through community engagement, technology selection, project management, training, etc.

Health IT efforts in Commonwealth support healthcare reform

Build upon and leverage current capabilities in both public and private sectors

Leveraging state-wide public and private efforts.
Funding for Massachusetts

- Regional Extension Center: $14M
- Statewide Health Information Exchange (HIE): $10.6M
- Massachusetts Broadband Institute - Network infrastructure for Western Massachusetts: ~$80M
- Critical Access Hospitals Supplemental Award: $198,000
- HIE Challenge Grants:
  - Improving Massachusetts Post-Acute Care Transfers (IMPACT): ~1.7M
  - Massachusetts Department of Public Health Network (MDPHnet): ~1.7M
Understanding Federal Incentives and State Programs

Pre 2009
A system plagued by inefficiencies
Chapter 305 in Massachusetts established MeHI as the statewide Regional Extension Center- Health IT planning to support healthcare reform

2009
Medicare and Medicaid EHR Incentive Programs and Federal funding/support of state Regional Extension Centers to provide assistance and incentives to adopt EHRs

Post 2012
Widespread adoption of EHRs
Meaningful Use of EHRs
Exchange of health information
HIE-HIT Advisory Committee Kickoff Meeting
STATEWIDE HIT PLAN
MA Health IT Strategic Plan Overview: Goals

All HIT efforts in MA are guided by statewide HIT Goals – 2010 HIT Plan

1. Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and Meaningful Use of certified EHRs.

2. Demonstrably improve the quality and safety of health care across all providers through Health IT that enables better coordinated care, provides useful evidence-based decision support applications, and can report data elements to support quality measurement.

3. Slow the growth of health care spending through efficiencies realized from the use of Health IT.

4. Improve the health of the Commonwealth’s population through public health programs, research, and quality improvement efforts, enabled through an efficient, reliable and secure health information exchange processes.
MA Health IT Plan Overview: Strategies

- Strategy 1: Establish Multi-Stakeholder Governance.
- 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 Health Information Exchange (HIE) Infrastructure to Support Care Coordination, Patient Engagement and Population Health.
- Strategy 5: Create a Local Workforce to Support Health IT Related Initiatives.
- Strategy 6: Monitor Success.
Massachusetts Regional Extension Center

- Part of a national network of organizations that assists providers transitioning to a practice that meaningfully uses electronic health records
- Supported by stimulus funding made available through the Office of the National Coordinator for Health Information Technology
- Provides Direct Assistance payments to support providers adopting EHR technology
- National goal of supporting 100,000 providers by 2014

One of the 62 federally–designated Regional Extension Centers
Regional Extension Center Services & Benefits

- Individualized and on-site assistance by Clinical Relationship Managers (CRMs)
- CRMs coordinates EHR vendor, Implementation and Optimization Organization (IOO), and practice relationships
- Unbiased consultative services to help you choose the right EHR software and/or IOO for your needs
- “Most-favored-nation” pricing from selected EHR vendors and IOOs
- Alignment with financial institutions (Webster Bank) offering healthcare IT financing, and workshops for REC members
- Direct Assistance payments to IOOs to benefit Priority Primary Care Providers
- Oversight of implementation to ensure EHR adoption in a timely manner
- Assist all providers to achieve Meaningful Use and qualify for maximum CMS incentives
- Vendor guarantee to achieve Meaningful Use no later than January 31, 2012 (Meaningful Use “Insurance”)

Extensive Provider Outreach, Recruitment and Education

Tuesday, June 14, 2011
Massachusetts REC Enrollment Update

2603 as of May 31, 2011

Actual vs. Targeted Enrollment

Number of Providers by County

First REC to reach its targeted enrollment goal of 2500 PPCPs!!
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HEALTH INFORMATION EXCHANGE UPDATE
History of HIE in Massachusetts

1972
MLCHC was established to represent and serve the needs of the state’s 52 community health centers

1978
MHDC founded to collect, analyze and disseminate healthcare information

1985
Masspro, the designated QIO was established

1995
MHQP was established to drive improvement

1998
NEHEN established

2002
Claims performance metrics pilot project initiated

2003
SAFE Health established

2004
MAeHC established to bring together healthcare stakeholders to create an EHR system

2006
EMHI founded by group of hospitals, health plans and universities

2009
NEHEN Merged With MA SHARE

2008
MeHi established by Chapter 305

2009
SAFEHealth Go Live

2010
MeHi designated as Statewide HIE

2010
MeHi’s updated plan following the passage of HITECH

Tuesday, June 14, 2011
HIE Procurements

- Procurements will be made for:
  - Subject Matter Expertise to support HIT-HIE Advisory Committee and HIT Council on new governance structure
  - System Integration to manage the proposed capabilities/services presented in HIE Strategic and Operational Plan (August 2010 on MeHI Website at www.maehi.org)
  - Direct service provides in 3 phases – Needs discussion

- Key operating principle is to ensure that at a minimum statewide infrastructure is in place to support all providers in meeting all 3 Stages of meaningful use

- Statewide HIE will conform to the goals and objectives defined in the Health IT Strategic Plan (April 2010) and the State HIE Strategic and Operational Plan (August 2010)
HIE Schedule

1st Quarter 2011
- HIE Business and Sustainability Planning
- HIT/ HIE Plan Update

2nd Quarter 2011
- HIE SME Services RFP
- HIE Solutions Integrator RFP
- HIE Project Evaluation Services

3rd Quarter 2011
- HIE Services RFP
- HIE Public Good – HISP RFQ

4th Quarter 2011
- Implement Governance Body
- Finalize HIE Service Architecture
- Detailed Trading Partner Readiness Assessment

1st Quarter 2012
- Phase 1 Services Implementation
- Evaluation Baseline and Training

2nd Quarter 2012
- IMPACT Planning
- IMPACT Procurement
- IMPACT Implementation

Challenges
- Grants
- IMPACT Planning
- IMPACT Procurement
- IMPACT Implementation

MDPHnet Planning
- MDPHnet Procurement
- MDPHnet Implementation

Procurement
- Planning
- HIE SME Services RFP
- HIE Solutions Integrator RFP
- HIE Public Good – HISP RFQ

Implementation/ Operations
- Implement Governance Body
- Finalize HIE Service Architecture
- Detailed Trading Partner Readiness Assessment

Tuesday, June 14, 2011
## Award Information

<table>
<thead>
<tr>
<th>Type of Award</th>
<th>Supplements to the State Health Information Exchange Cooperative Agreement Program</th>
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<tbody>
<tr>
<td>Approximate Amount of Funding Available</td>
<td>$16,296,562</td>
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<tr>
<td>Award Floor</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Award Ceiling</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Maximum Applications per Applicant</td>
<td>Maximum of one application per challenge theme</td>
</tr>
<tr>
<td>Approximate Number of Awards</td>
<td>10</td>
</tr>
<tr>
<td>Program Period Length</td>
<td>Starting February 1, 2011 and ending on the end date of the applicant’s State Health Information Exchange Cooperative Agreement.</td>
</tr>
<tr>
<td>Anticipated Project Start Date</td>
<td>February 1, 2011</td>
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</table>
Project Partners (committed or recruiting)
MeHI/ MTC, MDPH, UMass Memorial Medical Center, Saint Vincent Hospital, Fallon Clinic and the Worcester Family Health Center, Overlook VNA and the VNA Care Network of Worcester, Beaumont Westborough, Blaire House, Christopher House, Jewish Health Care, Knollwood Nursing Home, Life Care of Auburn, Masonic Home, and University Commons Beaumont.

IMPACT Project has Four Objectives
1. Complete development and testing of a paper and an electronic version of the state’s Universal Transfer Form (UTF), based on the Clinical Document Architecture (CDA)/Continuity of Care Document (CCD);
2. Develop a tool that translates clinical information into consumer-friendly language that is meaningful and easy to understand for patients and families for use in a personal health record (PHR) or printed on paper;
3. Establish learning collaborative that will engage post-acute care providers, and build on existing cross-continuum teams to implement and disseminate forms and processes that assure safe care transitions; and
4. Deploy objectives 1-3 within existing HIEs in Massachusetts and align them with future HIE initiatives.
**Project Partners (committed or recruiting)**
MeHI/ MTC, MDPH, Harvard Pilgrim Health Care, Inc, Harvard Medical School’s Department of Population Medicine, Massachusetts League of Community Health Centers, [additional delivery network to be confirmed].

**Summary**
The MDPHnet project seeks to create, a scalable, transportable, open source, distributed system that allows public health agencies to use patient and encounter level data residing in practice-based Electronic Health Records (EHRs), without requiring transfer of Protected Health Information. This automated distributed analytic tool will use normalized data across multiple EHRs to allow authorized users to generate routine counts and standard reports, as well as to build customized complex queries.

**Proposal covers the following 4 aims**

*Aim 1*: Create technical infrastructure to perform distributed public health analysis of EHR data.

*Aim 2*: Create EHR based data repositories.

*Aim 3*: Develop governance mechanisms.

*Aim 4*: Use distributed analysis to address major public health topics.
Ad Hoc Workgroups

- **Clinical Quality and Public Health**
  Make recommendations for prioritizing the capabilities supported by the HIE and the harmonization of public health and quality reporting across federal, state and private entities.

- **Consumer Engagement**
  Make recommendations on consumer and other public education.

- **Privacy and Security**
  Advise on privacy and security policies for HIE and participating systems, both within Massachusetts and between states.

- **Regional Extension Center/Electronic Health Records**
  Advise on the activities and performance of the Regional Extension Center, as well as provider Electronic Health Records adoption across the state.

- **Health Information Exchange**
  In the context of development of the HIE Operational Plan, advise on how to develop and maintain functional and technical requirements for the HIE (intra and inter-state).

- **Workforce Development**
  Advise and assist with the coordination of the Health IT workforce development activities across the state.
HIE-HIT Advisory Committee Kickoff Meeting
HIE AD HOC WORKGROUP ACCOMPLISHMENTS
STATE MEDICAID HEALTH PLAN
MA HIE UPDATE, STANDARDS WORK AND STATE MEDICAID HEALTH PLAN (SMHP)

HIT HIE Advisory Committee Introductory Meeting
June 15th, 2011
Co Chairs John Halamka, Manu Tandon
## Agenda

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<td>Quick Recap of HIE</td>
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<td>SMHP and how it relates to HIE</td>
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<td>14 SMHP IT Projects</td>
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<td>The Standards Work Ahead</td>
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<td>Conclusion</td>
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State’s HIT Governing Structure

**MTC Board**

**MTC**

**HIT Council**

**MeHi**

**REC**

**Statewide HIE**

**Ad Hoc Workgroups**
- Clinical Quality & Public Health
- Consumer Engagement
- Privacy & Security
- Regional Extension Center (REC)
- Health Information Exchange (HIE)
- Workforce Development

**Public**
- Combines federal, state and other funds into an eHealth fund (with MTC/MeHi as the REC and HIE) to support implementation activities
- Provides oversight, coordination and auditing function for the Implementation and Optimization Organizations (IOOs) and participating entities
- Develops certification requirements (ensuring compliance with state policies & procedures) and contracts with IOOs
- Develops and maintains the strategic and operational plan

**Public/Private Collaboration**
- Advises HIT Council on developing a sustainable and secure exchange of health information across non-affiliated healthcare entities (e.g., two providers that are not business associates)
- Advises on services supported by the HIE and REC
- Advises on development of operational policies, functional and technical requirements, and privacy and security policies

**Private**
- REC: Certified IOOs will provide comprehensive support for EHR adoption and optimization towards meeting meaningful use
- Statewide HIE: Vendors will develop technical infrastructure for, and facilitate adoption of, a statewide HIE
1. Physician / clinician uses software of his or her choice to create an electronic prescription.

2. Electronic prescription is transported to HIE service for submission and tracking (via put / push or get / pull, based on business rules).

3. HIE service submits eligibility verification to payer for pharmacy benefit eligibility and any other available data.

4. HIE service submits electronic prescription / claim to pharmacy processing aggregator / intermediary or directly to pharmacy benefit manager (PBM) for formulary compliance, etc.

5. Pharmacy processing aggregator / intermediary sends electronic prescription fill order to mail order or retail pharmacy.

6. Pharmacy processing aggregator / intermediary sends acknowledgement to HIE service.

7. HIE service sends acknowledgement and other prescription data back to E-Prescribing System or directly to prescribing physician / clinician (via e-mail, fax or standard format message).
1. Patient uses medications dispensed at retail or mail order pharmacy, or purchased over the counter (OTC).

2. As a result of a referral, admission, or emergency, patient registers in hospital or visits physician.

3. Medication history request is sent to HIE; HIE retrieves retail and mail order history from national network and any other available history from other participating sources (payers, PBMs, other hospitals, etc.).

4. Medication list is validated with patient, incorporating OTC, herbal supplements, etc.

5. Inpatient prescription orders are created based on treatment plan and home list.

6. If patient is discharged, new discharge prescriptions are written and submitted to HIE service for routing to external pharmacy for fulfillment.

7. If patient is transferred, reconciled medication list is routed to next provider of care via HIE service.

8. HIE service routes reconciled medication list to interested and trusted party (e.g., PCP).

Participant Directory / Consents / Disclosure Log

HIE Service

 Retrieve Medication History for Reconciliation

EOHHS Technology and Architecture

Tuesday, June 14, 2011
Patient visits PCP, establishes relationship; PCP needs to refer. (2010)

2. Provider may send referral summary via fax/with patient.

3. Patient visits consulting provider, receives services, and details are noted in patient chart, EHR or other result is created (e.g., at lab).


(2011)

1. Patient visits PCP, establishes relationship; PCP needs to refer, Consents and routing prefs sent to HIE service.

2. HIE service submits referral authorization request to payer.

3. HIE service checks for routing/sends referral request to consulting provider.

4. Patient visits consulting provider, receives services, and details are noted in patient chart, EHR or other result is created (e.g., at lab).

5. Consult report transmitted to HIE network.

6. HIE service checks routing prefs, routes discharge summary to PCP, specialist, others (e.g., health insurance case manager, health record proxy, etc.).

Health Plan, etc.
**2010**

1. **Patient visits PCP, specialist, hospital or other provider and establishes trusted relationship and consents (if necessary) for release of data for public health reporting**

2. Standard format visit summary or other standard message is sent to state and municipal public health agency or to a proxy aggregator via FAX or phone

**2011**

1. **Patient visits PCP, specialist, hospital or other provider and establishes trusted relationship and consents (if necessary) for release of data for public health reporting**

2. Consents and routing instructions are sent to HIE service

3. Standard format visit summary or other standard message is sent to state and municipal public health agency or to a proxy aggregator, including:
   - Demographics for health disparities analysis
   - Chief complaints for syndromic surveillance
   - Immunization detail / history
   - Lab test results for certain notifiable conditions

4. Alerts and reports routed back to providers and other jurisdictions and/or made available by HIE service or agency for query

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**EOHSS Technology and Architecture**

*Tuesday, June 14, 2011*
Patient visits PCP. Summary of visit sent to the patient's Electronic Medical Home along with educational materials.

Patient is discharged from the hospital or completes a provider visit and is given a paper-based summary.

Patient visits a hospital or other provider and the records are faxed upon patient request.

Patient mails or faxes paper summary to PCP.

Patient visits a hospital or other provider and the patient shares the records from the Electronic Medical Home.

Upon discharge or visit completion, summaries are sent to the Electronic Medical home. The patient can share this data with the PCP, family members, or other stakeholders as they wish.
### 2010

1. Patient visits PCP, specialist, hospital or other provider and establishes trusted relationship and consents for release of data to named health information organization.

2. Standard format visit summary and other data generated by visit, diagnostic test or other healthcare encounter or event is added to local records.

3. Providers, e.g. ED, would have to know where records are and get each.

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### 2013

1. Patient visits PCP, specialist, hospital or other provider and establishes trusted relationship and consents for release of data to named health information organization.

2. Consents and routing instructions are sent to HIE service.

3. Standard format visit summary and other data generated by visit, diagnostic test or other healthcare encounter or event is stored by HIE service or proxy to establish electronic health record or summary based on patient consent and business rules in HIE service.

4. Providers, e.g. ED, and authorized parties can access electronic health record through EHR or portal provided by HIE service.

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EOHHS Technology and Architecture

Tuesday, June 14, 2011
Network of Network Approach

- = Ready to Connect
- = Minor Improvements Needed to Connect
- = Has EHR, Needs HIE Interface
- = No EHR, Use Push Portal
- = 2nd Tier Connectivity Targets

State-wide HIE: Network of Networks

HIE
- IDN
- PCP
- Hosp

IPA
- PCP

PCP
- IDN

IDN
- Hosp

CHC

PCP
- Independent Labs
- Independent Pharmacies
- Payers
- HIE/ EHR Vendors
- Public: State, BPHC, etc…
- Long Term Care
- Behavioral Health
- Oral Health
- Homeopathic
- Social Services
- Physical Therapy
- Home Health
MA State-wide HIE Services Stack

Pharmacovigilance services | Medication safety analysis | Formulary Service
---|---|---
Event notification service | Pre-auth approval rules service (such as radiology ordering)
Radiology Image exchange services

- Personally Controlled Health Record Services
- Immunization/ Syndromic Surveillance/ Reportable Lab Registry Service
- Consent Services
- Routing, Packaging and Translation, De-identification

- Routing Service for Patients
- Quality Data Center includes aggregation, reporting, CMS/Payer submission
- PKI/Identity Services
- Provider/ Facilities Directory Services

- Advanced Directives Service
- All Payer Database (Claims/ Clinical)
- Disclosure logging services
- Vocabulary Services
- Master Patient Index/ Record Locator Services

Phase Implementation:
- Phase 1 Implementation
- Phase 2 Implementation
- Phase 3 Implementation
State Health IT Plan
- Focus on Health IT Planning for the entire Commonwealth
- Assessment/Strategy for all payers and providers connecting to statewide HIE
- Planning for implementation and operation of statewide HIE
- Planning for implementation and operation of statewide REC

State Medicaid Health IT Plan
- Focus on Health IT Planning for MassHealth/EHS that is aligned with statewide Health IT Plan
- Assessment/Strategy for MassHealth/EHS to connect with statewide HIE
- Planning for implementation & operation of Medicaid EHR Incentive Payment Program
ACA as it’s relationship with SMHP

Affordable Care Act (ACA)

- HIX (Health Insurance Exchange) Connector Authority
- Eligibility Systems - All payers including Medicaid connect to the HIX for determining eligibility
- HIE (Health Information Exchange) - can provide data for ACA reporting and supporting ACA projects and outcomes
- Service approaches, client coordination, reimbursement strategies
- Quality Reporting - enhanced databases provide data for reporting health care quality outcomes

SMHP/EHR-IP EHR Adoption
14 projects support 15 objectives.

15 objectives work toward meeting the 4 SMHP Goals.

Progress toward the 4 Goals supports the Organizational Vision

Projects are the “How” to get from the current environment to the future environment and Vision.

* The plan is pending CMS approval
State’s Vision – Goals and Objectives

Objectives:

1.1 Equitably increase the number of providers who can demonstrate meaningful use of interoperable EHRs across all service areas, including rural, suburban and urban areas where health disparities have been identified.

1.2 Assure private and secure electronic access, use and portability of protected health information by all authorized individuals.

1.3 Increase the number of patients whose care is coordinated across disparate delivery systems within the state and across state boundaries.
Goal 2: Demonstrably improve the quality and safety of healthcare across all providers, through Health IT that enables better coordinated care, provides useful evidence-based decision support applications, and can report data elements to support quality measurement.

Objectives:

2.1 Equitably increase the number of ambulatory primary care providers that have re-engineered their care processes, to better manage chronic conditions, through adoption of patient centered medical home processes and Health IT that supports evidence-based care.

2.2 Adopt and promulgate a common set of Health IT enabled quality and safety measures across all payers and providers.

2.3 Commit to the principles that hospitals and healthcare providers would report quality and safety measures one way, one time and to one place, to ensure they are collected consistently and with minimum administrative burden.

2.4 **Behavioral Health, Substance Abuse and Long-Term Care Providers are included in the HIE to improve overall quality of care.**

2.5 **Transitions of care will be improved across the population.**

2.6 Adopt meaningful use measures, as defined by the federal government, for reporting purposes across all agencies.
**Goal 3:** Slow the growth of healthcare spending through efficiencies realized through the use of Health IT.

<table>
<thead>
<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td>3.1 All payers in the Commonwealth will adopt a single set of Federal standards for eligibility and claims payment processes, which will be incorporated into certified EHRs.</td>
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<tr>
<td>3.2 Patients report more timely, effective and appropriate care, both virtual and face to face.</td>
</tr>
<tr>
<td>3.3 Engage patients to actively participate in managing their health information, their health and their care, and encourage providers to engage with and respond to their patients.</td>
</tr>
</tbody>
</table>
Goal 4: Improve the health of the Commonwealth’s population through public health programs, research and quality improvement efforts, enabled through efficient, accurate, reliable and secure health information exchange processes.

Objectives

4.1 **Efficiently track and demonstrate improvement in the Commonwealth’s key public health measures.**

4.2 **Develop and improve EOHHS infrastructure and capabilities to allow for robust participation in the Statewide HIE.**

4.3 Support health reform in the Commonwealth, by providing ready access to data and information that is necessary for identification and implementation of key reform policies and strategies, being meticulous about protecting patient information and carefully following the minimum necessary use of information standards.
14 projects supporting these 15 objectives and 4 SMHP Goals allow -

- EOHHS to participate as an interoperable network with other MA Networks, and

- Allows Medicaid Providers the full benefit of the Statewide HIE

Projects are the “How” to get from the current environment to the future environment and Vision.

- The SMHP plan is pending CMS approval.
- Application for 90% Federal match (IAPD) for targeted FY12 projects to be submitted in June
## SMHP – 14 Proposed Projects

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<thead>
<tr>
<th>#</th>
<th>EOHHS HIT Project</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>EHR-IP Program</strong> – Administer the Incentive Payment program enabling payments through the state’s MMIS (Medicaid) system</td>
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<tr>
<td>2</td>
<td><strong>Direct Gateway</strong> - Promote the adoption of the stop gap Point-to-Point Push capability by providing increased level of documentation, training and a common HIE interface (including relevant implementation of Open Access HISP, Provider Directory and PKI). Extend use case to include some EOHHS DPH services</td>
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<tr>
<td>3</td>
<td><strong>Record Locator Service</strong> – Enabling EOHHS as a RHIO with a citizen record locator service within the EOHHS network. Infrastructure could be leveraged for statewide use for Stage 2.</td>
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<tr>
<td>4</td>
<td><strong>Provider Directory Interface</strong> – To enable Medicaid Providers leverage the state/national Provider Directory</td>
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<td>5</td>
<td><strong>Public Key Infrastructure (PKI)/Certificate Management</strong> - To rationalize HIE and Medicaid security infrastructure. Integrate HIE and State ESB security systems</td>
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<tr>
<td>#</td>
<td>EOHHS HIT Project</td>
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<td>6</td>
<td><strong>Open Access Health Information Service Provider (OA-HISP)</strong> – To make HIE services available to providers that meet certain economic and technical qualifications. This is especially targeted to HIE actors not affiliated with larger organizations and networks. Including in this consideration is consumer education and involvement.</td>
</tr>
<tr>
<td>7</td>
<td><strong>MA Virtual Gateway (VG) upgrade</strong> – VG is the front door for many of the Health and Human state services and has widespread familiarity. This project will enhance this critical service by further increasing support for HIE standard based interfaces including support for Direct for effective interoperability, all while leveraging its strong underlying platform.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Clinical Database</strong> – Extended Clinical Data Acquisition services enabling a data-mart for QDC vendors and physicians in support of Meaningful Use measures</td>
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<td>9</td>
<td><strong>Connection to Quality Data Center</strong> – Allowing Medicaid providers access to QDC services that are facilitated by the HIE and via relationships that are brokered by the HIE.</td>
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## SMHP – 14 Proposed Projects

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<thead>
<tr>
<th>#</th>
<th>EOHHS HIT Project</th>
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<tbody>
<tr>
<td>10</td>
<td><strong>Formulary/Medication Management</strong> - Furthering the goal of reducing errors in drug identification by enabling global access to accurate medication data for improving prescription practices and patient compliance using NCPDP 8.1 for Medication History and HL7 for Medication Reconciliation. Electronic Prior Authorization is another area of opportunity.</td>
</tr>
<tr>
<td>11</td>
<td><strong>Re-architecting and Enabling Payment Methodologies</strong> – With the advent of payment reform flexible IT claim processing systems shall be needed to quickly adapt to the evolving ACO (and other) programs and reforms.</td>
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<tr>
<td>12</td>
<td><strong>Claims Relay Service Analysis and Design Project</strong> – Similar to the HL7 and HIPAA Hub concept, this project shall provide a single gateway for the submission of claims for MassHealth (regardless of medical, pharmacy, Dental or Health Safety Net Claims)</td>
</tr>
<tr>
<td>13</td>
<td><strong>Public Health Interfaces (ELRS, MIIS, SSS, CBHI)</strong> – Targeting an EOHHS MA Single End Point (XML Gateway) for a variety of “services” including both HL7 transactions and HIPPA transactions. This includes bi-directional sync and async support.</td>
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<td>14</td>
<td><strong>Statewide HIE Solution Integration Services</strong> – SI services supporting above project and advancing the vision of MA statewide HIE</td>
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State HIE Roadmap

SFY 2012
- EHR-Incentive Program – MAIPR
- Direct Gateway
  - Digital Certificate Management
  - Provider Directory
  - Open Access HISP
- HL7 Gateway Infrastructure
  - Virtual Gateway upgrade
  - HL7 Gateway Development
- HL7 Projects
  - MIIS
  - ELR
  - Syndromic Surveillance
  - CBHI

SFY 2013
- Public Key Infrastructure (PKI)/Certificate Management
- Virtual Gateway upgrade for FY2014 projects
- Claims Relay Service

SFY 2014
- Enterprise Master Patient Index / Record Locator Service
- Provider Directory
- Public HIS
- Clinical Database
- Connection to Quality Data Center
- Re-architecting and Enabling Payment Methodologies
- Formulary/Medication Management

SFY 2015-Goal
- Implement State-wide HIE
- 100% participating EHR-IP providers meaningfully using EHRs and connected to HIE

EOHHS Technology and Architecture

Tuesday, June 14, 2011
EOHHS (DPH) HL7 Interfaces Current State

- Providers
- NEHEN
- Labs
- Hospitals

HL7 2.5.1
In QA Only

EOHHS XML Gateway

Enterprise Integration Services

- Transformation Service
- AIMS Service

Infrastructure Services

SMF – Simplified Message Format

EOHHS DPH Applications

MIIS

EDSS

AEGIS

Children’s Hospital

HL7 2.3.1 or SMF

DiagnosisOne Services

ELR

SSS

SMF
*Feeds functionality will be available after the implementation of Provider Directory
The Standards Work ahead

June 2011

- Metadata recommendations
- Provider Directory recommendations
- Patient Matching preliminary recommendations
- Vocabulary recommendations

July 2011

- Patient Matching recommendations
- ePrescribing of discharged medications recommendations
- Syndromic Surveillance recommendations
- Quality Measurement recommendations
The Standards Work ahead

**August 2011**
- Simple Lab Results recommendations
- Transitions of Care recommendations
- CDA Cleanup recommendations
- NwHIN preliminary recommendations

**September 2011**
- NwHIN recommendations
- Summary of all recommendations from Summer Camp
1. We are in the middle of a historic focus on Healthcare IT as the foundation for Health Care Reform.

2. Waves of Federal Grants and Innovator Programs with Big $$$
   - EHR Incentive Program;
   - Health Information Exchange (HIE) Design and Implementation;
   - ACA Act and the associated policy drivers;
   - Health Insurance Exchange (HIX) expanding coverage initiatives;
   - Means based Eligibility enhancement FFP opportunity;
   - Administrative simplifications (5010, ICD-10);
   - Development of Standards and Policy;

3. This puts an unprecedented demand on us as a group to plan, deliver and realize gains in a fiercely contracted and interdependent timeline
Key Challenges to HIE Adoption in MA
2. EHR penetration (across geographic and provider silos – BH, LTC, Specialists) and its impact to interoperability and care coordination
3. Availability and adoption of standards in an evolving EHR vendor landscape
4. Incentive alignment and understanding the business case for HIE
5. IT delivery and policy making demand overload

Key Enablers for HIE Adoption in MA
1. Strong focus on policy drivers and an HIT scorecard centric performance measure
2. Incentives – both stick and carrot – help (to an extent)
3. Getting to a Win-Win-Win model between Payers, Providers and Citizens
4. Culture of innovation, collaboration and selflessness
5. Public Private collaboration at an unprecedented level
6. The clear need for Payment Reform
Thank you
HIE-HIT Advisory Committee Kickoff Meeting

HIT COUNCIL RETREAT
The HIT Council Retreat is June 22, 9:00 am - 1:00 pm at the MTC Westborough Campus.

Secretary Bigby has invited all of you to attend.

The meeting is a strategic planning session for the Council.

We will look at the current goals of the Commonwealth as stated in the HIT Strategic Plan and determine if we are on the right track to meet our future goals.

You will be sent a survey after this meeting. We ask that you return your responses to MeHI by Friday, June 17th.
HIE-HIT Advisory Committee Kickoff Meeting

NEXT STEPS