



MeHI
Massachusetts
eHealth Institute



A Division of the
Massachusetts
Technology Collaborative

Health IT Council and Advisory Committee Meeting

September 19, 2011

1 Ashburton Place, The Ashburton Café,
Plaza Level, Boston

Health IT Council Items

- I. Approval of August 15, 2011 minutes
- II. Approval of MeHI FY12 Budget

HIT-HIE Advisory Group Items

- I. Update from HIE HIT Planning Committee

Massachusetts Health IT Council

HIE HIT PLANNING COMMITTEE UPDATE

Strawman Statewide HIE Strategy

September 19, 2011

Contents

Governance and operations

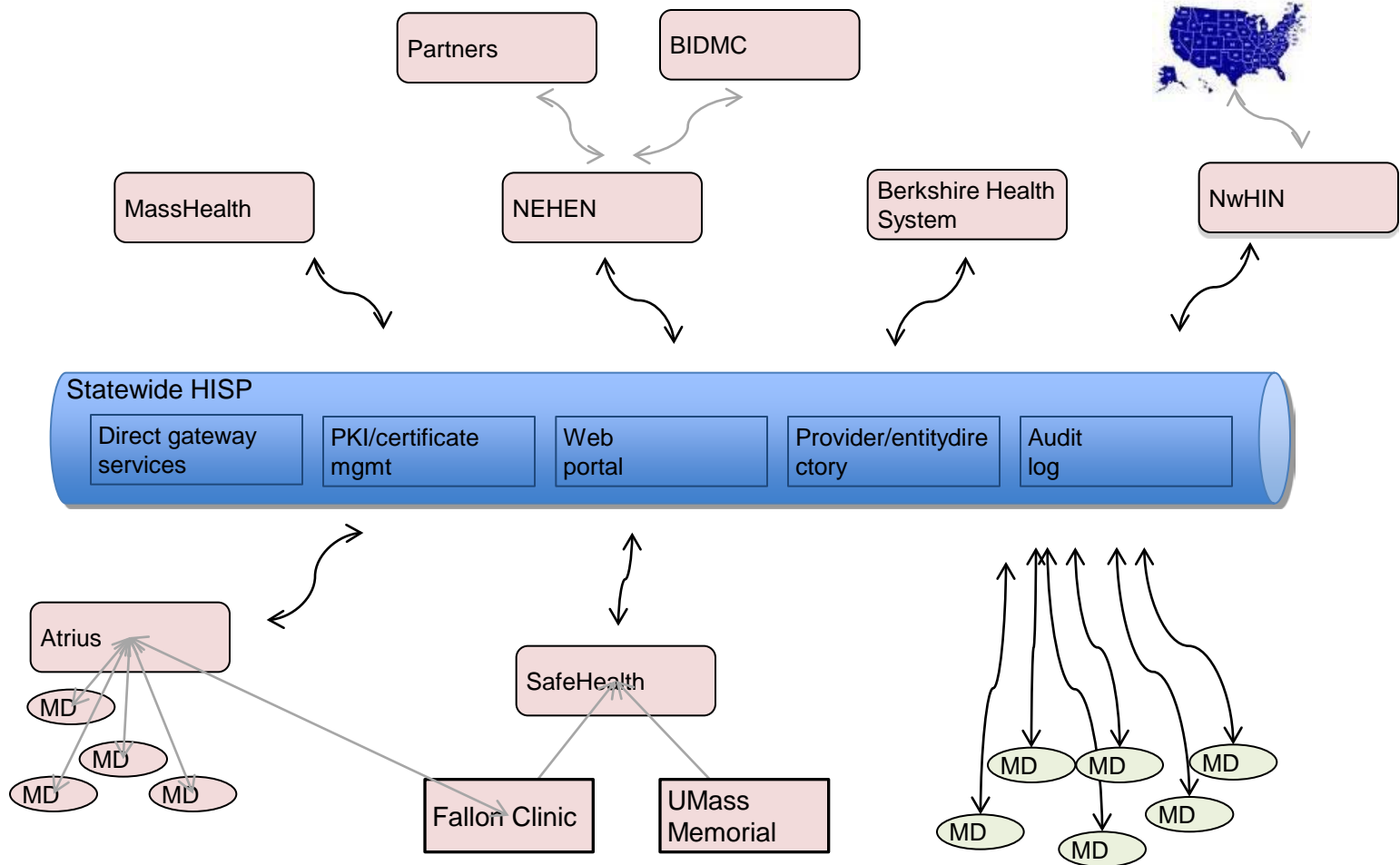
Project identification and phasing

High-level budget strategy

Workgroup formation

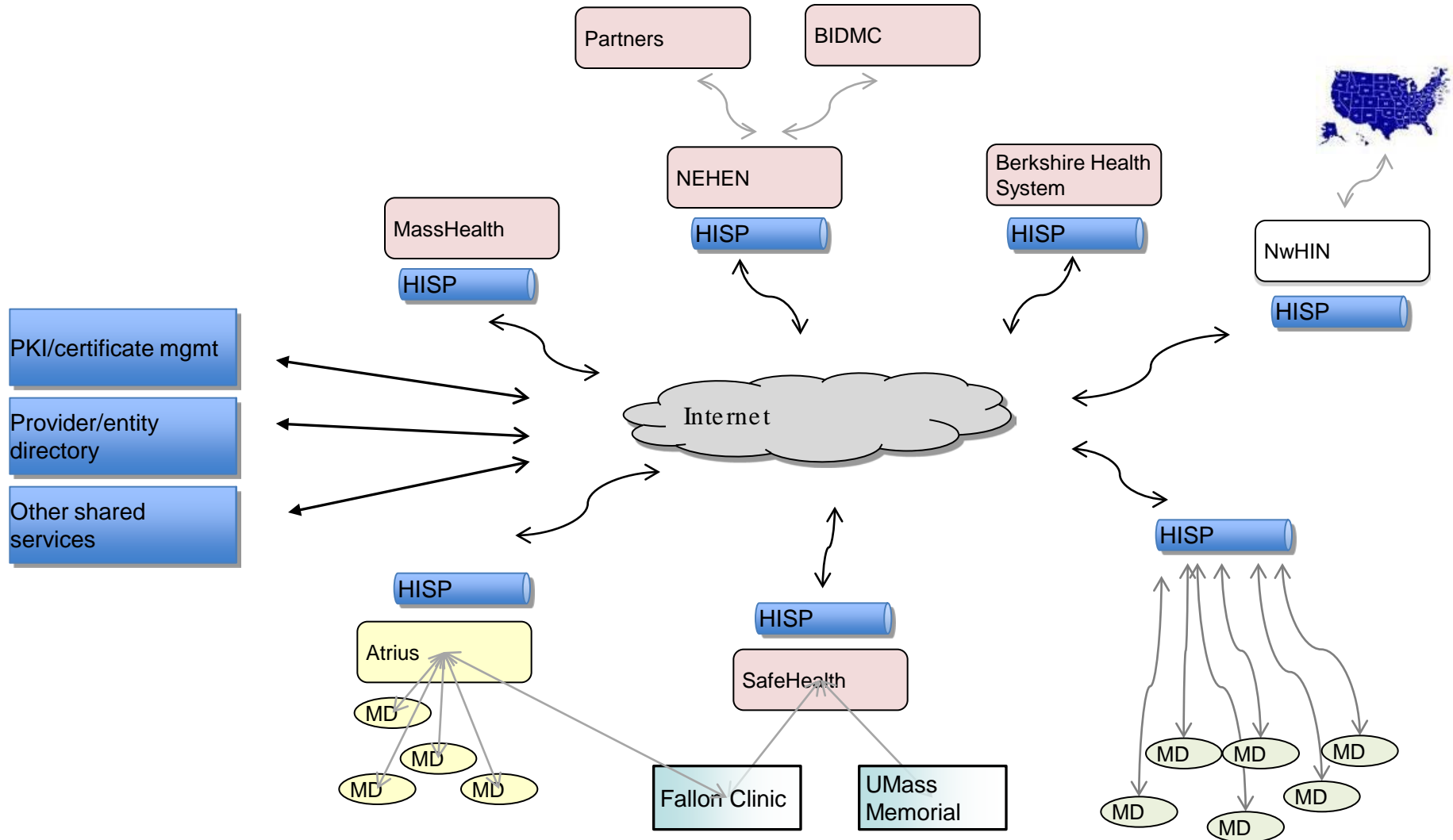
Current state of the market favors a network of networks connected via a single statewide open HISP supported by centralized project management

Illustrative example



Eventually expect to transition to heterogeneous model with multiple, varied HISPs and decentralized shared services

Illustrative example



34 possible projects have been identified in SMHP and MeHI Strategic and Operational plan

SMHP (13 projects)

Project	SFY
Direct gateway	2012
Public health interfaces	2012
VG upgrade	2012
Claims relay service	2013
PKI/certificate management	2013
Clinical data repository	2014
EMPI/FLS	2014
Formulary/medication management	2014
Open access HISP	2014
Provider directory	2014
Quality data infrastructure	2014
Re-architecting and enabling payment methodologies	2014
Statewide HIE solution integration services	2015

Note: Does not include MU incentive administration project

Strategic & Operational Plan (21 projects)

Project	Phase
Routing, packaging, and translation, de-identification	1
Provider/facilities directory services	1
Vocabulary services	1
Consent services	1
PKI/identity services	1
Immunization/Surveillance/ELR	1
Quality data aggregation	1
MPI/FLS	2
APCD	2
PCHRs	2
Routing service for patients	2
Advanced directives service	2
Patient education materials service	2
Radiology image exchange service	2
Event notification service	2
Pre-auth approval rules service	2
Disclosure logging services	3
i2B2 clinical research services	3
Pharmacovigilance service	3
Medication safety analysis	3
Formulary service	3

Reconciling these projects across programs identifies 15 priority projects

15 projects ready for detailed scoping, budgeting, and prioritization

11 projects need further definition – NOT ready for detailed scoping

Mapping results	SMHP	MeHI Strategic and Operational Plan
Projects common to both SMHP and Strategic & Operational Plan	Direct gateway	Routing, packaging, translation, de-identification
	Provider directory	Provider/facilities directory services
	PKI/certificate management	PKI/identity services
	Public health interfaces	Immunization/Surveillance/ELR
	EMPI/FLS	MPI/FLS
	Quality data infrastructure	Quality data aggregation
	Clinical data repository	APCD
Projects unique to SMHP	Statewide HIE solution integration services	na
	Open access HISP	na
Projects unique to Strategic & Operational Plan	na	Consent services
	na	Vocabulary services
	na	Routing service for patients
Mass Health infrastructure projects	Re-architected/enabling payment methods	na
	VG upgrade	na
	Claims relay service	na
Projects requiring further definition through VG process	Formulary/medication management	Formulary service
	na	PCRs
	na	Advance directives service
	na	Patient education materials service
	na	Radiology image exchange service
	na	Event notification service
	na	Pre-auth approval rules service
	na	Disclosure logging services
	na	i2B2 clinical research services
	na	Pharmacovigilance service
	na	Medication safety analysis

Strawman Priority Project List for Unified Statewide HIE Program

#	Reconciled HIE Project List
1	Direct gateway
2	Provider directory
3	PKI/certificate management
4	Public health interfaces
5	EMPI/FLS
6	Quality data infrastructure
7	Clinical data repository
8	Statewide HIE solution integration services
9	Open access HISP
10	Consent services
11	Vocabulary services
12	Routing service for patients
13	Re-architect/enabling payment methods
14	VG upgrade
15	Claims relay service
16	HIE adoption grants

Need to determine the Roadmap for implementing these projects

Need to validate Strawman Priority List and Roadmap with stakeholders through Workgroup process

Recommend adding an additional project to cover one-time integration costs of selected provider organizations --

Description of priority projects

#	Reconciled HIE Project List	Program description
1	Direct gateway	Implementation of gateway implementing Direct specification for universal messaging interoperability
2	Provider directory	Directory of providers and facilities to ensure unambiguous and reliable addressing of electronic transactions
3	PKI/certificate management	Infrastructure to ensure security of statewide HIE infrastructure
4	Public health interfaces	HL7 interfaces to variety of public health services, including ELR, MIIS, SSS, CBHI, CLPPP, PMP, OTP
5	EMPI/RLS	Statewide patient-matching function to match medical records across organizations
6	Quality data infrastructure	Infrastructure to facilitate aggregation of quality and performance measurement data for reporting to Medicaid and other purposes
7	Clinical data repository	Integration of clinical data with APCD
8	Statewide HIE solution integration services	Service organization to provide platform for statewide HIE services
9	Open access HISP	Retail HIE connection services to facilitate HIE access for users who are not part of larger enterprise systems
10	Consent services	Centralized management of patient consent status information
11	Vocabulary services	Translation service to transform non-standard medical vocabulary to national standards-based nomenclatures
12	Routing service for patients	Messaging services to allow providers to send messages and records securely to patient-controlled applications
13	Re-architect/enabling payment methods	Flexible IT claim processing systems to address new forms of payment and organization (accountable care, PCMH, etc)
14	VG upgrade	Upgrade of Virtual Gateway for standards-based HL7 transactions
15	Claims relay service	Single gateway for the submission of claims for MassHealth (regardless of medical, pharmacy, Dental or Health Safety Net Claims)
16	HIE adoption grants	Grant program to providers to cover one-time costs of HIE integration

Various projects can be mapped into phases using criteria assessing difficulty, market demand, and market gaps

HIE projects



Phasing criteria



Phasing

#	Reconciled HIE Project List
1	Direct gateway
2	Provider directory
3	PKI/certificate management
4	Public health interfaces
5	EMPI/RLS
6	Quality data infrastructure
7	Clinical data repository
8	Statewide HIE solution integration services
9	Open access HISP
10	Consent services
11	Vocabulary services
12	Routing service for patients
13	Re-architected/enabling payment methods
14	VG upgrade
15	Claims relay service
16	HIE network integration grants

Difficulty

- Are there significant business, technical, governance, or legal complexities that need to be resolved before deploying the service/

Demand for HIE service

- Is there immediate market demand for the transaction as a statewide HIE service?

Gap in market today

- Is there a gap in the market today?

Phase 1

- Ready to go
- Move to requirements and RFP development

Phase 2

- No significant technical or policy barriers
- Needs governance & business model development
- Needs scoping and budgeting

Phase 3

- Multiple barriers to tackle
- Needs policy, technical, governance, and business model development
- Needs scoping and budgeting

Need to validate with stakeholders through Workgroup process

Phasing defines Roadmap for Statewide HIE Program

Phase 1: Information Highway

- Create infrastructure to enable secure transmission (“directed exchange”) of clinical information
- Will support exchange among clinicians, public health, and stand-alone registries
- Focus on breadth over depth

Facilitate
normalization and
aggregation

Phase 2: Analytics and Population Health

- Create infrastructure to facilitate data aggregation/analysis
- Will support Medicaid CDR and quality measure infrastructure
- Will support vocabulary translation services (lab, RX)

Enable queries for
records

Phase 3: Search and Retrieve

- Create infrastructure for cross-institutional queries for and retrieval of patient records

Increasing cost and complexity

Need to validate with stakeholders through Workgroup process

Reconciled Projects Grouped Into Three Phases

Phasing	Reconciled HIE Project List	Next steps
Phase 1	Statewide HIE solution integration services Direct gateway Open access HISP Provider directory PKI/certificate management VG upgrade HL7 public health interfaces HIE adoption grants IMPACT (ONC Challenge Grant)	- Develop detailed scope, requirements, budgets, and RFPs
Phase 2	Clinical data repository Quality data infrastructure HL7 public health interfaces Vocabulary services Claims relay service MDPHnet (ONC Challenge Grant)	- Develop governance, business, and operational model
Phase 3	EMPI/RLS Consent services Routing service for patients Re-architect/enabling payment methods	- Develop policy frameworks & governance model - Develop technical standards - Develop business/operations model

Need to validate with stakeholders through Workgroup process

Preliminary budget estimate for scoped projects

Phasing	Reconciled HIE Project List	Funding vehicle	Preliminary budget	Notes
Phase 1	Statewide HIE solution integration services	SMHP	2,248,136	4 FTEs thru FY13 per EHR-IP IAPD
	Direct gateway	SMHP	3,563,446	IAPD includes open access HISP, provider directory, PKI
	Open access HISP	SMHP	included above	same as above
	Provider directory	SMHP	included above	same as above
	PKI/certificate management	SMHP	included above	same as above
	VG upgrade	SMHP	4,456,501	Gateway infrastructure for HL7 projects
	HL7 public health interfaces	SMHP	6,950,000	HL7 interfaces for MIIS, ELR, SS, CBHI
	HIE adoption grants	ONC HIE Grant	12,587,500	Fund through ONC HIE grant
	IMPACT (ONC Challenge Grant)	ONC HIE Grant	2,018,750	May overlap with other projects -- tbd
Phase 2	Clinical data repository	SMHP	tbd	IAPD not developed yet
	Quality data infrastructure	SMHP	tbd	IAPD not developed yet
	HL7 public health interfaces	SMHP	4,846,000	HL7 interfaces for PMP, OTP, CLPPP
	Vocabulary services	SMHP	tbd	IAPD not developed yet
	Claims relay service	SMHP	tbd	IAPD not developed yet
	MDPHnet (ONC Challenge Grant)	ONC HIE Grant	2,018,750	May overlap with other projects -- tbd
Phase 3	EMPI/RLS	SMHP	tbd	IAPD not developed yet
	Consent services	SMHP	tbd	IAPD not developed yet
	Routing service for patients	SMHP	tbd	IAPD not developed yet
	Re-architect/enabling payment methods	SMHP	tbd	IAPD not developed yet
	Phase 1 sub-total to date		31,824,333	
	Phase 2 sub-total to date		6,864,750	
	Phase 3 sub-total to date		tbd	
	Total budget to date		38,689,083	

Notes:

- 1) IAPDs have not yet been developed for all SMHP projects.
- 2) SMHP project budgets are preliminary

There is potential for leveraging more federal funds by funneling HIE infrastructure program through Medicaid SMHP

Projects funded through SMHP provide significant federal match opportunity

- 90% (9:1) FFP for implementation
- 50% to 75% (1:1 to 3:1) FFP for operations

However, if projects include non-Medicaid providers, Medicaid will only cover a portion of the project cost proportional with Medicaid share of the market

- Total project budget =
Medicaid Share X (0.9 Federal \$ + 0.1 State \$) + Non-Medicaid Share X (Private \$)
- Some flexibility allowed in how to determine fair-share, however, some private funds will be required to leverage FFP for all providers
- Amount of private funds required for each discrete project varies by the metrics used for calculating market share – some flexibility allowed by CMS

Matching dollars for SMHP and Federal HIE programs can only come from non-Federal sources

- Cannot use Federal HIE award as match for SMHP; cannot use Federal HIE match dollars as match for SMHP
- Possible sources of match dollars: State budget funds, Chapter 305, private sector contributions

HIE adoption grants can catalyze “network effects” to enhance value proposition of statewide HIE services

Value of statewide HIE network and services will increase exponentially with the number of users

Removing adoption barriers is key to increasing number of users

Up-front cost of system integration is significant barrier to adoption to most users, especially small practices and safety-net providers

- Can address this barrier through a grant program to providers to lower or eliminate one-time cost of connecting to HIE network

SMHP funds not well-suited to grants for individual providers – program designed for IT infrastructure

- ONC HIE funds can be used for such grants, however -- \$12.6M available in ONC HIE program (\$10.6M in federal grant, \$2.0 in match)
- Managed by MeHI, could generate considerable synergies with REC program
- HIE grant program provides funds to make HIE services available, REC provides on-the-ground training for adoption of HIE services

Chapter 305 Funding Strawman

Category	Total Expenditure	Match requirement	Notes
Programs requiring match			
1. ONC HIE Grants (includes Challenge Grants)	\$16.6M	\$2.6M	Assumes average match requirement of 18.75% on \$14M federal grant (12.5% in FFY 2012, 25% in FFY 2013)
2. EHR-Incentive Payment Imp & Admin IAPD (including MAPIR)	\$17.3M	\$1.7M	10% match assuming only Medicaid providers participate
3. Phase 1 HIE infrastructure Projects (Open HISP, HL7, VG)	\$13.2M	\$1.3M	10% match assuming only Medicaid providers participate
4. Cash flow requirement for SMHP		\$3.6M	Available for future SMHP investment at 90% FFP
Total Match Required		\$9.2M	
State match funds available		\$900K	
305 Match Funds request		\$8.3M	(Includes \$5.7M for SMHP and \$2.6M for ONC Grants)
Starting Chapter 305 balance		\$11.9M	Requires confirmation from MeHI
Remainder after match		\$3.6M	
Funds available for 90% FFP		\$7.2M	Includes \$3.6M remainder available for Phase 1 plus \$3.6M refunded for cash flow requirement (above) for Phases 2 and 3

Strawman budget and management strategy

Phasing	Reconciled HIE Project List	Funding vehicle	Preliminary budget
Phase 1	Statewide HIE solution integration services	SMHP	2,248,136
	Direct gateway	SMHP	3,563,446
	Open access HISP	SMHP	included above
	Provider directory	SMHP	included above
	PKI/certificate management	SMHP	included above
	VG upgrade	SMHP	4,456,501
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	Quality data infrastructure	SMHP	tbd
	HL7 public health interfaces	SMHP	4,846,000
	Vocabulary services	SMHP	tbd
	Claims relay service	SMHP	tbd
	MDPHnet (ONC Challenge Grant)	ONC HIE Grant	2,018,750
Phase 3	EMPI/RLS	SMHP	tbd
	Consent services	SMHP	tbd
	Routing service for patients	SMHP	tbd
	Re-architect/enabling payment methods	SMHP	tbd
	Phase 1 sub-total to date		31,824,333
	Phase 2 sub-total to date		6,864,750
	Phase 3 sub-total to date		tbd
	Total budget to date		38,689,083

Maximize 90% FFP **leverage** by funneling all qualifying match funds through SMHP

- Make all Chapter 305 funds available for SMHP projects to maximize statewide HIE budget
- Budget with max leverage: \$109.7M (\$38.7M plus \$71.0M future SMHP)

EOHHS manage SMHP-funded projects for **construction** of HIE infrastructure and services

MeHI manage ONC-funded projects to motivate **adoption** of HIE infrastructure and services

Still need to resolve **key questions** regarding governance and business operations

- Who will vendors contract with?
- Who will manage vendor day-to-day operations?
- Who will HIE provider participants contract with?

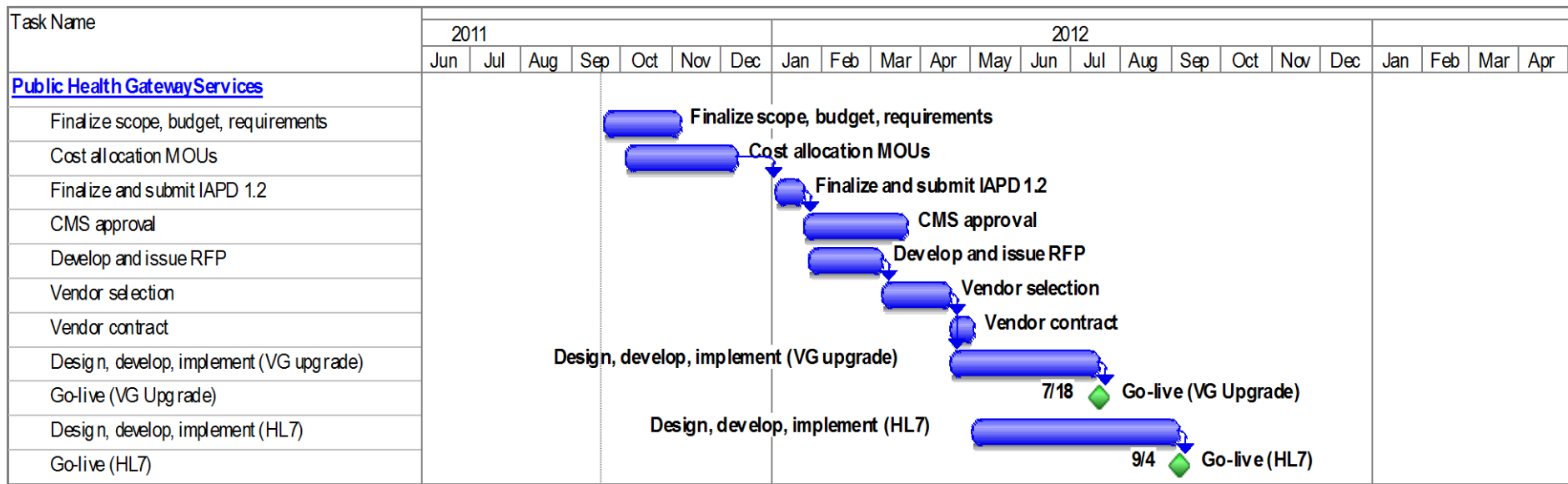
High-Level Strawman Phase Timeline

Phasing	Reconciled HIE Project List	Timing
Phase 1	Open access HISP	Q2 2012
	Direct gateway	Q2 2012
	Provider directory	Q3 2012
	VG upgrade	Q3 2012
	HL7 public health interfaces	Q3 2012
	HIE adoption grants	Q3 2012
	IMPACT (ONC Challenge Grant)	Q3 2012
	Open access HISP Retail Connect	Q4 2012
	PKI/certificate management	Q4 2012
Phase 2	Clinical data repository	Q1 2013
	Quality data infrastructure	Q1 2013
	HL7 public health interfaces	Q1 2013
	Vocabulary services	Q2 2013
	Claims relay service	Q3 2013
	MDPHnet (ONC Challenge Grant)	?
Phase 3	EMPI/RLS	Q1 2014
	Consent services	Q1 2014
	Routing service for patients	Q3 2014
	Re-architect/enabling payment methods	Q3 2014

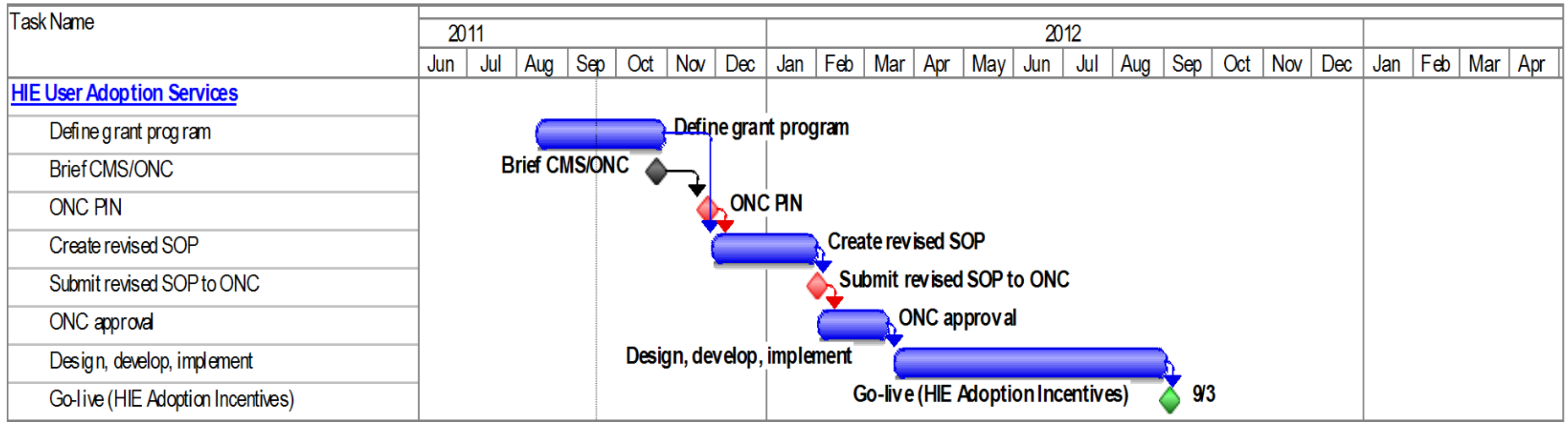
By the end of CY 2012, the Strawman envisions having in place key MU functionality:

- **Statewide HISP “info highway”** making available various HIE services
- **Direct Gateway**, to allow participating providers to send and receive clinical documents
- **Public Health Gateway**, to allow DPH to receive clinical transactions from participating providers
- **LTC Gateway**, to allow LTC entities to receive clinical information from participating providers
- **Provider Directory**, to facilitate sending and receiving clinical transactions
- **Security Management Service**, to ensure end-to-end security
- **Adoption incentives and services** to remove barriers to HIE adoption

Draft Timeline: Public Health Gateway Services



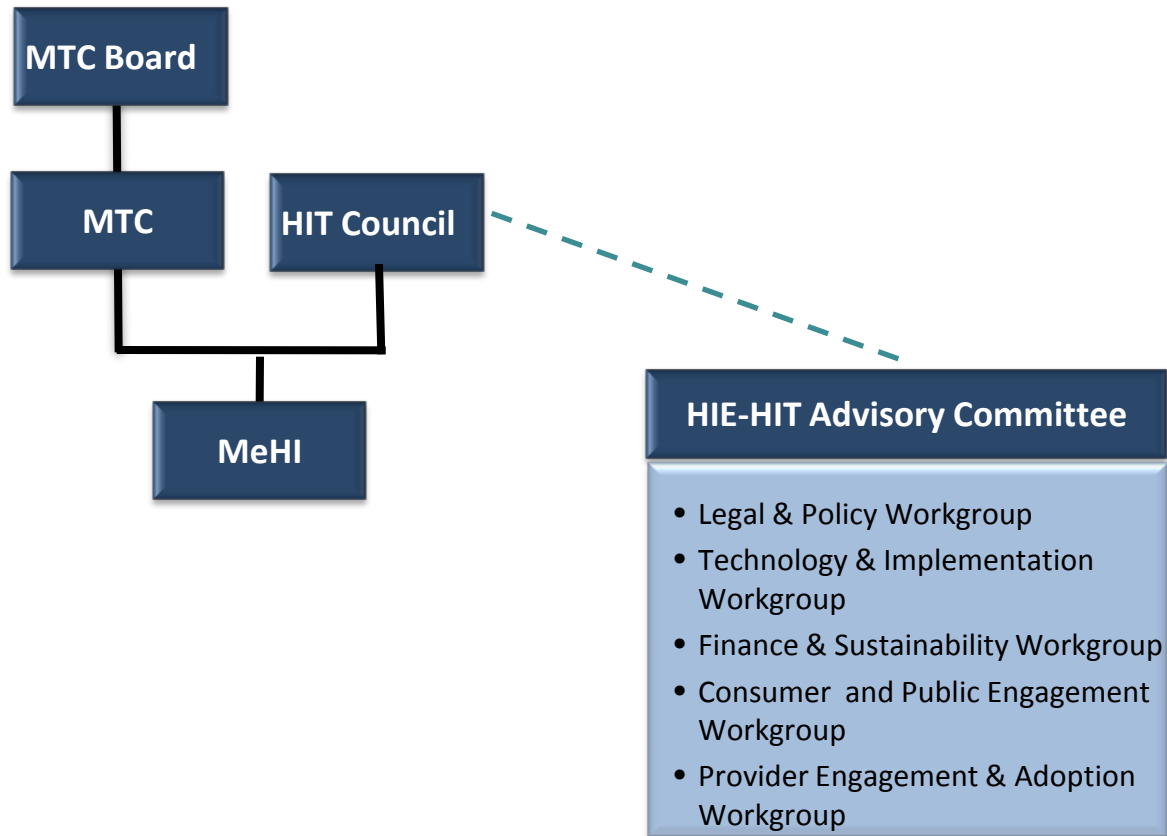
Draft Timeline: HIE User Adoption Services



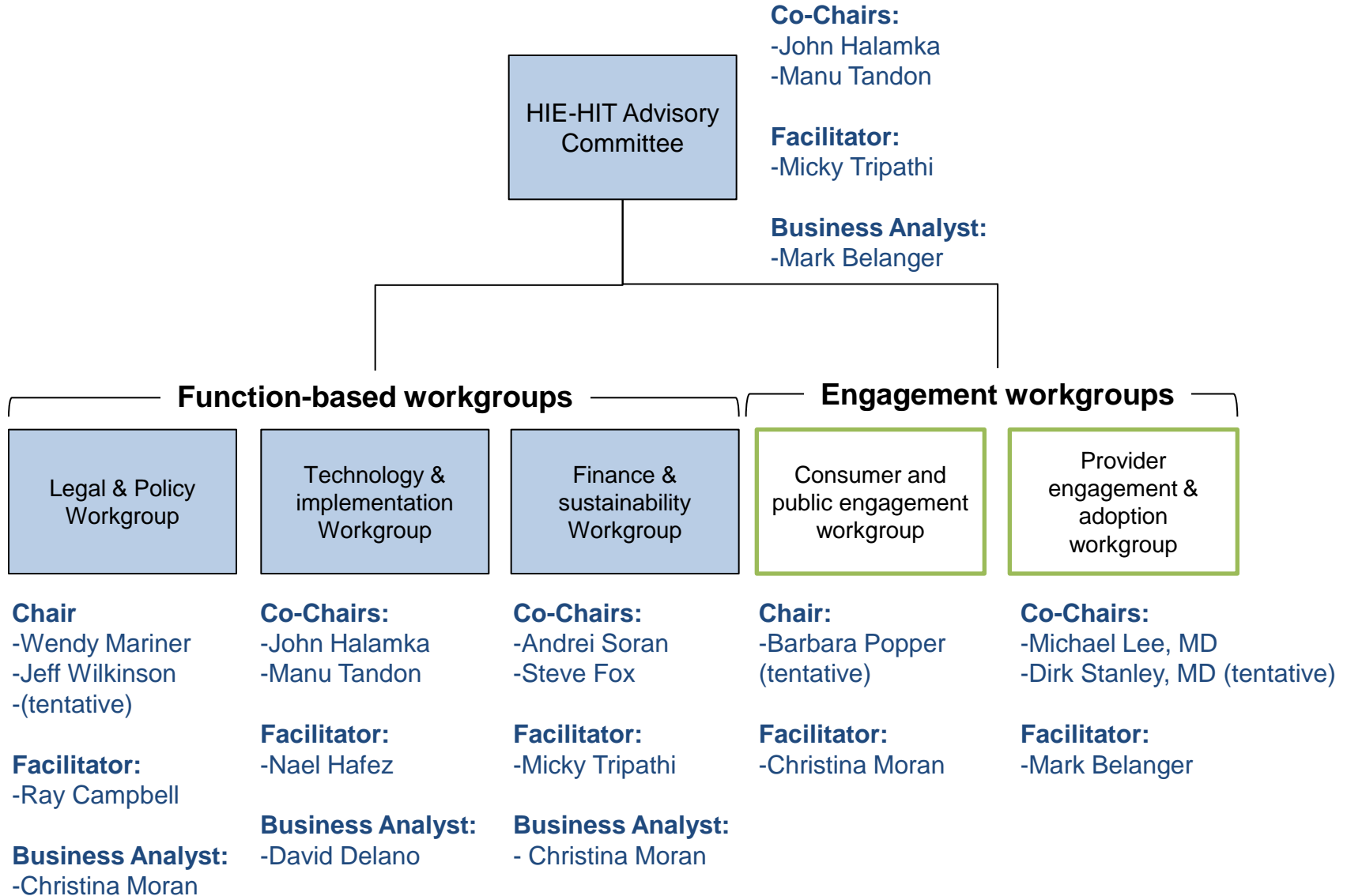
Draft Timeline: IMPACT

Task Name	2011							2012																
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
IMPACT																								
Identify overlaps/interdependencies/synergies																								
Integrate statewide and IMPACT project plans																								
Develop and issue RFP																								
Vendor selection																								
Vendor contract complete																								
Design, develop, implement																								
Go-live (IMPACT)																								

HIE Governance Structure



Workgroup Leadership and Staffing



Purpose of Workgroups

Purpose

To develop policy recommendations to the HIT/HIE Advisory Committee for the design, development, implementation and operation of statewide HIE services funded or supported by federal and state programs. Workgroups will bring together key stakeholder subject matter experts to develop consensus-based strategies and recommendations for standard approaches and policies in the areas of legal issues (including privacy & security), technology and implementation, finance and sustainability, consumer and public engagement, and provider engagement and adoption.

Structure

- Workgroups will be led by Chair or Co-Chairs supported by MAeHC staff
- WGs will be 12-15 members
- Meet at least monthly (more in next few months) via conference call and participate in face-to-face meetings as scheduled
- Conference call meetings will be an hour in length unless otherwise specified by Co-Chairs
- Work in between meetings will be conducted via email and/or through collaborative tools being provided by MeHI.
- Workgroups will not exist in perpetuity – membership and structure will be fluid to meet need for deliverables.

Process

Workgroups will operate in a transparent and inclusive manner and reach decisions by consensus.

Roles and responsibilities

Co-Chairs will:

- Provide the leadership and direction for the workgroups and ensure identification and completion of all work deliverables
- Attend bi-weekly Chairs Call
- Convene and facilitate meetings.
- Foster consensus-based decision making for all work group recommendations.
- Refer unresolved issues to the Advisory Committee for review and decision.
- Develop meeting Agendas supported by MAeHC staff.
- Oversee work group work plan and assign action items to work group members as needed supported by MAeHC staff
- Report on WG output and status to AC and HIT Council as appropriate

Members will:

- Actively participate in regularly scheduled meetings and calls
- Contribute to WG deliverables
- Communicate WG and AC activities, decisions, and progress to their stakeholders
- Represent respective stakeholder issues as part of Advisory Committee collaboration process
- Operate from a consensus-based decision making perspective in the work process.

Roles and Responsibilities (continued)

MAeHC Staff will:

- Meet regularly with WG Co-Chairs to plan meeting agendas
- Support MeHI in managing communications
- Ensure meeting summary notes are outlined and distributed on a timely basis
- Support MeHI in maintaining WG membership/participant lists
- Develop, maintain and track work group work plans in support of Co-Chairs.
- In support of Co-Chairs and/or designated work group members, draft policy and/or work product recommendations for AC review and approval
- In support of AC Co-Chairs and/or designated AC members, draft policy and/or work product recommendations for HIT Council review and approval
- The AC and each WG will be assigned an MAeHC Facilitator, to assist the Co-Chairs in managing meetings, and an MAeHC Subject Matter Expert, to assist with development of work product

Legal & Policy Workgroup

Purpose: To plan and develop a governance model and legal & policy framework for statewide HIE activity conducted through publicly-funded or -supported programs.

Objectives: Ensure comprehension of and compliance with state and federal statutes and regulations

- Identify governance models for policy oversight and operations of statewide HIE activities funded by federal and state programs.
- Identify legal and policy elements required for each HIE stage, comprehend key issues, identify policy levers, and recommend a policy framework going forward.
- Draft key legal and policy documents for AC review and approval e.g., HIE Policies and Procedures, Participation Agreements.
- Review and assess existing legal and policy foundation for statewide HIE from Ad Hoc Committee, HISPC, and other existing work completed to date, and develop gap analysis.
- Identify statutory and/or regulatory barriers to HIE and recommend changes statutes and/or regulations to the AC.

Immediate deliverables:

- Review Strawman HIE Plan and develop recommendations for AC review
- Develop WG Work Plan aligned with HIE stages for AC review, including priority focus areas and key WG interdependencies

Membership:

Members of the Legal and Policy Work Group will include lawyers familiar with federal and state legal and privacy and security requirements, security and compliance officers, policy planners/analysts, consumers, and providers.

Chair: Wendy Mariner

Technology and Implementation Workgroup

Purpose: To plan and develop technical and operational requirements and approaches for statewide HIE activity conducted through publicly-funded or -supported programs. To develop strategies, standards, and requirements for an enhanced statewide HIE architecture that leverages existing networks, shared services, and standardized regional services to enable broad adoption and use of statewide HIE services

Objectives:

- Develop updated policy and architecture specifications that support statewide interoperable HIE for each HIE Phase
- Develop strategies for effective utilization of statewide HIE shared and standardized regional services related to clinical care and meaningful use
- Develop strategies and recommendations for standardized EHR-HIE interoperability
- Develop strategies and recommendations for implementing and operating statewide HIE infrastructure and services funded or supported through federal or state programs

Immediate deliverables:

- Review Strawman HIE Plan and develop recommendations for AC review
- Develop WG Work Plan aligned with HIE stages for AC review, including priority focus areas and key WG interdependencies

Membership:

Members of the Technology and Implementation Workgroup will include technical experts familiar with HIE and EHR technology, CIOs, policy planners/analysts, consumers, and providers.

Co-Chairs: John Halamka, Manu Tandon

Finance and Sustainability Workgroup

Purpose: To recommend financing and business models for implementing and sustaining statewide HIE infrastructure and services.

Objectives:

- Inform key Advisory Committee decisions with cost data, budget projections, and representative stakeholder/customer input
- Assist Advisory Committee regarding allocation and use of Federal, State, and private funds
- Define financial feasibility & constraints for procurement decisions
- Identify potential business models for sustaining health information exchange infrastructure and operations after existing federal and state funds have been depleted
- Provide recommendations on a business plan for statewide HIE activities funded through federal and state programs

Immediate deliverables:

- Review Strawman HIE Plan and develop recommendations for AC review
- Develop WG Work Plan aligned with HIE stages for AC review, including priority focus areas and key WG interdependencies

Membership: Members of the Finance and Sustainability Workgroup will include financial experts familiar with HIE and EHR services, CFOs, policy planners/analysts, consumers, and providers.

Co-Chairs: tbd

Consumer and Public Engagement Workgroup

Purpose: To raise awareness of the HIT-HIE program among consumers, to engage consumers in the program, and to ensure that consumer input is considered for all critical recommendations and Advisory Committee decisions.

Objectives:

- Communicate with, inform, and educate consumers regarding HIT and HIE in the Commonwealth
- Facilitate public dialogue and consumer input gathering (e.g., Through interviews, workshops, and surveys) for confusing or controversial topics and to raise consumer awareness of HIT HIE benefits and risks
- Ensure that consumer input is sought out and considered for all critical recommendations and Advisory Committee decisions

Immediate deliverables:

- Review Strawman HIE Plan and develop recommendations for AC review
- Develop WG Work Plan aligned with HIE stages for AC review, including priority focus areas and key WG interdependencies

Membership: Members of the Consumer and Public Engagement Workgroup will include members of the public representing a diversity of consumer segments as well as consumer groups / associations.

Co-Chairs: tbd

Provider Engagement & Adoption Workgroup

Purpose: To raise awareness of the HIT-HIE program among providers, to encourage adoption of HIT – HIE among providers, and to ensure that provider input is considered for all critical recommendations and Advisory Committee decisions.

Objectives:

- Communicate with, inform, and educate Providers regarding HIT and HIE in the Commonwealth
- Facilitate dialogue and input gathering among Providers for confusing or controversial topics and to raise Provider awareness of HIT HIE benefits and risks
- Encourage adoption of HIT – HIE among Providers
- Ensure that Provider input is sought out and considered for all critical recommendations and Advisory Committee decisions

Immediate deliverables:

- Review Strawman HIE Plan and develop recommendations for AC review
- Develop WG Work Plan aligned with HIE stages for AC review, including priority focus areas and key WG interdependencies

Membership: Members of Provider Engagement & Adoption Workgroup will include Providers representing a variety of clinical settings and roles (e.g., Hospitalist from Academic Medical Center, Nurse practitioner from Community Health Center, PCP from a small independent practice) as well as provider membership organizations and associations.

Co-Chairs: Michael Lee MD, tbd

Workgroup Recruitment and Formation Process

Task	Date	Description
WG Co-Chairs confirmed	Sep 19	
Recruitment of members	Sep 20-26	Open recruitment from Council, AC, and broader stakeholder group; vetting by Co-Chairs to create WGs of 12-15 members each.
Chair Kickoff Call: WG Charges and Deliverables	Sep 20-26	AC Co-Chairs call with WG Chairs to Kickoff WGs, discuss high-level and near-term deliverables
WG kickoffs	Sep 27-Oct 7	WGs kickoff with review of strawman and drafting of 180-day workplans
WG output: Comments on Strawman & High-Level Workplan	Oct 10-14	WG deliverables to AC Co-Chairs
WG Chairs Report to AC on Comments on Strawman Plan	Oct 17	WGs report to AC; AC recommends to HIT Council

Recommendation for Documenting and Publicly Distributing Emerging Recommendations

Policy and guidelines for statewide HIE activities funded by federal and state programs should be documented through formalized, serialized, reference-able releases

- *Phase 1 Statewide HIE Policies and Guidelines (v1.0, 1.1, 1.2, etc)*
- *Phase 2 Statewide HIE Policies and Guidelines (v2.0, 2.1, 2.2, etc)*
- *Phase 3 Statewide HIE Policies and Guidelines (v3.0, 3.1, 3.2, etc)*

Regular published releases will have a number of benefits:

- Engage stakeholders for concrete goals
- Imposes process discipline
- Creates ready reference for stakeholders within and outside MA
- Establishes authoritative documentation of WG and AC output
- Provides a concrete measure of progress

Recommended process:

- WGs make recommendations in key policy and technical areas
- AC synthesizes recommendations and transmits Draft P&Gs to HIT Council
- HIT Council approves/disapproves/amends
- P&G release published and made available to public

High-level Deliverables by Phase

Phase 1: Information Highway

Phase 2: Analytics & Population Health

Phase 3: Search and Retrieve

Legal & Policy Workgroup

- Governance model for statewide HIE services
- Consent policy for routing services
- Security/policy framework for statewide services

- Consent policy for registry and warehousing services
- Governance model for quality data infrastructure

- Consent policy for search and retrieve functions
- Governance model for EMPI/RLS functions

Technical and Implementation

- Operational model for statewide HIE services
- Requirements for Phase 1 RFPs

- Technical requirements for warehousing & registry infrastructure
- Requirements for Phase 2 RFPs

- Technical requirements of query/retrieve, EMPI, and RLS
- Requirements for Phase 3 RFPs

Finance and Sustainability

- Financial models for Phase 1 services
- Cost allocation MOUs for Phase 1 services

- Financial models for Phase 2 services
- Cost allocation MOUs for Phase 2 services

- Financial models for Phase 3 services
- Cost allocation MOUs for Phase 3 services

Consumer & Public Engagement

- Public input on statewide HIE plan
- Consumer participation in functional working groups

- Public input process on warehousing and registries
- Consumer participation in functional working groups

- Public input process on query/retrieve, EMPI/RLS models
- Consumer participation in functional working groups

Provider engagement & adoption

- Provider input on statewide HIE plan
- Provider participation in functional working groups

- Provider input on warehousing and registries
- Provider participation on functional working groups

- Provider input process on query/retrieve, EMPI/RLS models
- Provider participation in functional working groups

Massachusetts Health IT Council and Advisory Committee

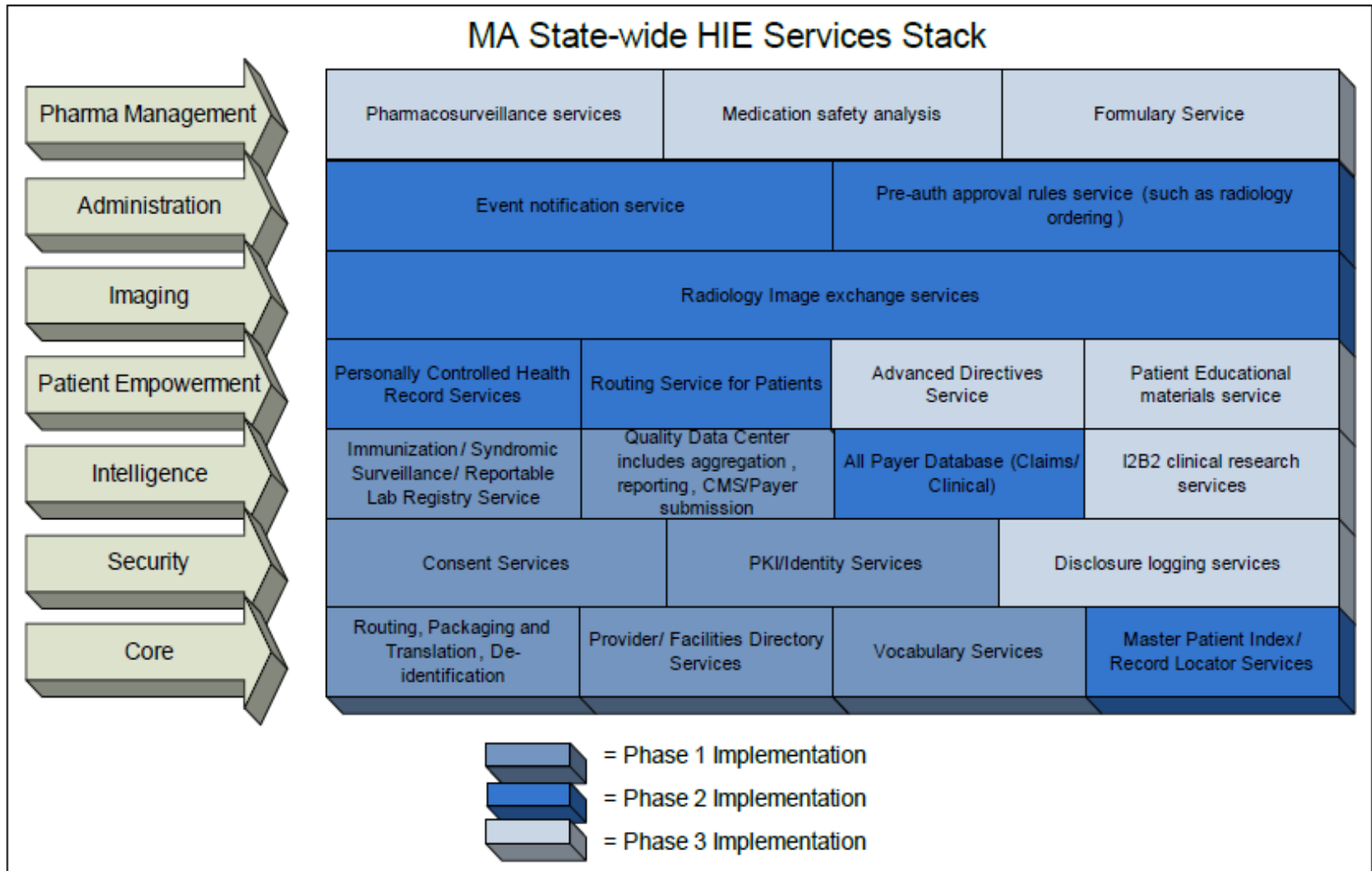
OTHER

Backup slides

HIT/HIE Advisory Committee members

John Halamka	CIO, Harvard Medical School, CIO BIDMC (Co-Chair)
Manu Tandon	SCIO-EOHHS (Co-Chair)
Nicolaos Athienites	Internal Med/Nephrology, Brockton
David Bates	Professor Dept of Health Policy & Mgt, Harvard SPH
Rita Battles	Director of Inpatient Services, DMH-Central Office
Mary Ellen Bennard	CIO, Dept. of Social Services-EOHHS-Dept of Children and Families
Peter Bristol	Vice President & Chief Technology Officer, Network Health
Kathleen Donaher	Assoc. Prof. Graduate School of Nursing, Regis College
Steven Fox	Vice President, Network Mgt and Contract Operations, Blue Cross Blue Shield of MA
Larry Garber	Medical Director for Informatics, Fallon Clinic
Ellen Janos	Mintz Levin Cohn Ferris Glovsky and Popeo P.C.
Michael Lee	Director, Clinical Informatics, Atrius Health, Pediatrician, Dedham Medical Associates, Inc.
Wendy Mariner	Edward R. Utley Professor of Health Law, Boston University SPH
Keith Maxwell	Technical Services Director, Mass League of Community Health Centers
John Merantza	Information Systems Director, VNA & Hospice of Cooley Dickinson, Inc.
Daniel Mumbauer	President & CEO, High Point Treatment Center
Naomi Prendergast	President & CEO, D'Youville Senior Care
John Poikonen	Clinical Informatics Director, UMass Memorial Health Care
Barbara Popper	Project Director, Federation for Children with Special Needs
Janet Rico	Director, Family Nurse Practitioner Program, Clinical Associate Professor, Simmons College School for Health Studies
Leslie Rosenblatt	Consumer Interest
Andrei Soran	Chief Executive Officer, Metrowest Medical Center
Deborah Stevens	Information Security Officer, Tufts Health Plan
Geoff Wilkinson	Sr. Policy Advisor, EOHHS-Department of Public Health

Strategic and Operational Plan (Original)



Medicaid plan (Original)

SFY 2012

- EHR-Incentive Program – MAPIR
- 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 HISP
- 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