

Updates from the Mass HIway



Mass HIway News & Updates

Welcome to the November edition of the Mass HIway Newsletter. Questions or comments? Email us at MassHIway@state.ma.us.

[Visit Our Website](#)

Updates from the HIT Council: November 7, 2016

A complete listing of HIT Council presentations and agendas are found [here](#).

Regulations Update

Proposed HIway regulations are now available for public comment.

Read the full Notice of Public Hearing, draft regulations, and instructions on how to submit testimony [here](#).

*** Public comment period ends Tuesday, November 29th**

(The comment period *does not* end on November 25th as previously stated. All comments must be received by 5 PM Tuesday November, 29th)

*** Date of the Public Hearing is Monday, November 28th**

HIway regulations are needed to implement two main parts of M.G.L. Chapter 118I:

1. The opt-in / opt-out mechanism for the HIway
2. The statutory requirement for Providers to connect to the HIway by January 2017

A regulations summary is available [here](#).

EOHHS encourages all stakeholders to submit their comments during the public comment period or at the public hearing

Thank you in advance for your comments via the public comment process.

For additional details, please refer to slides 8-12 from the HIT Council presentation [here](#).

HIway Policies & Procedures

The **Mass HIway Policies & Procedures (P&P) Version 2** is a document containing a common set of rules that currently governs access to and use of the Mass HIway. It will be updated in early 2017 to Version 3.

A draft of the updated P&P Version 3 is available [here](#) for public reference. It is subject to change pending final promulgation of the regulations.

3 categories of changes / updates included in the P&P Version 3 are:

- 1. Streamlining Mass HIway documentation and contracts:** consolidate 4 documents (i.e., the Participation Agreement, BAA, Rate Card, Service Addendum) in order to simplify HIway enrollment.
- 2. Aligning with changes in the healthcare information technology environment:** updates to reflect that information exchange occurs among HIway Participants as well as among users of other networks.
- 3. Alignment with the pending HIway regulations:**
 - * The authority for the updated P&P comes from the HIway regulations (instead of from a contract between the HIway Participant and the HIway)
 - * The updated P&P will include items that are referenced in the HIway regulations, including:
 - o Categories of Use Cases
 - o The Participation Agreement between the HIway and HIway Participants
 - o Participation Fees for users of the HIway

Increasing Provider-to-Provider Coordination on the HIway

Goal: Improve provider to provider communication and patient transitions of care through increased use of direct messaging.

Approach: Support provider organizations with workflow modernization using Mass HIway resources who are experienced with technology and workflow improvement.

1. Establish technical readiness with provider organization and trading partner(s)
2. Engage clinical and business leadership (this is not an IT project)
3. Undertake one very focused care transition workflow improvement
4. Report metrics/outcomes
5. Share lessons learned through Use Case Library

Work is initiated with 14 organizations and their information trading partners!

EOHHS shared current status of two Deep Dive engagements:

- *Lowell General Hospital's* goal is to streamline fetal monitoring reporting to move from an 80+ fax report to Direct Messaging for sharing of patient information with trading partners 1) Women's Health and OB/GYN Associates of Merrimack Valley and 2) Tufts Maternal Fetal Medicine. Since May 2016, the Fetal Link report rebuild for Direct Messaging completed, and the interoperability solution has been identified and is currently in testing.
- *Maples Rehabilitation and Nursing Center's* goal is to eliminate faxes and hand carried notes, improve security and HIPAA compliance, and improve efficiency and timeliness of care coordination efforts with several key trading partners. Maples Rehabilitation and Nursing Center receives a discharge summary and CCD from the hospital prior to patient arrival, then patient information from Maples is sent to home care agencies at discharge. These processes ensure that the necessary resources and information are available for the patient at each transition of care reducing the probability of hospital readmissions.

Key lessons learned so far:

- *Motivation and Commitment* - Project only moves forward when two or more information trading partners are highly motivated and committed to exchanging information with one another.

- *Direct technology is still far from "plug and play"* - Most project time is spent establishing, testing, and validating end-to-end technology connection.
- *Many clinical and operational conventions still need to be established* - Much inter-organizational work is left to do to establish the basics of electronic information exchange:
 - Who? Establishing team and message triage
 - What? Establishing message content for various clinical scenarios
 - Where? Establishing addressing conventions
 - When? Establishing workflows for patient care transitions
- *Change Management, both people and processes, is essential* - Changes are needed at multiple points from front desk to clinical teams, medical records and IT.
- *Executive Sponsor is needed* - Successful project completion requires an executive sponsor/project champion within each provider organization who can lead/influence the administrative, clinical and technical sides of the project.

If your organization is interested in learning more about how to get involved in this work, contact Mark Belanger at mbelanger@maehc.org.

Relationship Listing Service Update

The RLS Pilot (formerly Query & Retrieve pilot) was launched in 2014. The service helps a clinician identify the other healthcare organizations that hold medical information for one of his or her patient. Once a patient is identified, the service facilitates a record request with the medical record holder.

Four healthcare organizations are participating in the RLS pilot: Atrius Health, Beth Israel Deaconess Medical Center, Holyoke Medical Center, and Tufts Medical Center. Each organization is at a different stage of implementing the components of the RLS, but none has reached a point of using the RLS to request medical records. The Mass HIway is concluding the RLS pilot.

Key Reasons for Concluding the RLS Pilot

- EOHHS is planning to launch its next generation of HIway-Sponsored Services - this is to include a statewide Event Notification Service (ENS) as a high priority.
- Simultaneously EOHHS is going through the public process to issue regulations for the opt-in and opt-out mechanism that will apply to future HIway-Sponsored Services.
- When the new regulations take effect the current RLS would need to be frozen with no new participants because the centralized opt-out mechanism is not in place.

Impact on pilot participants is low

- The pilot is only at the data submission stage - All 4 pilot organizations tested population of the RLS successfully - BIDMC has a production data feed in use.
- None of 4 pilot organizations are at the data use stage - The second phase of opening access to production data in the RLS has not been executed.

Main Takeaway

- Patients and providers who have been educated about the RLS capabilities and purpose have been excited about participating; however, stakeholders are ultimately interested in the RLS in conjunction with a real-time data retrieval service of records from within their EHR system - there is no significant demand for a stand-alone, web-based RLS system.

Other Takeaways

- The current Active Opt-in Consent requirement presented a significant barrier to implementation; will need to change this in order to promote widespread adoption.
- Patient matching processes require specialized skillsets - both technical skills for configuring and operating the eMPI system and a combination of analytical and customer relationship skills required to manage and resolve a queue of potential matches.

The Mass HIway team and the RLS Pilot teams are capturing detailed notes about their lessons learned for reference as future HIway-Sponsored Services are planned.

Mass HIway Webinar Calendar

Mass HIway in Long Term Post-Acute Care- **Thursday December 1st 2016 12-1PM ET**

- Register and read description [here](#)

Mass HIway Operations Update

New Participants

- Alan B. Silken, MD
- Apotheker, Harvey, DMD
- Central Boston Elder Services
- DentaQuest Institute
- Howard M. Zolot, DMD
- Joseph G. Maloney, DMD
- Michael D. McKenzie MD, PC
- Newton Wellesley Interventional Spine, LLC
- Newton Wellesley Urology
- Northeast Clinical Services, Inc.
- Oakdale Dental
- Porchlight VNA/Home Care
- Root Family Medicine
- Rosemarie E. Camoscio, M.D.
- Sturdy Memorial Associates
- Western MA PT
- Xuan Q. Zhang

New Connections

- Alan B. Silken, MD
- Apotheker, Harvey, DMD
- Cape Cod Dermatology
- Cape Cod Pediatrics
- Central Boston Elder Services
- DentaQuest Institute
- Howard M. Zolot, DMD
- Hunt Nursing & Retirement Home
- Joseph G. Maloney, DMD
- Lab USA, Inc.
- Michael D. McKenzie MD, PC
- Natick Visiting Nursing Association, Inc.
- Newton Wellesley Interventional Spine, LLC
- Newton Wellesley Urology
- Northeast Clinical Services, Inc.
- Oakdale Dental
- Pilgrim Rehabilitation & Nursing
- Porchlight VNA/Home Care
- Root Family Medicine
- Rosemarie E. Camoscio, M.D.
- Wediko Children's Services
- Western MA PT
- Xuan Q. Zhang
- Plus 291 Connections to Non-Participant Users

HISP Connections in work

- ASP.MD

- Care 360
- IICA-Direct

Usage and Availability Trends

7,004,402 Transactions* exchanged in October (9/21 to 10/20/2016)**
91,792,782 Total Transactions* exchanged inception to date

October activity overview:

- 91% of transactions were for public health reporting (3x increase in MIIS!)
- 6% of transactions were for quality reporting
- 3% of transactions were provider to provider
- 1% of transactions were payer case management

100% Mass HIway availability in October

See slides 30-39 of the HIT Council slides [here](#) for transaction and activity analysis over time.

In the News

- HHS Grants \$1.5 Million to Boost Health Data Flow. [Healthcare IT News](#).
- ERs with access to electronic records save patients time and money. [Internet Health Management](#).
- Recent partnership between PatientPing, VITL, and State of Vermont proven successful, helping improve care coordination among Vermont residents in first six months. [PR Newswire](#).
- Most providers still lacking effective EHR interoperability. [Health IT Interoperability](#).
- Use Cases Driving Uptick in Health Data Exchange with Direct. [Health IT Interoperability](#) **Note that the Mass HIway is currently not part of DirectTrust*

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