# Commonwealth of Massachusetts Executive Office of Health and Human Services



# **Mass HIway Regulations**

Overview of the Mass HIway Regulations and the implications for healthcare providers, patients and other stakeholders

**April 2017** 





# Today's presenters





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This presentation has been reviewed and approved by the Mass Hlway, and the presenters are acting as authorized representatives of the Mass Hlway.

The information provided in this presentation is for general information purposes only, and in no way modifies or amends the statutes, regulations, and other official statements of policy and procedure that govern access to and use of the Mass HIway.



# Mass HIway Account Management Team



# This presentation was developed by staff from EOHHS, Mass HIway, and the Mass HIway Account Management Team

#### **About the MA HIway Account Management Team:**

- Massachusetts eHealth Collaborative (MAeHC) was selected by EOHHS through an open bid process to serve as the Mass Hlway's Account Management team.
- Working in partnership with the Mass HIway, our team delivers outreach, education, and on site user support services to the provider community and participants, with a goal of increasing adoption and effective utilization of the Mass HIway across the Commonwealth.
- The Mass HIway Account Management Team includes:
  - Mark Belanger
  - Murali Athuluri
  - o Len Levine
  - Jennifer Monahan
  - o Kelly Luchini







- 1. Introduction to the Mass HIway
- 2. Overview of the Mass HIway Regulations
- 3. Implications for healthcare providers, patients, and other stakeholders
- 4. Getting Connected to the Mass HIway
- 5. Conclusion & discussion





# What is Health Information Exchange?



#### Health Information Exchange is defined as...



• verb: the process by which the data can be exchanged

noun: the organization that facilitates the exchange

Today the focus is on the Mass Hlway, which is the statewide, state-sponsored Health Information Exchange (HIE) for the Commonwealth of Massachusetts, which provides health information exchange services for healthcare providers across the state.



# What is the Mass Hlway?



The Mass HIway is the statewide, state-sponsored Health Information Exchange (HIE) operated by the Executive Office of Health and Human Services (EOHHS).

Mass HIway provides secure, electronic transport of health-related information between healthcare organizations.

- ✓ HIway Direct Messaging is used by providers to easily send patient information—such as laboratory orders and results, patient referrals, or discharge summaries—directly to another health care professional.
- ✓ HIway Direct Messaging functions like regular e-mail with additional security measures to ensure that messages are only accessible to the intended recipient, per the protection regulations of the Health Insurance Portability and Accountability Act (HIPAA).
- X The Mass HIway does <u>not</u> currently function as a clinical data repository HIE.
- X The Mass HIway is <u>not</u> the state health *insurance* exchange known as the Health Connector.





- Most software vendors already offer direct messaging services for their users, however the Mass HIway offers a single channel intended for use by <u>all providers</u> <u>in the Commonwealth</u> regardless of affiliation, location, or differences in technology.
- Current Mass HIway Participants represent a variety of providers and care settings, ranging from practices to hospitals, covering primary, ambulatory, acute, long-term, post-acute, behavioral health, home health and other facilities.
- New Mass HIway Participants enroll daily, and Participants produce millions of HIway transactions each month.





# HIway Participants by Level of Care



## **Care Continuum**

more than 1,000 Participants

| Hospitals  | Ambulatory  | Long-Term & Post-Acute   |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Approximately 63 organizations   | More than 881 organizations/providers   | Approximately 70 organizations   |  |  |  |  |  |
| Mix of large networks and medical centers to single-site community hospitals | Primary care providers and specialists across a broad range of medical services                     | Range of services and organization types including but not limited to: Area Agency on Aging                  |  |  |  |  |  |
|  | Health centers and clinics providing medical, emotional, behavioral, and additional social services | (AAA) Aging Service Access<br>Point (ASAP), Skilled<br>Nursing Facilities (SNF),<br>nursing homes, Inpatient |  |  |  |  |  |
|  | Urgent care and minute clinics  | Rehabilitation Facilities<br>(IRF), home health,<br>palliative care, and hospice                             |  |  |  |  |  |

**Note:** 10+ orgs such as Labs, Payers, Imaging Centers, business associates etc.

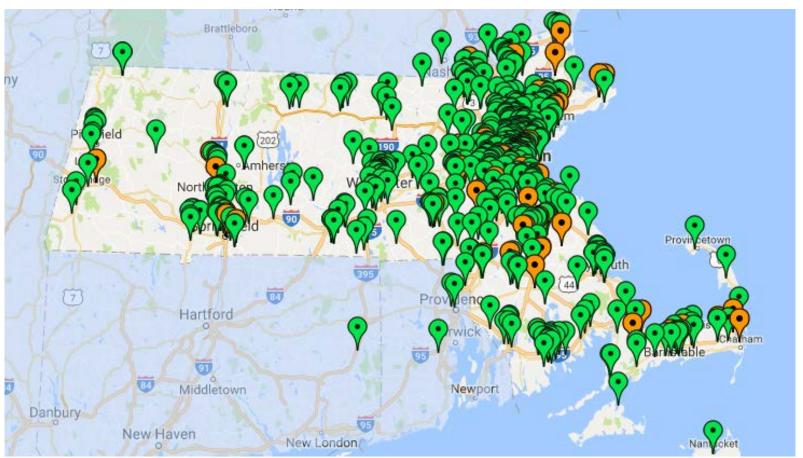






# An interactive participant map of all Mass HIway Participants is updated monthly, and is available on the Mass HIway website.

Find the map at the Mass HIway website (<u>www.masshiway.net</u>). Under the Resources drop-down menu, select Participant List. The map is maintained in partnership with the Massachusetts eHealth Institute (MeHI).







# Mass HIway website

organizations a way to securely and seamlessly transmit vital data electronically.

This meaningful exchange of information can



MA eHealth Institute @MassEHealth





In addition to improving care coordination with other healthcare providers, public health and quality reporting, the HIway can help your organization:

#### ✓ Participate in various programs and initiatives:

- Meaningful Use Stage 2 Transition of Care and Public Health Reporting measures
- CMS Delivery System Transformation Initiatives (DSTI)
- Community Hospital Acceleration, Revitalization and Transformation Grants (CHART)
- Massachusetts Infrastructure and Capacity Building Grants (ICB)
- Massachusetts Prevention and Wellness Trust Fund
- Patient Centered Medical Home (PCMH)
- Accountable Care Organization (ACO)

### ✓ Comply with Massachusetts Law

 Connecting to the Mass HIway satisfies the Board of Registration in Medicine (BORIM) EHR proficiency requirement for license renewal (MGL Chapter 224) and requirement for connection to the statewide health information exchange (MGL Chapter 118I)



# Core Functions of the Mass HIway



### The Mass HIway has two core functions:

- Function #1 HIway Direct Messaging:

   i.e., a secure method of sending a transmission from Provider A to Provider B,
   where the HIway does not use, analyze or share information in the transmissions
- Function #2 HIway-Sponsored Services:

   i.e., services such as the forthcoming state-wide Event Notification Service (ENS), where the HIway may use, analyze, and/or share the minimal amount of information necessary to conduct the service, on behalf of HIway Participants





# Use Cases for HIway Direct Messaging



| Use Case<br>Categories                     | Example Use Cases  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Provider-to-<br>Provider<br>Communications | <ul> <li>Hospital sends a discharge summary to a Skilled Nursing Facility (SNF) or Long Term/Post Acute Care (LTPAC) facility</li> <li>Primary Care Provider (PCP) sends a referral notice to a specialist</li> <li>Specialist sends consult notes &amp; updated medications list to patient's PCP</li> <li>Hospital ED requests a patient's medical record from a PCP</li> <li>PCP sends a CCD or C-CDA with Problems, Allergies, Medications, and Immunizations (PAMI) to a Hospital caring for their patient</li> </ul> |  |  |  |  |  |
| Payer Case<br>Management                   | <ul> <li>ACO sends quality metrics to a payer</li> <li>Provider sends lab results to a payer</li> <li>Provider sends claims data to payer</li> </ul>   |  |  |  |  |  |
| <b>Quality Reporting</b>                   | <ul> <li>Provider sends clinical data to Business Associate for quality metrics analysis</li> <li>Provider sends quality metrics to Business Associate for report preparation</li> </ul>   |  |  |  |  |  |
| Public Health<br>Reporting                 | <ul> <li>Provider sends to DPH:         <ul> <li>Massachusetts Immunization Information System (MIIS)</li> <li>Syndromic Surveillance (SS)</li> <li>Opioid Treatment Program (OTP)</li> <li>Childhood Lead Paint Poison Prevention Program (CLPPP)</li> </ul> </li> <li>Provider sends to other agencies:         <ul> <li>Occupational Lead Poisoning Registry (Adult Lead)</li> <li>Children's Behavioral Health Initiative (CBHI)</li> </ul> </li> </ul>  |  |  |  |  |  |



# **Connectivity Options**



### **User types**



Physician practice



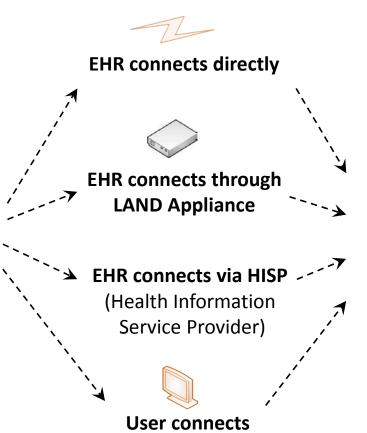
Hospital



Long-term care Other providers Public health Health plans



## **Connectivity options**



## **HIE Services**



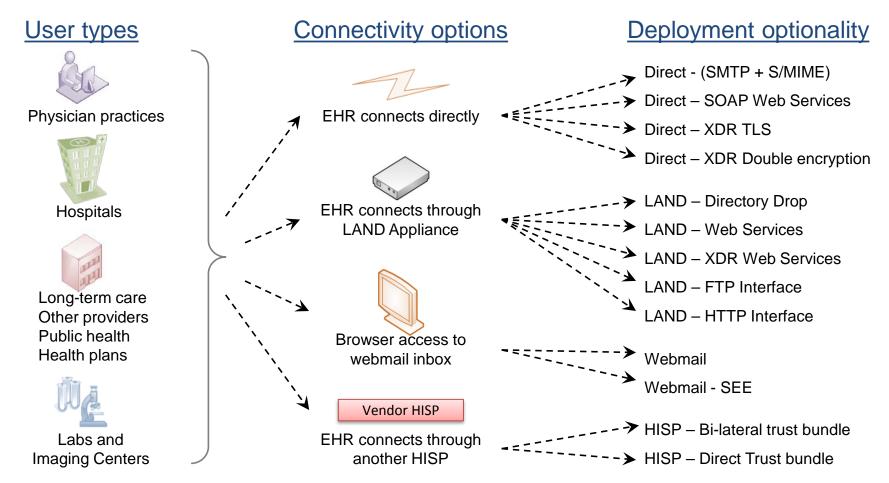


via webmail



# **Connectivity Options**





Providing multiple connectivity options has supported **broad participation in the Mass Hlway**.

The Mass HIway currently works with more than 44 EHR vendors, 23 HISPs, and 7 integration engines, through **13 deployment variations**.





# Is My Vendor Connected?

(as of August 2016)



#### The Mass HIway is currently connected to, or in the process of connecting to, the following vendors:

Advanced Data Systems Eaglesoft Clinician LMR SEE

Allscripts eClinicalWorks Lytec MD (McKesson) Siemens

Amazing Charts eHana Matrix SMART

AMS EMA Modernizing Medicine MatrixCare Soarian (Cerner)

Aprima E-MDs Mckesson Spring Charts

ASPMD Encite Medflow STC

Athenahealth Epic Meditech Suncoast Solutions

Axxess Flatiron MediTouch Surescripts

BayCIS GE Mednet Medical (EMR4MD) Unitcare

Care At Hand gEHRiMed Netsmart Vista

Care360 (Quest) Greenway Nextech WebOMR

Carelogic HCHB NextGen Zoll

Cerner HealthWyse Office Practicum

ComChart HermesIQ Physician's Computer Company

Compulink HomeCare Point Click Care

CPSI Homecare Homebase Point N Click

Credible Homegrown Practice Fusion

Delta (Encore product) icanotes Practice Partners

Dentrix Impreva Practice Perfect

Docutat Kantime Prospect



# Health Information Service Provider (HISP)



In response to customer demand and certification requirements, a growing number of EHR vendors are integrating Direct Exchange standards into their products and providing connections on behalf of its users— also known as a Health Information Service Provider (HISP).

A HISP is an organization that manages security and transport for health information exchange among health care entities or individuals using the Direct standard for transport.

Functions can be performed by existing organizations (such as EHR vendors or HIE organizations) or by standalone organizations specializing in HISP services.

HISPs perform two key functions that support scalability of exchange using the Direct standard.

- ✓ **Establish trust networks** by defining policies for network participation, issuing security certificates tied to a HISP anchor certificate to enforce such policies, and verifying HISP participant identity
- ✓ **Issue direct addresses** tied to the HISP anchor certificate in accordance with conventions defined by the Direct standard





Mass HIway is interconnected with several private HISPs – A rich network for HIway Direct Messaging is fully available to MA providers





# **HISP to HISP Connectivity**



## **23 HISPs Connected to Mass HIway**

- 1. Allscripts (MedAllies HISP)
- 2. Aprima
- 3. Athenahealth
- 4. CareAccord
- CareConnect (NetSmart HISP)
- 6. Cerner
- 7. DataMotion
- 8. eClinicalWorks
- 9. eClinicalWorks Plus
- 10. eLINC
- 11. EMR Direct
- 12. Inpriva

- 13. MaxMD
- 14. MatrixCare
- 15. McKesson (RelayHealth)
- 16. Medicity
- 17. MyHealthProvider (Mercy Hospital)
- 18. NextGen Share
- **19. NHHIO**
- 20. SES
- 21. Surescripts
- 22. UpDox
- 23. Wellport (Lumira HISP)

## **3 HISPs In Process of Connecting to Mass HIway**

| HISP Vendor | Kickoff | Onboarding | Testing | HIway Prod<br>Readiness | Live/Target Date |
|-------------|---------|------------|---------|-------------------------|------------------|
| ASP.md      |         |            |         |                         | TBD              |
| Care 360    |         |            |         |                         | TBD              |
| IICA-Direct |         |            |         |                         | TBD              |





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# Purpose of the Mass HIway Regulations



#### The main purpose of the Mass HIway Regulations is to:

- Establish requirements for organizations that use the Mass HIway; and
- Implement key requirements of M.G.L. Chapter 118I, which include:
  - a) The requirement for providers in Massachusetts to implement a fully interoperable electronic health record (EHR) system that connects to the Mass HIway; and
  - b) The establishment of a mechanism to allow patients to opt-in and opt-out of the Mass HIway.







- Under Section 7 of M.G.L. Chapter 118I, which took effect on January 1, 2017, all providers in the Commonwealth "shall implement fully interoperable electronic health records systems that connect to the statewide health information exchange."
- The Mass HIway Regulations were developed through an open, public process, during
  which EOHHS gathered feedback from the state's Health Information Technology (HIT)
  Council, the Council's advisory groups, and other stakeholders from across the state.
  The process included a public comment period and public hearing held in the fall of
  2016.
- The Mass HIway Regulations went into effect on February 10, 2017.
- In March 2017, EOHHS and the Mass HIway released supporting documents related to the Mass HIway Regulations:
  - Mass HIway Regulations Summary
  - Mass HIway Regulations FAQs
  - Mass HIway Policies & Procedures (version 3)
  - Mass HIway Fact Sheet for Patients





#### The regulations and supporting documents are available on the Mass HIway website

#### Mass HIway Regulations Summary



In February 2017 the Massachusetts Executive Office of Health & Human Services (EOHHS) promulgated state regulations 101 CMR 20.00. Health Information Exchange, also referred to as the Mass HIway Regulations. The Mass HIway is the state-sponsored, statewide health information exchange for the Commonwealth of Massachusetts.

The full regulations, Mass HIway Regulations Frequently Asked Questions (FAQs), and the Mass HIway Policies & Procedures, are available on the Mass HIway's website. In this summary document, terms that are defined in Section 20.04 of the regulations, such as HIway Direct Messaging, are capitalized. In addition, references to specific sections of the regulations are provided in blue font.

#### Purpose of the Mass HIway Regulations:

The main purpose of the Mass HIway Regulations is to establish requirements for organizations that use the Mass HIway, and to implement key requirements of M.G.L. Chapter 118I, which include: (1) the requirement for providers in Massachusetts to implement a fully interoperable electronic health record (EHR) system that connects to the Mass HIway; and (2) the establishment of a mechanism to allow patients to opt-in and opt-out of the Mass HIway.

#### The Mass HIway: mission and core functions

The mission of the Mass HIway is to enable health information exchange by health care providers and other Mass HIway Users regardless of affiliation, location, or differences in technology. The Mass HIway has two main functions to help achieve its mission:

- Function #1 HIway Direct Messaging: The Mass HIway offers a secure method for transmitting
  a message containing patient health information, where the Mass HIway does not analyze, use, or
  share the contents of the message except as required to deliver it and to make it available for use by
  the intended recipient.
- Function #2 HIway-Sponsored Services: The Mass HIway plans to offer services to aid HIway
  Participants in health care coordination including the anticipated statewide Event Notification
  Service (ENS), which will enable notifications to be sent to a patient's healthcare providers, as
  appropriate, when that patient is admitted to any participating hospital in the state.

#### The Mass HIway connection requirement: Who must connect to the Mass HIway, and when

- At this time, only those Provider Organizations that are specified in the regulations, as opposed to individual licensed professionals, are required to connect to the Mass HIway. (101 CMR 20.08)
- The regulations implement a phased-in approach, with the following three groups of Provider Organizations having an initial "Year 1" requirement to connect to the Mass Hiway by the following dates: (1) Acute Care Hospitals by February 10, 2017; (2) Large & Medium Medical Ambulatory Practices by January 1, 2018; (3) Large Community Health Centers by January 1, 2018, and Small Community Health Centers by January 1, 2019. (101 CMR 20.08 and 20.09)
- EOHHS anticipates that other types of Provider Organizations (e.g., behavioral health entities, dental clinics, and nursing homes) will be required to connect at a date that will be specified in the future. Future guidance will provide at least one year notice for affected provider organizations to connect to the Mass Hiway. (101 CMR 20.08(1b))

#### How Provider Organizations fulfill the HIway connection requirement

#### Mass HIway Regulations FAQs



Version 1. February 2017

In February 2017 the Massachusetts Executive Office of Health & Human Services (EOHHS) promulgated the state regulation 101 CMR 20.00: Health Information Exchange, which is also known as the Mass HIway Regulations. These regulations implement key components of Massachusetts General Law (M.G.L.) Chapter 118I, pertaining to the Mass HIway, which is the state-sponsored, statewide health information exchange (HIE) for the Commonwealth of Massachusetts.

This document provides Frequently Asked Questions (FAQs) and answers that can help stakeholders understand how the regulations apply to them. Terms that are defined in Section 20.04 of the regulations, such as HIway Direct Messaging, are capitalized in this FAQ document.

The full regulations, this FAQ document, a 2-page Mass Hlway Regulations Summary, and the Mass Hlway Policies & Procedures are available on the Mass Hlway website.

#### Frequently Asked Questions (FAQs):

- 1. Background about the Mass HIway Regulations and M.G.L. Chapter 118I:
  - a) Q: How were the Mass HIway Regulations developed?

A: The regulations were developed through an open, transparent process, during which EOHHS gathered feedback from the state's Health Information Technology (HIT) Council, the Council's advisory groups, and other stakeholders from across the state. The process included a public comment period and public hearing held in the fall of 2016.

- 2. The HIway connection requirement: Who and when
  - a) Q: Who do the Mass HIway Regulations apply to?
    - A: The regulations apply to all Mass HIway Users (which are defined in 101 CMR 20.04). Under the regulations, (101 CMR 20.05) certain Provider Organizations are required to meet the HIway connection requirement, while other categories of eligible Mass HIway Users (e.g., Provider Organizations that do not have specified HIway connection dates in the regulations, local departments of public health, or health insurance plans) are eligible but not currently required to connect to the Mass HIway.
  - b) Q: Are individual providers, such as a physician, nurse practitioner, pharmacist, or laboratory technician, required to connect to the Mass HIway?
    - A: No, not at this time. Under the regulations (101 CMR 20.08) specified Provider Organizations are required to connect to the Mass HIway, rather than individual health care providers who hold a professional license in the state..
  - c) Q: Why do the Mass HIway Regulations set required HIway connection dates for certain Provider Organizations, and not others?

A: The regulations set HIway connection dates for three groups of Provider Organizations (i.e., Acute Care Hospitals, Large and Medium Medical Ambulatory Practices, and Community Health Centers) and not for other types of Provider Organizations (e.g., nursing homes, dental clinics, behavioral health entities, Small Medical Ambulatory Practices, solo practices). The regulations implement this approach because these three Provider Organizations are more likely to have adopted health information technology earlier than other provider organizations, as they may have had access to federal funding to adopt EHR systems, and have more resources than other organizations to implement regulatory requirements. Continued on



# The HIway connection requirement: Who



# The regulations answer the "who, when and how" regarding the HIway connection requirement.

### **Who must connect:**

- At this time, only those **Provider Organizations** that are specified in the regulations, as opposed to individual licensed professionals, are required to connect to the Mass HIway.
- The regulations implement a phased-in approach whereby three groups of Provider Organizations have HIway connection dates specified in the regulations, and other types of Provider Organizations will be required to connect at later dates that are not yet specified.
  - The following three groups of Provider Organizations have required HIway connection dates that are specified in the regulations: (1) Acute Care Hospitals; (2) Large & Medium Medical Ambulatory Practices; and (3) Community Health Centers
  - Other types of Provider Organizations (e.g., behavioral health entities, dental clinics, and nursing homes) will be required to connect at a date that will be specified in the future. Future guidance will provide at least one year notice for affected provider organizations to connect to the Mass HIway.





## The HIway connection requirement: When



### **When must Provider Organizations connect:**

- The regulations implement a **phased-in approach** where the initial "Year 1" HIway connection requirement occurs between 2017 and 2019 for the three types of Provider Organizations that have connection dates specified in the regulations.
- The three types of Provider Organizations have the following initial HIway connection dates:
  - Acute Care Hospitals: February 10, 2017
  - Large & Medium Medical Ambulatory Practices: January 1, 2018
  - Large Community Health Centers: January 1, 2018
  - Small Community Health Centers: January 1, 2019

**Note**: Definitions of these Provider Organizations are in section 20.06 of the regulations where Medical Ambulatory Practices and Community Health Centers are defined as <u>small</u> if they have fewer than 10 licensed providers (i.e., medical doctors, doctors of osteopathy, nurse practitioners or physician assistants).





## The HIway connection requirement: *How*



#### **How Provider Organizations connect:**

The regulations implement a **four-year phased-in approach** regarding how Provider Organizations fulfill the Hlway connection requirement:

- <u>Year 1</u>: Send or receive HIway Direct Messages for **at least one use case**. The use case may be within **any category** of use cases.
- <u>Year 2</u>: Send or receive HIway Direct Messages for **at least one use case that is within the Provider-to-Provider Communications category** of use cases.
- Year 3: Send HIway Direct Messages for at least one use case, and also receive HIway Direct
  Messages for at least one use case. Both of these uses cases should be within the
  Provider-to-Provider communications category of use cases.
- <u>Year 4</u>: The provider organization may be **subject to penalties**, if that organization has not met the requirements established in this section.
  - The penalty schedule and amounts are described in section 20.14 of the regulations.
  - Under the four-year phased-in approach implemented by the regulations, penalties do not take effect until Year 4 of the connection requirement (i.e., in January 2020, at the earliest).

**Acute Care Hospitals:** In addition to using HIway Direct Messaging, Acute Care Hospitals are also required to send Admission Discharge Transfer notifications (ADTs) to the Mass HIway within 12 months of the ENS' launch as a part of the HIway connection requirement.



# Establishing Interoperable EHR Systems



# The regulations and the Mass HIway Policies & Procedures describe the following requirements related to EHR systems:

- Provider Organizations with specified dates for connecting to the Mass HIway will be required to attest to: (a) whether or not they have an EHR, and (b) how their EHR, if any, connects to the Mass HIway.
- Provider Organizations that have HIway connection dates specified in the regulations will fulfill the M.G.L. Chapter 118I requirement that providers establish interoperable EHR systems that connect to the Mass HIway by implementing HIway Direct Messaging.
- Provider Organizations may implement HIway Direct Messaging by one of several methods, including:
  - an EHR's Direct XDR connection
  - a Local Access for Network Distribution (LAND) appliance connection
  - o a Webmail connection, which does not require an EHR







# The regulations describe what information may be transmitted via HIway Direct Messaging

- Information may be transmitted via HIway Direct Messaging in compliance with applicable federal and state privacy laws and regulations (e.g., HIPAA, 42 CFR Part 2, M.G.L. Chapter 93H).
- This aligns the use of HIway Direct Messaging with other modes of transmission (e.g., sending information by fax or phone).
- Mass HIway Users have the option of implementing a local opt-in and/or opt-out process that applies to the use of HIway Direct Messaging by their organization.







The regulations describe that an **opt-in opt-out mechanism for HIway-Sponsored Services** will be implemented and operated by the Mass HIway once these services are launched by the Mass HIway.

- Opt-in by written notice: The opt-in mechanism will be fulfilled by HIway Participants informing patients through written notice how the HIway Participant intends to use HIway-Sponsored Services, and how the patient can opt-out of HIway-Sponsored Services.
- <u>Centralized opt-out:</u> The Mass HIway or its designee will administer a centralized opt-out system for HIway-Sponsored Services that will implement a mechanism for individuals to choose not to participate in HIway-Sponsored Services.
- <u>Supplemental local processes:</u> HIway Participants can elect to implement additional local opt-in and/or opt-out processes that apply to their organization's use of HIway-Sponsored Services; these additional processes must supplement and not replace the HIway's opt-in opt-out mechanism.







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## Implications for stakeholders



#### For patients:

- Key information for patients about the HIway is provided in the updated HIway Fact Sheet for Patients.
- The Mass HIway does not currently function as a clinical data repository that holds electronic medical records for individuals. Patient's electronic health record(s) are held by specific provider organizations and not the Mass HIway.

## The Mass HIway:

**Fact Sheet for Patients** 





he Mass HIway is a secure statewide Health Information Exchange that allows your healthcare providers to safely and quickly send your health information to where it is most needed.

Doctors or nurses can care for you better when they have important information about your health. The Mass HIway is designed to make this safer and faster. The goal is better care coordination and quality for you and your family.

#### What is the Mass HIway?

- Mass Hlway is the statewide health information exchange (HIE).
   Healthcare providers can use the Mass Hlway to quickly and securely send and receive your health information to better coordinate your care.
- The Mass Hiway is managed by the Commonwealth of Massachusetts' Executive Office of Health and Human Services (EOHHS).

#### How does the Mass HIway protect my information?

The Mass HIway has security measures in place to protect your information that aren't true of current methods, like fax, mail, or portable media like a CD or USB (flash drive), such as:

- Using a special code so that only authorized providers can read the information sent over the Mass HIway (this is known as encrypting data).
- Establishing policies and procedures that authorize the Mass Hlway to suspend Hlway participants as necessary to prevent unauthorized use of the Mass Hlway.
- Overseeing who has access to the Mass Hlway and who has used it for a patient's healthcare.

#### How can the Mass HIway help me?

- If you were discharged from a hospital, the Mass Hlway can be used by the hospital to send your doctor a note about your hospital stay so that he or she is up to date about healthcare that you have received.
- If you get tests done, the doctor can use the Mass Hiway to send the results to other members of your healthcare team, like your specialist.
   This helps them coordinate your care. It can also save time and money by reducing the need for repeat tests.
- If you have a chronic condition your health insurer case manager can use the Mass Hilway to communicate with your doctors to coordinate your care and help you stay healthy.
- Not all of your healthcare providers may be using the Mass Hilway yet. There may be more benefits to you as more healthcare organizations use the Mass Hilway.

#### Who can use the Mass HIway and why?

- Currently the Mass Hlway may only be used by healthcare organizations (like doctors' offices, hospitals, public health agencies, and health insurers).
- The Mass HIway can only be used for information sharing as allowed by federal and state privacy laws. You still need to give special permission for providers to request and receive certain sensitive information. You can speak to your healthcare provider about what information is sent over the Mass HIway.

#### Can I request my medical record from the Mass HIway?

 No. A patient's medical record itself is not part of the Mass Hlway system. Talk to your provider for information about how to obtain your medical records.

#### Want more information?

- Talk with your doctor or their office staff about how they are using the Mass Hlway.
- Visit www.masshiway.net, email us at masshiway@state.ma
   call us at 1-855-MA-H/may (624-4929) and press 3.



## Implications for stakeholders



#### For health care organizations who are *already* connected to the HIway:

- The alignment of HIway Direct Messaging with other modes of transmission (e.g., sending information by fax or phone) will make using HIway Direct Messaging easier and more efficient.
- Some organizations may need to update their processes around using HIway Direct Messaging and may need to provide updated information to their patients about the Mass HIway.

#### For health care organizations who are *not yet* connected to the HIway:

 The regulations provide details on the HIway connection requirement and penalties for not meeting the requirement





#### For all health care organizations and providers:

- The regulations set the minimum requirements for connecting to the Mass HIway.

  Organizations are encouraged to do more than the minimum, and many are already doing so.
- The number of healthcare organizations using the Mass HIway is continuing to grow, and includes the full spectrum of healthcare organizations (including hospitals, ambulatory clinics, long-term health facilities, home health agencies, payers, public health entities, etc.)

#### For Acute Care Hospitals:

- Year 1 Attestation Forms must be submitted to the HIway by July 1, 2017.
- The Year 1 Attestation Form is provided in the Mass HIway Policies & Procedures.

#### For the health care community:

- The phased-in HIway connection requirement encourages healthcare provider organizations to use the Mass HIway to progressively implement Provider-to-Provider communications, in order to improve care coordination.
- The regulations provide the foundation for the forthcoming statewide Event Notification Service (ENS), which aims to support more efficient and coordinated healthcare for patients.





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# If your organization is interested in connecting to the Mass HIway contact any member of the Mass HIway Account Management Team:

- ✓ Fnrollment
- ✓ Onboarding
- ✓ Addressing
- ✓ Connection steps
- ✓ Use case identification
- ✓ Exchanging with your trading partners



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# Timeline for HIway Enrollment



| Discovery                      | Implementation    | Testing                               | Go Live               |  |
|--------------------------------|-------------------|---------------------------------------|-----------------------|--|
| Week 1 – 2                     | Week 3 – 5        | Week 6 – 8                            | Week 9                |  |
| Connection Type<br>Forms/Certs | Installation Work | Loop back test<br>Transaction testing | Migrate to production |  |

- Connection to the Mass HIway is dependent on capabilities of your EHR vendor and your organization's technical architecture. Your Account Manager will walk you through the connectivity options to find the best solution for you:
  - Direct XDR connection to FHR
  - Local Access Network Distribution (LAND) appliance
  - Webmail
- Your account manager will also help you set up your addresses for the Provider Directory
- The implementation team will configure and test the solution and bring your organization live

Note: Above timelines are indicative of a typical effort time spent by the Mass HIway team from the time all of the completed requirements are obtained from the participant and vary by connection type/EHR vendor.





#### Using the Mass HIway is as easy as 1-2-3!

- **1. Ask your vendor** if they are connected to, or able to connect to the HIway.
- **2. Contact us.** We will connect you with a Mass HIway Account Manager to get your organizations enrolled and connected.
- **3. Exchange** with your trading partners!

### The Massachusetts Health Information Highway (Mass Hlway)

Phone: 1.855.MA-HIWAY (1.855.624.4929)

Email for General Inquires: MassHIway@state.ma.us

Email for Technical Support: <u>MassHlwaySupport@state.ma.us</u>

Website: www.MassHlway.net





Visit <u>www.masshiway.net</u> for the information, resources like on-demand webinars, and to sign up for our newsletter!







- 1. Introduction to the Mass HIway
- 2. Overview of the Mass HIway Regulations
- 3. Implications for healthcare providers, patients, and other stakeholders
- 4. Getting Connected to the Mass HIway
- 5. Conclusion & discussion







#### Past HIway webinars are available on the Mass HIway website:

- Go to the Mass HIway website at <u>www.masshiway.net</u>
- Then, go to "News & Events" and next select "Events"

#### **Upcoming Mass HIway events and webinars:**

- ENS Stakeholder Sessions:
  - May 12, 2017 (Friday, 10am noon): Holyoke, MA
- Mass Hlway Webinars: (all webinars are Thursdays, noon-1pm)
  - May 18, 2017: Mass HIway Connection Requirement Attestation Overview
  - June 8, 2017: Improving Care Coordination by Leveraging Mass HIway Direct Messaging
  - June 22, 2017: Mass HIway 101
  - June 29, 2017: ENS Update for the community





# Resources related to the regulations



- These key documents related to the Mass HIway Regulations are available on the Mass HIway website:
  - The Mass HIway Regulations
  - Mass HIway Regulations Summary
  - Mass HIway Regulations FAQ
  - Mass HIway Policies & Procedures
  - HIway Fact Sheet for Patients
- Questions about the Mass HIway Regulations can be sent via email to: <u>MassHIway@state.ma.us</u>





# Mass HIway contact information



## Thank you!

The Massachusetts Health Information Highway (Mass HIway)

Phone: 1.855.MA-HIWAY (1.855.624.4929)

Email for General Inquires: MassHlway@state.ma.us

Email for Technical Support: <u>MassHlwaySupport@state.ma.us</u>

Website: www.MassHlway.net







## **Appendix A:**

Selected slides from the HIway Operations Update, presented at the February 2017 HIT Council Meeting



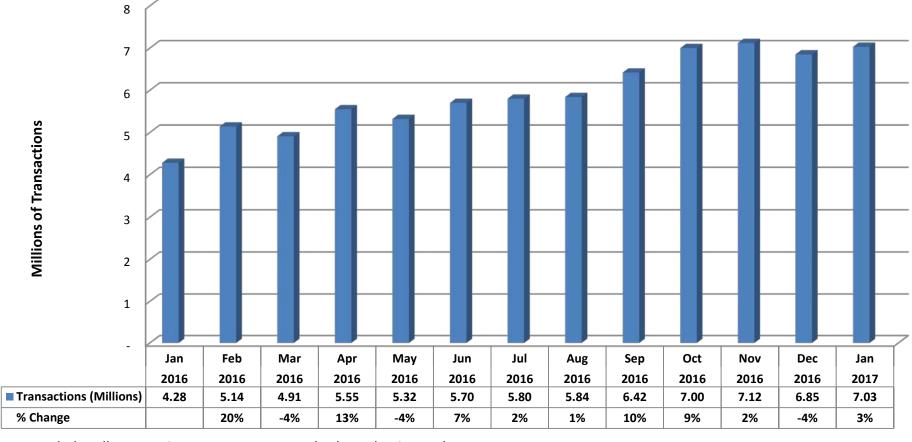


# **HIway Transaction Activity**



#### 13 Month HIway Transaction Activity

**7,029,969** Transactions\* exchanged in January (12/21/2016 to 01/20/2017\*\*) **112,795,775** Total Transactions\* exchanged inception to date



<sup>\*</sup> Note: Includes all transactions over Mass HIway, both production and test

<sup>\*\*</sup> Note: Reporting cycle is through the 20th of each month.

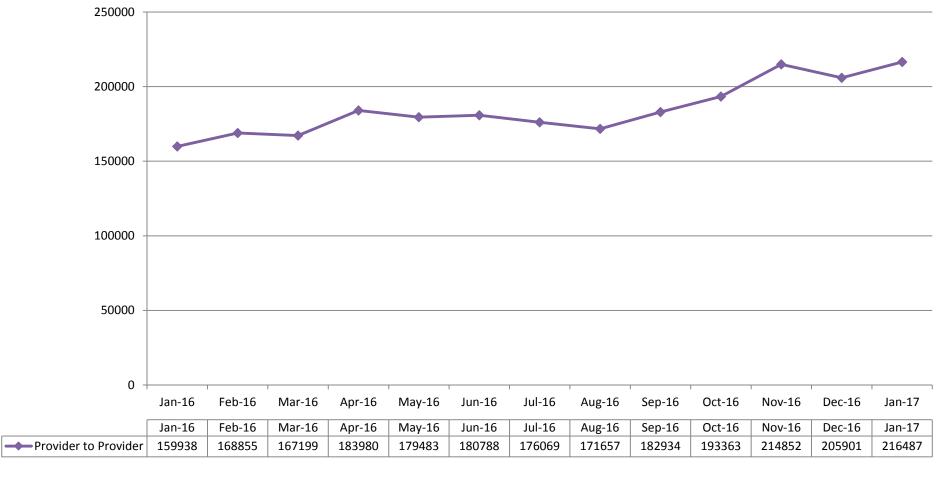


# HIway Transaction Analysis



### <u>HIway Production Transaction Trends – Provider to Provider (Jan 2016 – Jan 2017)</u>

**3%** of HIway activity in January\* was for Provider to Provider transactions



<sup>\*</sup> Note: Reporting cycle is through the 20<sup>th</sup> of each month.



# Customer Status Dashboard (Nov. 2016)



#### Data as of November 30, 2016 - Dashboard Reporting from new Mass HIway CRM in development

|         |   |                   | and Active     | ns Connected<br>ely Using via<br>HIway | Organizations Connected<br>and Actively Using via<br>another HISP |                     | Total Organizations Connected to and Actively Using Mass HIway |                |                     |                        |
|---------|---|-------------------|----------------|--|---|---------------------|--|----------------|---------------------|------------------------|
| Tier    | SubTier   | Universe<br>(est) | #<br>Connected | #<br>Actively<br>Using                 | #<br>Connected  | #<br>Actively Using | #<br>Connected   | %<br>Connected | #<br>Actively Using | %<br>Actively<br>Using |
| Tier 1  | 1a. Large hospitals/Health Systems                | 29                | 20             | 17                                     | 1   | 1                   | 21   | 72%            | 18                  | 62%                    |
|         | 1b. Health plans                                  | 9                 | 4              | 3                                      | -   | -                   | 4  | 44%            | 3                   | 33%                    |
|         | 1c. Multi-entity HIE                              | 5                 | 3              | 3                                      | 2   | -                   | 5  | 100%           | 3                   | 60%                    |
|         | 1d. Commercial Imaging Centers & Labs             | 5                 | 5              | 2                                      | -   | -                   | 5  | 100%           | 2                   | 40%                    |
| Tier 2  | 2a. Small hospitals                               | 40                | 35             | 29                                     | 2   | 2                   | 37   | 93%            | 31                  | 78%                    |
|         | 2b. Large ambulatory practices (50+)              | 28                | 13             | 9                                      | 15  | 8                   | 28   | 100%           | 17                  | 61%                    |
|         | 2c. Large LTCs (500+ licensed beds)               | 8                 | 2              | 2                                      | -   | -                   | 2  | 25%            | 2                   | 25%                    |
|         | 2d. Ambulatory Surgical Centers                   | 63                | 1              |  | -   |                     | 1  | 2%             |                     | 0%                     |
|         | 2e. Ambulance and Emergency Response              | 39                | 1              |  | -   |                     | 1  | 3%             |                     | 0%                     |
|         | 2f. Business associate affiliates                 | 5                 | 2              | 1                                      | -   | -                   | 2  | 40%            | 1                   | 20%                    |
|         | 2g. Local government/Public Health                | 1                 | 1              | 1                                      | -   | -                   | 1  | 100%           | 1                   | 100%                   |
| Tier 3  | 3a. Small LTC (< 500 licensed beds)               | 310               | 24             | 18                                     | 1   | -                   | 25   | 8%             | 18                  | 6%                     |
|         | 3b. Large behavioral health (10+ licensed provide | 10                | 2              |  | 2   |                     | 4  | 40%            |                     | 0%                     |
|         | 3d. Large FQHCs (10-49)                           | 30                | 15             | 9                                      | 8   | 3                   | 23   | 77%            | 12                  | 40%                    |
|         | 3e. Medium ambulatory practices (10-49)           | 365               | 26             | 18                                     | 29  | 19                  | 55   | 15%            | 37                  | 10%                    |
| Tier 4  | 4a. Small behavioral health(< 10 licensed provide | 90                | 17             | 6                                      | 2   | 1                   | 19   | 21%            | 7                   | 8%                     |
|         | 4b. Home health, LTSS                             | 149               | 28             | 14                                     | 15  | 4                   | 43   | 29%            | 18                  | 12%                    |
|         | 4c. Small FQHCs (3-9)                             | 29                | 3              | 3                                      | -   | -                   | 3  | 10%            | 3                   | 10%                    |
|         | 4d. Small ambulatory practices (3-9)              | 1595              | 83             | 46                                     | 111   | 41                  | 194  | 12%            | 87                  | 5%                     |
| Tier 5  | 5a. Very Small ambulatory practices (1-2)         | 4010              | 169            | 59                                     | 251   | 29                  | 420  | 10%            | 88                  | 2%                     |
| Tier TB | D   |                   |                | -                                      | 133   | 131                 | 133  |                | 131                 |                        |
| Grand 1 | [otal   | 6,820             | 454            | 240                                    | 572   | 239                 | 1,026  | 15%            | 479                 | 7%                     |