



Health Information Exchange Strategic and Operational Plan Profile

Overview

The State of Massachusetts has a high rate of existing HIE activity. It boasts the highest rate of e-prescribing in the country (32%, SureScripts) and has multiple existing health information exchanges (including the New England Healthcare Exchange Network (NEHEN), which provides HIE services to more than 50% of providers in the State). The HIT environment is largely regulated by Chapter 305 of State law, which requires all providers to have an electronic health record system by 2015 and all hospitals to have computerized physician order entry capability by 2012.

Although Massachusetts has one of the highest rates of EHR adoption and HIE implementation, there are still 50% of the providers, mostly in small practices, who are not yet connected. The Massachusetts vision is to connect every provider so that information can flow, with patient consent among patients, providers and payers to improve care coordination and population health.

Massachusetts' goal is to develop a network-of-networks to connect existing community HIE, IDN and IPA networks as well as unaffiliated providers. The State intends to accomplish this goal by building off the existing networks and procuring a set of connectivity services. Unaffiliated providers will have the option of connecting via one of the existing exchanges or by directly connecting to the exchange.

Model and Services

The Massachusetts strategy to close the gaps is to leverage existing HIE capabilities and add central services and capabilities as needed to provide statewide functionality. This will be accomplished over three phases. Phase 1 will enable secure direct point-to-point messaging to immediately connect a significant number of providers and support them in achieving Stage 1 Meaningful Use. The key components of Phase 1 are: 1) Security/Identity Management – Public Key Infrastructure (PKI) management enabling secure channel creation between all local networks and digital signatures to assure message integrity, 2) Directories - Provider, Facility and Plan directories with a global addressing scheme at the state level facilitating addressing of point-to-point messages, and 3) Routing - Message delivery across the backbone, message acknowledgment and potential additional services such as filtering, de-identification, and translation.

Phase 2 will expand services to include a record locator service, a Master Patient Index, radiological image exchange, event notification, routing for patients, personally controlled health record services, and pre-authorization rules.

Phase 3 will complete the planned build out and will include functionality for advanced directives, patient education materials, disclosure logging, research, formulary checks, medication safety analysis, and pharmacosurveillance.



State:
Massachusetts

HIT Coordinator:
Rick Shoup, PhD

Award Amount:
\$10,599,719

Contact:
Rick Shoup
shoup@masstech.org

Website:
<http://www.maehi.org/>

**Other Related ONC funding in
Massachusetts:**

Health Information Technology
Regional Extension Centers (RECs)
\$13,433,107



Highlights

- **Legal and Regulatory Support for Exchange:** Massachusetts benefits from considerable public and private support for HIT and HIE initiatives. Chapter 305 of Massachusetts State law provides strong incentives for providers in the State to adopt and meaningfully use EHR technology. The State is also leveraging other policy levers, including working with the Department of Public Health to establish lab reporting requirements and the Board of Registration in Medicine to require providers to integrate with one of the state's several HIE options as a requirement for licensure.
- **Regional Collaboration to Advance Interstate Exchange:** Massachusetts is active in the New England States Consortium Systems Organization (NESCSO) to further interstate activities. It was one of the first States to sign the Memorandum of Understanding (MOU) between NESCSO members in order to begin work on a regional provider index. The regional master provider index is currently envisioned as an internet based query system utilizing NHIN Direct global addressing, if available, that providers can access to locate routing and other key information for any provider in the region. This is critically important care coordination as many patients cross into neighboring states for care. The New England states and New York are actively working together to establish the specifications and timeline of the project. NESCSO is pursuing financial support through a response to an RFP for Specialized Consulting Services to the Massachusetts Technology Collaborative.
- **Coordination with Medicaid:** Massachusetts has closely aligned the State HIT Plan with the Medicaid HIT SMHP. The two entities have signed an agreement for joint work products, including the sharing of certain staff to ensure coordination between the two programs.
- **NHIN:** Massachusetts is committed to using HHS adopted standards. The State has demonstrated strong interest in utilizing the Nationwide Health Information Network (Exchange and Direct) to connect with Federal care delivery organizations and other States.



Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	97% of chain and independent community pharmacies across Massachusetts have activated capabilities for accepting electronic prescribing and refill requests. Massachusetts boasts the highest rate of provider e-prescribing in the country: 32% (SureScripts).	Massachusetts has enacted State law Chapter 305, which requires all providers to use e-prescribing functionality by 2015. This has largely driven the high rates of both provider and pharmacy adoption. The State's strategy for activating the final 3% of pharmacies is to drive demand on the provider side. Part of the push will include education and messaging around the change in DEA rules on the e-prescribing of controlled substances, which the State indicates has been a barrier to provider adoption.
<u>Structured Lab Results</u>	Approximately 40% of labs in Massachusetts have the capability to send structured results electronically. A significant barrier to further adoption is lack of common codes.	Core Services provided through the HIE will include Master Provider and Master Facilities Indexes as well as vocabulary translation services. Entities participating in statewide HIE could leverage these indexes to route labs to the appropriate destinations. For lab results delivery, routing will be a combination of local edge/community clinician and facility index and statewide routing directory services. The State is also looking to the RFP process to provide alternative options for providers. Providers that have a mechanism for electronic results delivery, either through an existing exchange or through a direct interface with a lab could retain that service option. The State is aware of discussions between the two major national labs about the creation of a lab hub. The State is open to considering this option as it becomes available.
<u>Patient Care Summary</u>	Massachusetts has numerous well-developed and operational regional initiatives, most notable is NEHEN which covers more than 50% of the providers in the state. Many of these initiatives already offer structures patient care summary document exchange in the CCD C-32 format. However, not all regional exchanges offer this service and unconnected providers do not have access to patient care summaries.	The State will explore assisting regional exchanges in building patient care summary exchange capacity to bring all existing exchanges up to a minimum level to support Stage 1 Meaningful Use. It will also work to connect these existing exchanges to allow providers across organizations to access patient care summaries across the network.



HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	
Nationwide Health Information Network CONNECT		Quality Reporting	X
Nationwide Health Information Network DIRECT		Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	X	Lab Strategy	
Public Health		Translation services	X
Electronic lab reporting of notifiable conditions	X	EHR interface	X
Syndromic surveillance	X	Policy strategy	X
Immunization data to an immunization registry	X	Order Compendium	
Patient Engagement		Bi-Directional	
Patient Access/PHR		Alignment with CLIA	
Blue Button		E-Prescribing	
Patient Outreach	X	Medication History	X
Privacy and Security		Incentive or grants to independents	
Privacy and Security Framework based on FIPS	X	Plan for controlled substance	X
Individual choice (Opt In/Opt Out/hybrid)	Opt in	Set goal for 100% participation	X
Authentication Services	X	Controlled substance strategy	X
Audit Log	X	Care Summaries	
Administrative Simplification		Translation services	
Electronic eligibility verification	X	CCD/CCR Repository	
Electronic claims transactions	X	Directories	
Vendor		Provider Directory	X
Planning		Master Patient Index	X
Core Services	TBD	Record Locator Services	X
		Health Plan Directory	X
		Directory of licensed clinical laboratories	

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: <http://statehieresources.org/>

