Commonwealth of Massachusetts
Executive Office of Health and Human Services


# HIway Adoption and Utilization Support (HAUS) Services

***Overview of the services offered through the HAUS initiative and potential benefits to organizations that need to meet the HIway Regulations***

March 2019

# Today's Presenters

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

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.

# Today's Agenda

I. **Brief Overview of Mass HIway**

II. **Why HAUS? The Mass HIway Regulations Perspective**

III. **HAUS Services Project Overview**

- Capabilities Evaluation
- Project Management
- Use Case Development
- HIway Direct Messaging Enrollment
- Process Mapping Training and Facilitation to support Workflow implementation

IV. **Why HAUS? The ACO, CP, CSA Perspective**

**HAUS is a <u>free</u> service offered by the Mass HIway and EOHHS. It is a separate program from MassHealth's DSRIP TA Vendor services (will not use TA cards for HAUS services)**

# Mass HIway - Mission

**Enable health information exchange by healthcare providers and other HIway users regardless of affiliation, location or differences in technology**

## HIway Direct Messaging

- Secure method of sending transmissions from one HIway user to another
- HIway connection for Massachusetts Public Health Reporting
- *HIway does not use, analyze, or share information in the transmissions and does not currently function as a clinical data repository*

## HIway Provider Directory

- Provider Directory listing in-state and out-of-state providers connected to HIE
- Contains information for 25,000+ HIway Users

## Current HIway Initiatives

- Market Led Event Notification Service (ENS) (in development)

## HIway Adoption and Utilization Support (HAUS) Services

- Assistance for eligible organizations in the deployment of HIE to enhance care coordination
- On-site/remote training and support for staff to use Mass HIway and update associated workflows

# Purpose of the Mass HIway Regulations

**Establishes requirements for organizations that use the Mass HIway**

**Implements state requirement for providers to connect to Mass HIway, which is referred to as the *HIway Connection Requirement***

**Establishes mechanism to allow patients to opt-in and opt-out of Mass HIway**

## Updated regulations went into effect on February 10, 2017

- Require information be transmitted via HIway Direct Messaging in compliance with applicable federal and state privacy laws and implementing regulations

## Supporting documentation available on Mass HIway website

Mass HIway Regulations Summary

Mass HIway Regulations FAQs

Mass HIway Policies & Procedures (version 4)

Mass HIway Fact Sheet for Patients

Mass HIway Education Webinars

# HIway Connection and Attestation Requirement

**HIway Connection Requirement requires providers to connect to the Mass HIway**

as set forth in M.G.L. Chapter 118I, Section 7, and as detailed in the Mass HIway Regulations (101 CMR 20.00)

**The table below shows the year by which organizations must connect to the HIway**

**These organizations must attest to their connection between June 1 and July 31 of each year**

| Provider Organization | First Year The Requirements Apply | Submit By July 31, 2019 |
|---|---|---|
| Acute Care Hospitals | **2017** | **Year 3 Attestation Form** |
| Large and Medium Medical Ambulatory Practices | **2018** | **Year 2 Attestation Form** |
| Large Community Health Centers | | |
| Small Community Health Centers | **2019** | **Year 1 Attestation Form** |

# HIway Connection Requirement phased in over 4 years

**The statutory requirement that Provider Organizations implement "interoperable EHR systems" that connect to the Mass HIway will be fulfilled by implementing HIway Direct Messaging**

## How organizations must fulfill the HIway Connection Requirement is phased in over 4 years

1. **The connection requirement gets progressively stricter in each year of implementation**
2. **Organizations that don't meet the requirement are subject to penalties starting in Year 4**
3. **The 4 year phase-in period is based on when the Provider Organizations must be connected**

| Organization Type | Year 1 | Year 2 |
|---|---|---|
| Acute Care Hospital | 2017 | 2020 |
| Large and Medium Medical Ambulatory Practices | 2018 | 2021 |
| Large Community Health Centers | 2018 | 2021 |
| Small Community Health Centers | 2020 | 2022 |

Provider types not yet specified in the regulations are anticipated to be required to connect at a future date. Guidance to the affected providers will be provided with at least one year notice.

# HIway Connection Requirement phased in over 4 years

**The 4 year phase-in approach progressively encourages providers to use the Mass HIway for Provider-to-Provider communications via bi-directional exchange of health information**

## Progressive HIway Connection Requirements

**Year 1** **Send or receive** HIway Direct Messages for at least one use case
- Can be from **any use case category** listed below

**Year 2** **Send or receive** HIway Direct Messages for at least one use case
- Must be a **Provider-to-Provider Communications** use case

**Year 3** **Send** HIway Direct Messages for at least one use case, **and**
**Receive** HIway Direct Messages for at least one use case
- Both must be **Provider-to-Provider Communications** use cases

**Year 4** Meet Year 3 requirement, **or** be subject to penalties if requirement isn't met
- Penalties go into effect in the applicable Year 4 (e.g. Jan 2020 for Acute Care Hospitals)

2019

Future

## Additional ENS Requirement for Acute Care Hospitals Only

**Send** Admission Discharge Transfer notifications (**ADTs**) to HIway within 12 months of ENS launch

**Use Case Categories:**

1. Public Health Reporting
2. Provider-to-Provider Communications
3. Quality Reporting
4. Payer Case Management

# HAUS: Support to develop HIE Use Cases

| Use Case Categories | | Example Use Cases |
|---|---|---|
| **Provider-to-Provider Communications**<br>- Allowed in Year 1<br>- Required in Years 2 to 4 | | • Hospital sends a discharge summary to a Skilled Nursing Facility (SNF) or Long Term/Post Acute Care (LTPAC) facility<br>• Primary Care Provider (PCP) sends a referral notice to a specialist<br>• Specialist sends consult notes and updated medications list to patient's PCP<br>• Hospital ED requests a patient's medical record from a PCP<br>• PCP sends a CCD or C-CDA with problems, allergies, medications, and immunizations (PAMI) to a Hospital caring for their patient<br>• Community Partner sends a care plan to a PCP for review and approval |
| **Payer Case Management**<br>- Allowed in Year 1 | | • ACO sends quality metrics to a payer<br>• Provider sends lab results to a payer<br>• Provider sends claims data to payer |
| **Quality Reporting**<br>- Allowed in Year 1 | | • Provider sends clinical data to Business Associate for quality metrics analysis<br>• Provider sends quality metrics to Business Associate for report preparation |
| **Public Health Reporting**<br>- Allowed in Year 1 | **to DPH** | • Massachusetts Immunization Information System (MIIS)<br>• Syndromic Surveillance (SS)<br>• Opioid Treatment Program (OTP)<br>• Childhood Lead Paint Poison Prevention Program (CLPPP) |
| | **to other agencies** | • Occupational Lead Poisoning Registry (Adult Lead)<br>• Children's Behavioral Health Initiative (CBHI) |

# Example Use Case: Hospital Discharges to PCP

## Hospital sends patient discharge CCDA to PCP at a private practice

**Patient Scenario:**

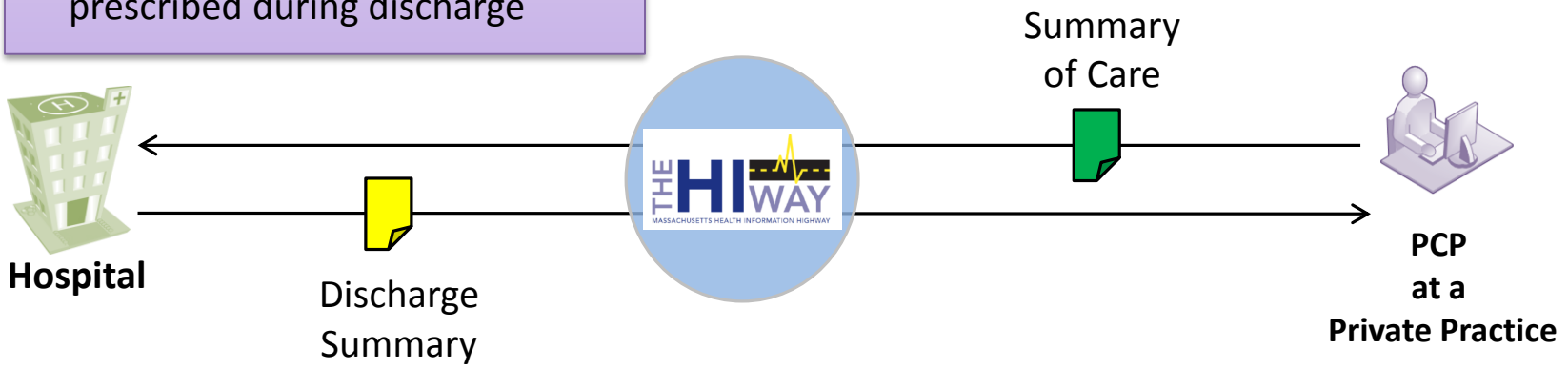
1. Patient is admitted to the Emergency Department.
2. Patient discharged from Emergency Department of Hospital
3. Discharge CCDA is sent via Mass HIway
4. Patient sees PCP for follow up care, PCP has access to Meds prescribed during discharge

**Information Flows:**

A. Hospital informs PCP that patient is in ED via point to point interface

B. PCP sends critical information to Hospital ED via the Mass HIway

C. Hospital sends PCP discharge summary via the Mass HIway



# Example: Specialist Referral

## Transition of Care – Specialist Referral and Consult

### Patient Scenario:

1. Patient sees PCP
2. PCP refers patient to a specialist
3. Patient sees specialist
4. Patient sees PCP for follow up care

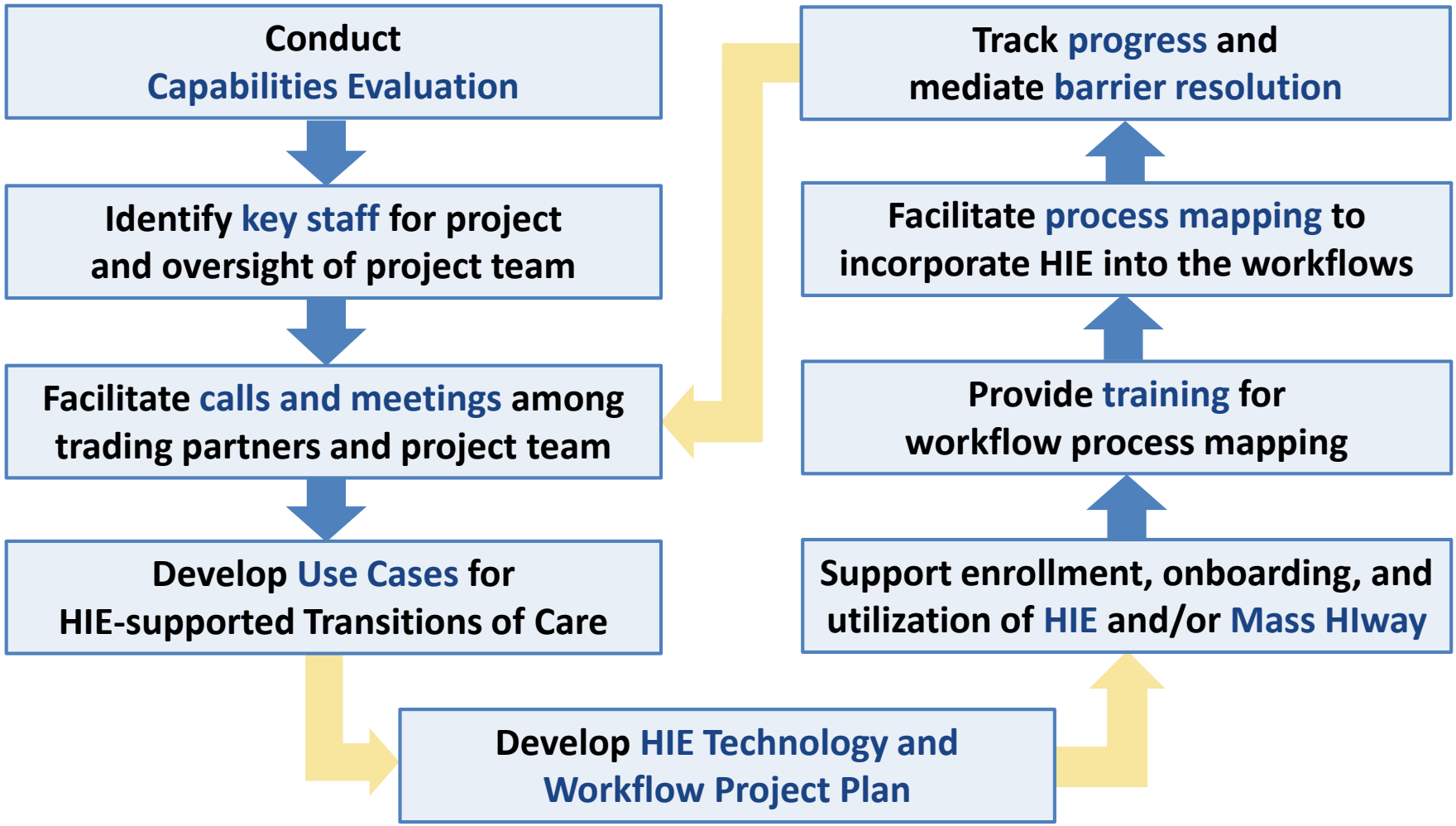
### Information Flows:

A. PCP sends Specialist a summary of care document via the Mass HIway

B. Specialist sends PCP a consult note via the Mass HIway

# HAUS Services Project Overview

**HIway Account Managers conduct the following HAUS project services**



# The HIway Account Management Team

**Front-line HAUS support to help you get enrolled, connected, and using Direct Messaging**

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**Joe Kynoch**
**Account Manager**
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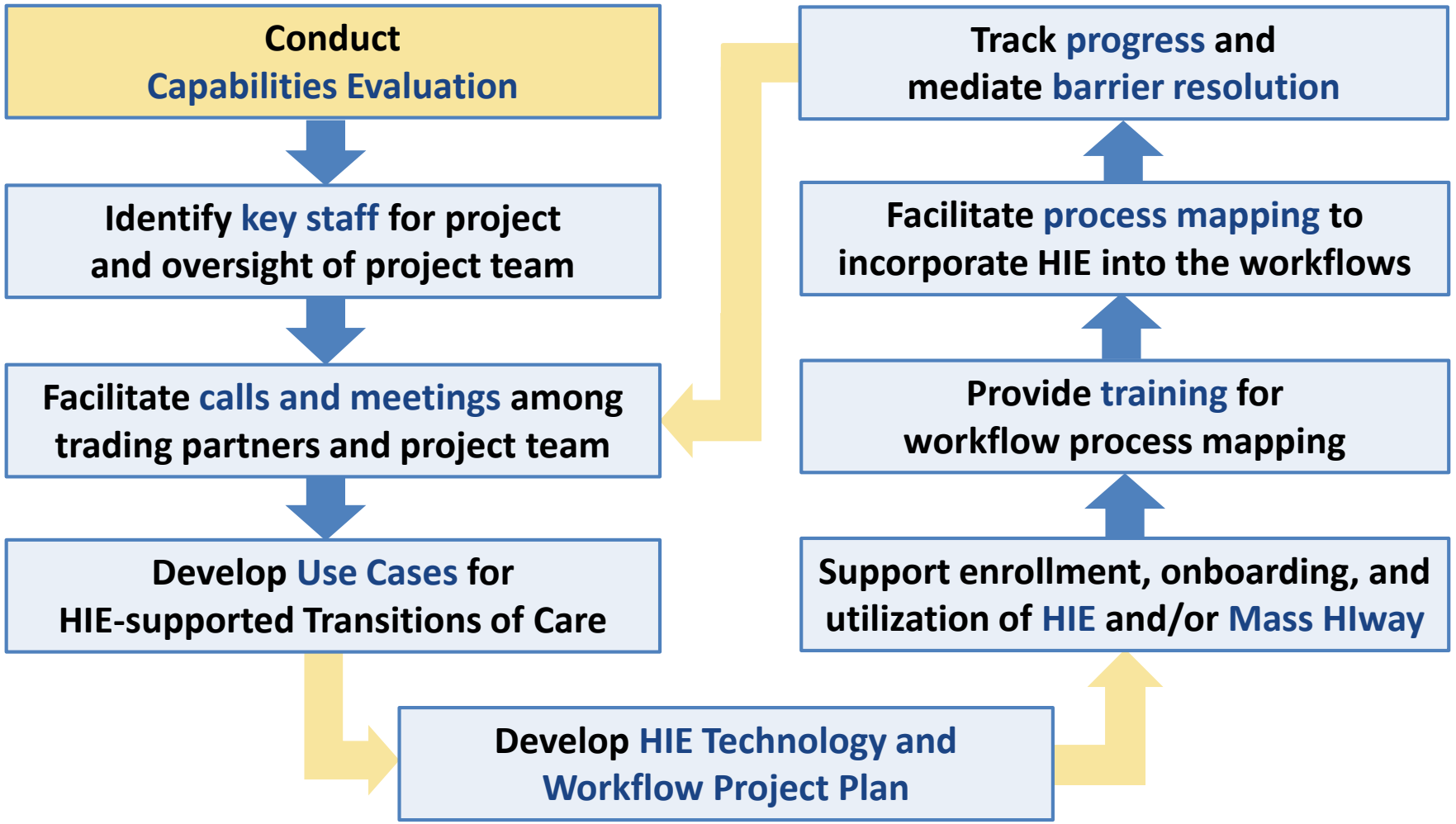
**Account Manager**
reardon@masstech.org

# HAUS Services Project Overview

## HIway Account Managers assist with a Capabilities Evaluation



# HAUS: Capabilities Evaluation

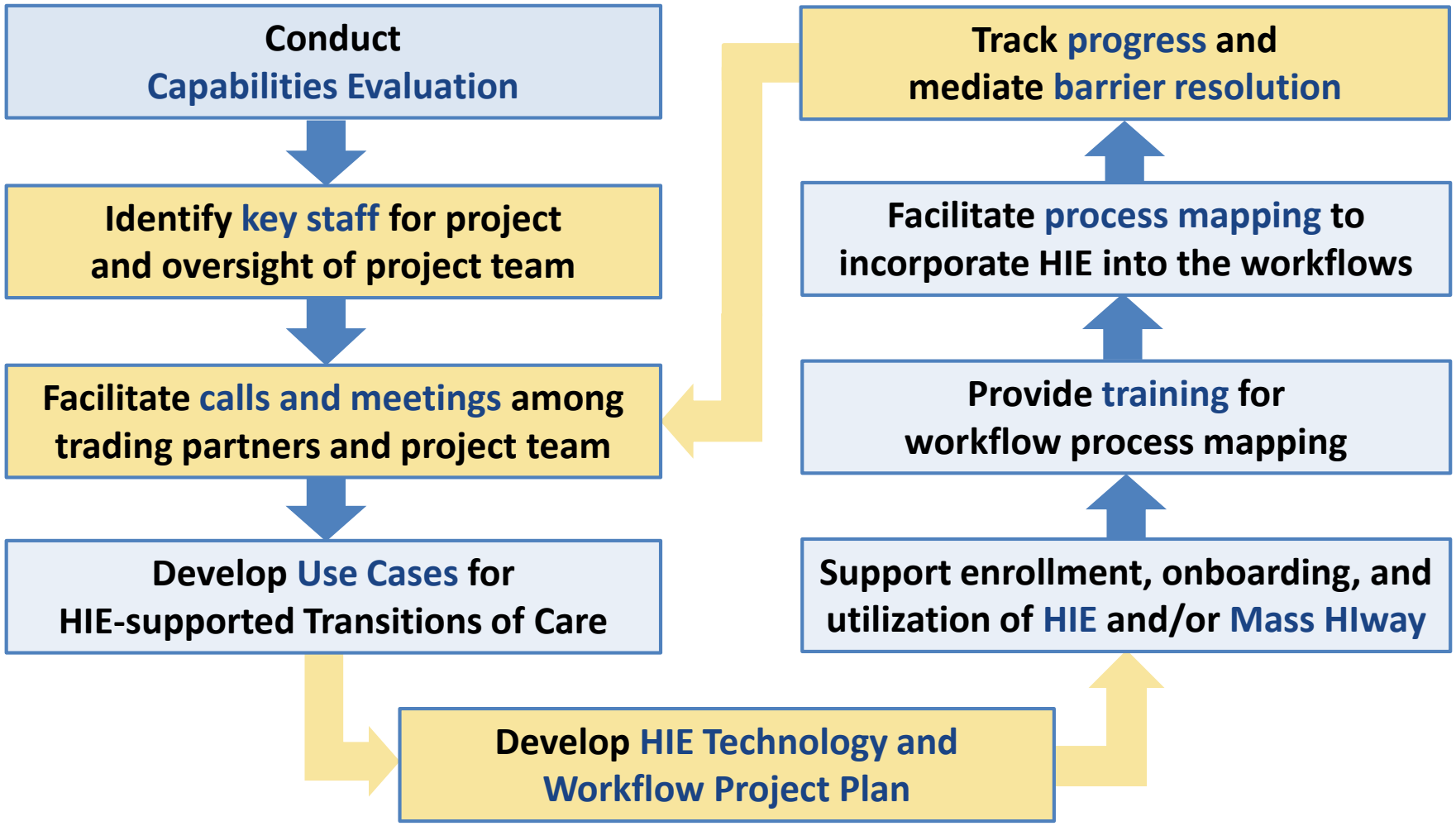
## HIway Account Managers will complete the Capabilities Evaluation

| | |
|---|---|
| **Project Name:** | **This documented is intended to be used by the HIway Account Manager to gather information about the organizations/trading partners involved in a HAUS project. This document will be used to complete some sections of the HIE Use Case Planning Form which will serve as the project charter.** |
| **Project ID:** | |
| **Project Description:** | |
| **Evaluation Date:** | AMs should focus on completing the fields in the orange sections prior to and during the exploratory call. |

| **Section 1 - Organization Details** | **Partner 1** | **Partner 2** | **Partner 3** | **Comments** |
|---|---|---|---|---|
| Send/ Receive or Both | | | | |
| Organization name | | | | |
| Organization type | | | | |
| Number of Sites | | | | |
| Number of Sites participating in this project | | | | This is a workflow implementation consideration. |
| Number of staff participating in this project | | | | |
| Main contact for IT related questions | | | | |
| Contact Address | | | | |
| Contact email | | | | |
| Contact phone | | | | |
| **Section 2 - General IT Infrastructure** | | | | |
| **EHR system information** | | | | |
| EHR System Vendor | | | | |
| EHR product | | | | |
| EHR vendor's Health Information Service Provider (HISP) | | | | |
| What is the status of your EHR's Direct Messaging: Not Available/Available/Planned/ Implemented? | | | | AM should confirm that it is a Mass Hiway trusted HISP, and that connections have been established between HISPs |
| | | | | |
| Is there one address for the orgainzation, or do staff, sites, or departments each have their own? | | | | |
| Are you a Mass HIway Participant? What is your Mass Hiway Direct address? | | | | |
| If not a current Mass HIway Participant, are you planning to implement a HIway connection? | | | | |
| HIway connection type (XDR, LAND/Communicate/webmail)? | | | | |
| Primary HISP used for this project (EHR vendor HISP or Mass HIway?) | | | | |
| Direct Address(es) to be used for the project. | | | | |
| **Section 3 - Health Information Exchange** | | | | |
| What patient health record information can be SENT from within the EHR using Direct Messaging? | | | | |
| What is the format of this data? | | | | C-CDA? Other? |

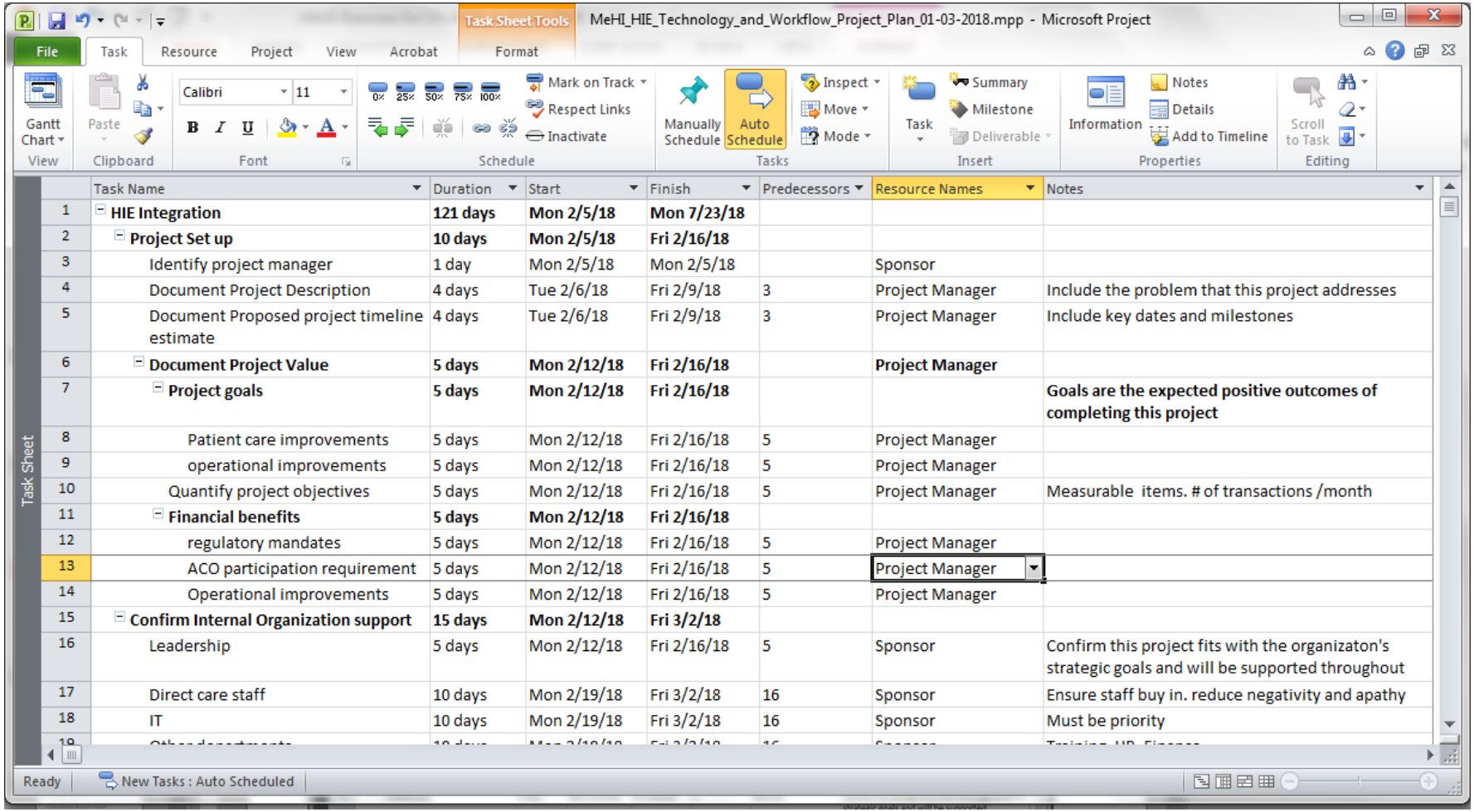
# HAUS: Services Project Overview

**HIway Account Managers provide team and project management support**



# HAUS: Team and Project Management Support

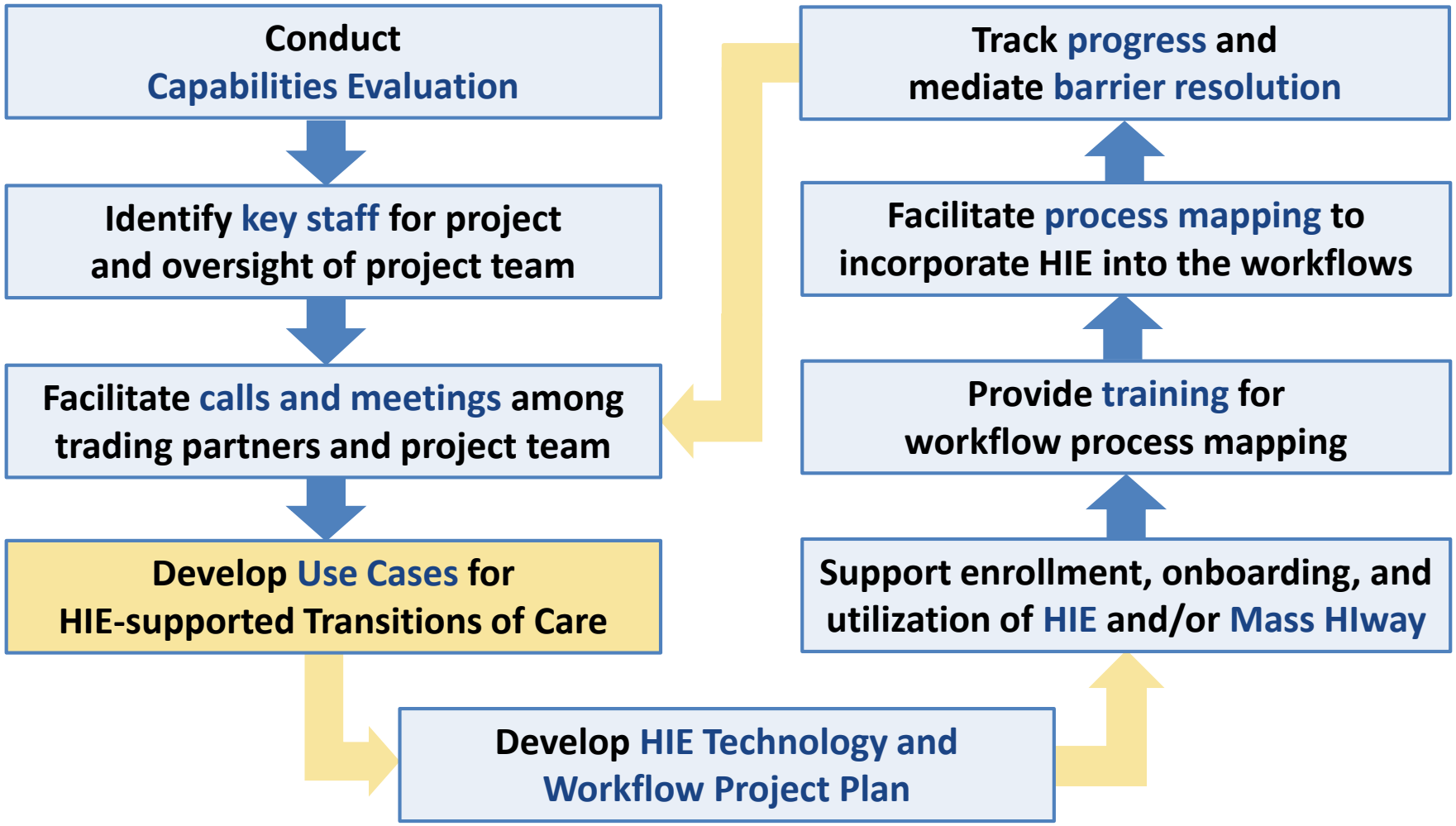
**HIway Account Managers provide team and project management support, including the development of a HIE Technology and Workflow Project Plan**




| | Task Name | Duration | Start | Finish | Predecessors | Resource Names | Notes |
|---|---|---|---|---|---|---|---|
| 1 | **HIE Integration** | **121 days** | **Mon 2/5/18** | **Mon 7/23/18** | | | |
| 2 | **Project Set up** | **10 days** | **Mon 2/5/18** | **Fri 2/16/18** | | | |
| 3 | Identify project manager | 1 day | Mon 2/5/18 | Mon 2/5/18 | | Sponsor | |
| 4 | Document Project Description | 4 days | Tue 2/6/18 | Fri 2/9/18 | 3 | Project Manager | Include the problem that this project addresses |
| 5 | Document Proposed project timeline estimate | 4 days | Tue 2/6/18 | Fri 2/9/18 | 3 | Project Manager | Include key dates and milestones |
| 6 | **Document Project Value** | **5 days** | **Mon 2/12/18** | **Fri 2/16/18** | | **Project Manager** | |
| 7 | **Project goals** | **5 days** | **Mon 2/12/18** | **Fri 2/16/18** | | | **Goals are the expected positive outcomes of completing this project** |
| 8 | Patient care improvements | 5 days | Mon 2/12/18 | Fri 2/16/18 | 5 | Project Manager | |
| 9 | operational improvements | 5 days | Mon 2/12/18 | Fri 2/16/18 | 5 | Project Manager | |
| 10 | Quantify project objectives | 5 days | Mon 2/12/18 | Fri 2/16/18 | 5 | Project Manager | Measurable items. # of transactions /month |
| 11 | **Financial benefits** | **5 days** | **Mon 2/12/18** | **Fri 2/16/18** | | | |
| 12 | regulatory mandates | 5 days | Mon 2/12/18 | Fri 2/16/18 | 5 | Project Manager | |
| 13 | ACO participation requirement | 5 days | Mon 2/12/18 | Fri 2/16/18 | 5 | Project Manager | |
| 14 | Operational improvements | 5 days | Mon 2/12/18 | Fri 2/16/18 | 5 | Project Manager | |
| 15 | **Confirm Internal Organization support** | **15 days** | **Mon 2/12/18** | **Fri 3/2/18** | | | |
| 16 | Leadership | 5 days | Mon 2/12/18 | Fri 2/16/18 | 5 | Sponsor | Confirm this project fits with the organizaton's strategic goals and will be supported throughout |
| 17 | Direct care staff | 10 days | Mon 2/19/18 | Fri 3/2/18 | 16 | Sponsor | Ensure staff buy in. reduce negativity and apathy |
| 18 | IT | 10 days | Mon 2/19/18 | Fri 3/2/18 | 16 | Sponsor | Must be priority |

# HAUS Services Project Overview

## HIway Account Managers provide Use Case Development Support



# HAUS: Support to develop HIE Use Cases

| Use Case Categories | | Example Use Cases |
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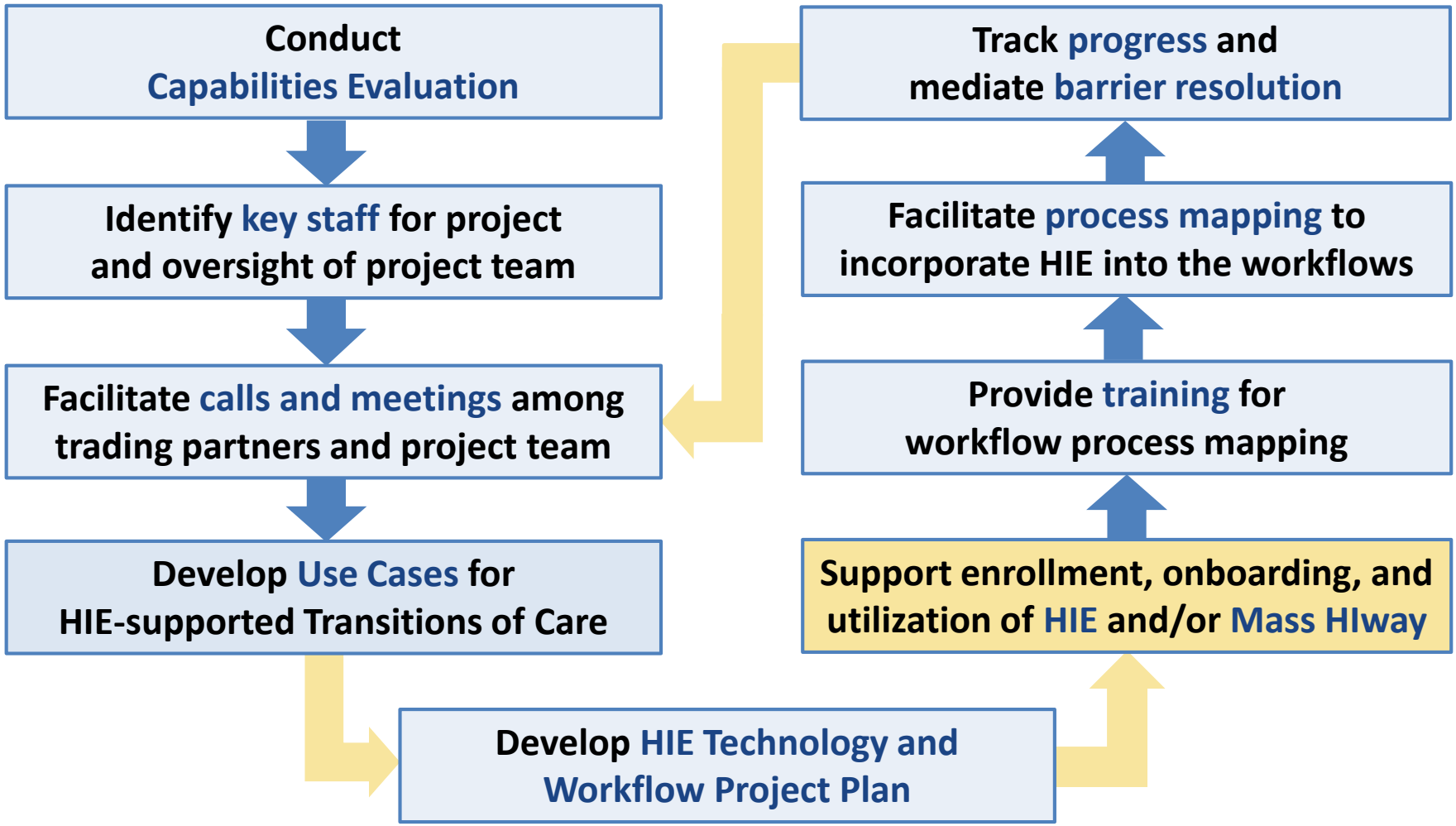
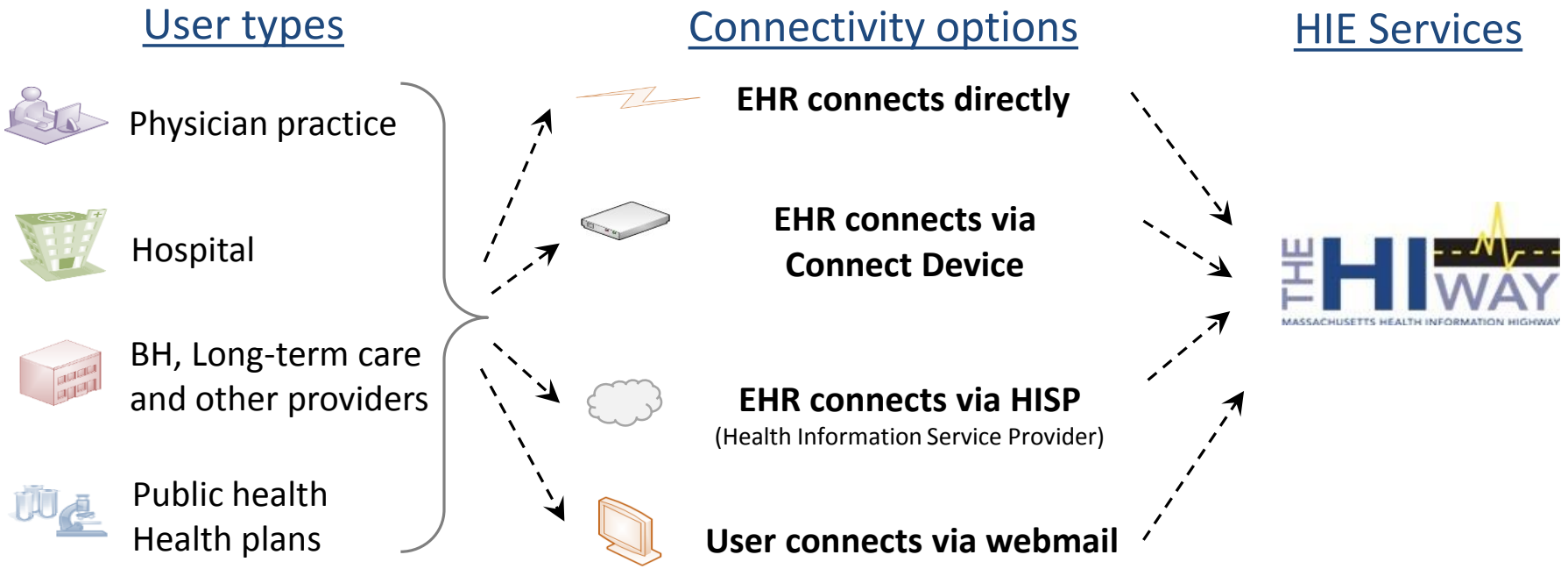
# HAUS Services Project Overview

**HIway Account Managers assist enrollment in the Mass HIway**



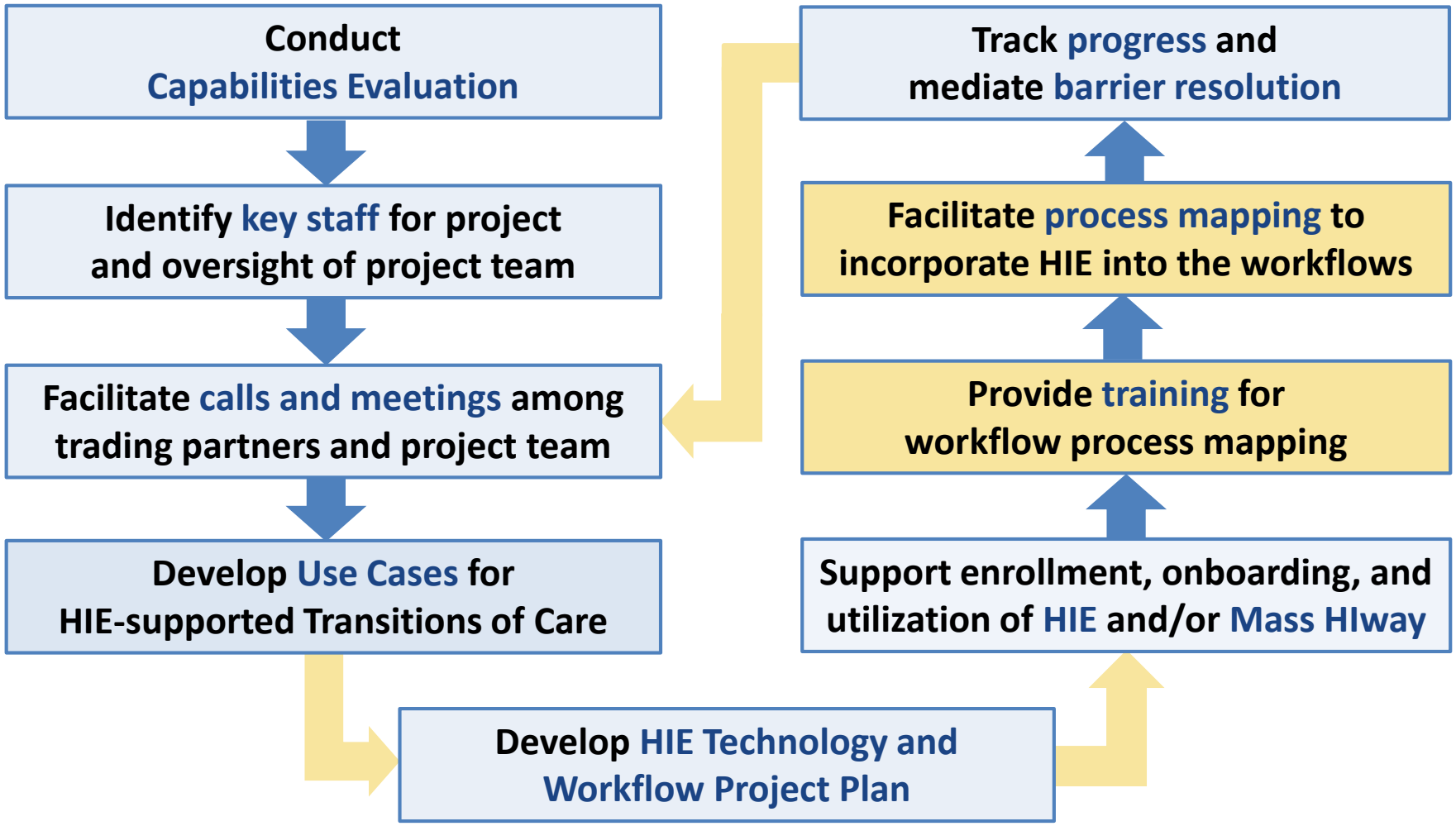
# HAUS: Enroll in HIway Direct Messaging

**HIway Account Managers assist enrollment in the HIway's secure methods for transmitting patient healthcare information between providers**



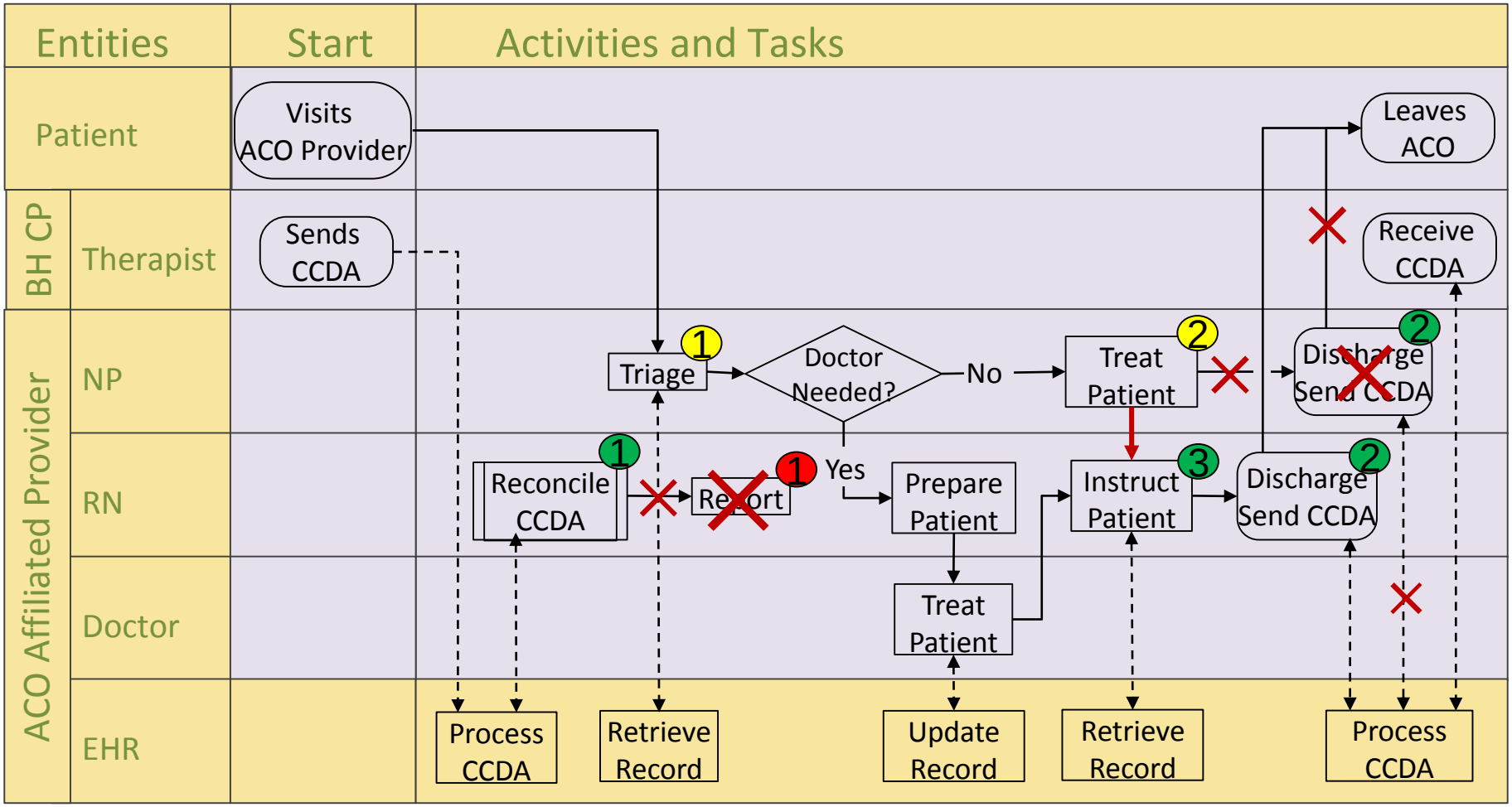
# HAUS Services Project Overview

**HIway Account Managers facilitate process improvement through process mapping**



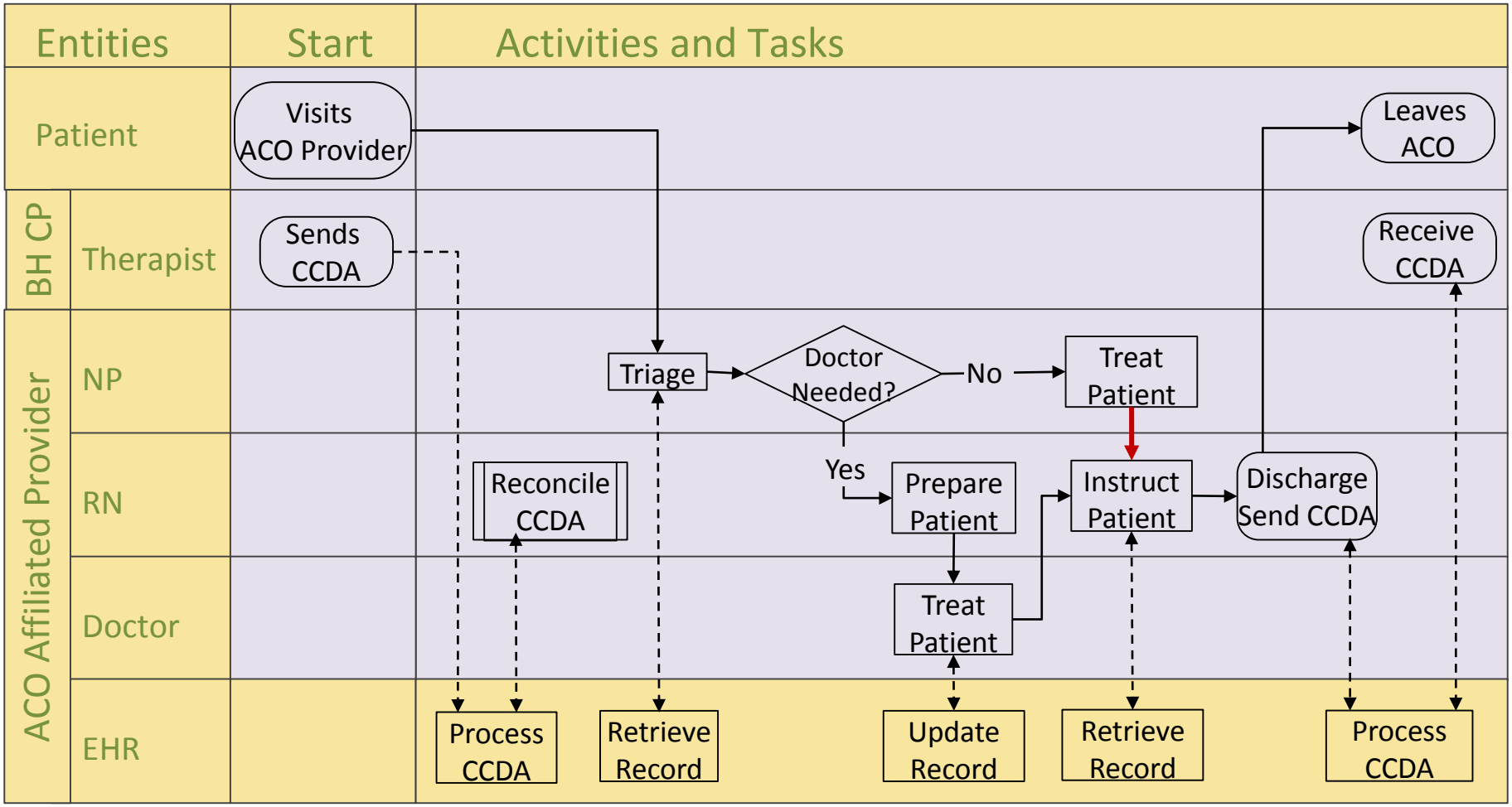
# HAUS: Process Mapping Training and Facilitation

**HIway Account Managers facilitate optimizing the use of HIE into clinical workflows**

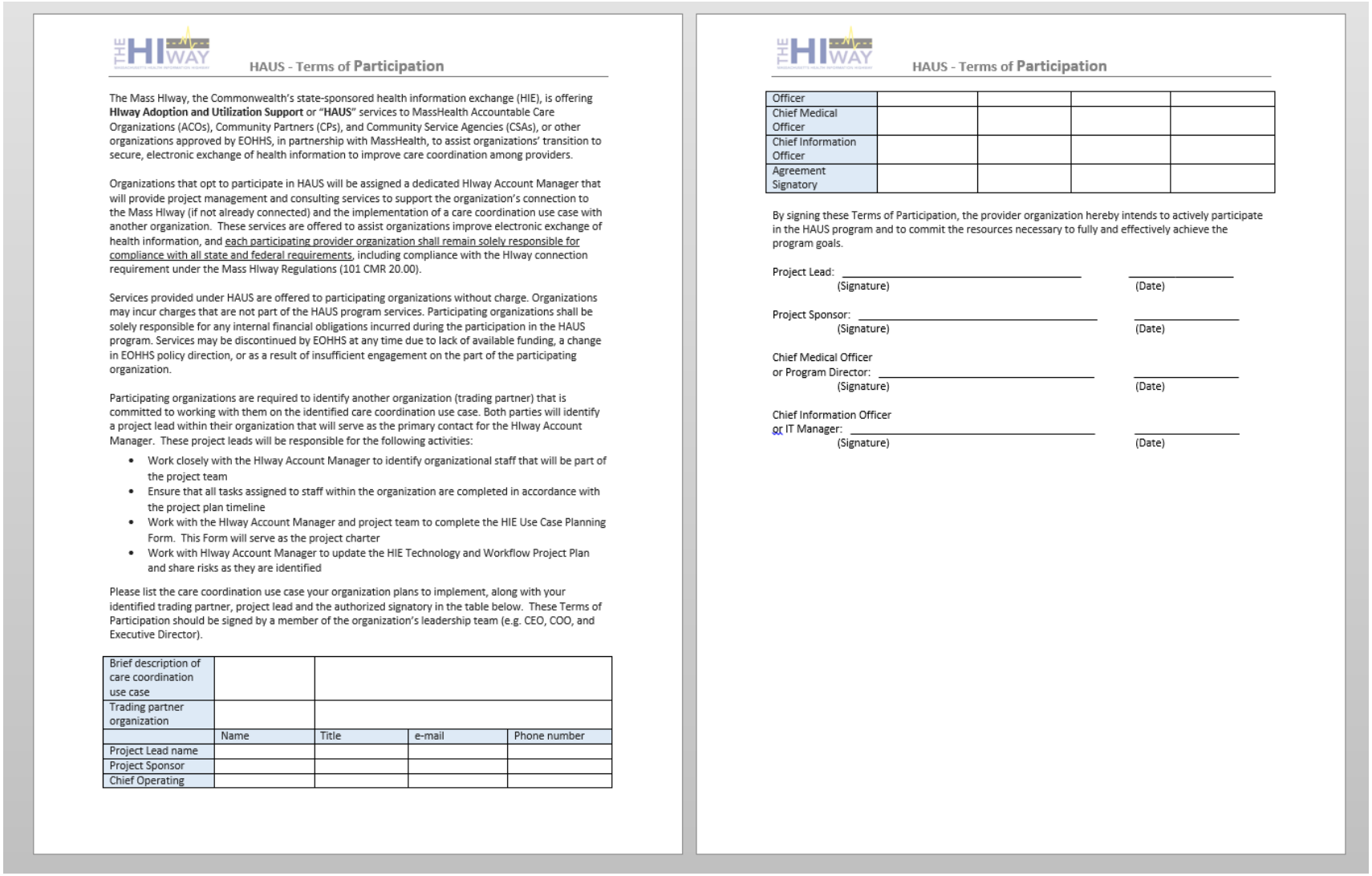


# HAUS: Process Mapping Training and Facilitation

**HIway Account Managers facilitate optimizing the use of HIE into clinical workflows**



# HAUS Enrollment: HAUS-Terms of Participation



HAUS - Terms of **Participation**

The Mass HIway, the Commonwealth's state-sponsored health information exchange (HIE), is offering **HIway Adoption and Utilization Support** or "**HAUS**" services to MassHealth Accountable Care Organizations (ACOs), Community Partners (CPs), and Community Service Agencies (CSAs), or other organizations approved by EOHHS, in partnership with MassHealth, to assist organizations' transition to secure, electronic exchange of health information to improve care coordination among providers.

Organizations that opt to participate in HAUS will be assigned a dedicated HIway Account Manager that will provide project management and consulting services to support the organization's connection to the Mass HIway (if not already connected) and the implementation of a care coordination use case with another organization. These services are offered to assist organizations improve electronic exchange of health information, and each participating provider organization shall remain solely responsible for compliance with all state and federal requirements, including compliance with the HIway connection requirement under the Mass HIway Regulations (101 CMR 20.00).

Services provided under HAUS are offered to participating organizations without charge. Organizations may incur charges that are not part of the HAUS program services. Participating organizations shall be solely responsible for any internal financial obligations incurred during the participation in the HAUS program. Services may be discontinued by EOHHS at any time due to lack of available funding, a change in EOHHS policy direction, or as a result of insufficient engagement on the part of the participating organization.

Participating organizations are required to identify another organization (trading partner) that is committed to working with them on the identified care coordination use case. Both parties will identify a project lead within their organization that will serve as the primary contact for the HIway Account Manager. These project leads will be responsible for the following activities:

- Work closely with the HIway Account Manager to identify organizational staff that will be part of the project team
- Ensure that all tasks assigned to staff within the organization are completed in accordance with the project plan timeline
- Work with the HIway Account Manager and project team to complete the HIE Use Case Planning Form. This Form will serve as the project charter
- Work with HIway Account Manager to update the HIE Technology and Workflow Project Plan and share risks as they are identified

Please list the care coordination use case your organization plans to implement, along with your identified trading partner, project lead and the authorized signatory in the table below. These Terms of Participation should be signed by a member of the organization's leadership team (e.g. CEO, COO, and Executive Director).

| | | | | |
|---|---|---|---|---|
| Brief description of care coordination use case | | | | |
| Trading partner organization | | | | |
| | Name | Title | e-mail | Phone number |
| Project Lead name | | | | |
| Project Sponsor | | | | |
| Chief Operating Officer | | | | |
| Chief Medical Officer | | | | |
| Chief Information Officer | | | | |
| Agreement Signatory | | | | |

HAUS - Terms of **Participation**

By signing these Terms of Participation, the provider organization hereby intends to actively participate in the HAUS program and to commit the resources necessary to fully and effectively achieve the program goals.

Project Lead: _____ _____
(Signature) (Date)

Project Sponsor: _____ _____
(Signature) (Date)

Chief Medical Officer
or Program Director: _____ _____
(Signature) (Date)

Chief Information Officer
or IT Manager: _____ _____
(Signature) (Date)

# Why HAUS? ACO Contract Requirements

## Section 2.2 Relationships with Affiliated Partners

**The ACO shall implement policies and procedures to increase its capabilities to share info among providers involved in patients' care*:** *(Section 2.2.F)*

- Increase connection rates of affiliated providers to the **Mass HIway**
- Adopt interoperable certified EHR technologies and **enhance interoperability**

## Section 2.5 Care Delivery, Care Coordination, and Care Management Requirements

**The ACO shall facilitate communication between** *(Section 2.5.C.1.b.2.)*

- **Patient** and **Patient's Providers** and **among such Providers**
- for example, through the use of the **Mass HIway**

**including elements such as Event Notification Protocols** *(Section 2.5.C.2.e.1)*

- to ensure key providers** and individuals involved in a patient's care are notified of **admission, transfer, discharge, and other care events**

* Patient = Attributed Member

** Key providers include patient's **PCP**, **BH provider** if any, and **LTSS provider** if any (e.g. Personal Care Attendant)

# Why HAUS? BH & LTSS CP Contract Requirements

**Section 2.7 Information Technology Requirements for Behavioral Health CPs & Long Term Services and Support CPs**

**The CP shall**

**Develop policies and procedures**

- for **information sharing**, EHR utilization, and **Mass HIway** connection with ACOs, MCOs and other providers who serve the patients*

**Ensure all exchanges of patient information are secure and HIPAA compliant**

**CPs can use the Mass HIway for data exchange, including**

- Comprehensive Assessment
- BH Person-Centered Treatment Plan
- LTSS Care Plan
- other information to support transitions of care

* Patient = Assigned and Engaged Enrollee

# Why HAUS? CSA Contract Requirements

## Section 2.1.B.3 Delivery System Reform Incentive Payment (DSRIP) Participation Plan

**The plan must describe how the investments or programs will help foster integration of patients' care with MCOs, ACOs and primary care providers**

- Include info sharing protocols for exchange of a patient's comprehensive assessment and Individual Care Plan including use of the **Mass HIway** for secure data exchange

## Section 2.7 Information Technology Requirements

**The CSA shall develop policies and procedures for info sharing and can use a Mass HIway connection to exchange data related to patients'**

- Comprehensive Assessment
- Individual Care Plan
- other information to support transitions of care

**CSA shall ensure all exchanges of patient info are secure**

* Patient = ICC-Engaged Member

# Why HAUS? Key Healthcare Documents to Share

**Key documents to be securely exchanged between ACOs, CPs and CSAs to support Member-Centered Care Planning**

| Document | Sharing partners |
|---|---|
| Comprehensive Assessment | ACOs, BH and LTSS CPs, CSAs |
| Patient-Centered Treatment Plan | ACOs and BH CPs |
| LTSS Care Plan | ACOs and LTSS CPs |
| Individual Care Plan | ACOs and CSAs |

# 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:* MassHIway@state.ma.us
*Email for Technical Support:* MassHIwaySupport@state.ma.us
*Website:* www.MassHIway.net

# Appendix A Mass HIway Pricing Rates

THE HI WAY
MASSACHUSETTS HEALTH INFORMATION HIGHWAY

**Massachusetts Health Information Highway Rate Card effective December 1, 2017**

| Tier | Category | Description | One-time set-up fee (per node) | Direct Messaging Service | | |
|---|---|---|---|---|---|---|
| | | | | Annual Services Fee (per node) | Annual Services Fee + LAND (per node) | Annual Services Fee Webmail (per mailbox) |
| Tier 1 | 1a | Large hospitals/Health Systems | $2,500 | $15,000 | $27,500 | $60 |
| | 1b | Health plans | | | | |
| | 1c | Multi-entity HIE or Technical Integrator (see 14.1.1) | | | | |
| | 1d | Commercial imaging centers & labs | | | | |
| | | | | | | |
| Tier 2 | 2a | Small hospitals | $1,000 | $10,000 | $15,000 | $60 |
| | 2b | Large ambulatory practices (50+ licensed providers) | | | | |
| | 2c | Large LTCs (500+ licensed beds) | | | | |
| | 2d | Ambulatory Surgery Centers | | | | |
| | 2e | Ambulance and Emergency Response | | | | |
| | 2f | Business associate affiliates | | | | |
| | 2g | Local government/Public Health | | | | |
| | 2h | MassHealth ACO, CP, or CSA Technical Integrator (see 14.1.1) | | | | |
| | | | | | | |
| Tier 3 | 3a | Small LTC (< 500 licensed beds) | $500 | $2,500 | $4,500 | $60 |
| | 3b | Large behavioral health (10+ licensed providers) | | | | |
| | 3d | Large FQHCs (10+ licensed providers) | | | | |
| | 3e | Medium ambulatory practices (10-49 licensed providers) | | | | |
| | | | | | | |
| Tier 4 | 4a | Small behavioral health (< 10 licensed providers) | $25 | $175 | $250 | $60 |
| | 4b | Home health, LTSS | | | | |
| | 4c | Small FQHCs (< 10 licensed providers) | | | | |
| | 4d | Small ambulatory practices (3-9) | | | | |
| | 4e | Community Service Agency (CSA) | | | | |
| | 4f | CP or CSA management-only entity | | | | |
| | | | | | | |
| Tier 5 | 5a | Very Small ambulatory practices (1-2) | $25 | $60 | $60 | $60 |

## Mass HIway Direct Messaging (Webmail or direct connections) – Secure and can be integrated

**PROS**

- Address Book already established; no need to hunt down destination
- Can be sent to one specific recipient
- Successful Delivery Receipt (with HIway 2.0)
- Can include intro message to recipient and attachments to aid Transition of Care
- Sending and receiving entities have been vetted with Direct Messaging
  - You don't have to worry that your or their email client will block receipt
- All messages are secure
- No failure risk due to human intervention, e.g. no need to add subject line
- Maintains structured data of C-CDA
- "One Click" to update Problem, Medication, or Allergy lists of patient possible

**CONS**

Only if webmail connection is used:

- EHR may lack manual upload capability to accept C-CDAs sent via Webmail
- Extra steps to move files from patient's chart to webmail and vice versa
- Security risk as it requires locally stored files for movement

## Secure Email – Not so secure and can't be readily integrated

**PROS**

- Fairly inexpensive universal use of email, which can be accessed anywhere
- Can be sent to one specific recipient, and "Read Receipt" can often be included
- Can include intro message to recipient and attachments to aid Transition of Care
- Maintains structured data of C-CDA
- "One Click" to update Problem, Medication, or Allergy lists of patient possible

**CONS**

- No universal address book; must look-up destination
- If integrated into email client, sender has to act to make emails secure
  - Security risks of human error, e.g. mistyping of email address
  - Failure risk due to human intervention, e.g. to add meaningful subject line
- Lacks reliability of receipt or opening
  - To avoid hacking, spam filters may reroute emails to junk or spam mailboxes
  - Emails with inappropriate wording or large attachments may be blocked
- Receiving EHR may lack manual upload capability to accept C-CDAs
- Extra steps to move files from patient's chart to email and vice versa
  - Security risk as it requires locally stored files for movement

## Secure Transfer Protocol (sFTP) – More secure but can't be readily integrated

**PROS**

- More than one user typically included in package
- Large data capacity
- Web-based applications can be accessed anywhere
- Maintains structured data of C-CDA
- "One Click" to update Problem, Medication, or Allergy lists of patient possible

**CONS**

- Can be costly
- Maintenance to organize folders, remove old files, stay under storage limit,…
- Establish and maintain login credentials for receiver to pull down files
- Extra steps to move files from patient's chart to sFTP and vice versa
- Security risk of needing to have locally stored files for movement
- Receiving EHR may lack manual upload capability to accept C-CDA
- No easy means to include intro message with data for Transition of Care
  - Would need to write note to recipient as separate file
  - May not be seen prior to downloading of files on the receiving end

## Electronic Facsimile (eFax) – Least secure and can't be integrated

**PROS**

- Universal use of traditional fax line
- Can include intro cover letter message to recipient to aid Transition of Care
- Web-based applications can be accessed anywhere

**CONS**

- No universal address book; must look-up destination
- Security risks of human error, e.g. mistyping of destination fax number
- Sending to fax number potentially leaves data in unsecure environment
- No guarantee of receipt by intended recipient
- Recipient can't integrate non-structured data into EHR without manual entry
  - Extra steps required to file in patient's chart: scan, upload, file of printed fax
  - No "One Click" option to update Problem, Medication, Allergy lists of patient
- Can be pricey; BAA for HIPAA-compliance typically not included in base price
  - Page limit; additional costs for pages sent/received over this limit
  - Potential extra cost for multiple users limits workflow flexibility/coverage
  - Alternative of having login credentials shared creates security issue