**Organization Name:**

1. **Complete the Process Improvement Plan. The Process Improvement Template for your organization is available on the** [**Connected Communities Grantee webpage**](http://mehi.masstech.org/connected-communities-implementation-grantees-and-collaborators) **under *Milestone 2- Templates and Forms - Required*.**

**The completed Process Improvement Plan should be submitted as a separate document.**

1. **Include a logical process diagram of workflow at your organization and all collaborating organizations that details the steps of the identified workflows and preliminary workflow enhancements required to implement the use cases described in the Use Case Development Forms that were submitted with your Transformation Plan. This diagram should also reflect the process improvement activities that are listed in your Process Improvement Plan (see above). Please include narrative to support the description of workflow if necessary. (You can find a** [**workflow diagram example**](http://www.mehi.masstech.org/sites/mehi/files/documents/Communities/CC%20Milestone%202%20Workflow%20Diagram%20Example%2010.25.16_FINAL.docx) **and an AHRQ PowerPoint presentation on** [***How Do I Evaluate Workflow?***](http://www.mehi.masstech.org/sites/mehi/files/documents/Communities/HowDoIEvaluateWorkflow%20%281%29.ppt) **on the** [**Connected Communities Grantee webpage**](http://mehi.masstech.org/connected-communities-implementation-grantees-and-collaborators)**.)**

**You may copy and paste your diagrams below or attach them as separate document(s).**

1. **In the space below, describe the policies that have been established at your organization and each of the collaborating organizations to allow for the sharing of patient data. Include how these policies are communicated to staff and how obtaining patient consent is incorporated into the workflow enhancements.**

***In February 2017, the Mass. HIway updated its*** [***Regulations***](http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-20.pdf)***. Please review the details below as they apply to your organization.***

***The updated Regulations allow HIway participants to share patient information via Direct Messaging without obtaining a separate patient consent. Organizations need to ensure they are still in compliance with applicable federal and state privacy laws (e.g., HIPAA, 42 CFR Part 2, M.G.L Chapter 93H).***

***If your organization uses a local HIE, which is storing protected health information, then your organization will satisfy this Milestone 2 requirement if it adopts policies consistent with the HIway Regulations for HIway Supported Services. This means that as a Connected Communities Grantee, you can satisfy “opt-in” consent requirements by providing written***

***notice to all individuals whose information is stored by the HIE. This written notice can be distributed in any of the ways described in the HIway Regulations, including through inclusion in a privacy notice, on a patient portal, through email, or other mechanisms. This notice does not require a signature from the individual, and it can be distributed independently of a specific patient visit. In addition to the written notice, the local policies must include a mechanism for patients to opt-out of the exchange of their health information.***

***For more information, please visit the Mass. HIway Regulations*** [***Summary***](http://www.masshiway.net/HPP/cs/groups/hpp/documents/document/c19z/dw1t/~edisp/hiway_regulations_summary.pdf) ***and*** [***FAQs***](http://www.masshiway.net/HPP/cs/groups/hpp/documents/document/dglv/bnnf/~edisp/hiway_regulations_faq.pdf) ***documents.***

1. **Please attach a transaction log(s) from the sponsoring HIE/HISP detailing the production transactions – as described in the HIE Use Case Development Form(s) that you submitted with your Transformation Plan – and the organizations involved with the production transactions. The transaction log should include (at a minimum) the fields listed below. *Please redact any sensitive patient information from the transaction logs.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (Year – Month)** | **Sender (May include sender’s Direct address)** | **Recipient (May include recipient’s Direct Address)** | **Number of Transactions** |

1. **Please complete the attestation form for Milestone 2.** **Each collaborating organization that is listed in the transaction log must also complete the attestation form for Milestone 2 (attach forms to this document). The attestation form can be found on the** [**Connected Communities Grantee webpage**](http://mehi.masstech.org/connected-communities-implementation-grantees-and-collaborators) **under *Milestone 2- Templates and Forms- Required*.**
2. **If applicable to your organization or your collaborating organizations, please update the following documents with any changes:**
* **Description of the health IT environment at your organization and collaborating organizations on *Health IT Spreadsheet* (part of Transformation Plan deliverable);**
* **Policies and procedures to protect electronic health information (part of Milestone 1 deliverable);**
* ***HIE Use Case Development Form(s)* (part of Transformation Plan deliverable); and**
* **Any additional changes to Transformation Plan**