

# **MASSACHUSETTS eHEALTH COLLABORATIVE**

**March 2005**

# AGENDA

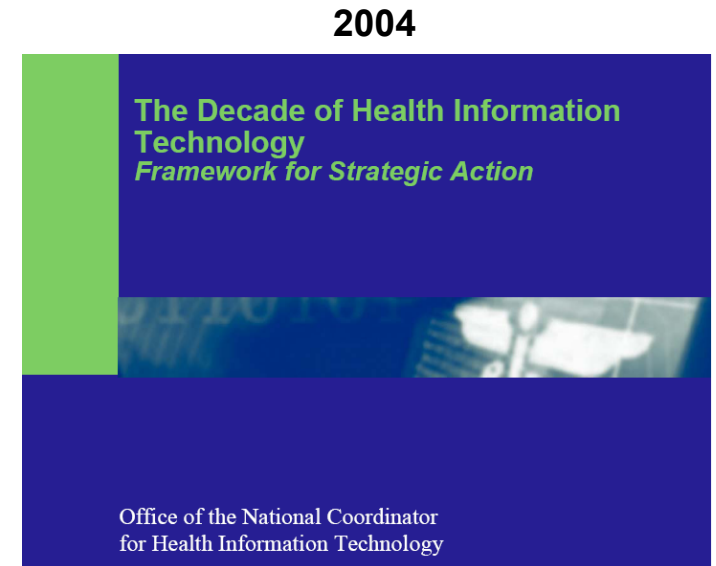
**National landscape**

**MAeHC background**

**Pilot project description**

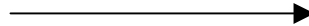
**Advice from you**

# ROOTS OF CURRENT NATIONAL MOVEMENT



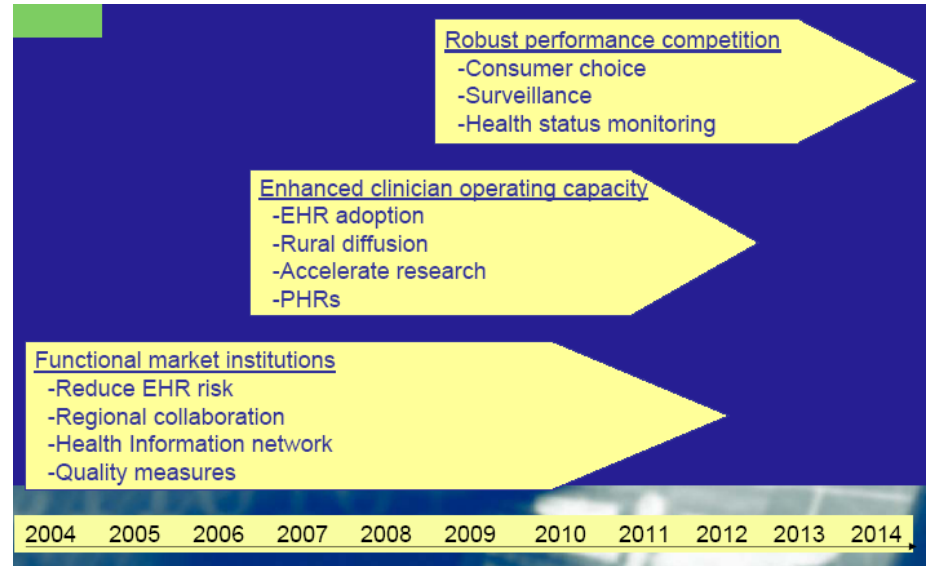
# OBJECTIVES OF THE NATIONAL EFFORT

**Four Goals of the Framework for Strategic Action**

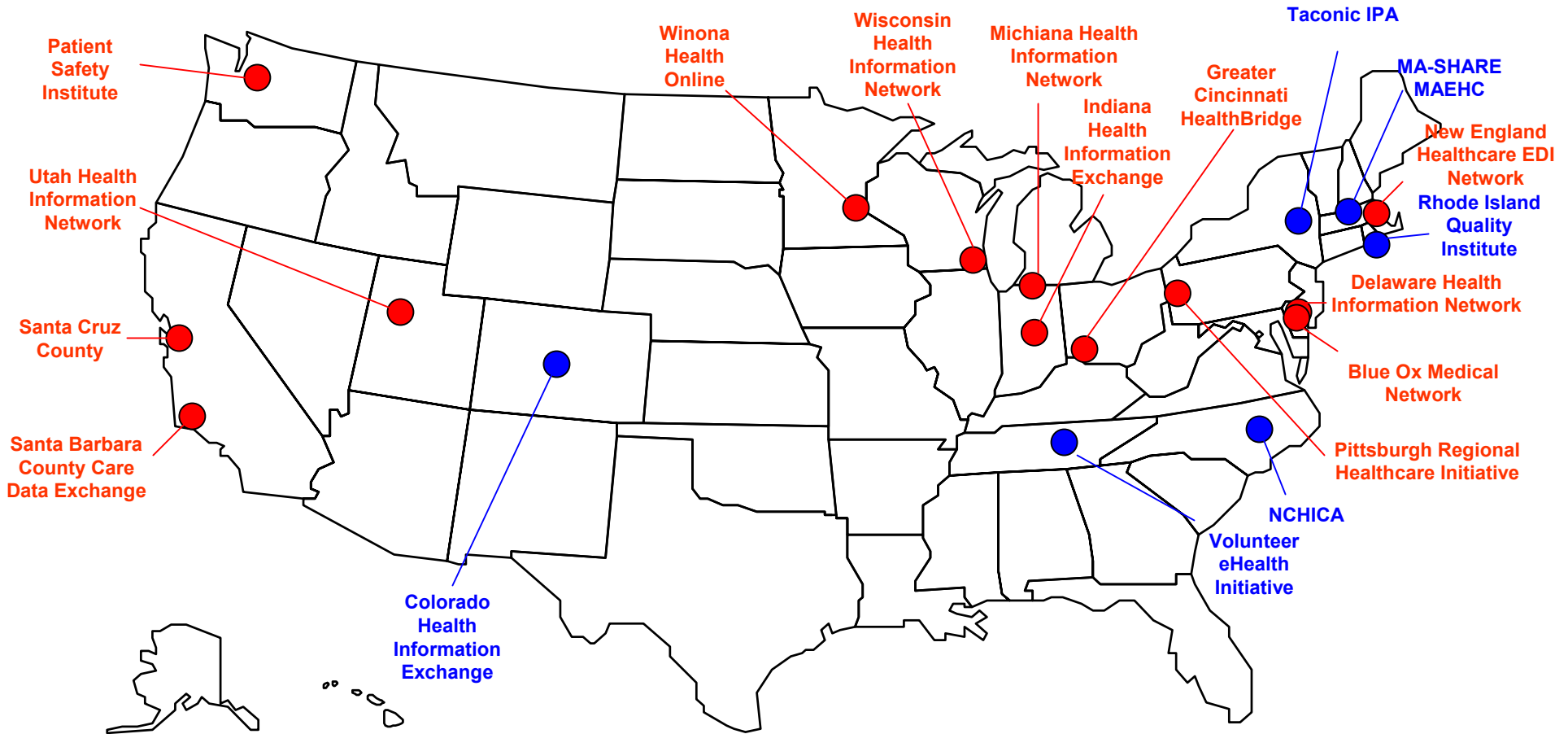


**Three Phases of Implementation of Framework for Strategic Action**

- 1 Inform clinical practice
  - EHR adoption
- 2 Interconnect clinicians
  - Regional collaboration
  - NHIN
- 3 Personalize care
  - PHRs
  - Informed consumer choice
- 4 Improve population health
  - Public health surveillance
  - Quality monitoring
  - EBM



# NETWORKS ACROSS THE COUNTRY



Source: "Connecting Communities: Strategies for Physician Portals and Regional Data Sharing", First Consulting Group, January 2004; MAeHC

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# MAeHC ROOTS ARE IN MOVEMENT TO IMPROVE QUALITY, SAFETY, EFFICIENCY OF CARE

## MA Chapter of American College of Physicians

- Universal adoption by physicians of electronic health records
- MA-SAFE

## Blue Cross/ Blue Shield of Massachusetts

- \$50M commitment to health information infrastructure
- Recognition of “systems” problem

## Massachusetts Technology Collaborative

- CPOE in community hospitals

## Massachusetts eHealth Collaborative

- Company launched September 2004
  - Non-profit registered in the State of Massachusetts
- CEO on board January 2005
- Backed by broad array of 34 MA health care stakeholders

# ...AND 14 ORGANIZATIONS ON OUR EXECUTIVE COMMITTEE

**Alliance for Health Care Improvement**

**American College of Physicians**

**Associated Industries of Massachusetts**

Baystate Health System

Beth Israel Deaconess Medical Center

**Blue Cross Blue Shield of Massachusetts**

Boston Medical Center

Caritas Christi

**Executive Office of Health and Human Services**

**Fallon Clinic, Inc.**

Fallon Community Health Plan

Harvard Pilgrim Health Care

**Health Care for All**

Lahey Clinic Medical Center

Massachusetts Business Roundtable

Massachusetts Coalition for the Prevention of Medical Errors

Massachusetts Health Quality Partners

**Massachusetts Medical Society**

**Massachusetts League of Community Health Centers**

**Massachusetts Nurses Association**

Massachusetts Council of Community Hospitals

Massachusetts Association of Health Plans

**Massachusetts Health Data Consortium**

**Massachusetts Group Insurance Commission**

**Massachusetts Hospital Association**

**Massachusetts Technology Collaborative**

Massachusetts Taxpayers Foundation

MassPRO, Inc.

New England Healthcare Institute

Partners Healthcare

Tufts Associated Health Maintenance Organization, Inc

Tufts-New England Medical Center

University of Massachusetts Memorial Medical Center

# EXECUTIVE COMMITTEE AND OFFICERS

**Allan Goroll, MD (Chairman)**  
**Mitch Adams (Vice-Chairman)**  
**Richard Lord (Treasurer)**  
**Larry Gottlieb, MD (Secretary)**

**Carl Ascenzo**  
**Ellen Hafer**  
**Ron Hollander**  
**John McDonough**  
**Dolores Mitchell**  
**Julie Pinkham, RN**  
**Ron Preston**  
**Craig Samit, MD**  
**Steven Simon, MD**  
**Elliot Stone**  
**Alan Woodward, MD**  
**Micky Tripathi (ex-officio)**

**American College of Physicians**  
**Massachusetts Technology Collaborative**  
**Associated Industries of Massachusetts**  
**Alliance for Health Care Improvement**

**Blue Cross Blue Shield of Mass**  
**Mass League of Community Health Centers**  
**Mass Hospital Association**  
**Health Care for All**  
**Mass Group Insurance Commission**  
**Mass Nurses Association**  
**Exec Office of Health & Human Services**  
**Fallon Clinic**  
**American College of Physicians**  
**Mass Health Data Consortium**  
**Mass Medical Society**  
**MAeHC**

# MAeHC VISION

## Tools for better, more accessible health care...

Improve quality, safety, and affordability of health care through:

- Universal adoption of modern information technology in clinical settings
- Access to comprehensive clinical information in real-time at the point-of-care

## ...incorporated into clinical practice...

Overcome barriers to promote widespread use of EHRs and associated decision support tools

- Lack of capital
- Misaligned economic incentives
- Immature technology standards

## ...and sustained over time.

Develop operational and financing models to foster and sustain state-wide adoption of such technologies and infrastructures

# MAeHC STRATEGY

**Pilot projects**

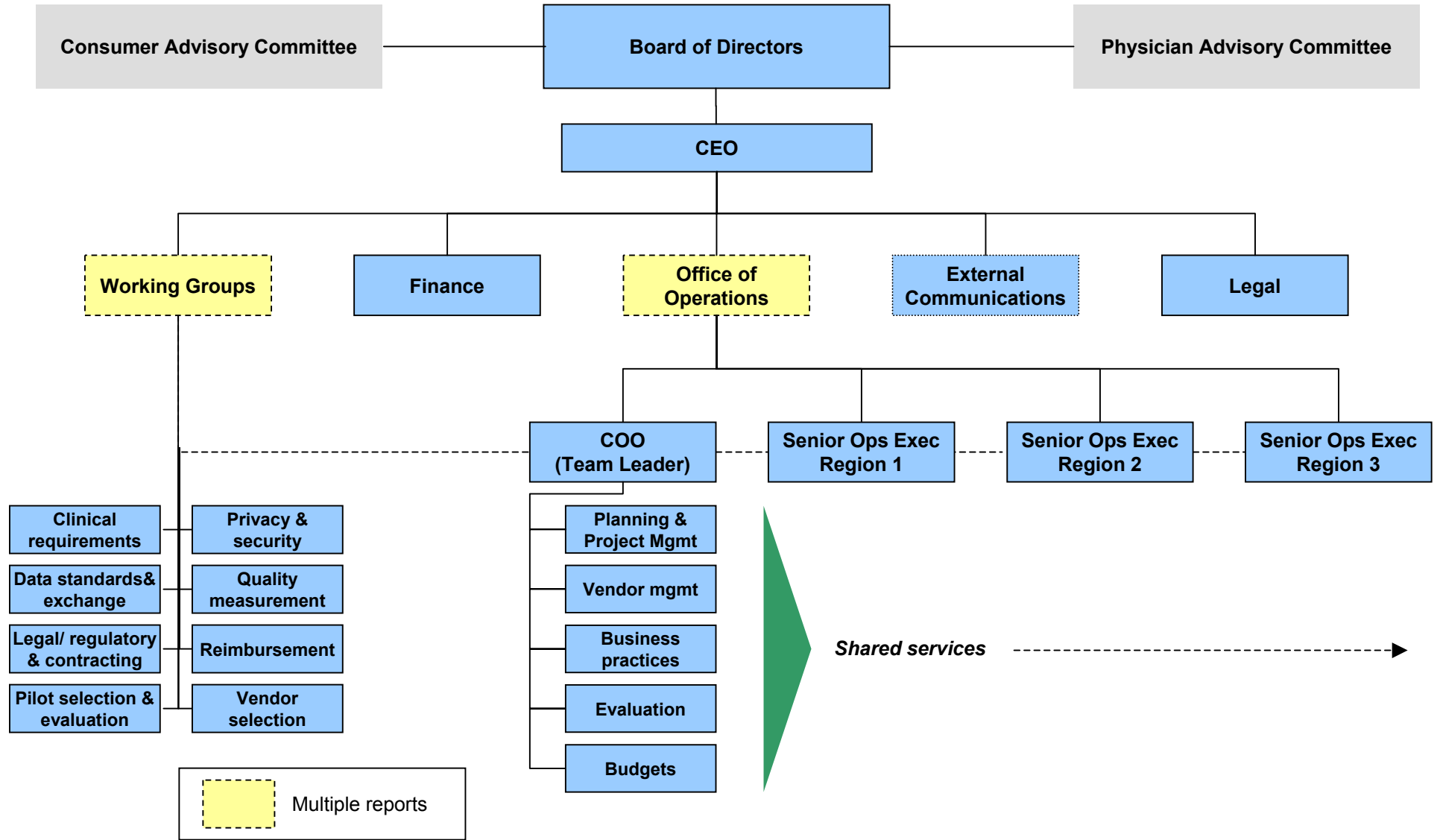
- Lots of barriers – need to learn about them
- Replicability and sustainability – clear demonstration of net benefit
- Systems approach through concentration of resources

**State-wide  
Implementation**

- Success breeds success
- Creation of community of communities
- Rapid proliferation of pilot results
- Sharing pilot program infrastructure state-wide
- Additional funding for broad-based implementation

**“The challenge is not adoption, it’s the adoption gap.”  
-- Dr. David Brailer**

# MAeHC ORGANIZATION STRUCTURE



# WORKING GROUPS UNDERPIN COLLABORATIVE PROCESS AND ALLOW US TO DRAW ON WORLD-CLASS TALENT

<u>Working Group</u>	<u>Leaders</u>	<u>Affiliation</u>
Clin/fxnl requirements	Larry Garber MD Eric Handler MD	Fallon Clinic Center for Medicare and Medicaid Services
Data standards and exchange	John Halamka MD	CareGroup, Harvard Medical School
Financing & reimbursement	John Fallon MD	BCBSMA
Legal	Tisa Hughes	BCBSMA
Pilot selection & evaluation	David Bates MD Steven Simon MD	Partners Healthcare, Harvard Medical School Harvard Pilgrim, Harvard Medical School
Privacy/security	Elliot Stone	Massachusetts Health Data Consortium
Quality measurement	Dale Magee MD Barbra Rabson	Central Massachusetts IPA, MA Medical Society MA Health Quality Partners
Vendor selection	Cindy Bero	Partners Healthcare

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# THREE PILOT COMMUNITIES WILL BE CHOSEN FROM SIX FINALISTS

## Finalist communities

Boston HealthNet

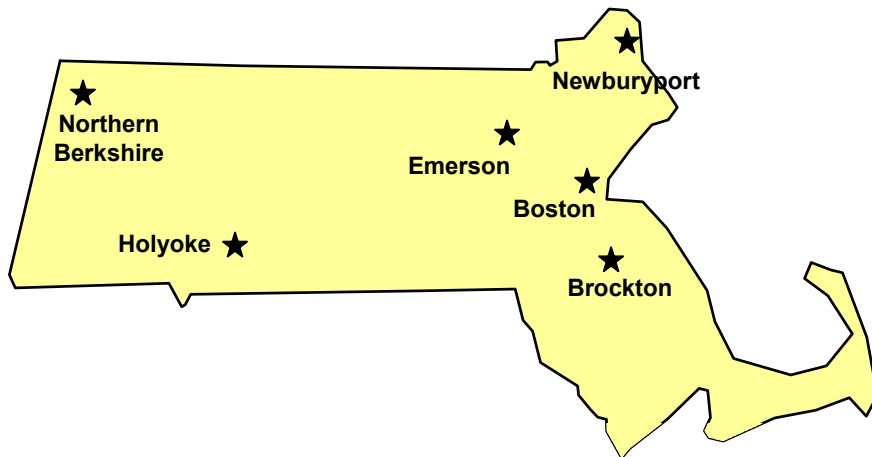
Emerson Community EHR Collaborative


Greater Brockton eCare Alliance

Greater Newburyport Community

Holyoke Community

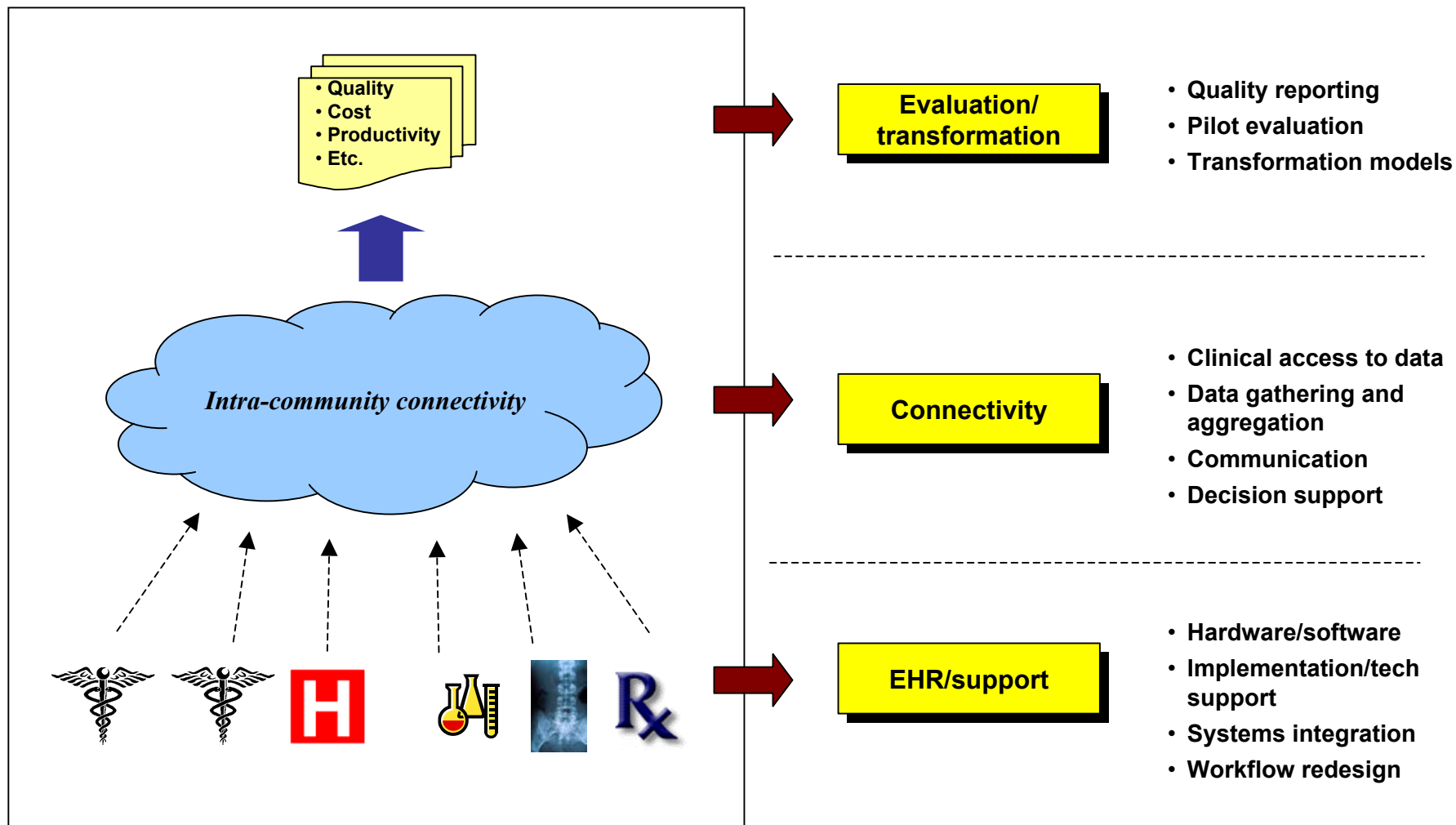
Northern Berkshire Community



- 
- Broad community participation
  - Dedicated local project leadership structure
  - Diversity of patients, practices, locations

**Final selections announced by March 31, 2005**


# THREE MAIN AREAS OF ACTIVITY IN PILOT PROJECTS



# WE CAN'T BUY ENTHUSIASM AND LEADERSHIP

## What will MAeHC provide?

- Electronic Health Record
- Data Exchange
  - Lab reports
  - Radiology reports
  - Medication lists
- Computerized Physician Order Entry support
- Integration of new & legacy systems

- 
- Hardware/Software
  - Data exchange connectivity & infrastructure
  - Vendor selection/ contracting assistance
  - Systems integration
  - Workflow integration
  - Evaluation



## What must communities provide?

- Enthusiasm for:
  - Adoption
  - Collaboration
  - Evaluation



***Systems change***

# WHAT WE WANT OUT OF THE PILOTS

## Six Dimensions of Evaluation

**1**

### Economic

- Costs of implementation
- Resources necessary for incentive program
- Savings
- Clinical productivity

**2**

### Quality/Safety/Service/Satisfaction

**3**

### Adoption Barriers

**4**

### Implementation/Tactics

- Vendors
- Providers
- Interoperability/functionality

**5**

### Role of Employers

**6**

### Role of Payers

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