AGENDA

National landscape

MAeHC background

Pilot project description

Advice from you
ROOTS OF CURRENT NATIONAL MOVEMENT

1998
- CROSSING THE QUALITY CHASM
  Institute of Medicine

2001
- TO ERR IS HUMAN
  Institute of Medicine

2003
- CONNECTING FOR HEALTH
  A Public-Private Collaboration
  The Data Standards Working Group
  June 3, 2003

2004
- The Decade of Health Information Technology
  Framework for Strategic Action
  Office of the National Coordinator
  for Health Information Technology
OBJECTIVES OF THE NATIONAL EFFORT

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

Source: *The Decade of Health Information Technology*, Office of the National Coordinator for Health Information Technology
NETWORKS ACROSS THE COUNTRY

- Patient Safety Institute
- Utah Health Information Network
- Santa Cruz County
- Santa Barbara County Care Data Exchange
- Winona Health Online
- Wisconsin Health Information Network
- Michiana Health Information Network
- Indiana Health Information Exchange
- Greater Cincinnati HealthBridge
- Taconic IPA
- MA-SHARE MAEHC
- New England Healthcare EDI Network
- Rhode Island Quality Institute
- Delaware Health Information Network
- Blue Ox Medical Network
- Pittsburgh Regional Healthcare Initiative
- NCHICA
- Volunteer eHealth Initiative
- Colorado Health Information Exchange

Source: "Connecting Communities: Strategies for Physician Portals and Regional Data Sharing", First Consulting Group, January 2004; MAeHC
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Advice from you
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) American College of Physicians
Mitch Adams (Vice-Chairman) Massachusetts Technology Collaborative
Richard Lord (Treasurer) Associated Industries of Massachusetts
Larry Gottlieb, MD (Secretary) Alliance for Health Care Improvement

Carl Ascenzo Blue Cross Blue Shield of Mass
Ellen Hafer Mass League of Community Health Centers
Ron Hollander Mass Hospital Association
John McDonough Health Care for All
Dolores Mitchell Mass Group Insurance Commission
Julie Pinkham, RN Mass Nurses Association
Ron Preston Exec Office of Health & Human Services
Craig Samit, MD Fallon Clinic
Steven Simon, MD American College of Physicians
Elliot Stone Mass Health Data Consortium
Alan Woodward, MD Mass Medical Society
Micky Tripathi (ex-officio) 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

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MAeHC STRATEGY

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

Pilot projects

- 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

State-wide Implementation

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

Consumer Advisory Committee

Board of Directors

Physician Advisory Committee

CEO

Finance

Office of Operations

External Communications

Legal

Working Groups

Clinical

requirements

Data standards & exchange

Legal / regulatory & contracting

Pilot selection & evaluation

Privacy & security

Quality measurement

Reimbursement

Vendor selection

Planning & Project Mgmt

Vendor mgmt

Business practices

Evaluation

Budgets

Senior Ops Exec Region 1

Senior Ops Exec Region 2

Senior Ops Exec Region 3

Shared services

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

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

Intra-community connectivity

- Quality
- Cost
- Productivity
- Etc.

Evaluation/ transformation

- Quality reporting
- Pilot evaluation
- Transformation models

Connectivity

- Clinical access to data
- Data gathering and aggregation
- Communication
- Decision support

EHR/support

- Hardware/software
- Implementation/tech support
- Systems integration
- Workflow redesign
## 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

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*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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