



**MeHI**  
Massachusetts  
eHealth Institute



A Division of the  
Massachusetts  
Technology Collaborative

# Massachusetts Health Data Consortium HealthMart 2011 eHealth in Massachusetts

October 5, 2011

# Agenda

---

- State of Healthcare in Massachusetts
- Current State of Health IT Adoption and Moving Forward
- Measuring Success

Massachusetts eHealth Institute

# **STATE OF HEALTHCARE IN MASSACHUSETTS**

## *Vision*

As a result of health care reform and statewide deployment and adoption of Health IT, Massachusetts will be able to demonstrate measurable improvements in health care costs, quality safety and efficiency.

## *Mission*

Widespread implementation and adoption of electronic health records (EHR) and creation of a Statewide Health Information Exchange to provide access to accurate clinical information to providers and patients at the point of care.

*“An Act Improving the Quality of Health Care and Controlling Costs by Reforming Health Systems and Payments”*

**GOAL:** To lower the cost of health care by promoting coordinated care and integrated systems of care using integrated care organizations (ICOs or commonly known as Accountable Care Organizations) and valued based payment methods (alternative payment methodologies).

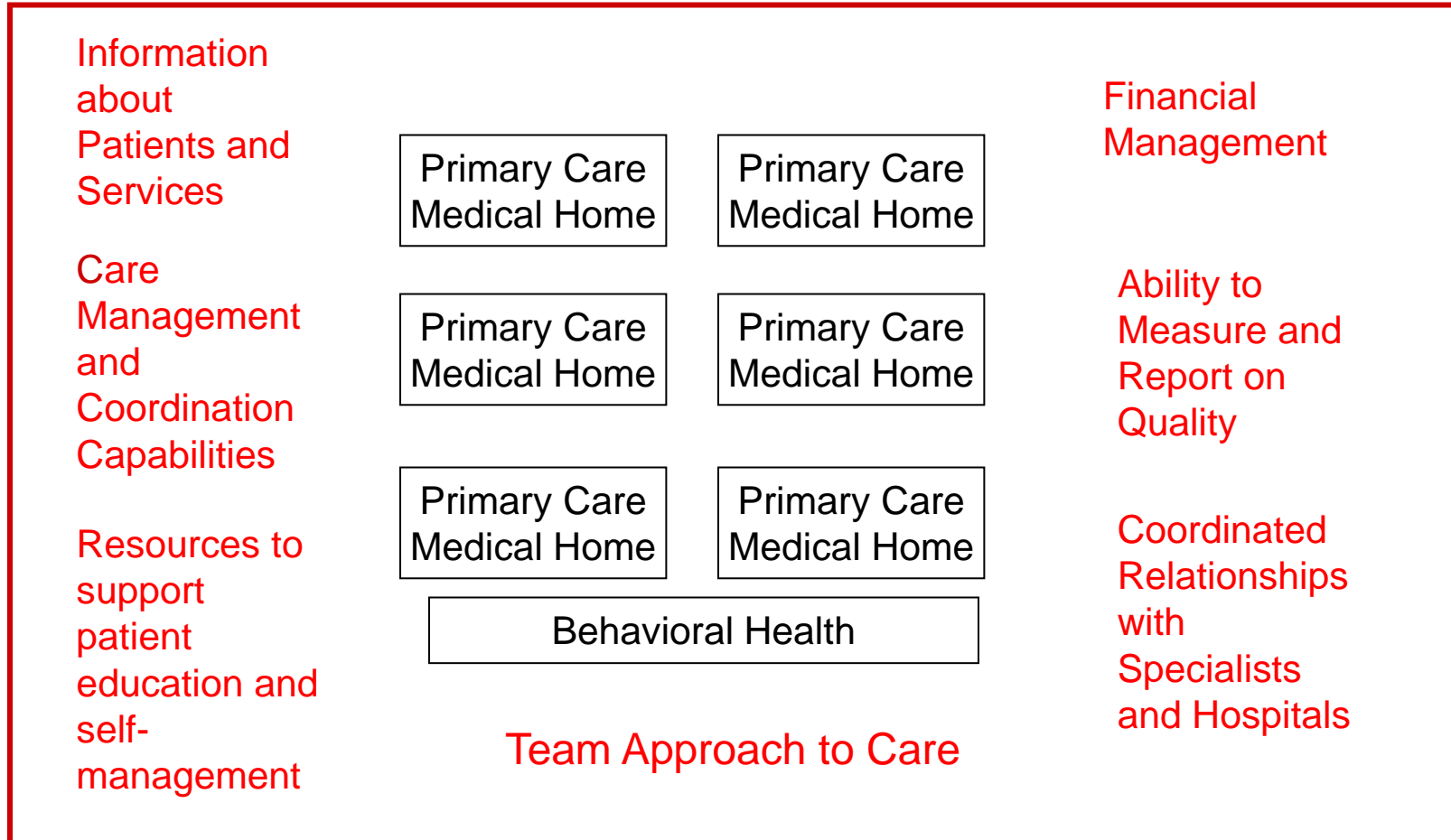
- Promotes the use of alternative payment methodologies and establishment of integrated care organizations or accountable care organizations.
- Promotes improved quality and patient safety by encouraging providers to disclose adverse events and analyze them to improve quality and safety.
- Promotes health resources planning
- Creates Health Services System and Payment Reform Coordinating Council (Coordinating Council) and 18 member “Health Care Innovation Advisory Committee” of stakeholders and experts to oversee and advise process.

# Governor's Bill: February 17, 2011 – Reorganize the Delivery System

---

- The current fee for service system pays piecemeal and rewards providers for the volume of services and for care in the most expensive settings
- Three sources of likely savings
  1. Prevention: prevent healthy people from acquiring chronic conditions and keep people with chronic conditions as healthy as possible by better managing chronic illness
  2. Better managed acute and post-acute care
  3. Administrative simplification: All systems aligned across the continuum of care
- Necessary to achieve savings: Reorganize the delivery system and reform the way we pay for care

## System of Accountability



# Integrated Care Organization

### Universal Insurance Coverage

More than 98 percent of Massachusetts residents have health insurance coverage, including 99.8 percent of children.

*Massachusetts leads the nation in providing health care coverage.  
Now it's time to bring down costs.*

### Chapter 305 of the Acts of 2008

The Act to “Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care” recognized that deploying Health IT is imperative to supporting real health care reform in the Commonwealth

### Payment Reform

- Governor signed legislation allowing businesses to purchase lower cost health care plans as a group, making it easier to shop for insurance plans through the state’s Health Care Connector service.

*Summary of Governor Patrick’s Plan to Bring Down Health Care Costs*

# Market Consolidation

---

- Physicians and hospitals are reconsidering employment arrangements in anticipation of payment reform
- Independent physicians and hospitals will transition to larger entities
- Most physicians are moving forward with their electronic health record adoption
- Some are waiting on the sidelines in anticipation of market changes, but those who choose not to move forward will be left behind
- Trends will push hospitals to align with one another either through contracting relationships or through acquisitions.
- Creation of local health information exchanges to bind providers and patients together
- The future trend in healthcare is:
  - Clinical integration
  - Managing population health
  - Patient centric health care

Massachusetts eHealth Institute

# **CURRENT STATE OF TECHNOLOGY ADOPTION AND MOVING FORWARD**

- Currently, the percent of Massachusetts providers who have adopted EHR/EMR technology is 77%

*NCHS Health E-Stat - Electronic Medical Record/Electronic Health Record Systems of Office-based Physicians: United States, 2009 and Preliminary 2010 State Estimates*

- We need a better way to track the levels of technology adoption in the Commonwealth since Western Massachusetts and other areas are at a lower level of adoption than Eastern Massachusetts
- Need trained Health IT workforce
- Lack of Broadband Infrastructure in Western Massachusetts
- Insufficient support for all provider types and some hospitals who need to implement EHRs/CPOE
- Medicaid Incentive Payment Program live on October 3<sup>rd</sup>
- Essential for full patient engagement in their own health care

## Prescriptions and Test Results

---

- The Centers for Disease Control's National Center for Health Statistics estimates that only a small fraction of the 43.9 percent of office-based physicians using an EHR in 2009 had "fully functional" systems with the capability to record clinical notes, prescriptions, laboratory results, and imaging results.

*MGMA's Electronic Health Records: Status Needs and Lessons – 2011 Report Based on 2010 Data*

- Preliminary statistics for Massachusetts (Readiness assessment):
  - 94% of pharmacies are actively e-prescribing
  - 59 clinical laboratories are e-reporting to MDPH
  - 100% of the health departments are electronically receiving immunizations, syndromic surveillance and notifiably laboratory results
  - Clinical laboratories are actively supporting e-ordering (12%), and are producing and delivering structured laboratory results (48%)

*Massachusetts eHealth Institute – 2011 preliminary data*

- The Massachusetts PCMHI provides several tools for achieving the transformation to a Medical Home model of care:
  - Data Portal for collecting Practice Performance Measurement as well for viewing their performance compared to others', and seeing trends over time
  - Patient Registry for those Practices without an existing EHR
  - Consultation for more complex data aggregation issues
- 46 primary care practices diverse in geography, type, size and specialty
- Significant number of practices and providers and also enrolled in the Regional Extension Center

## Current Services and Support for Providers

---

- Pre-negotiated contracts and discounted pricing with IOOs and EHR vendors
- Oversight and active engagement in oversight of project implementations
- Experienced Clinical Relationship Managers (CRMs) assigned to each practice as a resource.
- Stage 2 and 3 Education on Meaningful Use
- Access to REC-only website which includes tools and information on EHR implementation and Meaningful Use
- Regional Meetings and Educational Summits
- Monthly MeHI Newsletter
- State and Federal regulatory updates
- ***Some proposed changes for next stage of provider support***

## Statewide Health Information Exchange (HIE)

---

- Current state of the market favors a network of networks connected via a single statewide open health information service provider (HISP) supported by centralized project management
- 34 possible projects have been identified in the State Medicaid Health IT Plan and the State's HIE Strategic and Operational plan
- Reconciling these projects across programs identifies 15 priority projects
- These projects can be mapped into three phases using criteria assessing difficulty, market demand, and market gaps, which defines the roadmap for Statewide HIE Program
- Ability to leverage 90:10 Federal Financial Participation (FFP) to implement the statewide HIE – needs approval from CMS and ONC

# Statewide HIE Program Phases

## Phase 1: Information Highway - 2012

- Create infrastructure to enable secure transmission (“directed exchange”) of clinical information
- Will support exchange among clinicians, public health, and stand-alone registries
- Focus on breadth over depth

*Facilitate  
normalization and  
aggregation*

## Phase 2: Analytics and Population Health - 2013

- Create infrastructure to facilitate data aggregation/analysis
- Will support Medicaid CDR and quality measure infrastructure
- Will support vocabulary translation services (lab, RX)

*Enable queries for  
records*

## Phase 3: Search and Retrieve - 2014

- Create infrastructure for cross-institutional queries for and retrieval of patient records

*Increasing cost and complexity*

- On the job training is critical.
- Clinical experience is very important, especially within health care settings.
- Challenges exist because of the high hiring and salary costs, especially for health care providers.
- Training around meaningful use criteria is important and integral to any program.
- There is a need for better communication, marketing and connection of opportunities and programs.
- There is a need for training funds at all levels.

## Workforce Development (cont'd)

---

1. Provide information on the MeHI website about all community college and university Health IT training programs in the state (completed)
2. Establish a statewide job board (December 2011-January 2012), which is being implemented as part of MeHI's website redesign
3. Help place HITECH graduates in internships (underway)
4. Sponsor and hold webinars and other short training sessions (ongoing)
  - This is most useful to providers for their existing employees
  - To be carried out by MeHI, as part of its outreach efforts

## Engaging the Patient/Consumer

---

- Use social media to begin conversations within the patient/consumer audience
- Outreach to the business community through presentations and Q&A sessions
- Provide brochures and other collateral material available in provider offices, health clinics, etc.

## Patient Centered Medical Home

---

- EOHHS and MeHI exploring possibilities for helping practices develop enhanced reporting and EHR capabilities
- Implement and evaluate the PCMH model as a means to achieve accessible, high quality primary care
- Demonstrate cost-effectiveness to justify and support the sustainability and spread of the model
- Attract and retain primary care clinicians into practice in Massachusetts by increasing resources available to practices and improving their quality of work life.

Potential for expanding services of Regional Extension Center working collaboratively with all other state agencies and the private sector. Some services may include:

- Consultative services for patient engagement, Privacy/Security, EHR vendor selection, etc.
- Extensive consumer education and outreach
- Full services for providers who have no federal incentive opportunities, including behavioral health, long term care and specialists
- Complementary services for IPAs, PHO and other healthcare systems.
- Using other government funding sources to provide grants or other services to select providers and potentially hospitals to get them to the “last mile” of connectivity – change in approach for HIE
- *Needs market validation, stakeholder and governance support*

- Communication and Outreach
  - Market research to fully understand the audiences and their perceptions of health IT, and concerns about privacy and security
  - Events to raise awareness and engagement in health IT adoption in the Commonwealth
  - Media strategy that employs a mix of social and traditional media
  - Educational seminars/meetings
- Massachusetts Broadband Institute – ensuring that broadband infrastructure in Western MA in 2-3 years

Massachusetts eHealth Institute  
**MEASURING SUCCESS**

## Metrics - To Be Determined and Monitored

---

- Percent of health plans supporting electronic eligibility transactions
- Percent of pharmacies accepting electronic prescribing and refill requests
- Number of clinical laboratories e-reporting to MDPH
- Percent of health departments electronically receiving immunization, syndromic surveillance and notifiable laboratory results
- Number of providers signed up with a health information service provider (HISP) and/or a regional or community HIE
- Number of providers who are live on an EHR
- Percent of clinical laboratories that are actively supporting e-ordering and e-results
- Number of hospital readmissions within 30 days of an acute hospital stay

## Metrics - continued

---

- Decrease in administrative costs for both payers and providers, by measuring such factors as:
  - premium levels
  - expenses per member per month,
  - rate of growth in spending, consumer cost sharing, employee contributions, etc.
  
- More timely, effective and appropriate care, by measuring the proportion of patients who request and receive an electronic copy of their health information or clinical summary within three days of the request.
  
- Percent of patients actively engaged in the management of their health information and health care, by measuring:
  - Number of patient portals and use of those portals
  - Number of patients using an EHR
  - Number of patients age 65 and over who are sent appropriate health care reminders

- As a result of healthcare reform and statewide deployment and adoption of Health IT, the Commonwealth of Massachusetts is benefiting from, and being recognized for, a significantly healthier population.
- Measurable improvements in health care costs, quality, safety and efficiency have been demonstrated.
- Widespread implementation and adoption of EHRs have:
  - Provided added access to clinical information to providers at the point of care and to patients and consumers
  - Reduced medical errors
  - Provided a platform for enhanced coordination of care

Rick Shoup, Ph.D.

Director of Massachusetts eHealth Institute

State HIT Coordinator

[shoup@masstech.org](mailto:shoup@masstech.org)

[www.maehi.org](http://www.maehi.org)