

EHR Forum  
December 15, 2011  
Meeting Summary

Participants

Jay Caturia, Winchester Hospital  
Jeremy Davis, Mt. Auburn Cambridge IPA  
Renee Fosberg, Emerson Hospital  
Todd Lowthers, Northeast PHO (via phone)  
Paula Magnanti, Strategic Healthcare Solutions  
Trish Manning, Mt. Auburn Cambridge IPA  
Kelli McLaney, Mass. e-Health Institute  
Jon Nugent, Business Intelligence Solutions  
Craig Schneider, Mass. Health Data Consortium  
Manu Tandon, Executive Office of Health and Human Services

Summary

**Announcements**

The CMS Center for Medicare and Medicaid Innovation issued a Health Care Innovation Challenge. Letters of Intent [were] due on December 19<sup>th</sup> and final applications are due on January 27<sup>th</sup>.

Jeremy Davis is replacing Ginger Lyons de Neufville as co-chair of the EHR Forum. Ginger will remain involved with the Forum, and has been named to the MHDC Board, along with Dr. Larry Garber of Reliant Medical Group and Dr. Michael Lee of Atrius. This gives physician practices a much greater presence on the MHDC Board.

The next major MHDC conference will be the annual health information technology program, The Future is Now, on February 3<sup>rd</sup> at the Burlington Marriott. The agenda will feature panels on cutting-edge technologies, a roundtable of CEOs, and technology solutions. Registration is now open at [www.mahealthdata.org](http://www.mahealthdata.org), and a flyer is included with the meeting materials.

## **The Massachusetts Health Information Exchange Strategy**

**Manu Tandon, Chief Information Officer, Executive Office of Health and Human Services**

(please see handout)

Over 100 people have been involved in shaping the Commonwealth's new HIE strategy; it has been an effective public/private partnership. The model will use the Direct Protocol standard, which is the lowest common denominator for a highway to enable providers to talk to each other via the "pipe." Our efforts have been focused on the "last mile" problems – the barriers to use. There are two parts to the solution: to build a pipe, and then to help people connect to the pipe, including behavioral health and long-term care providers. We were faced with challenges of funding, standards, and governance, and we have addressed these issues during the past year.

Discussion:

Q: Are you moving to a cloud environment?

A: We are letting the market decide. We will build solutions without pre-requisites, and that will be accessible to small providers as well as large. We are focusing on privacy, security, and consent.

Q: Where do multi-specialty practices fit in your slide 6 diagram?

A: Jeremy Davis replied that MACIPA would be similar to Partners; i.e., via NEHEN.

Q: How will you verify a patient match without a patient identifier?

A: See item #5 on slide 7. Rather than a single index, we will use a record locator service with probabilistic matching. That's just one of three major challenges. The second big challenge is patient consent – since we are an "opt-in" state, we will need to engage consumers and providers in this effort. Third is the public/private project management and governance.

Q: Will you build applications onto your platform?

A: It has an open standard protocol – EHR vendors will build adapters to the standard.

Q: How are you funding this, and what is the sustainability strategy?

A: The majority is planned to be paid through the public sector using federal input. Private organizations would pay their fair share.

Comment: Several EHR vendors are trying to be the HIE for their customers, and are spending lots of resources to do so.

A: EHR vendors will only cater to the "haves"; we are building an open-access HIE, but those who have a combined EHR/HIE will be able to use it.

Comment: Some data cannot be shared even if the patient opts in (e.g., HIV status).

## **The IMPACT Project**

**Craig Schneider, Director of Healthcare Policy, Mass. Health Data Consortium**

(please see handout)

The Mass. e-Health Institute received a grant from the Office of the National Coordinator to improve electronic communication across the continuum of care. There are four major components to the project: developing a universal transfer form (UTF), converting the paper UTF into electronic format, translating the UTF content into consumer-friendly language, and enabling providers across the continuum at any level of technology to participate in a health information exchange. The project is being piloted in Worcester, and Dr. Larry Garber is the principal investigator and Dr. Terry O'Malley of Partners is leading the evaluation effort.

## **Next Meeting**

Wednesday, February 1<sup>st</sup>, 9:00 – 11:00 at the Consortium's office

The agenda will include presentations by Micky Tripathi on the Mass. eHealth Collaborative Quality Data Warehouse, and by Jeremy Davis on the role of EHRs in ICD-10 implementation.

Topics for the subsequent 2012 meetings include payment reform, accountable care organizations, patient-centered medical homes, and how to create a new culture (as Dr. Gene Lindsey of Atrius said on December 14<sup>th</sup>, change from "I am accountable" to "we are accountable").