

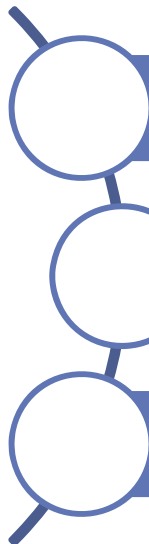
Connecting Patients, Providers, and Payers ACA driven Massachusetts' Health IT projects

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ACA driven MA IT Initiatives

ACA heavily promotes the use of information technology as a differentiator to achieve quality improvements and cost containment in the healthcare system.

In Massachusetts three major ACA driven IT related initiatives are being executed in parallel.

- 
- Statewide Health Information Exchange (HIT) phased in from 2012-2015
 - ACA compliant Health Insurance Exchange (HIX) by 2014
 - Integrated Eligibility System (IES) at EOHHS by 2015

Summary of Features

HIX

- is about getting residents access to healthcare

IES

- is about getting residents access to comprehensive health and human services with effective data sharing amongst programs

HIT

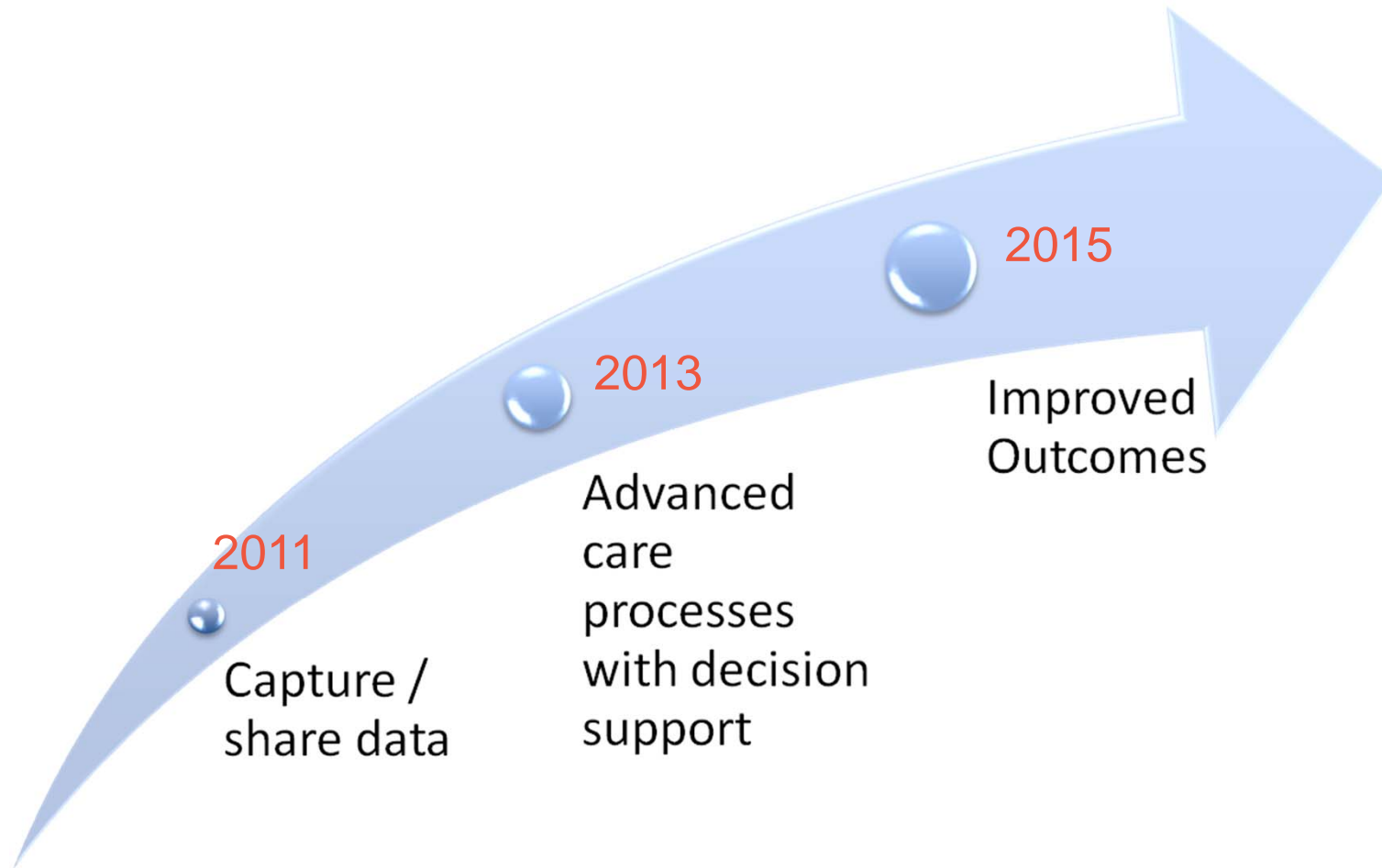
- is about giving residents, care providers, and public agencies timely access to consented information needed to enhance quality and contain costs in the healthcare system.

While each has its own mission, the three initiatives provide considerable cross leverage opportunities.

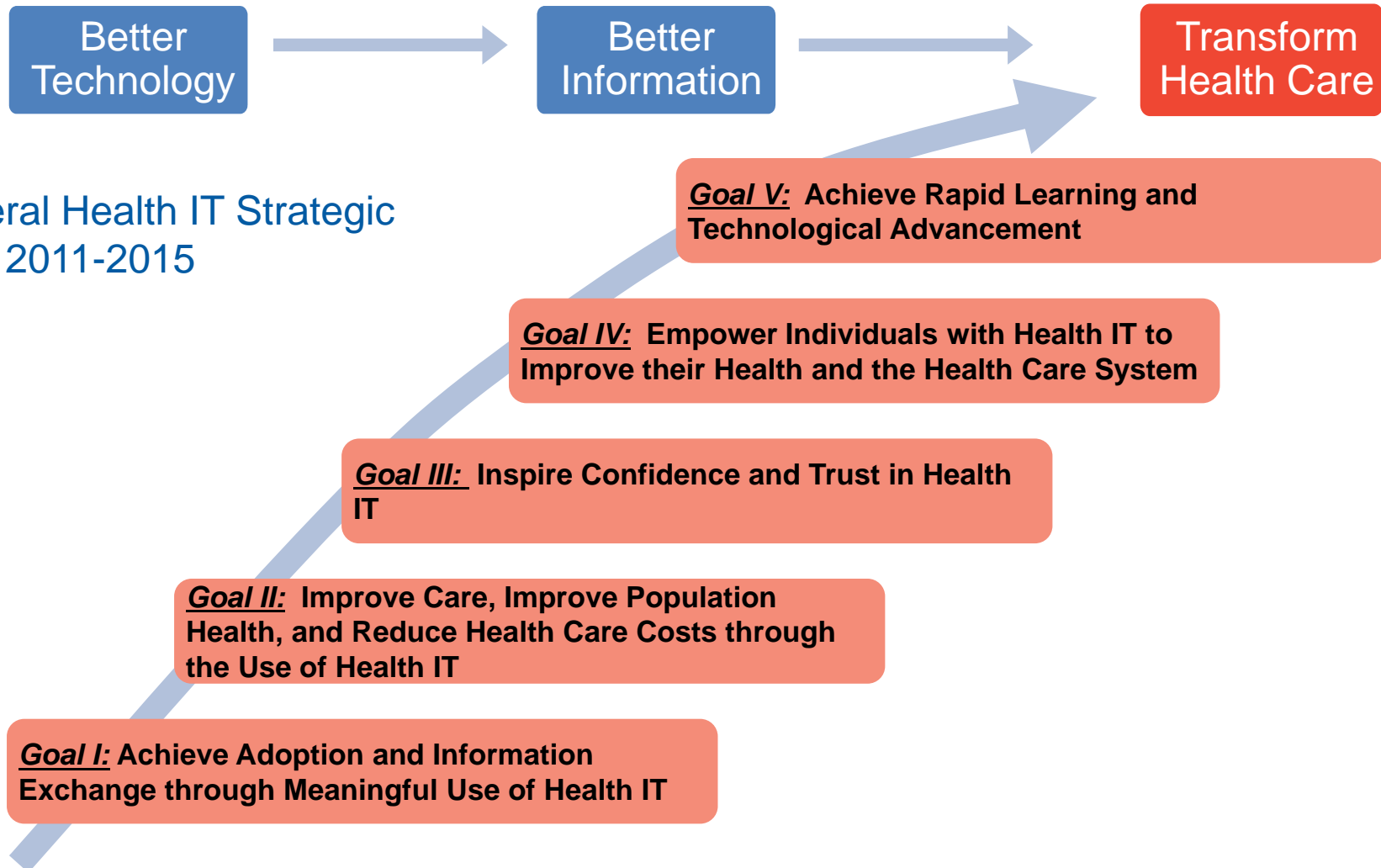
- Maximizing FFP, each project enhances coordination with federal agencies.
- They all leverage the Virtual Gateway providing a common face for these services.
- Built in cohesion, the incremental cost for each project is lower.
- They provide an opportunity to coordinate "transition of care" with "transition of coverage".
- Ability to share consented data across entities allows for coordinated care and an effective programmatic case management
- A linked provider directory and patient record locator services allows for effective handoff between clinical and administrative exchanges.

Jointly they take us on a journey from episodic care to coordinated care to patient directed care. We're moving from fee for service to bundled payments/capitation. Our IT systems are evolving from segmented to integrated to community based.

Conceptual Approach to HIT and Meaningful Use

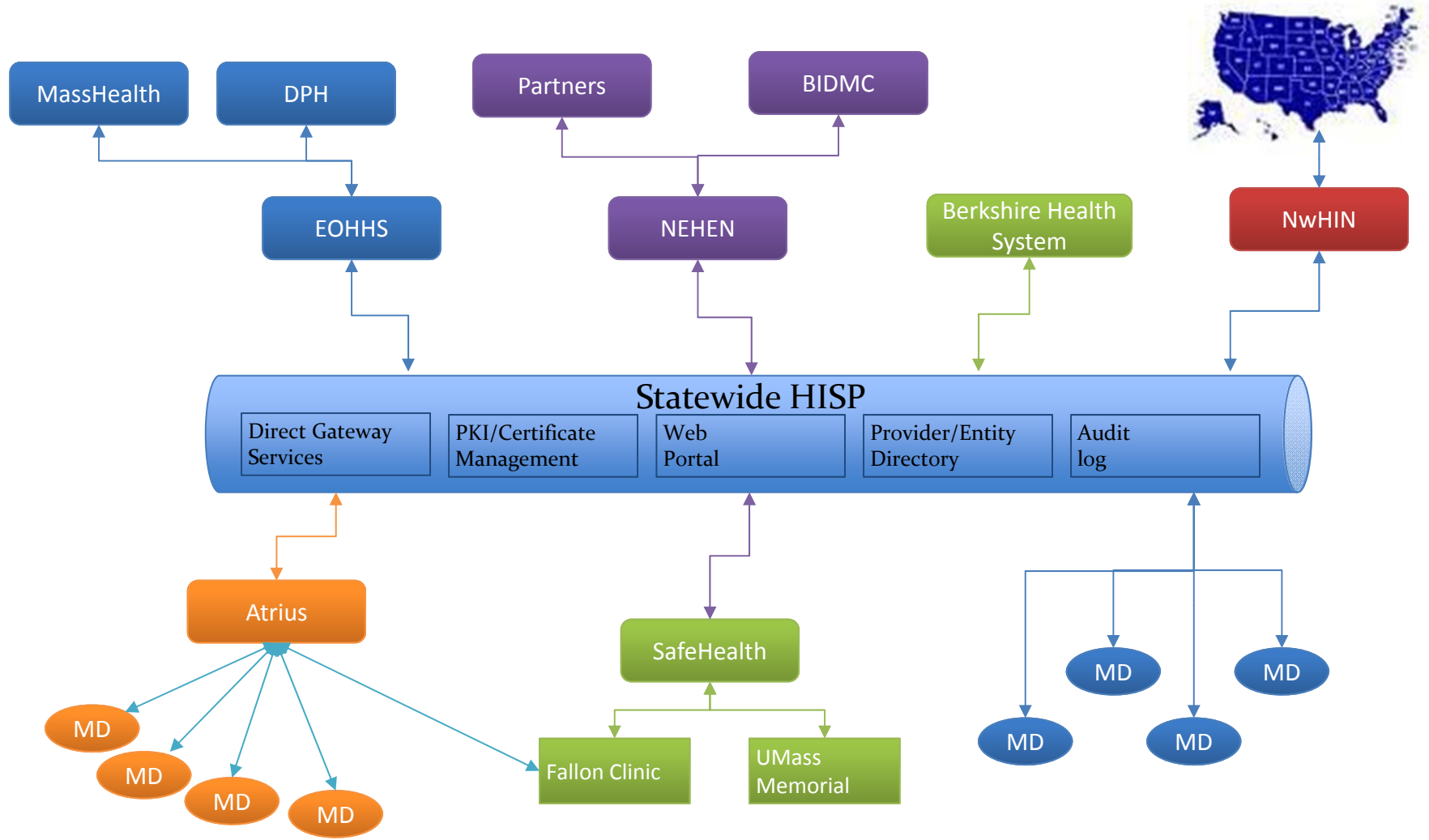


Going Forward



Federal Health IT Strategic Plan 2011-2015

The Massachusetts Statewide Health Information Exchange



Various projects can be mapped into phases using criteria assessing difficulty, market demand, and market gaps

HIE projects

#	Reconciled HIE Project List
1	Direct gateway
2	Provider directory
3	PKI/certificate management
4	Public health interfaces
5	EMPI/RLS
6	Quality data infrastructure
7	Clinical data repository
8	Statewide HIE solution integration services
9	Open access HISP
10	Consent services
11	Vocabulary services
12	Routing service for patients
13	Re-architected/enabling payment methods
14	VG upgrade
15	Claims relay service
16	HIE end-user integration



Phasing criteria

Difficulty

- Are there significant business, technical, governance, or legal complexities that need to be resolved before deploying the service/

Demand for HIE service

- Is there immediate market demand for the transaction as a statewide HIE service?

Gap in market today

- Is there a gap in the market today?



Phasing

Phase 1

- Ready to go
- Move to requirements and RFP development

Phase 2

- No significant technical or policy barriers
- Needs governance & business model development
- Needs scoping and budgeting

Phase 3

- Multiple barriers to tackle
- Needs policy, technical, governance, and business model development
- Needs scoping and budgeting

Phasing defines Roadmap for Statewide HIE Program

Phase 1

Information Highway

- 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

- 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

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



Increasing cost and complexity

Simplify user access – repurpose new and existing components

HIE Users (Medicaid and non-Medicaid)

EHR (Direct enabled)



XDR or SMTP

Labs (HL7)
Clinical documents (CDA)

EHR (not Direct enabled)



Web portal

Labs (HL7)
Clinical documents (CDA)

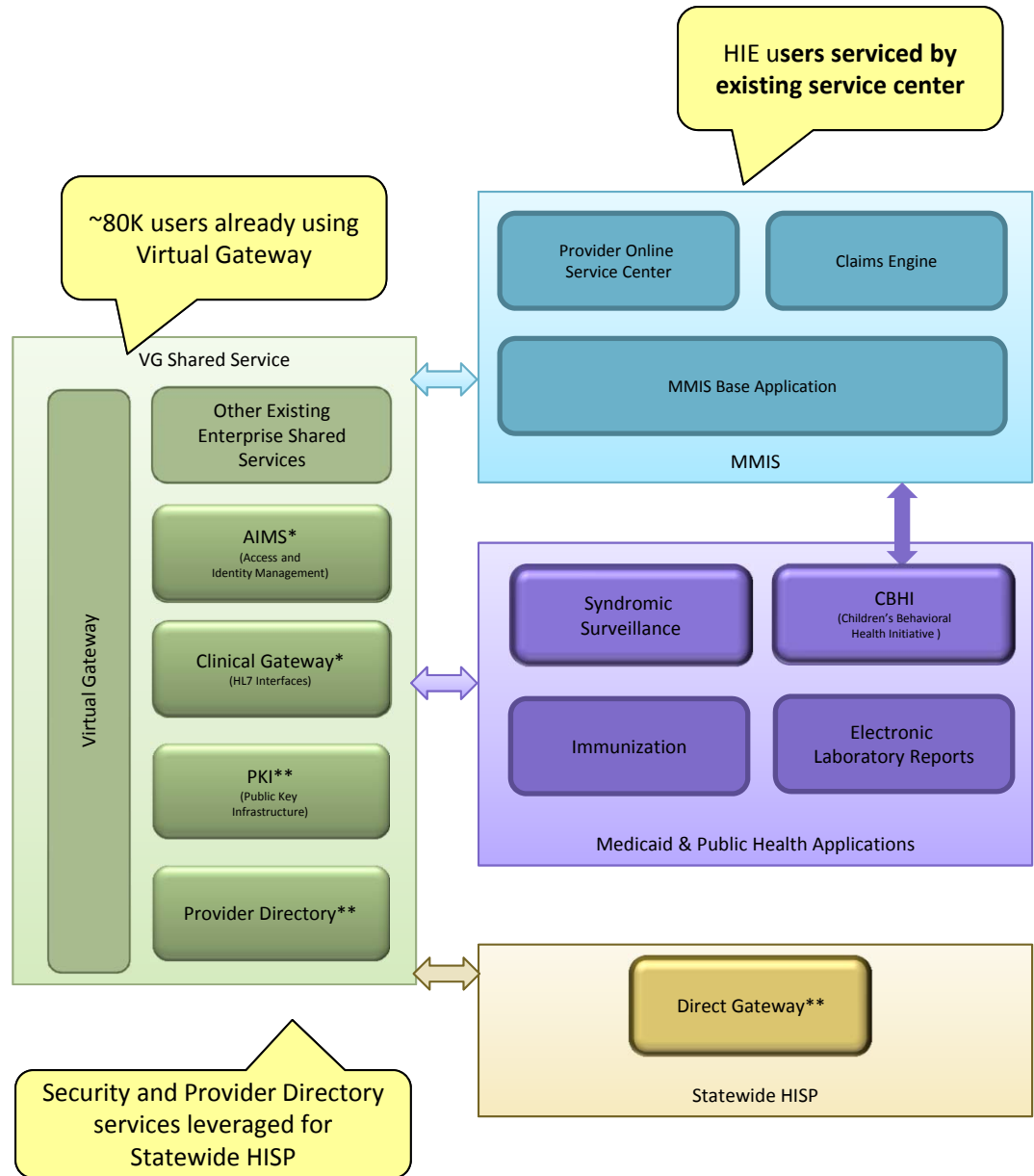
No interoperable EHR



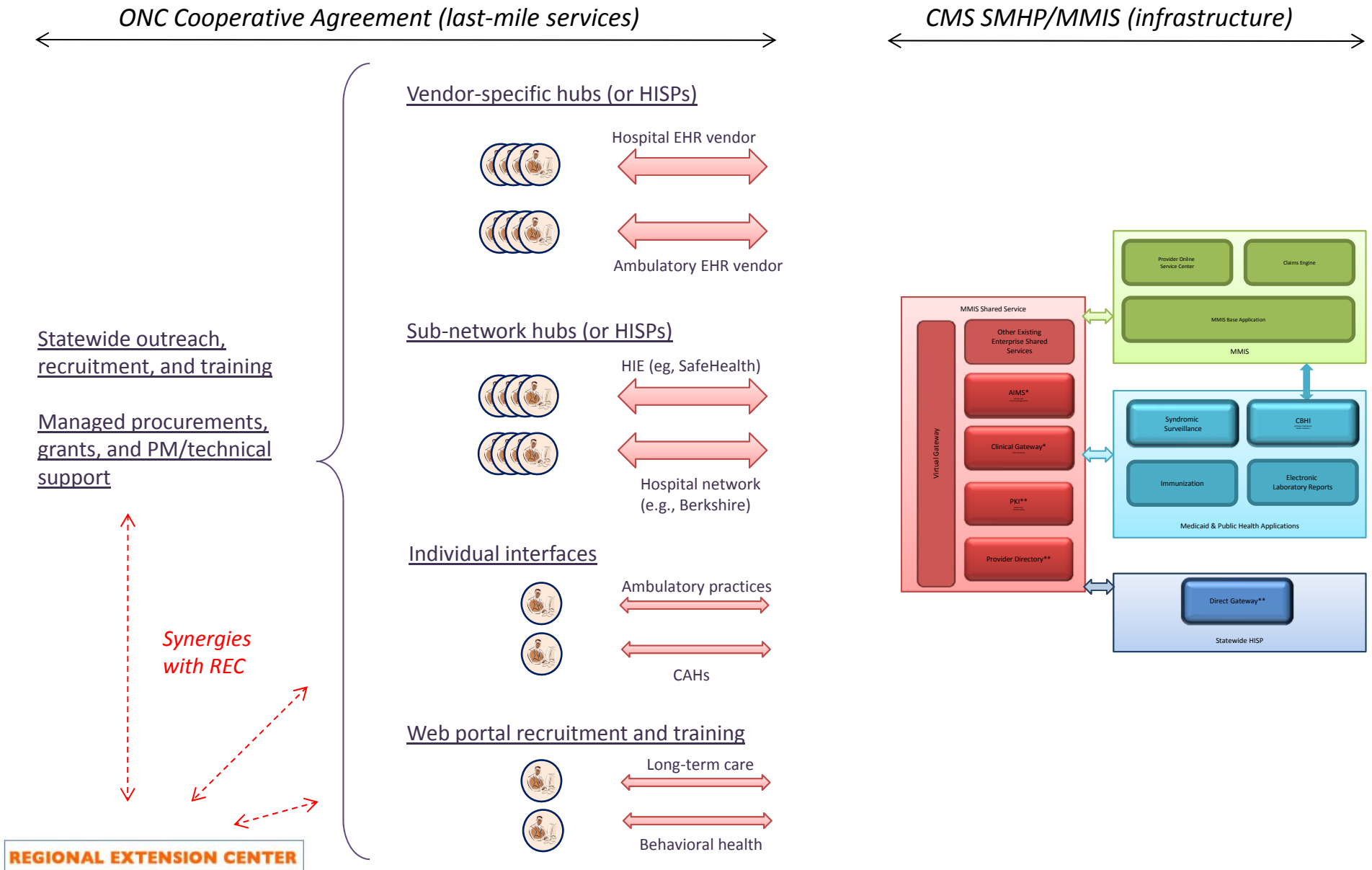
Web portal

Clinical documents

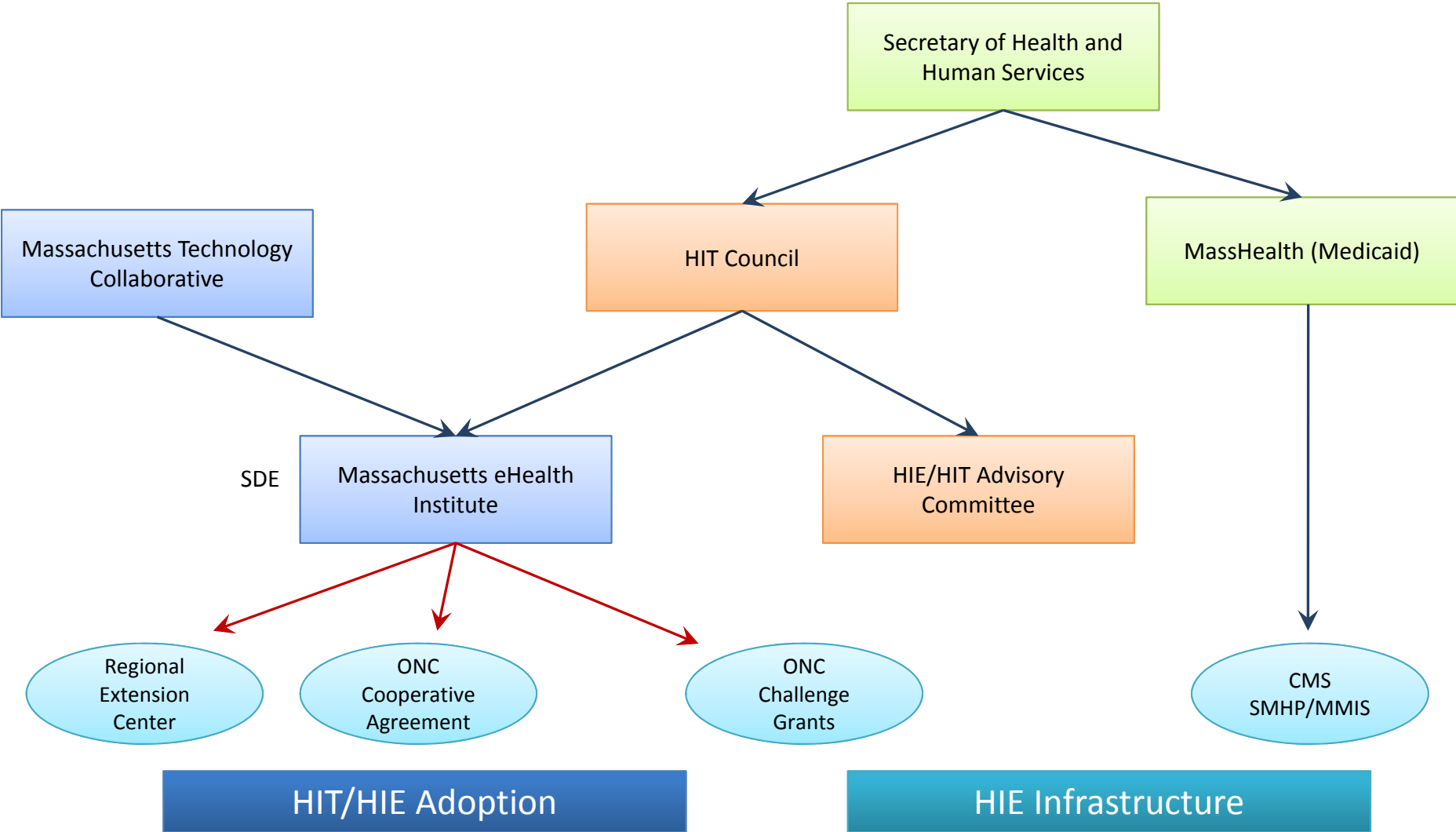
Architecture and usage patterns identical for all users



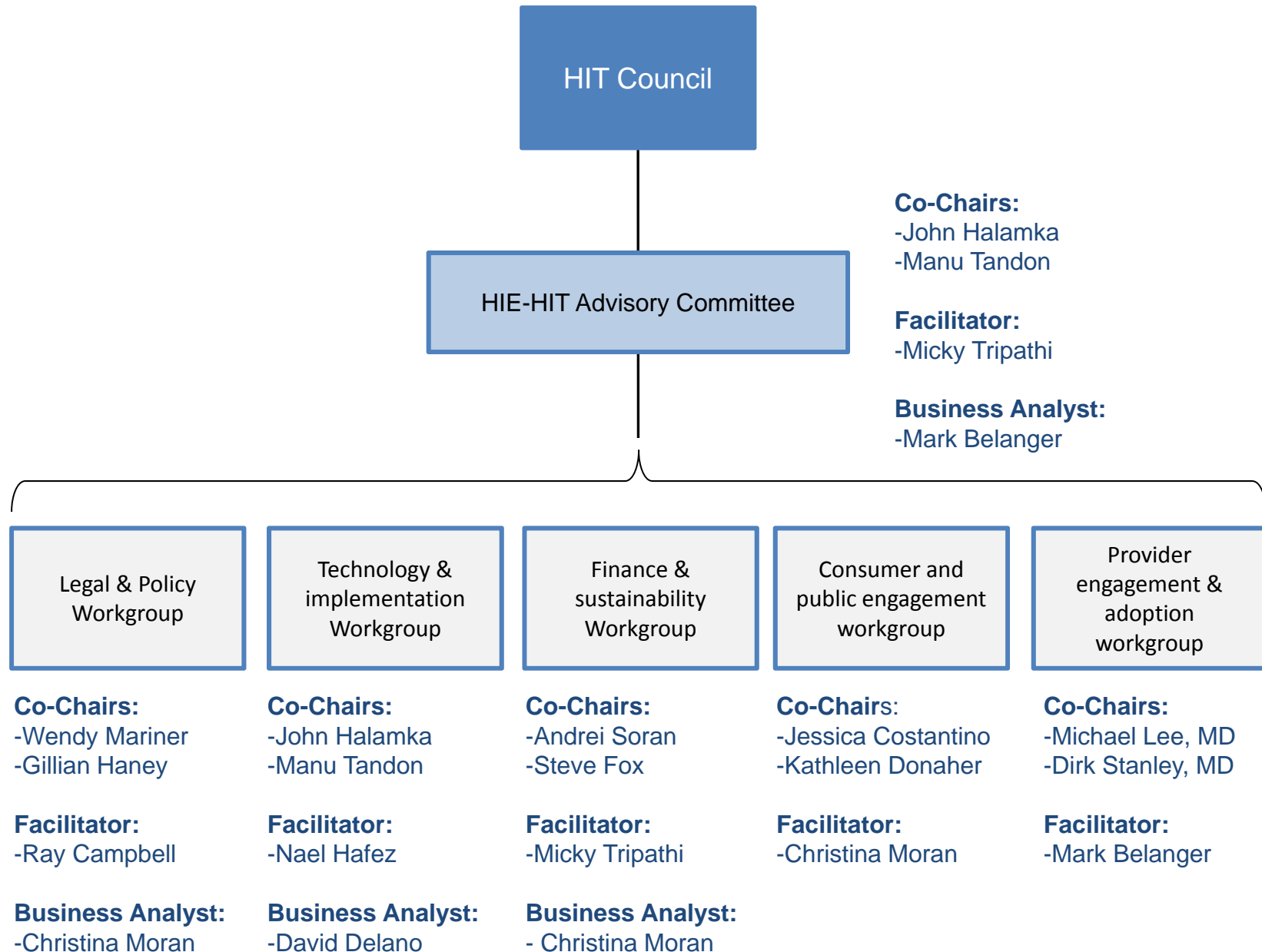
Approach is to complement infrastructure with a multi-pronged adoption program



Secretary of Health and Human Services Oversight of Adoption and Infrastructure Programs

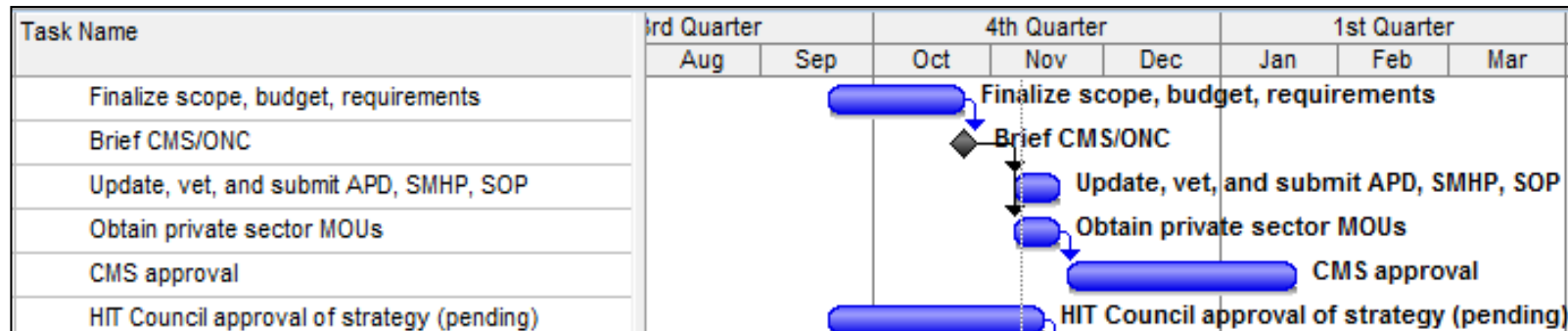


Workgroup Structure, Leadership, and Staffing

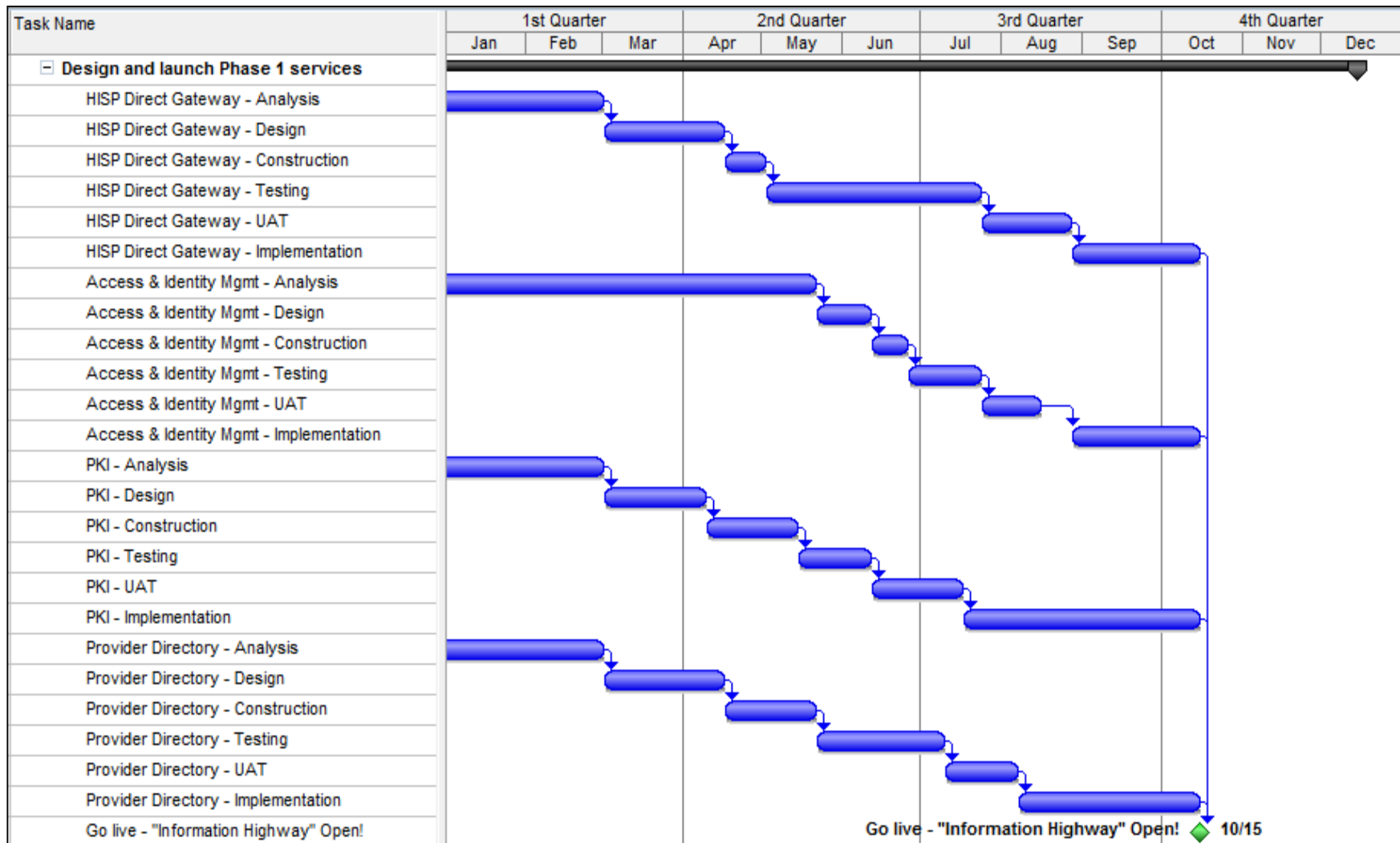


Update: High level timeline for next 12 months (1 of 4)

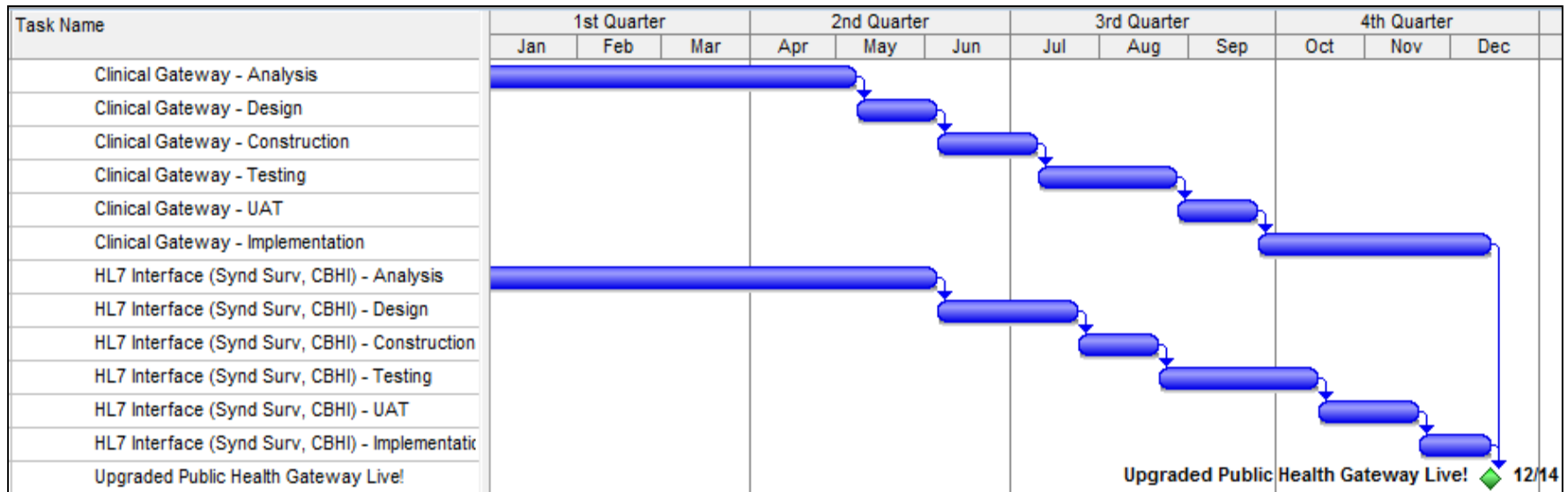
Finalize all approvals



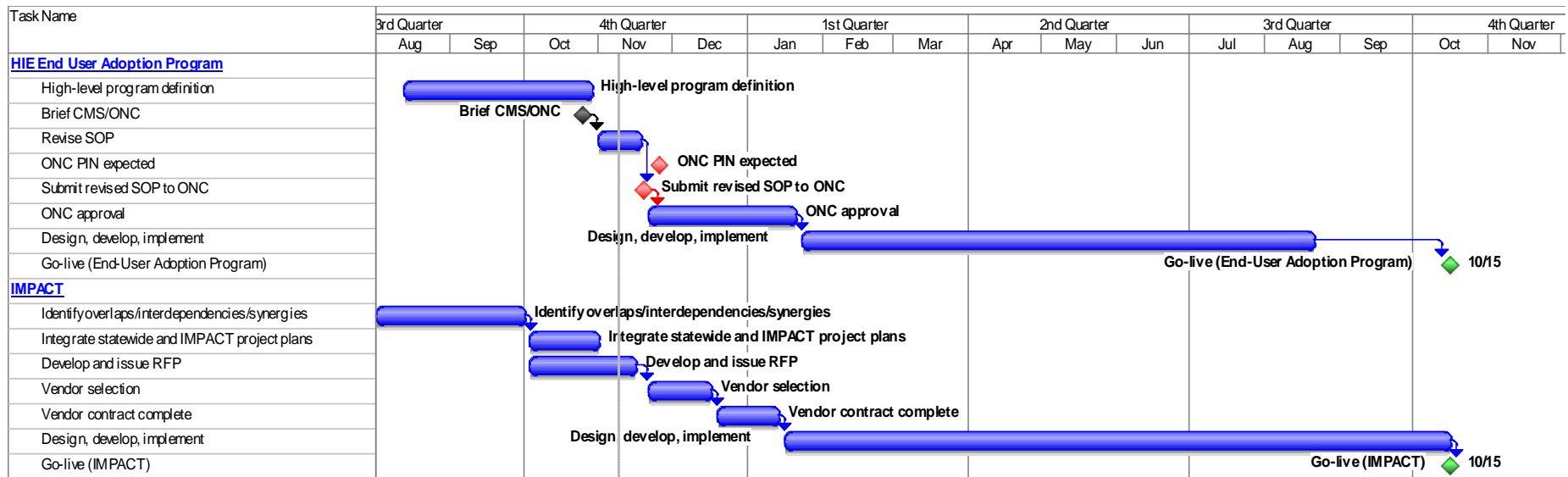
Update: High level timeline for next 12 months (2 of 4) Plan and launch phase 1 services for "Information Highway"



Update: High level timeline for next 12 months (3 of 4) Plan and launch phase 1 services for Public Health Gateway



Update: High level timeline for next 12 months (4 of 4) Plan and launch End User Adoption and Impact programs



Thankyou

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