

# RECs in Perspective

MHDC

February 4, 2011



# MAEHC MISSION: FACILITATE UNIVERSAL EHR ADOPTION

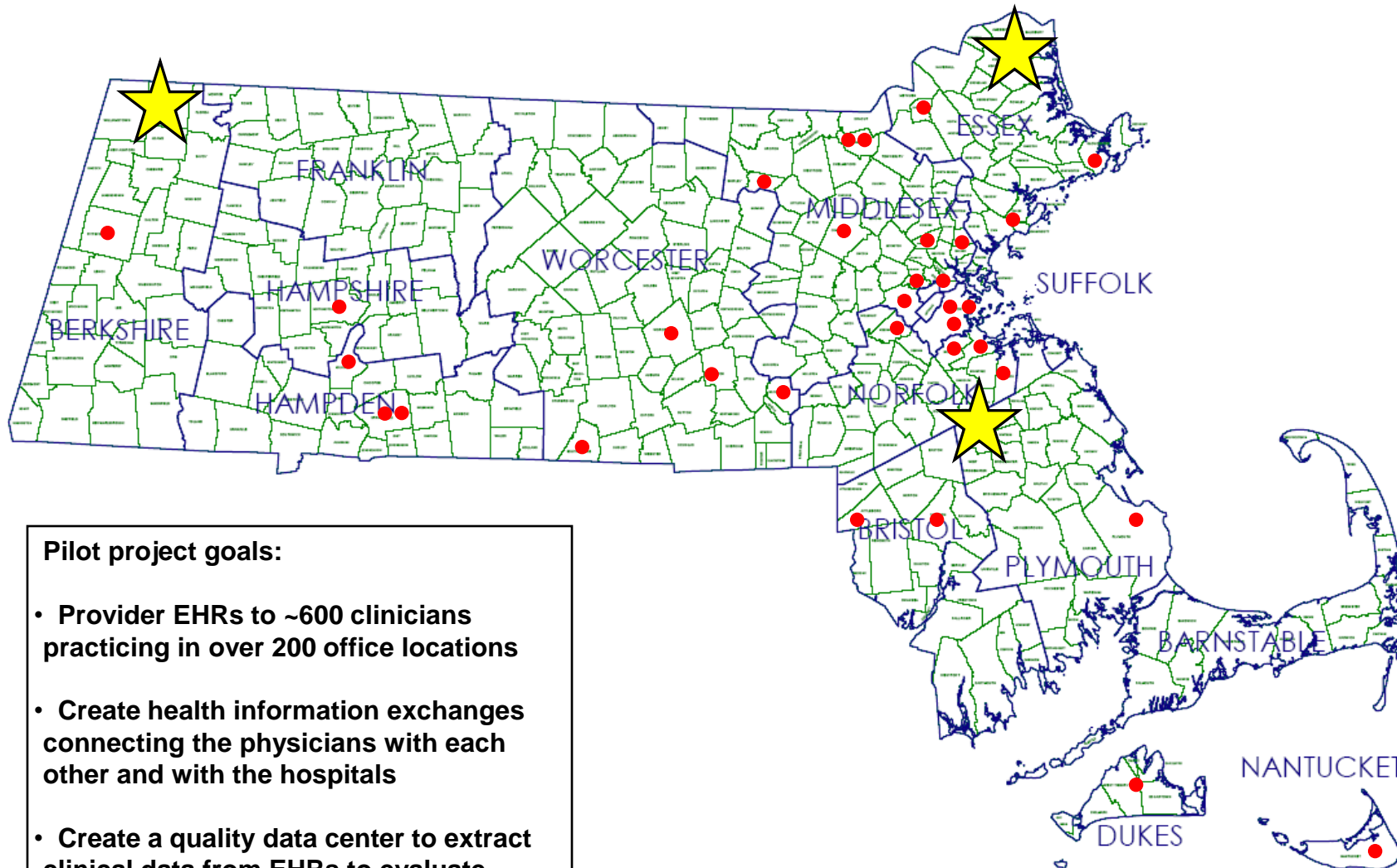


MASSACHUSETTS  
MEDICAL SOCIETY



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

# MAEHC SELECTED THREE PILOT SITES FROM 35 APPLICANTS: BROCKTON, NEWBURYPORT, NORTH ADAMS



## Pilot project goals:

- Provider EHRs to ~600 clinicians practicing in over 200 office locations
- Create health information exchanges connecting the physicians with each other and with the hospitals
- Create a quality data center to extract clinical data from EHRs to evaluate effectiveness and measure performance

# FIRST PRACTICE LAUNCHED IN MARCH 2006

Technology Adoption Zone



Home of the first MAeHC eHealth practice in Massachusetts!

**MAeHC**  
Massachusetts eHealth Collaborative

**LMVPHO**  
Lower Merrimack Valley Physician Hospital Organization



## Docs link up to new record style

By Jennifer Heldt Powell  
Tuesday, March 14, 2006



## The end of the paper trail

By Ulrika G. Gerth/ ugerth@cnc.com  
Friday, March 17, 2006



## Setting a new record: Local doctors pilot electronic patient history system

By Stephanie Chelf  
Staff Writer

# MAeHC REC participation

## **Regional Extension Center of New Hampshire**

- Awarded September 2010
- Approximately 730 physicians in enrollment process (goal: 1000)

## **Implementation services contractor:**

- New York eHealth Collaborative: ~300 physician implementations underway
- Massachusetts eHealth Institute: tbd
- Rhode Island Quality Institute: tbd

# Origins of the REC Approach



## A Tale Of Two Large Community Electronic Health Record Extension Projects

What others can learn about overcoming barriers to adopting EHRs from Massachusetts and New York City.

by **Farzad Mostashari, Micky Tripathi, and Mat Kendall**

**ABSTRACT:** The Massachusetts eHealth Collaborative and the New York City Primary Care Information Project have provided financial subsidies and extensive support to help hundreds of independent medical practices successfully adopt electronic health records. Their efforts address overcoming key barriers such as the amount of start-up funds needed, productivity lost during implementation, and the difficulty of choosing the right system. Their approaches differ: the Massachusetts project emphasizes continuity of care within selected communities; New York emphasizes improvements in preventive care and chronic disease management across a population. Both, however, offer valuable insights that can be applied elsewhere. [*Health Affairs* 28, no. 2 (2009): 345–356; 10.1377/hlthaff.28.2.345]

# A HARD-WORKING PRIMARY CARE PRACTICE MASSACHUSETTS

“Hey Sally!  
Where is Mrs.  
Jones x-ray?”

Prescription refill  
request on fax  
machine (Right  
behind the joke of the  
day)

Printer with  
results from  
one lab

Unopened  
mail

Unsorted  
results

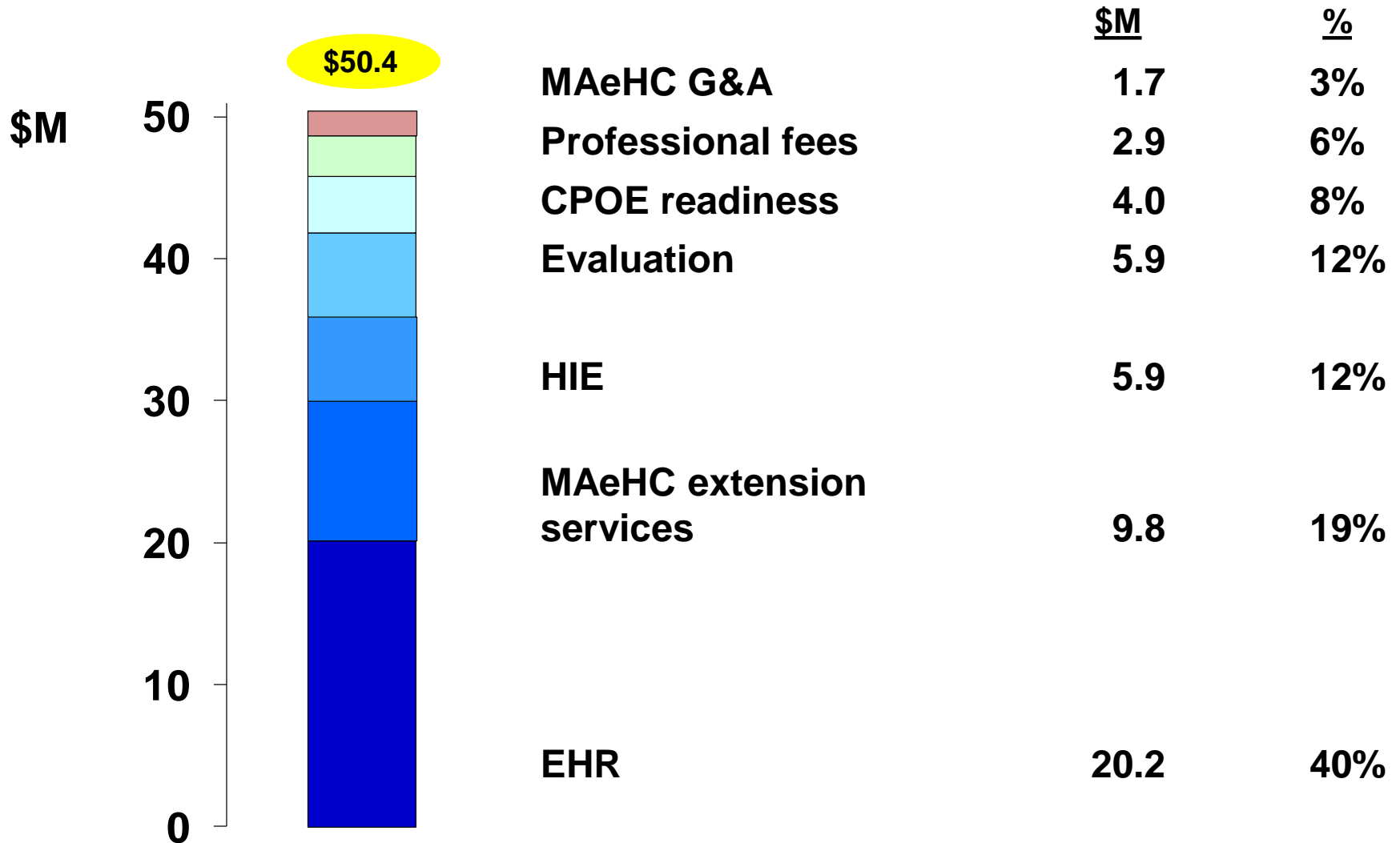
Courier just  
dropped off  
more  
envelopes

About to ring  
with stat  
results

Web portal  
(from one  
hospital)



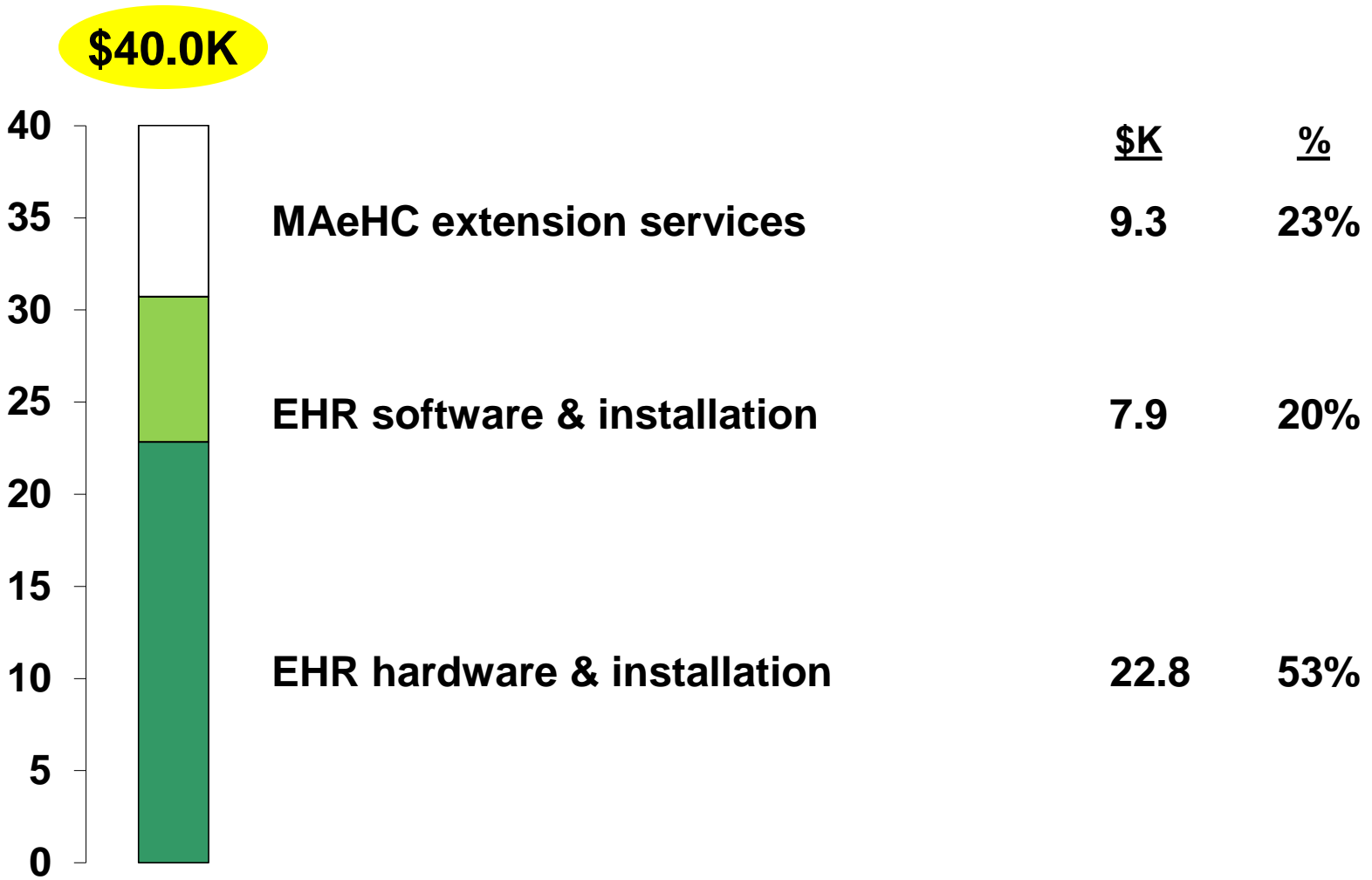
# MAeHC PILOT PROJECT EXPENDITURES 2005-2008



# MAEHC ACTUAL COST PER CLINICIAN FOR EHR

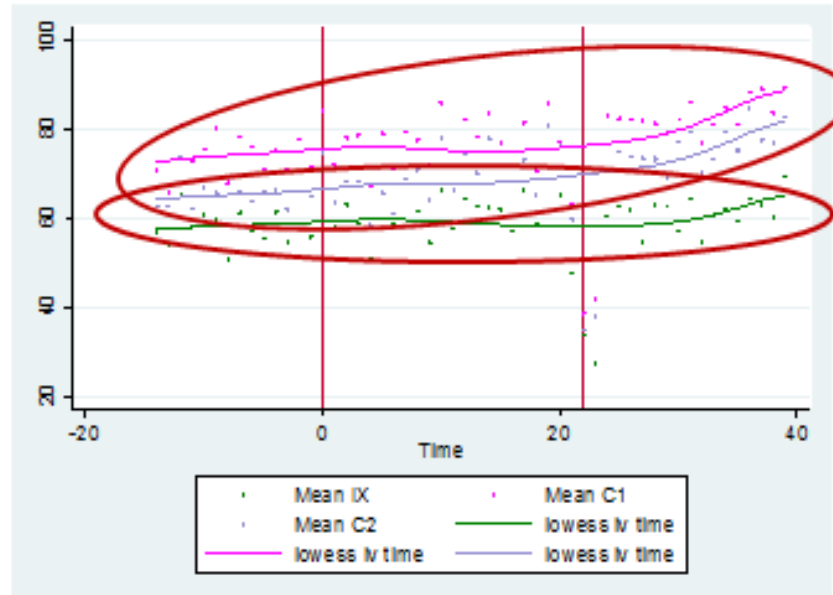
## Average Cost Across All Practices and All Vendors

\$K



# Utilization Analysis illustration

NPI defined intervention community;  
zip code defined control communities



n = 3,027,940 member months

	Pre Period Slope	Post Period Slope	P-Value*
Intervention	0.46	0.60	0.0019
Control	0.48	1.06	

**Intervention Difference:**

**0.14**

**Control Difference:**

**0.58**

# Utilization Analysis Preliminary Results

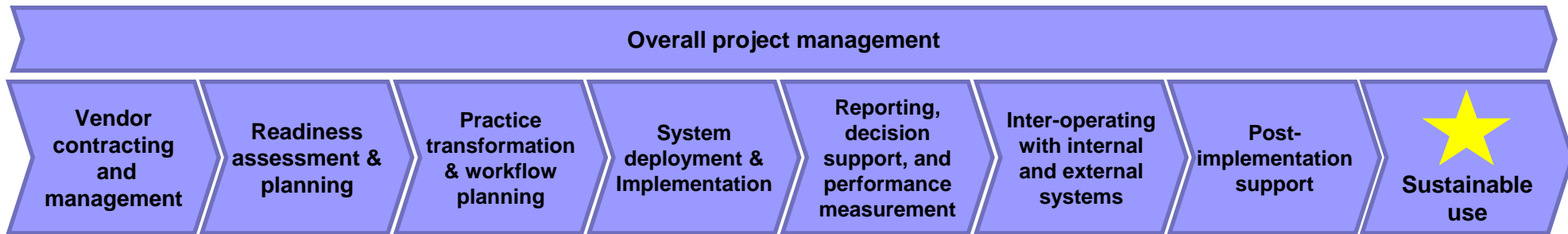
Utilization spending	
Lab	1 community
Radiology	2 communities
Ambulatory visits	2 communities
Ambulatory E&M visits	3 communities
ER visits	0 communities
Inpatient spending	1 community
Inpatient admissions	1 community
Length-of-stay	0 communities

# Utilization Analysis Preliminary Results

Practice 5-year ROI	Annual \$
By specialty	
Primary care	-1,000
Specialty	+10,000
By size	
Small	+6,500
Medium	+7,000
Large	+2,000

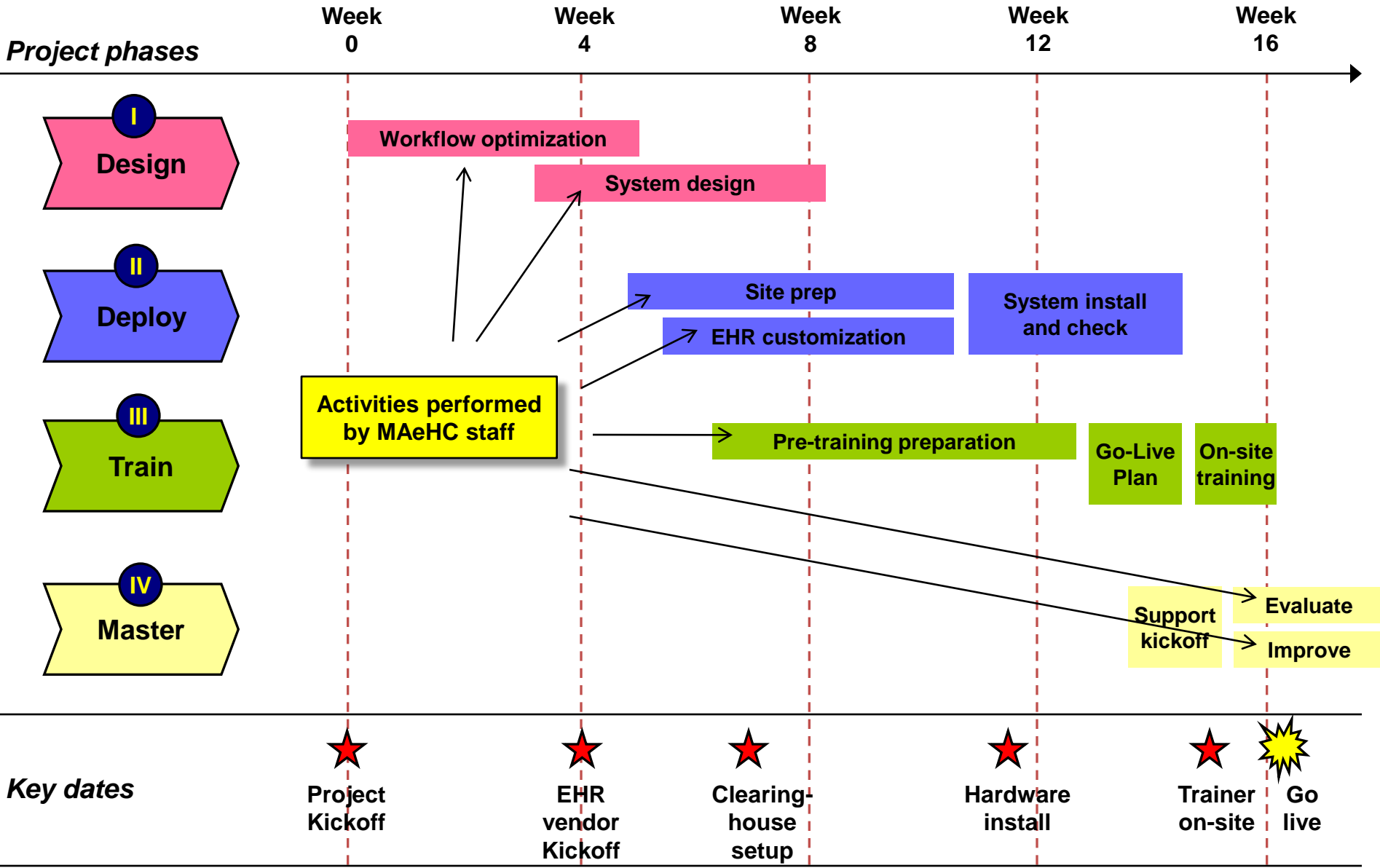
# EHR IMPLEMENTATION PROCESS

## *Illustrative EHR Implementation Value Chain*



- Gaps at any point along the way will kill adoption

# MAEHC IMPLEMENTATION TAKES ABOUT 16 WEEKS



# COORDINATION REQUIRED AT THE TASK-LEVEL

## MAeHC Small Practice Example

Implementation Phase	Milestone Step	MAeHC <small>Massachusetts eHealth Collaborative</small>	HW integrator	EHR vendor	Practice
<b>I Design</b>	1. Workflow Design Meeting	○	●		●
	2. Initial Design	○	●		●
	3. EHR Implementation Kick-Off Call	○		●	●
	4. Set baseline schedule	○			●
	5. Clearinghouse enrollment filed			●	●
	6. Final design	○	●		●
	7. Site remediation complete	○			●
<b>II Deploy</b>	8. Hardware delivered		●		●
	9. Hardware deployed		●		●
	10. EHR vendor network check		●	●	
	11. EHR application installed		●	●	●
	12. Lab interface acceptance			●	●
	13. Existing data migration acceptance			●	●
	14. Total System Check	○	●	●	●
<b>III Train</b>	15. Trainer on-site	○		●	●
	16. PMS go-live	○		●	●
	17. Full-system go-live	○		●	●
<b>IV Master</b>	18. EHR Support Kick-Off Call		●	●	●
	19. Post-Implementation Check-In	○			●

# Lessons Learned About the Key Ingredients of Failure

**Lack of leadership**

**Lack of preparation**

**Lack of office commitment**

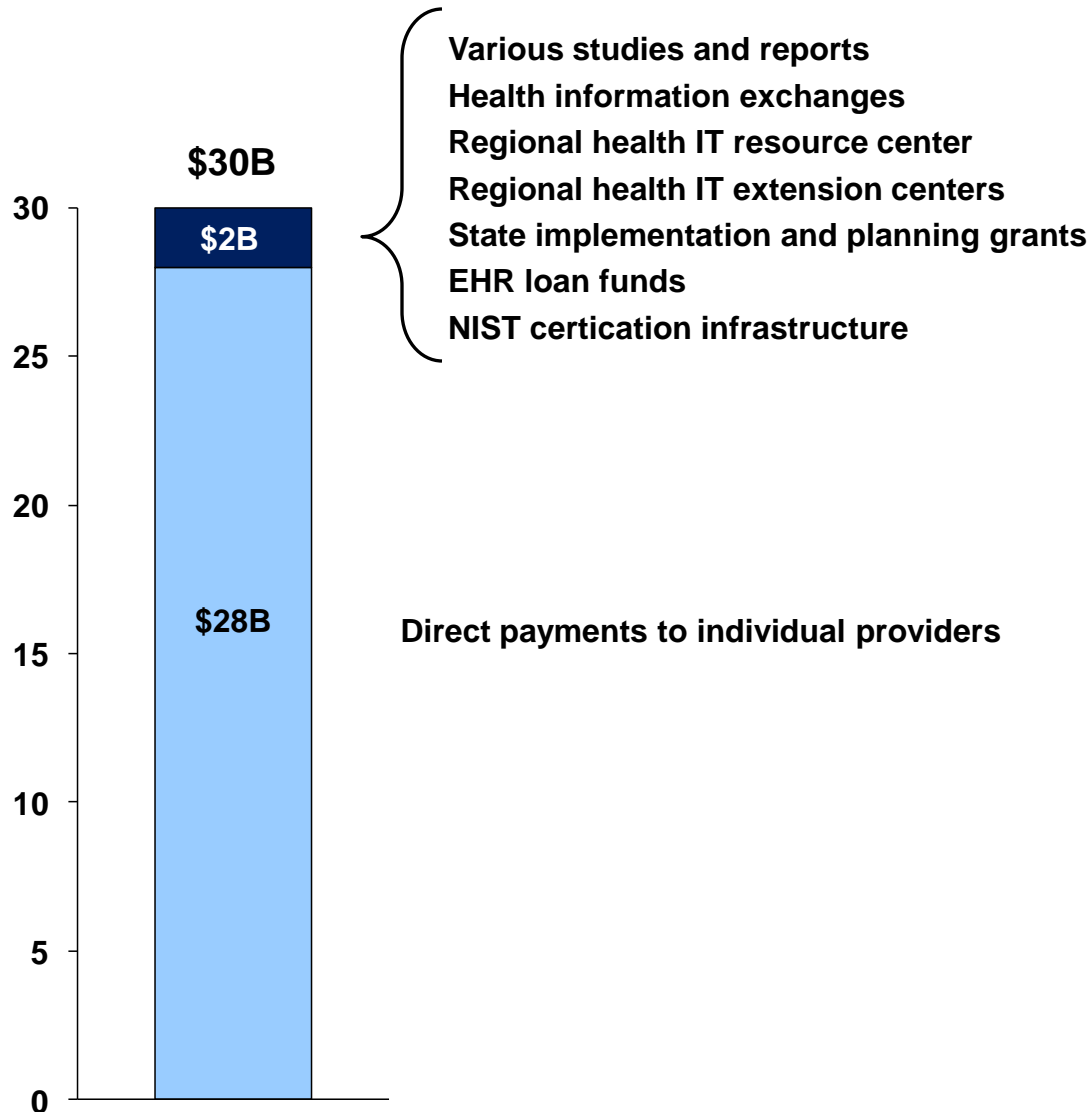
**Lack of project management**

**Over-confidence in vendors**

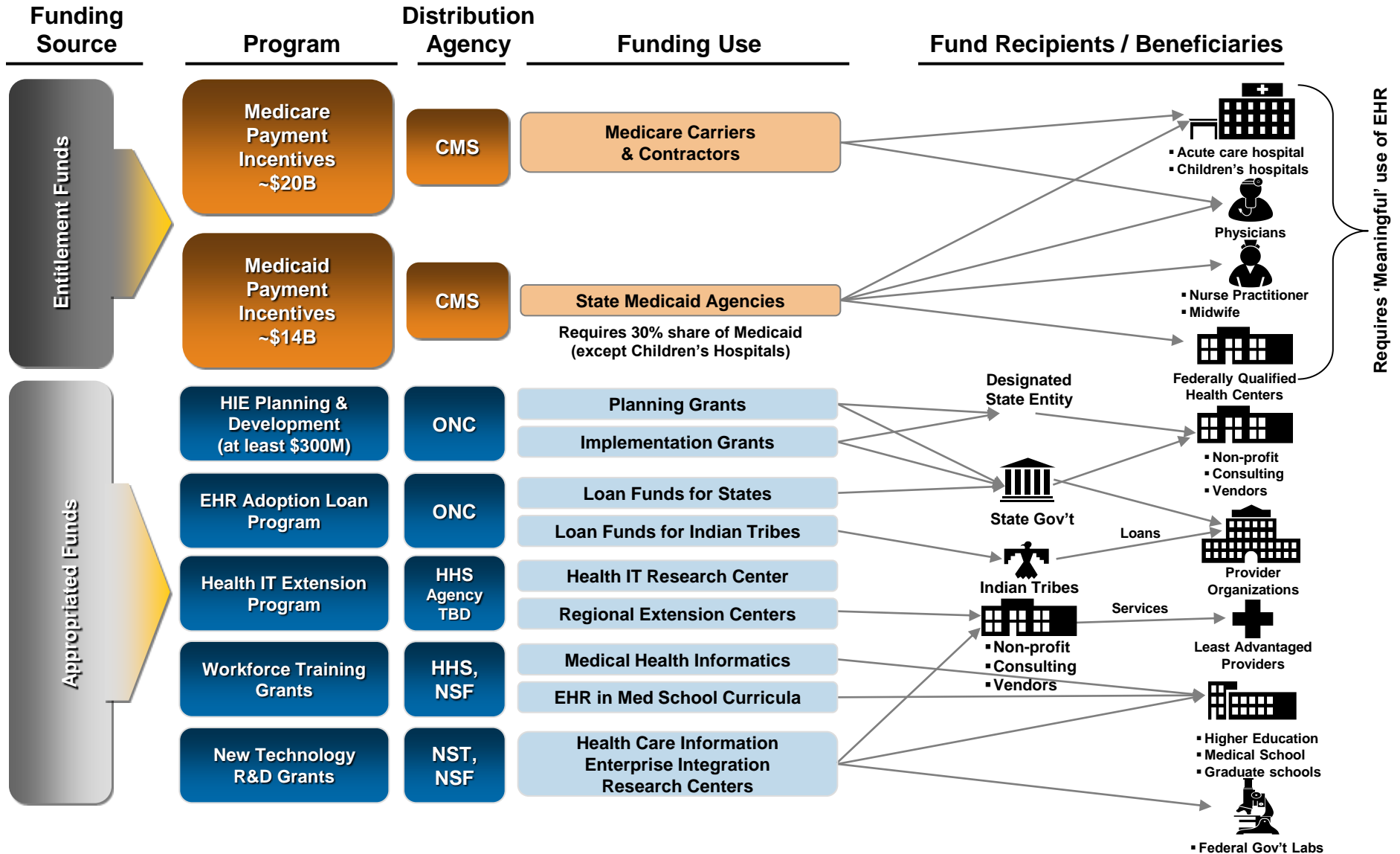
**Disruption in revenue cycle**

**IT failures**

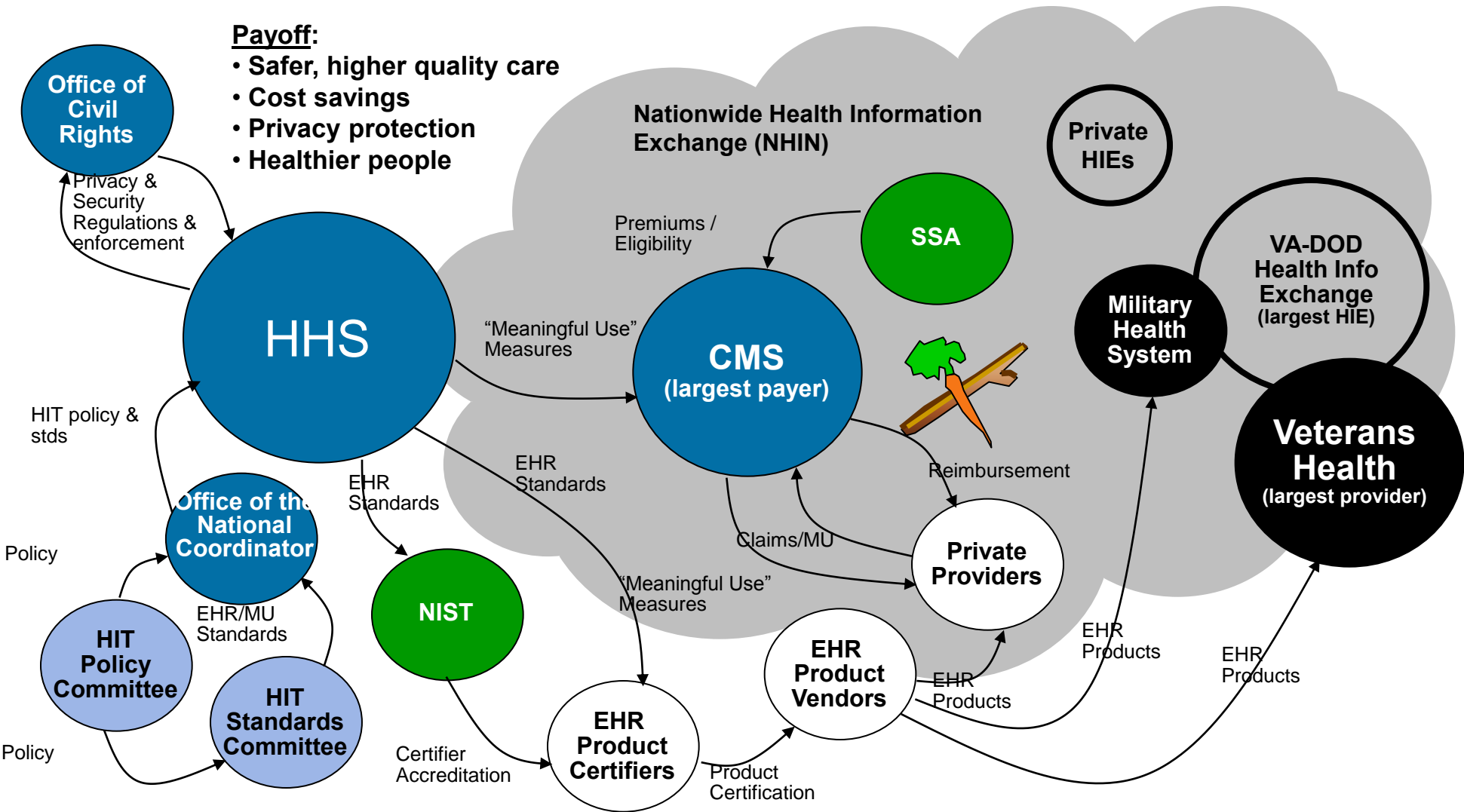
# Estimated ARRA funding for HIT and HIE

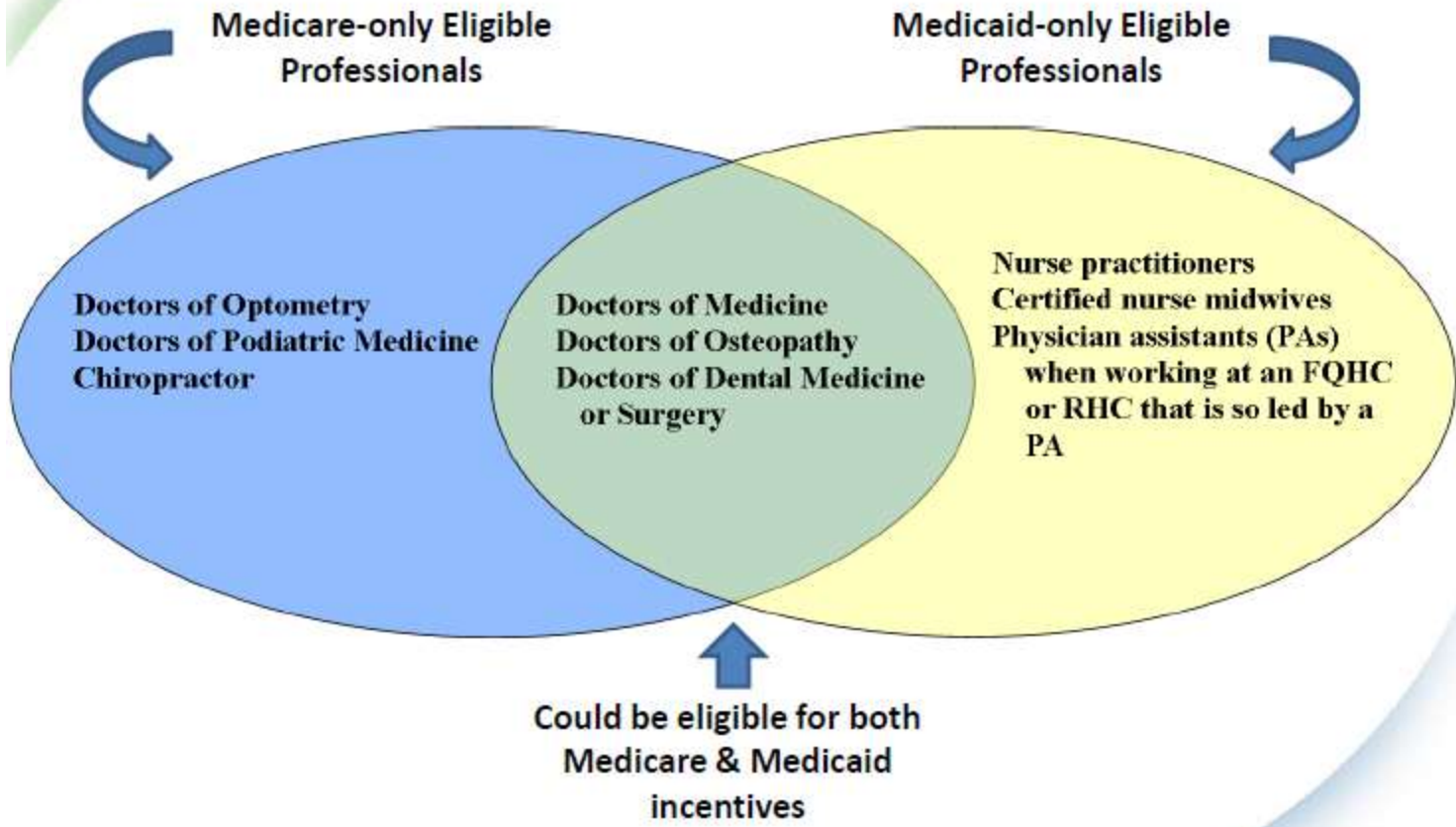


# RECOVERY ACT FUNDING FLOWS



# TAKE 2: RECOVERY ACT FUNDING FLOWS

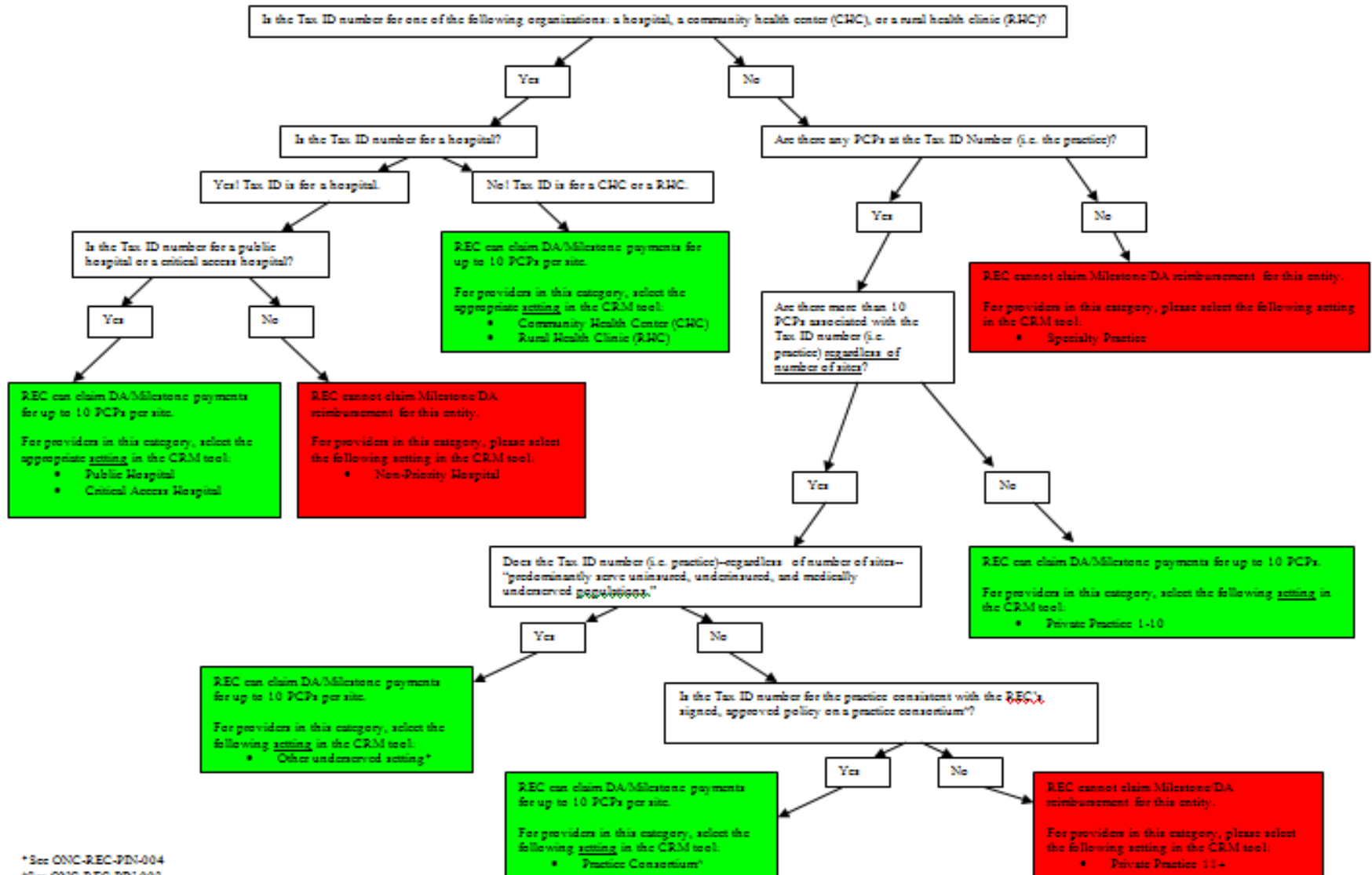




# Determining Eligibility for REC Subsidized Services

## Logic Tree for determining "Priority Setting"

Rectangular Snip



\*See ONC-REC-PIN-004  
 \*See ONC-REC-PIN-003  
 Updated 10-18-10

# SPECTRUM OF REC BUSINESS MODELS

## Implementer

- Customer pathway to meaningful use is Managed solely by the REC using a team of sub-contractors
- REC owns the customer relationship
- Strong management, execution capacity, and funding flows are the primary levers for meeting goals and limiting contract risk
- Eg, NYC Reach

## Orchestrator

- Authorized Extension Agents recruit customers and perform service delivery under standards and milestones established by NYeC
- Customer relationship is shared
- Payment flows and strong governance are primary levers for meeting goals and limiting contract risk
- Eg, NYeC, MeHI

## Matchmaker

- REC acts as a resource and a guide for the customer, providing information, tools, and advice
- REC provides information to customer and customer works with partners independently
- REC takes risk for meeting terms of Federal Contract
- Eg, RIQI

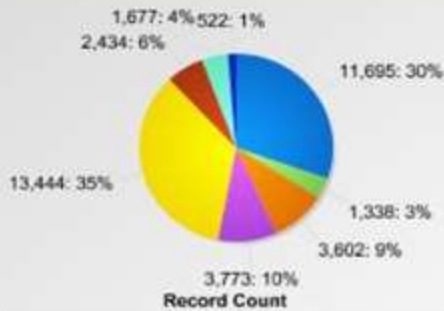
## MU Payments and Stages

Calendar year		Annual incentive						Total
		2011	2012	2013	2014	2015	2016	
First qualifying year	2011	\$18,000	\$12,000	\$ 8,000	\$ 4,000	\$ 2,000		\$44,000
	2012		\$18,000	\$12,000	\$ 8,000	\$ 4,000	\$ 2,000	\$44,000
	2013			\$15,000	\$12,000	\$ 8,000	\$ 4,000	\$39,000
	2014				\$12,000	\$ 8,000	\$ 4,000	\$24,000
	2015+					\$ 0	\$ 0	\$ 0

Meaningful use:



# Making Strides in Provider Sign Up



**North Carolina**  
1485 providers signed up

**South Carolina**  
63% of M1

## Total PPCPs Signed Up



Goal is 30,000 PPCPs by December 2010

## Success Stories:

**Highest # of PPCPs Signed Up by REC\***

RECs	Total PPCPs Signed Up
CalHIPSO	3113
OHIP	3044
MeHI	1700

**Highest % of M1 Target Met**

RECs	% of M1 Target Met
Mississippi	83%
Montana/Wyoming	79%
Maine	68%

**COREC**  
1386 providers signed up

**New Mexico**  
60% of M1



\*As of 5:00pm EST 1/28/11

# My National REC Program Report Card

**Ease of comprehension**



Complicated eligibility, confusion with MU incentive program, Medicaid!, poor outreach & education

**Ease of process**



Widely divergent approaches across states; too many organizations with no domain knowledge, name recognition, or user trust

**Speed to market**



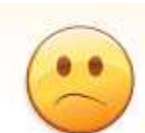
Slowness in program definition at federal and state levels

**Relevance to users**



Program targets the right set of providers with the right set of services

**Alignment with business**



Alignment with MU incentives still unclear – 2-year extension makes this more confusing, not less; EHR vendors still unclear about how to engage; what is an ACO?

**Operational effectiveness**



Too soon to tell – very few RECs have gotten past Milestone 1; limitation of funding could be large issue; EHR vendors still unclear about how to engage



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

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