MASSACHUSETTS eHEALTH COLLABORATIVE

February, 2006

MAeHC
Massachusetts eHealth Collaborative

MAeHC ROOTS ARE IN MOVEMENT TO IMPROVE QUALITY, SAFETY, EFFICIENCY OF CARE

Blue Cross/ Blue Shield of Massachusetts

- $50M commitment to heath information infrastructure
- Recognition of "systems" problem

MA Chapter of American College of Physicians

- Universal adoption by physicians of electronic health records
- MA-SAFE

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

34 ORGANIZATIONS REPRESENTED ON MAeHC BOARD

Hospitals and hospital associations

- Baystate Health System
- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Caritas Christi
- Fallon Clinic, Inc.
- Lahey Clinic Medical Center
- Massachusetts Hospital Association
- Massachusetts Council of Community Hospitals
- Partners Healthcare
- Tufts-New England Medical Center
- University of Massachusetts Memorial Medical Center

Governmental agencies

- Executive Office of Health and Human Services

Health plans and payer organizations

- Alliance for Health Care Improvement
- Blue Cross Blue Shield of Massachusetts
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Massachusetts Association of Health Plans
- Massachusetts Health Quality Partners
- Tufts Associated Health Maintenance Organization

Healthcare purchaser organizations

- Associated Industries of Massachusetts
- Massachusetts Business Roundtable
- Massachusetts Group Insurance Commission

Non-voting members

- Center for Medicare & Medicaid Services

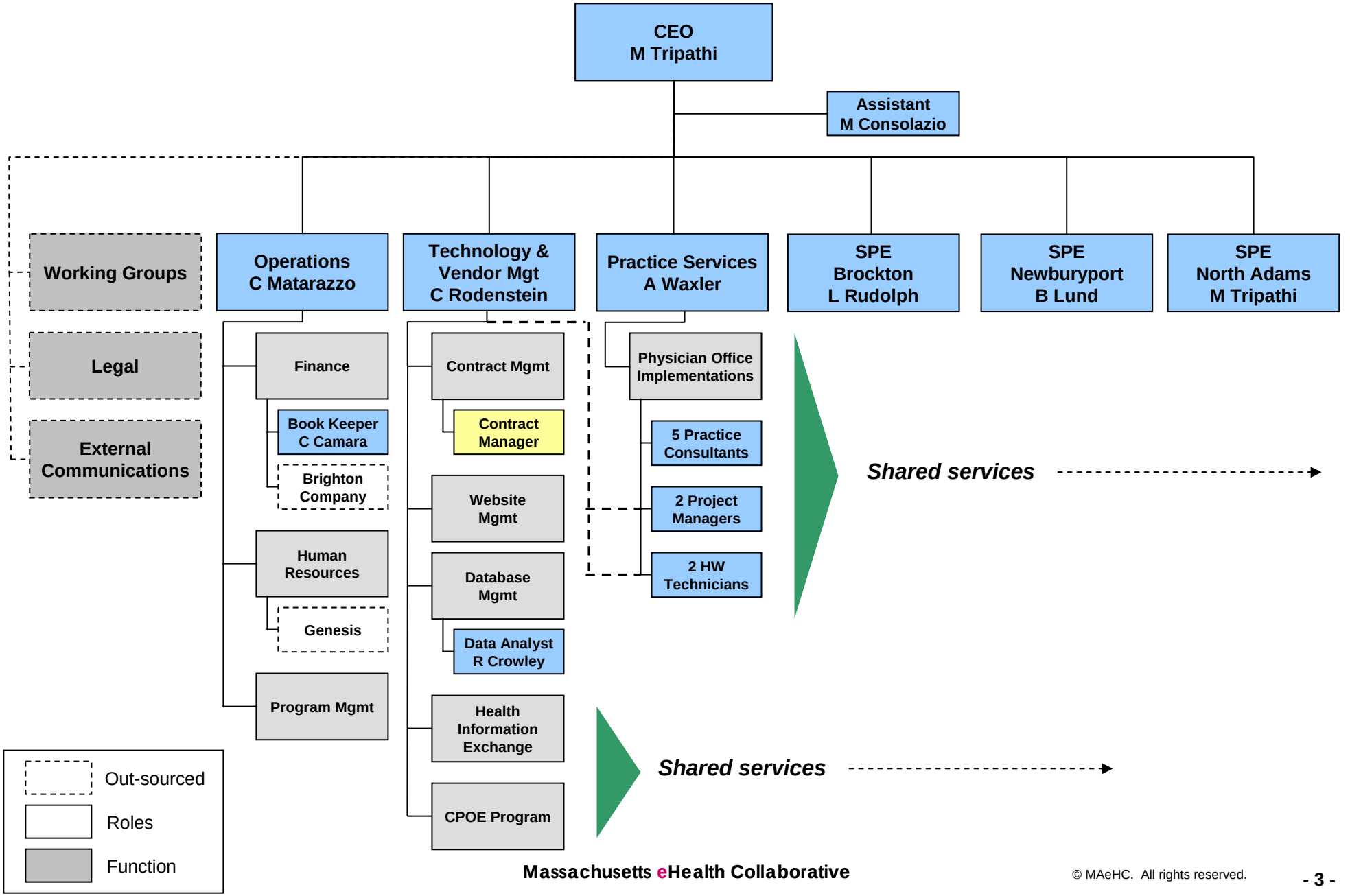
Healthcare professional associations

- American College of Physicians
- Massachusetts League of Community Health Centers
- Massachusetts Medical Society
- Massachusetts Nurses Association

Consumer, public interest, and labor

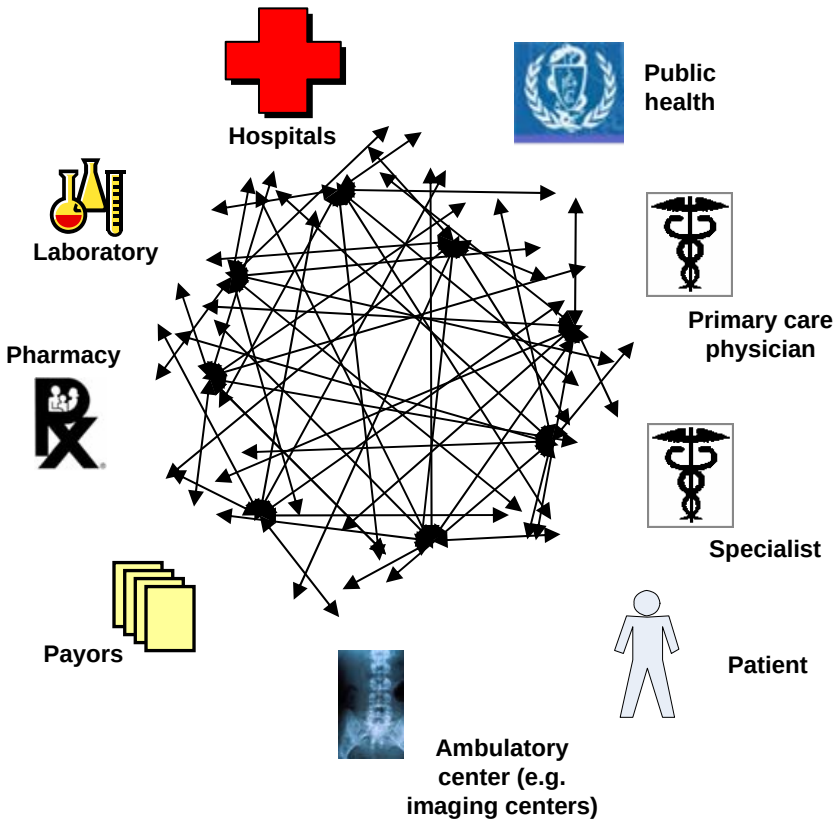
- Health Care for All
- Massachusetts Coalition for the Prevention of Medical Errors
- Massachusetts Health Data Consortium
- Massachusetts Taxpayers Foundation
- Massachusetts Technology Collaborative
- MassPRO, Inc.
- New England Healthcare Institute

MAeHC ORGANIZATION STRUCTURE

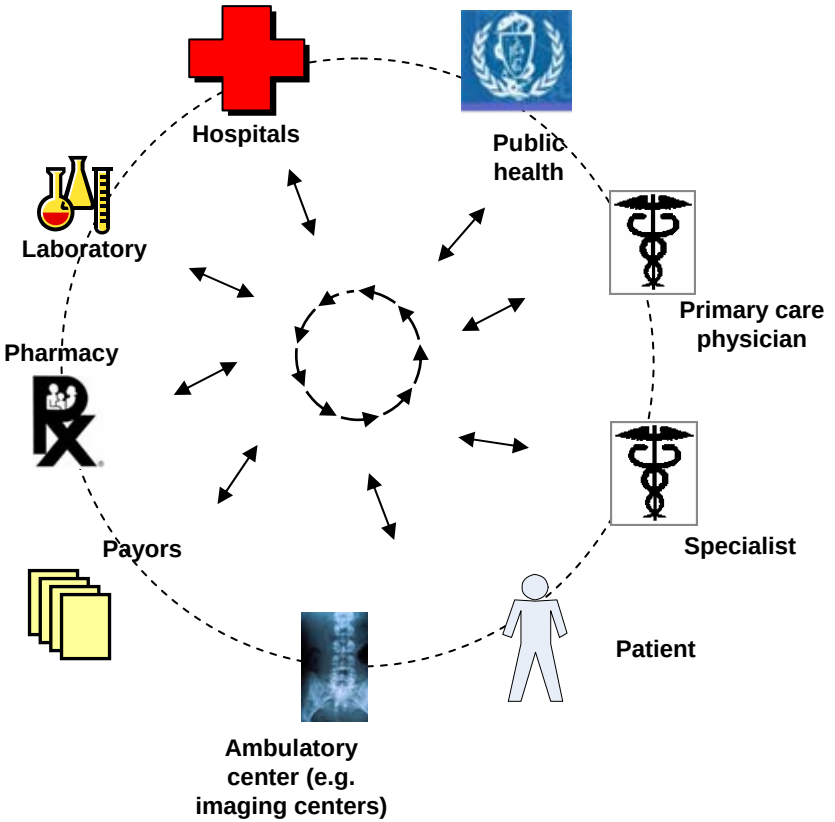


FRAGMENTATION OF CLINICAL SYSTEMS LIMITS ABILITY TO IMPROVE QUALITY, SAFETY & EFFICIENCY OF CARE

CURRENT STATE



VISION OF THE FUTURE



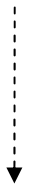
MAeHC VISION

Tools for better, more accessible health care…	…incorporated into clinical practice…	…and sustained over time.
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**	**Overcome barriers to promote widespread use of EHRs and associated decision support tools** • **Lack of capital** • **Misaligned economic incentives** • **Immature technology standards**	**Develop operational and financing models to foster and sustain state-wide adoption of such technologies and infrastructures**

MAeHC STRATEGY

Pilot projects

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

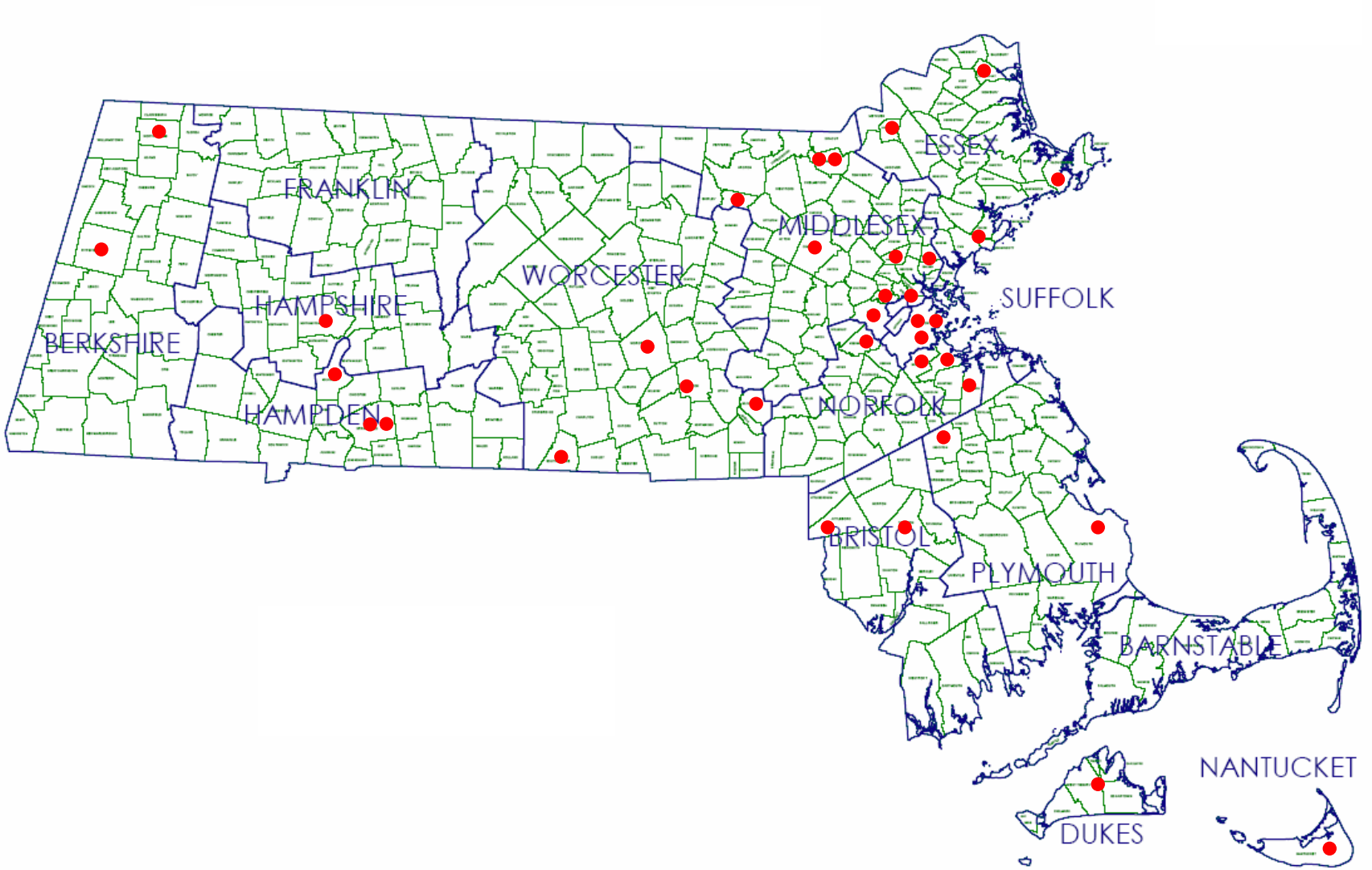


State-wide Implementation

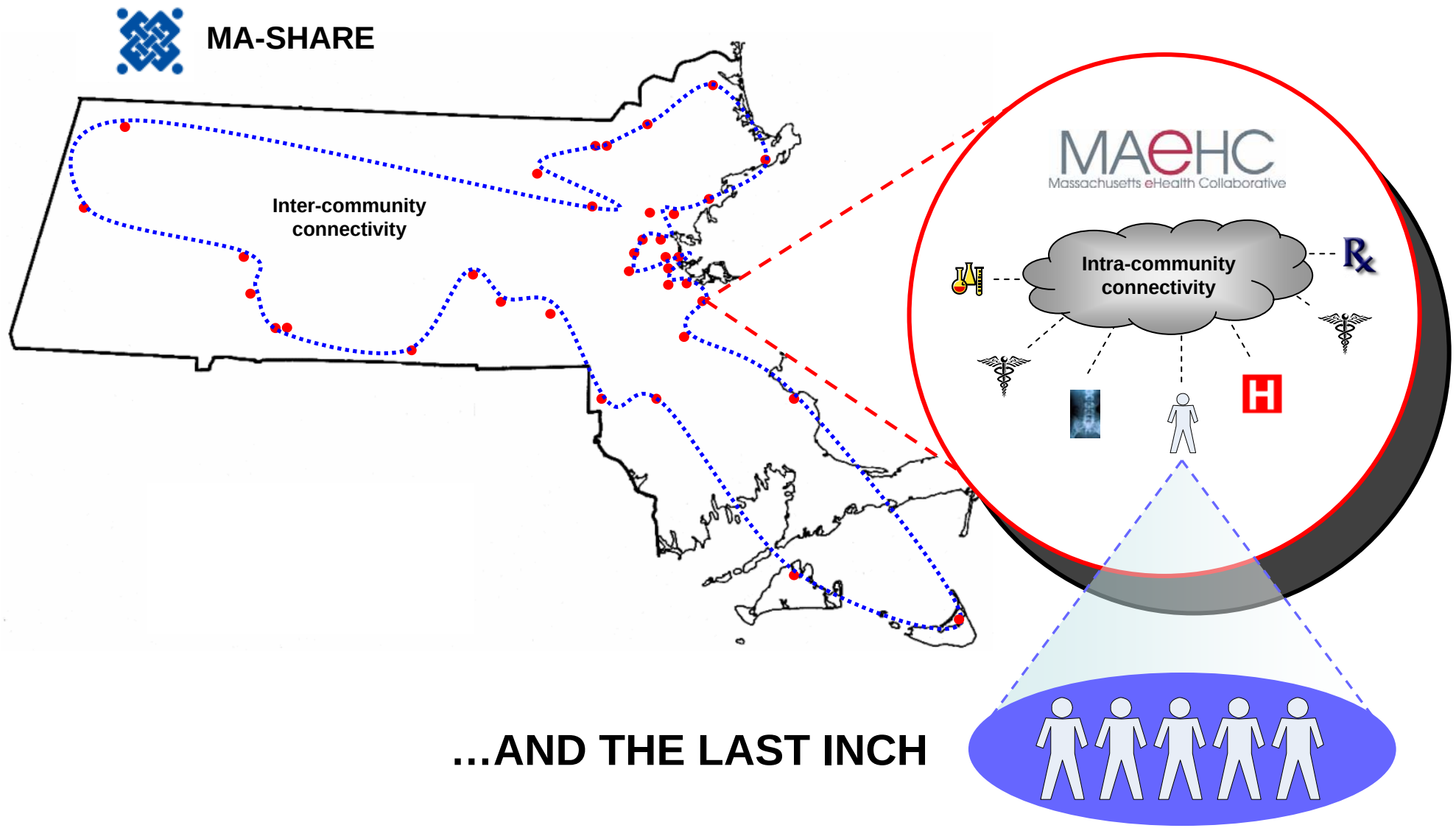
- Success breeds success
- Creation of community of communities
- Rapid proliferation of pilot results
- Sharing pilot program infrastructure state-wide
- Additional funding for broad-based implementation

"The challenge is not adoption, it's the adoption gap."
-- Dr. David Brailer

35 COMMUNITIES READY TO GO

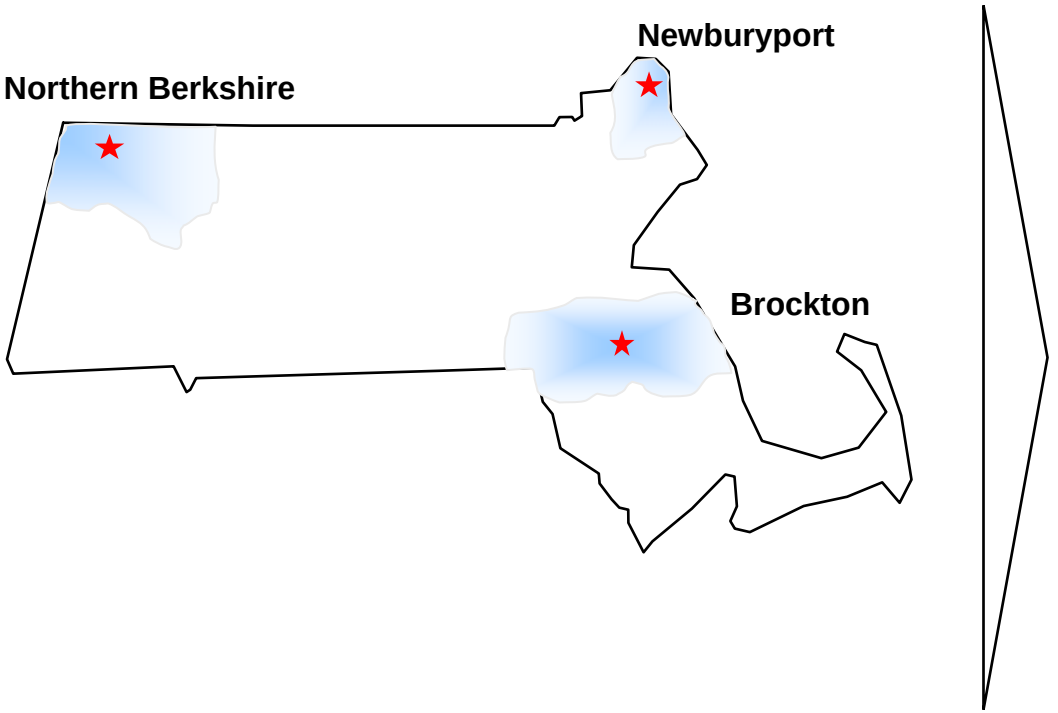


THE GRID AND THE LAST MILE…



…AND THE LAST INCH

THREE PILOT COMMUNITIES STRONG INDIVIDUALLY AND COLLECTIVELY



Pilot Characteristics

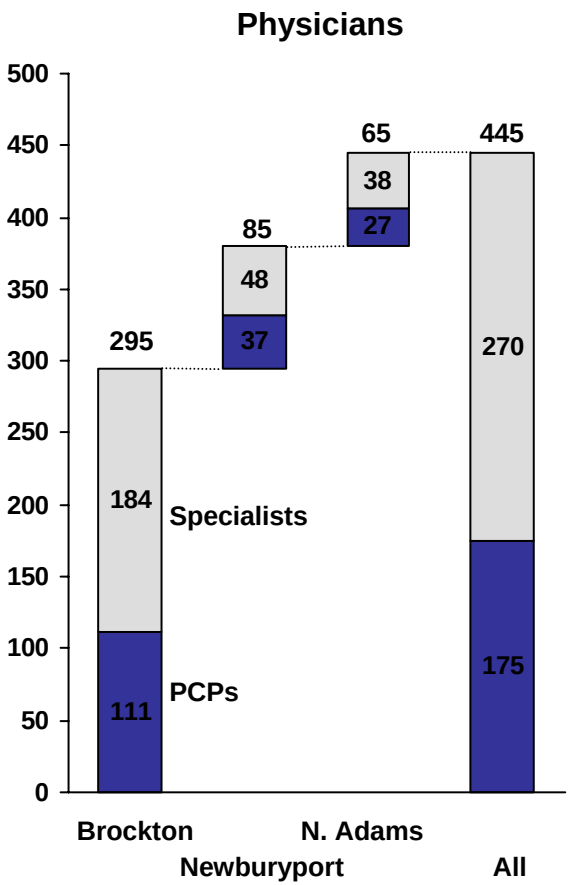
- High capture of medical encounters
- Breadth and depth of community cohesion
  - Wide array of ancillary providers
  - Broad & deep physician commitment
  - Strong, dedicated leadership
- Demonstrated commitment to using IT to transform health care delivery
- Represent a diversity of patients, practices, locations, and size
- Platforms for conducting all dimensions of evaluation
- Models to enable state-wide expansion

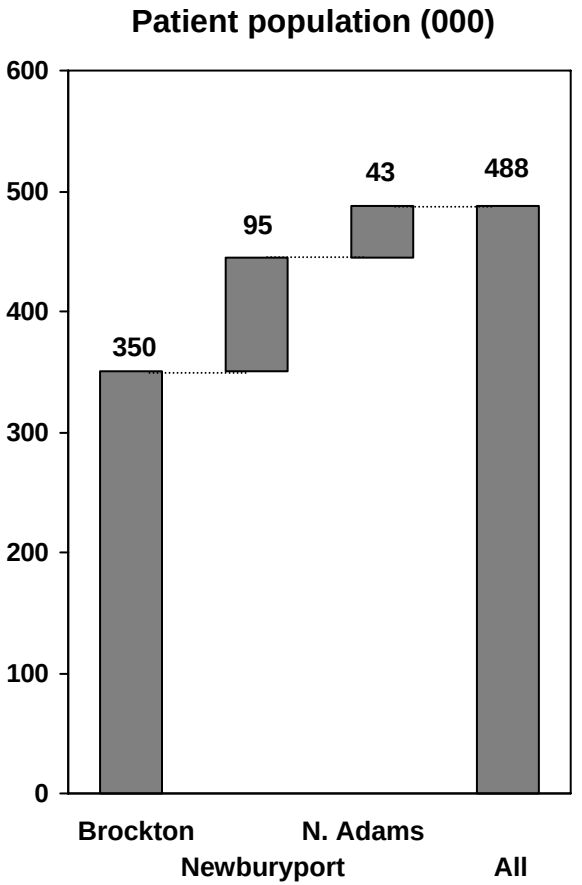
DIVERSE ARRAY OF SETTINGS

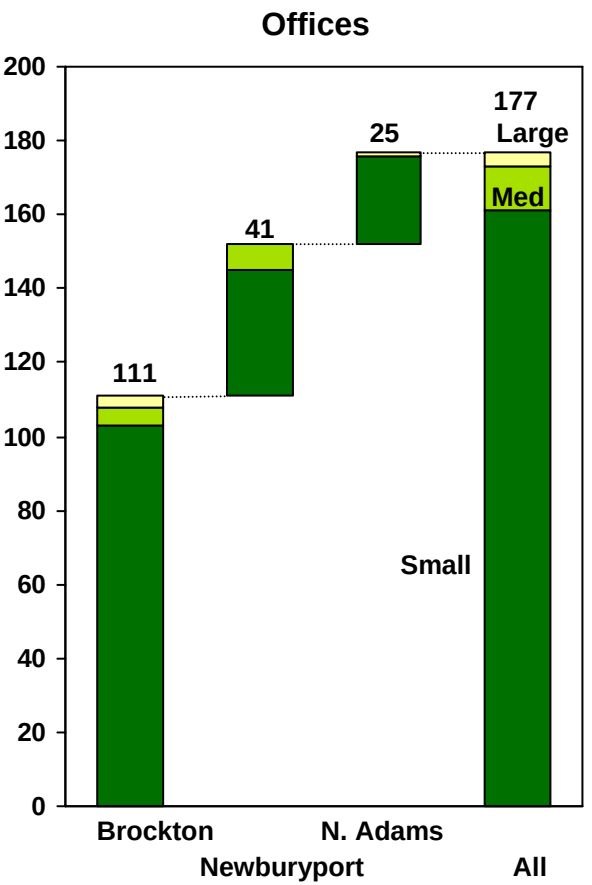
Almost 450 physicians…

…who care for ~500K patients…

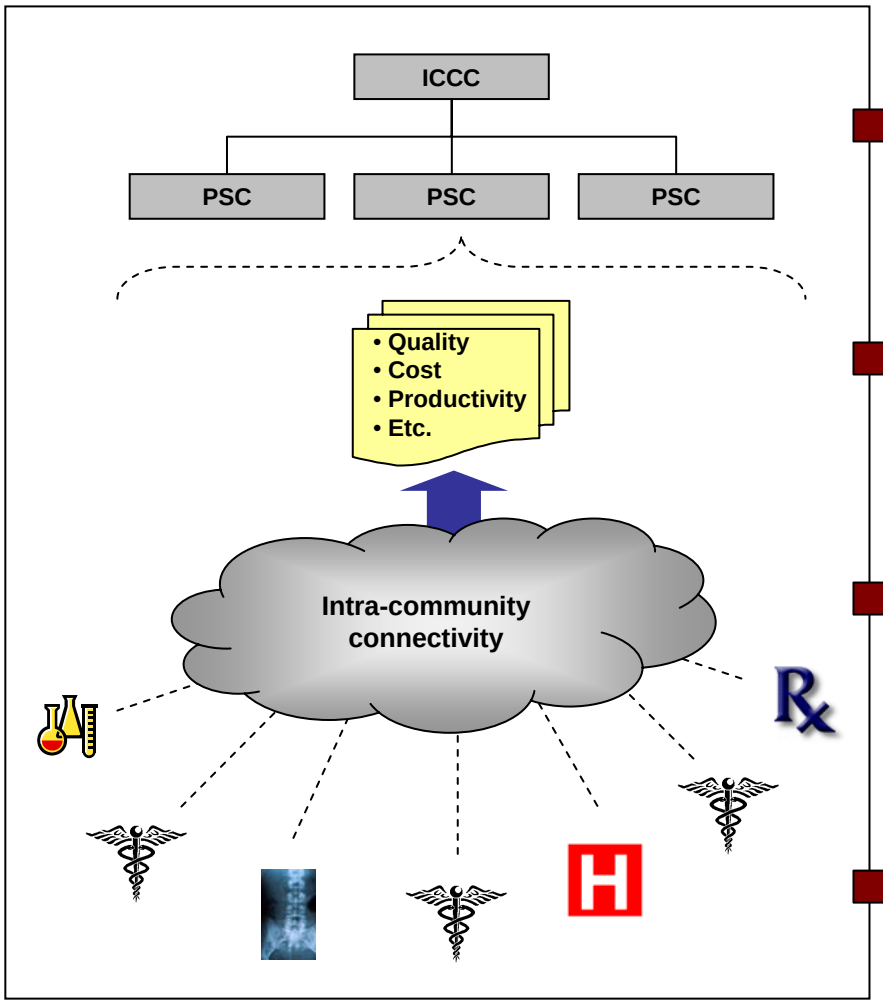
…in almost 200 offices.







FOUR MAIN AREAS OF ACTIVITY IN PILOT PROJECTS



Management & coordination

- Joint oversight and decision-making bodies
- Structure, composition, process

Evaluation/ transformation

- Quality measurement
- Pilot evaluation
- Transformation models

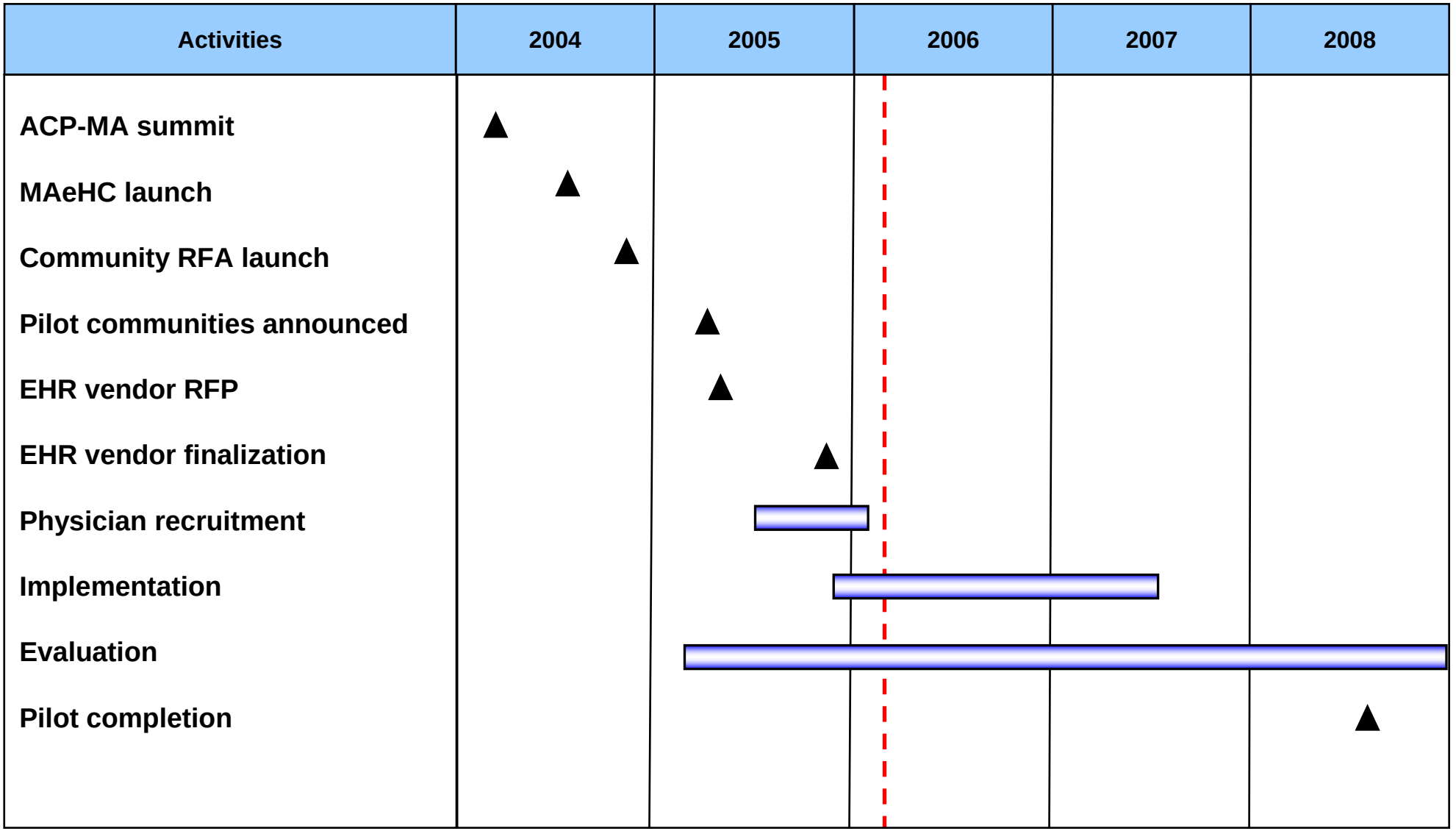
Connectivity

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

Clinical IT implementation/ support

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

TIMELINE OVERVIEW



EHR SELECTION

Preferred Vendors Selection

- EHR RFP distributed in May
- Over 30 responses received
- Vendor Selection Committee validated 7 vendors to go forward
- Currently in final negotiations on term sheets with remaining vendors

Community down-select

- Community Steering Committees down-select to smaller number for individual physician choice in each community
- 3 or 4 in each community
- Initial vendor fairs completed in each community and down-select complete

Physician choice

- Individual physician vendor fairs beginning next week in Brockton and continuing into October
- Each community developing different model of physician choice

COMMUNITY DOWN-SELECT

Preferred Vendors Selection

Community down-select

Physician choice

Less centralized ◄——————————————► *More centralized*

Newburyport

- Most decentralized approach
- Individual physicians choosing from down-selected vendors

Brockton

- Physician choice will be further narrowed by community orgs
- Brockton NHC
- BGPMA
- CGMC IPA
- Brockton Hospital PHO

North Adams

- Likely to choose single vendor for entire community
- “Enterprise EMR” model
- Community EMR with partitions

SUMMARY (I)

MAeHC and communities need to decide what patient notification or consent we will require for data exchange in community pilots

- **Not required for stand-alone EHRs**
- **Will be required for data exchange across legal entities**

Data exchange already happens today, and in this sense, we are only changing the transport vehicle

- **Current exchanges happen by fax, phone, mail, email, and remote access**
- **Community network could change the scale but probably not scope of that exchange (ie, same type of information will be exchanged but more often)**
- **With no "person-in-the-loop", electronic data access may seem more risky, whether it is or not**

SUMMARY (II)

Even though we're just changing the transport vehicle, we can't rely on existing notifications and consents to cover exchange over the new network

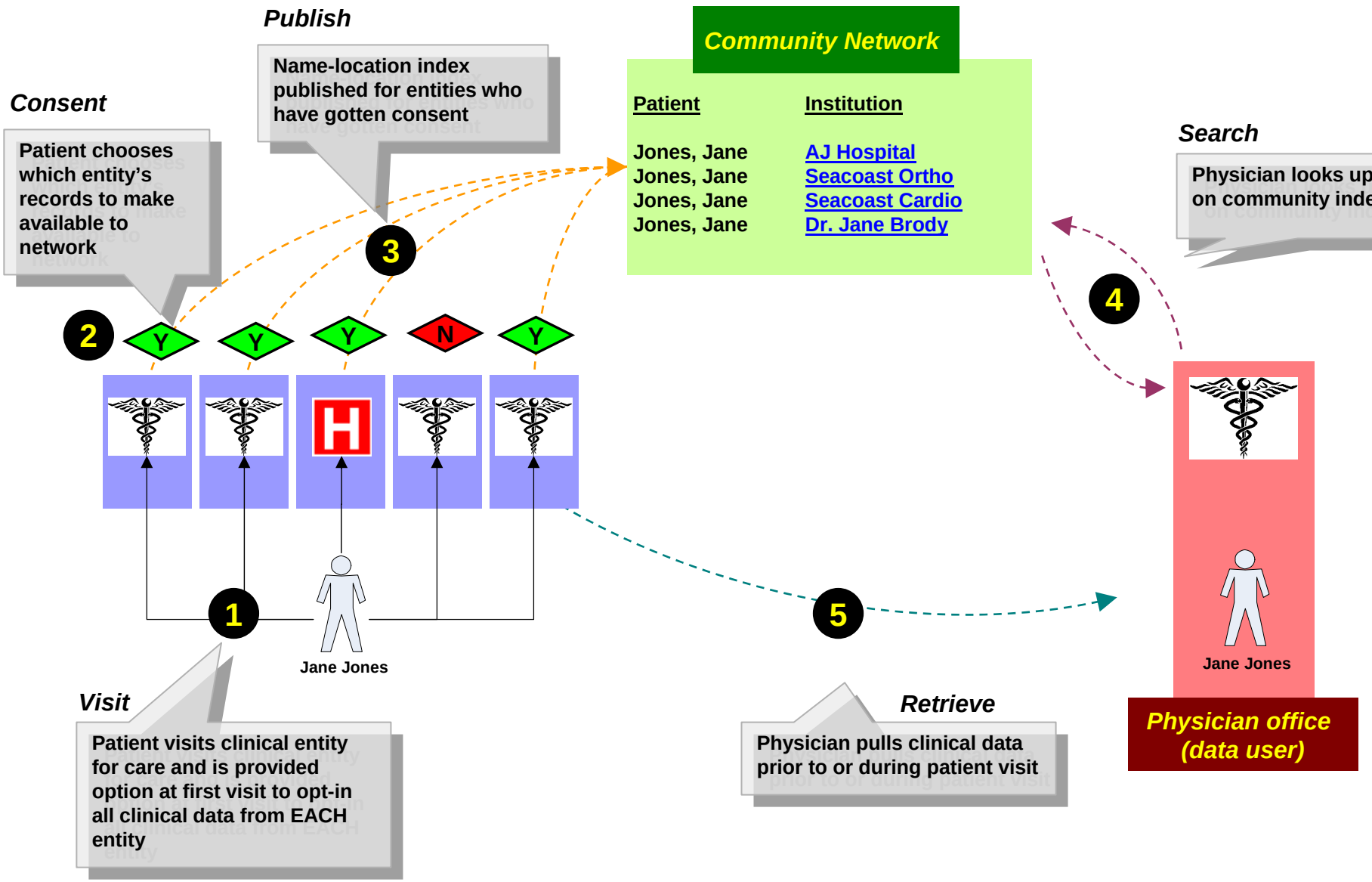
- **MAeHC commitment to transparency will necessitate some form of patient notification or consent about new network**
- **Furthermore, we can't assume that current entities have gotten patient consent that conforms with MA consent laws– very likely that many have not**

Notification about the network is not enough – MA law argues for some form of affirmative consent BEFORE disclosing data across legal entities

- **HIPAA Notice of Privacy Practices does NOT count for MA consent**
- **MA consent requires affirmative consent for disclosure of clinical information, and a second affirmative consent for disclosure of sensitive information**

Question before us now is how to get patient consent in a way that is legally and ethically robust and operationally sound

OPTION 1: ENTITY-BY-ENTITY OPT-IN



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