

Regional Clinical Data Exchange: The Massachusetts Experience

John Glaser, PhD

Vice President and CIO

Partners HealthCare

June 23, 2005

Overview of MA Strategy

- ◆ **Goal: Accelerate the adoption of interoperable electronic health records**
- ◆ **Organizational Roles**
 - **MA SHARE – the business that operates the technology grid**
 - **MA eHealth Collaborative – test bed for evaluation of community integration**
 - **Mass Pro, MAeHC and regional payers and providers – EMR implementation and connection to the grid**

MA SHARE

- ◆ **A regional collaboration of payers, providers, universities, pharmacies, advocacy/interest groups, government, and employers**
- ◆ **Established in 2003**
- ◆ **Incorporated as an “arms-length” subsidiary of the Massachusetts Health Data Consortium**

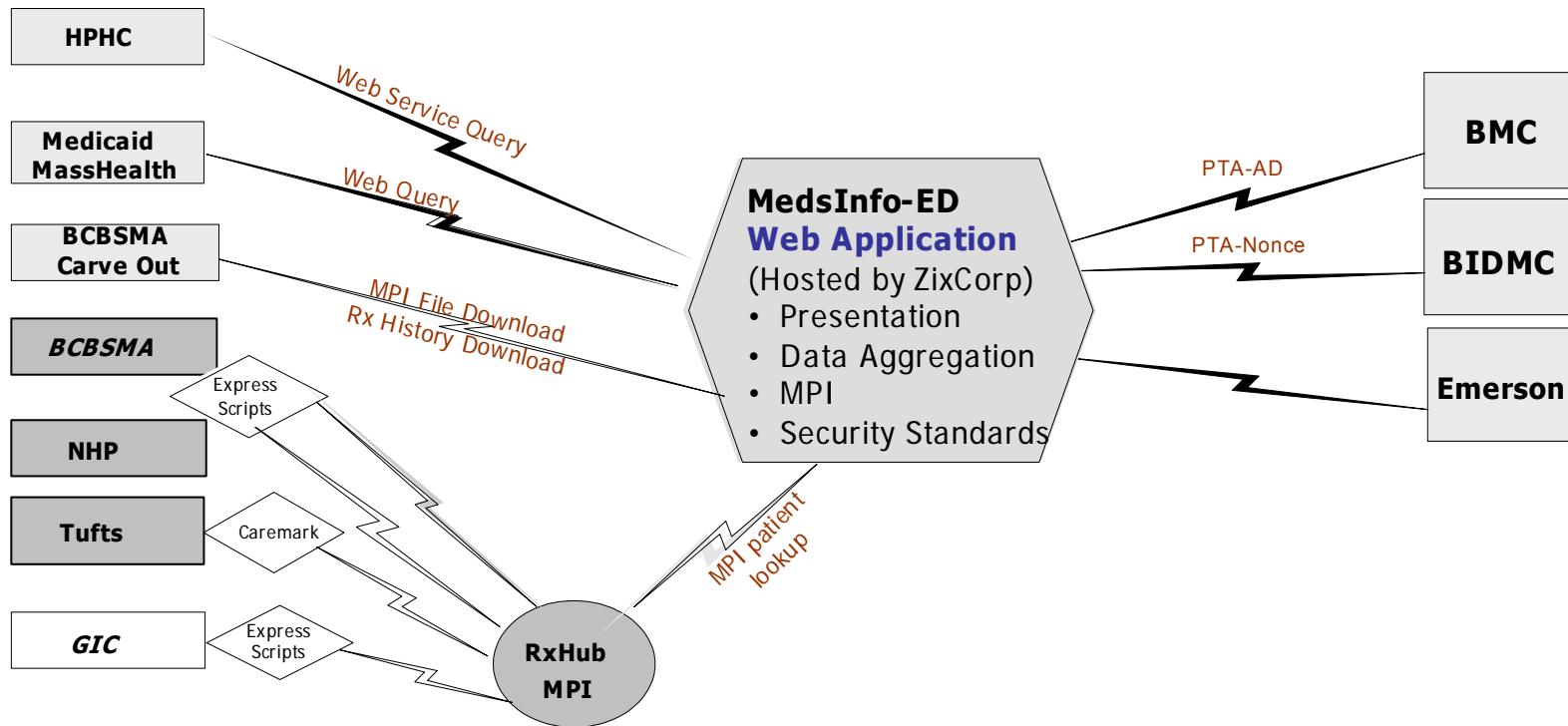
Key Issue: Scope of Services and Systems

- ◆ **Objective is to develop and manage the regional clinical data exchange grid**
- ◆ **Current initiatives:**
 - **eprescribing/medication history infrastructure**
 - **Utilities for patient identification, results reporting and authentication/security**

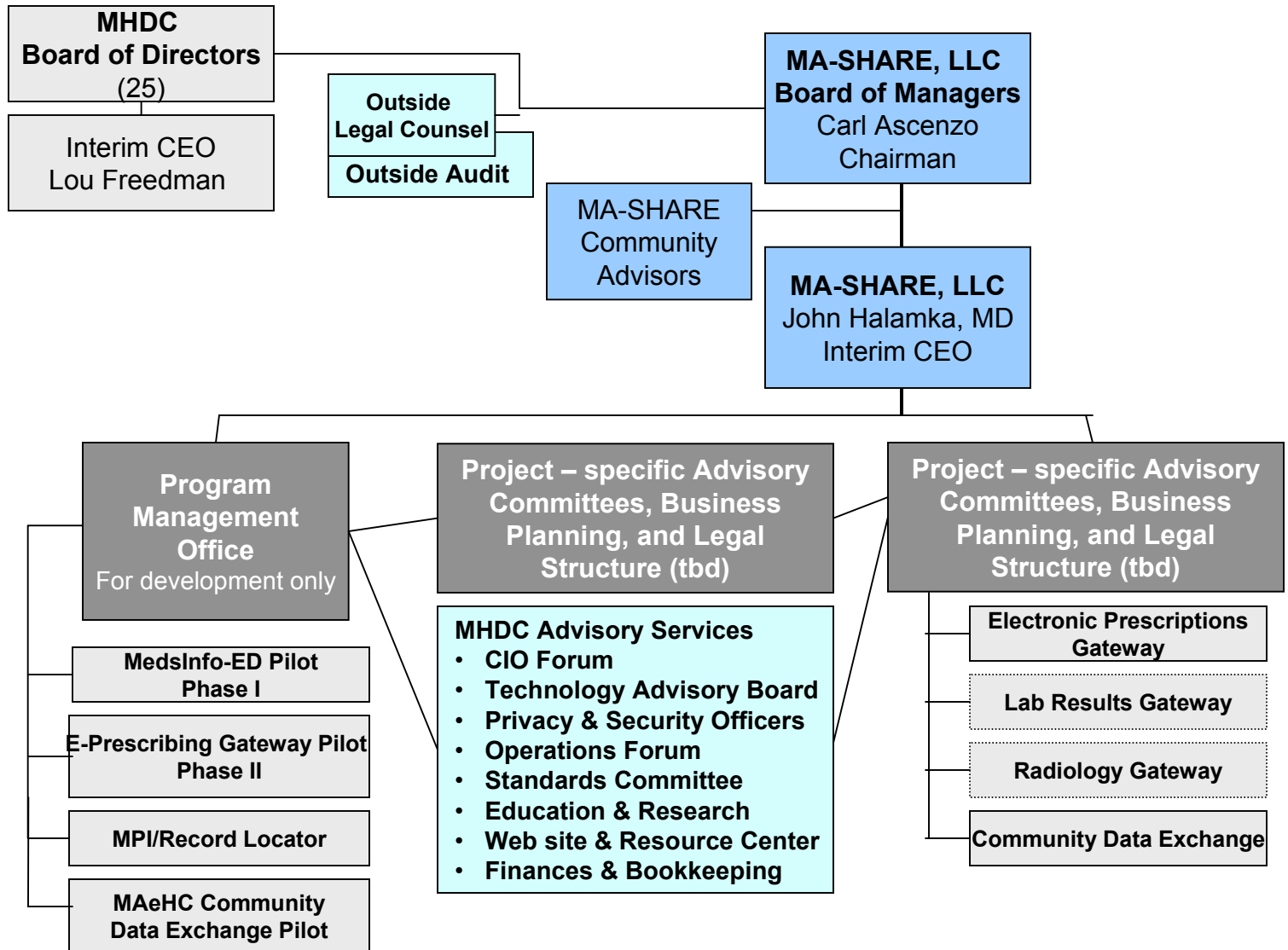
MedInfo-ED: A Patient Safety Initiative to Automate Communication of Medication History

Payers
- data sources

Hospitals
- users



Key Issue: Governance



Staff

Board Members | **Presidents of the Board** | PDF of Board Members

Committees & Groups

Chairman

- [Gordon C. Vineyard, MD](#) - President and Chairman of the Board, MA Health Data Consortium
- [Louis I. Freedman](#) - *Interim CEO*, MA Health Data Consortium

Members

- [Carl Ascenzo](#) - CIO, Blue Cross Blue Shield of MA
- [Nancy Achin Audesse](#) - Executive Director, Board of Registration in Medicine
- [Marylou Buyse, MD](#) - President, MA Association of Health Plans
- Jeff East - CEO, MassPRO
- Christine Ferguson - Commissioner, MA Department of Public Health
- [John A. Fromson, MD](#) - VP, Professional Development, MA Medical Society
- [Denise D. Hilger, JD](#) - Assistant General Counsel, Fidelity Investments
- [Shelagh Joyce](#) - CIO, MIT Medical Department
- [Kija Kim](#) - President & CEO, Harvard Design and Mapping Company
- [Nancy Lane, PhD](#) - CEO, MA Behavioral Health Partnership
- Shannon Linde - VP, MA Business Association, Inc
- [Keith J. Maxwell, MA, MS](#) - Technical Services Director, MA League of Community Health Centers
- [John McDonough, DrPH](#) - Executive Director, Health Care For All
- [Joe McGoldrick](#) - Program Manager, Business Solutions Organization, Philips Medical Systems
- [Dolores L. Mitchell](#) - Executive Director, Group Insurance Commission
- Lois M. Olinger, MCP - Associate Area Manager, Health Services Research & Evaluation, Abt Associates, Inc.
- Julie Pinkham, RN - Executive Director, MA Nurses Association
- [David F. Polakoff, MD, MSc](#) - Chief Medical Officer, Mariner Health Care, Inc
- [Peter J. Quinn](#) - CIO & Director, IT Division, Commonwealth of MA
- [Kathleen Reinhardt](#) - Director of Benefits, Analog Devices
- [Gregory L. Sarno](#) - Administrator, MA Bricklayers & Masons Health & Welfare Fund, MA Coalition of Taft-Hartley Funds
- [David P. Smith](#) - Senior Director, Clinical Data Policy & Research, MA Hospital Association
- [Robert W. Sorrenti, MD, MHA](#) - Staff VP, WellPoint Health Networks
- [David Szabo, JD](#) - Attorney at Law, Nutter, McClennen & Fish, LLP

- > **Supporting/Corporate**
- > **CIO Forum**
- > **IT Partnership**
- > **Institutional/Board**

Upcoming Events

September 30, 2005
[HealthMart 2005 Conference](#)
["Paying for Quality: Does it add up?"](#)

Did you miss one of our events or major conferences?
 View presentations from the events

- [2005 Events by Date](#)**
- [2005 Events by Category](#)**
- [Exhibit / Sponsor Opportunities](#)**

Key Issue: Funding

- ◆ **MA SHARE must be financial self sustaining within 5 years**
- ◆ **MA SHARE will finance the creation and management of the grid but not the cost of connecting any user of the grid**
- ◆ **The financing of EHR adoption is a critical regional (and national challenge) but is not a MA SHARE issue**
- ◆ **The majority of the revenue must come from user subscription fees**
 - **Grants and “philanthropic contributions” are important to get started but are not sustainable**

Key Issue: Funding

- ◆ **Initial operating budget of \$1M was funded by participant donations, in-kind staff contributions and grants (eHealth Initiative and Markle)**
- ◆ **The revenue model for rollout and support is being developed**
 - **Annual budget of approximately \$2.9M (FY2007)**
 - **Potential revenue sources (FY2007)**
 - » **MA eHealth Collaborative = \$300K**
 - » **User subscription fees = \$2.6M**
 - » **Participant contributions = As needed to make up shortfall**

Sustainable Funding?

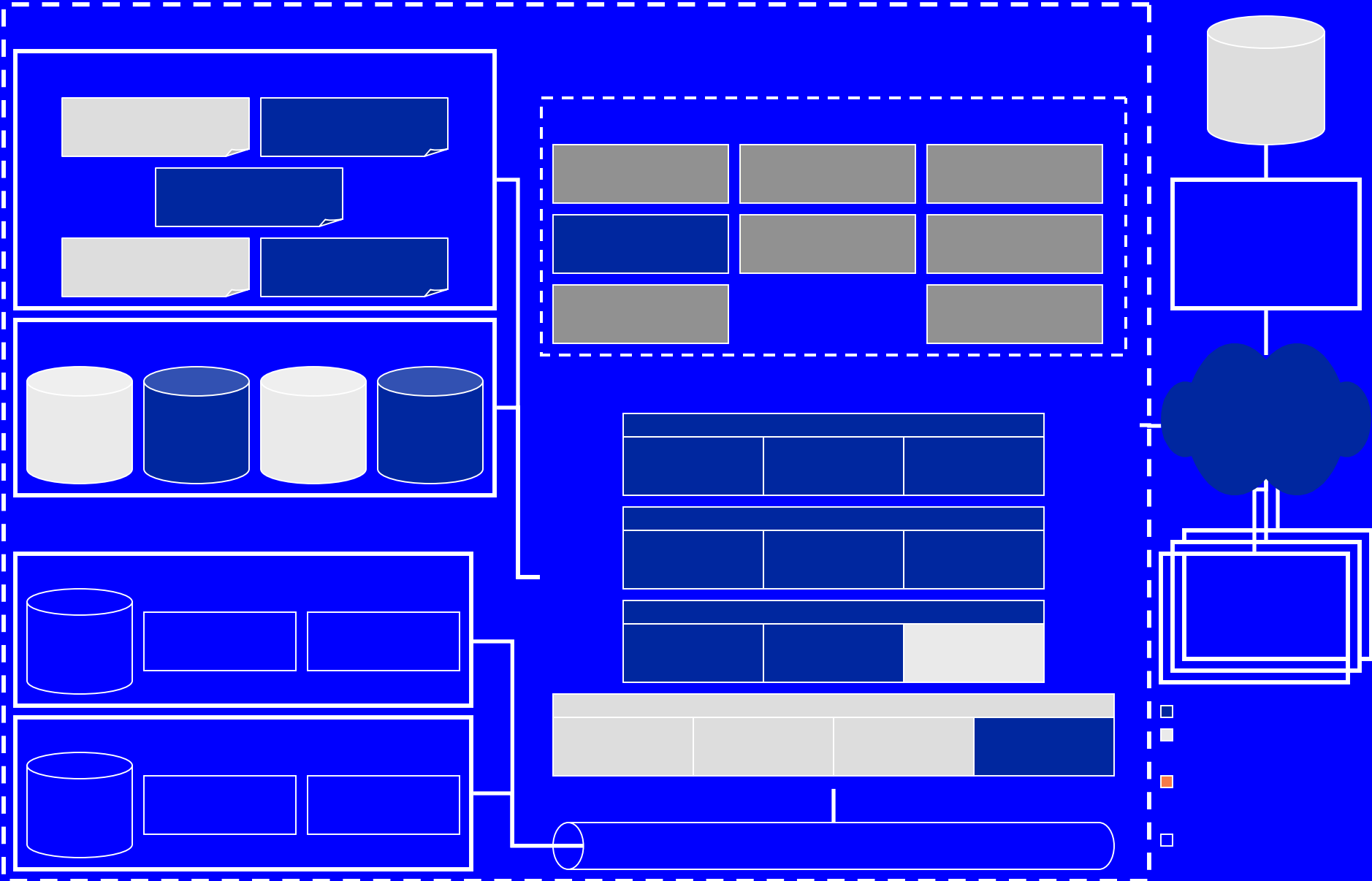
- ◆ **The revenue is very speculative; subscriber fee tolerance and adoption rates are the major variables**

Type of Organization	Annual Fee	Adoption in Year 1
AMC	\$90K	4
Community Hospital	\$18K	1
Lg Physician Group	\$18K	0
Small Physician Group	\$1K	0
Plans	\$120K-\$300K	5
PBM	TBD	4

Key Issue: Architecture and Technology

- ◆ **Architecture and technology guided by Technology Advisory Board (TAB)**
- ◆ **Follow Connecting for Health Reference Implementation Model (Markle)**
 - Partially funded by Markle
 - Performed by CSC in conjunction with the Indiana Health Information Exchange
- ◆ **Design / architecture will:**
 - Favor Open Source and public domain tools
 - Be designed with “least common denominator” philosophy for maximum implementation flexibility and minimum “bells and whistles”
- ◆ **Vendor-agnostic**
- ◆ **Leverage the work of others**

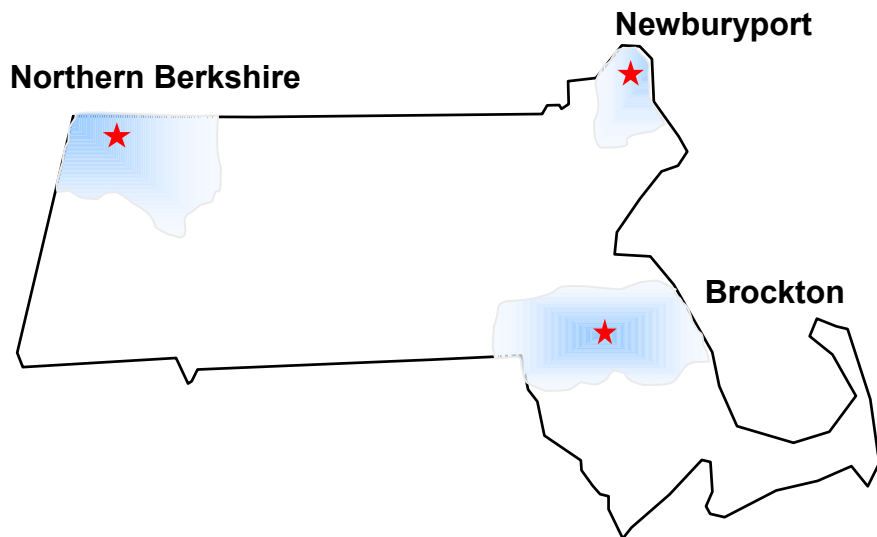
RLS and Gateway Components



MA eHealth Collaborative

- ◆ A regional collaboration of payers, providers, universities, pharmacies, advocacy/interest groups, government, and employers
- ◆ Established in 2004
- ◆ Incorporated as a freestanding LLC
- ◆ Initial funding through a \$50M grant from BCBS MA

Three Pilot Communities



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**

Evaluation Program will Support Three Key Pilot Program Objectives

Adoption

- What are the most significant adoption barriers?
- What are the best ways to overcome them?

Value

- What are the costs (direct and indirect) of adoption of IT?
- What are the benefits?
- How are the costs and benefits distributed across payers, providers, government, patients, ancillaries, etc?
- How much money will be required to implement statewide?

Replication

- What is general framework of incentives to implement and sustain the model?
- What are the most effective management strategies for implementing and sustaining in communities?
- What are the most effective organization models and tactics for implementing and sustaining statewide?

Lessons Learned from NEHEN

- ◆ Shared gain
- ◆ High degrees of interdependencies on achieving gain
- ◆ Data exchange as a commodity
- ◆ Minimally invasive approach
- ◆ Collaboration efficiencies
- ◆ Keep it simple
- ◆ Quickly define the sustainable business model – any model

Early Lessons Learned from MA SHARE and the MA eHealth Collaborative

- ◆ **Form multi-stakeholder coalition**
- ◆ **Identify a neutral third party as the convener/process manager**
- ◆ **Obtain support of regional leadership, e.g., state government, medical society, CEOs, leaders of advocacy groups**
- ◆ **Thoughtfully address governance**
- ◆ **Obtain seed funds for planning and prototypes**
- ◆ **Focus on initiatives that appear to have a business case**
 - eprescribing
 - Common credentialing
 - Common privacy policies and forms
- ◆ **Leverage the NEHEN lessons**