A National Web Conference on the Massachusetts E-Health Collaborative: Index of Questions and Comments

Presented by the Agency for Healthcare Research and Quality (AHRQ)
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Panelists
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Moderator
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Questions

Q: Is the presentation be available online?

A: A "handout" version of the presentation is available at http://healthit.ahrq.gov/portal/server.pt?open=514&objID=5553&mode=2&holderDisplayURL=http://prodportallb.ahrq.gov:7087/publishedcontent/publish/communities/a_e/events/events/events/a_national_web_conference_on_the_evaluation_of_the_massachusetts_ehealth_collaborative.html. Also available are the slides and a link to replay the teleconference in its entirety.

Q: Where can we find references for manuscripts to date?

A: References have been provided to AHRQ by the presenter. They are available at http://healthit.ahrq.gov/portal/server.pt?open=514&objID=5553&mode=2&holderDisplayURL=http://prodportallb.ahrq.gov:7087/publishedcontent/publish/communities/a_e/events/events/events/a_national_web_conference_on_the_evaluation_of_the_massachusetts_ehealth_collaborative.html.

Q: Funding sources for the early part of initiative? I have read the Bc/BS was one source,

Q: What was the average cost per installed network node and how much of that cost was covered by the collaborative funding? What "skin in the game" did the physicians and hospitals have to ensure their commitment and buy-in?

Q: How does the MeHC relate to MA-SHARE? Related? Unrelated? Overlap?

Q: I am shocked at the 45% EHR usage statistics, what is the universe from which 45% responded positive for EHR? thanks

Q: how did you manage the disparities in the security readiness of network nodes and the sharing of different EHR data types across these disparate nodes?

Q: Has ongoing business plan been developed? Will it be based on fee per transaction? Who pays?

Q: Are there other states doing anything similar?

Q: Are physician practices able to confirm patient eligibility for a respective payor/insurance?

Q: What were the drivers that encouraged BC to donate funding?

Q: Where can one access the manuscript that has been published on barriers/facilitators of adoption?

Q: Are there other states doing anything similar, or in the early stages?

Q: Are there any plans to include long term care and continuing care communities in future initiatives to implement EHRs?

Q: I'm curious about your experience with "opt-in". How did you frame the option to the participants and can you qualify "high" participation?

Q: Does this tool allow the practice to check for prior authorization?

Q: How will MAe-hc going forward relate to the new round of ONC/NHIN RFP's?

Q: Can you please comment on the MAeHC's commitment to enabling access to/from consumer controlled personal health records for access of clinical patient information?

Q: I have heard that ~90% of physicians have selected eClinical Works among the 7 vendors. Comment about this?

Q: Are any of the early results cited available for public viewing?

Q: With the different EHR options migrating across the state, what implications do you feel that will have on cross state comparisons?

Q: The 45% EHR usage seems very high, what is the universe of responders?

Q: Are all the EHRs connected to all Payers for formulary and other information to support e-prescribing?

Q: What are the plans to bring in other providers, beyond EMR users, into the health information exchange process? (hospitals, long term care, etc)

Q: Would you please elaborate upon obstacles faced in regards to interoperability of systems especially in the community that chose the most IT system vendors.

Q: You had mentioned that you put out an RFP for the economic evaluation of the collaborative. Can you speculate on some of the potential economic indicators that will be used for that evaluation?

Q: Could you talk more about the development of interoperability within the 2 communities connecting disparate entities? Who is the vendor for connectivity?

Q: Given the low percentage of EHRs that have electronic prescriptions, how does this affect the study of the effect of EHRs on medication errors, etc?

Q: Have you published your evaluation survey? I am curious about the details of the questions posed about extent of use other than ePrescribing

Q: In the use evaluation, just curious how you set the threshold between "high" and "low" users for your comparisons.

Q: Was electronic pharmacy connectivity - a requirement in vendor selection?

Q: What was the driving force that united the payers to form the MHQP?

Q: Have there been any failed implementations/"de-installs"?

Q: Have you been able share information between the different specialists and the hospital if they have different software systems?

Q: How long is the duration of the "support" that the participating agencies are afforded? is this contractual?

Q: How does the patient opt in process work?

Q: Can you elaborate on the "cultural issues" you encountered? (noted that physician update is not related just to affordability)

Q: What data standards did you settle on for the data exchange? Are you using an HL7 interface or is it being collected via data dumps?

Q: Can you elaborate on the Economic Evaluation RFP?

Q: How have you foster collaboration across competing practices or neighboring practices, which may perceive competitiveness?

Q: Was legislation required concerning the exchange of data, specifically concerning privacy and security?

Q: What was the decision making process for an Opt In Model vs. Opt Out Model?

Q: $50 million/450 doctors = $90K/physician; what do you see as sources of support going forward?

Q: Was legislation required concerning the exchange of data, specifically concerning privacy and security?

Q: What was the decision making process for an Opt In Model vs. Opt Out Model?

Q: How did you define "high user" versus "low user" on the "Practice Concerns and Satisfaction" slide?

Q: This approach to a demonstration project would seem to be very valuable to test and learn about a variety of substantial potentially promising changes in health care. One possible example: approaches to patient centered medical homes (including financing mechanisms). Do you agree? Are the players in Mass thinking about that - including contributing financial support with AHRQ driving evaluation?

Q: Did the opt-in include the exchange of clinical data from one clinic to another? Did you do something to encourage opting in? Why did you choose opt-in rather than opt-out?

Q: Did the Stark Act have much of an impact on adoption of this model?

Q: How was the selective opt-in option taken to protect consumer's sensitive information. Was it web based through member portal? Mail based? IVR based?

Q: As a NextGen user, there seems to be a high depree of technological savvy and ongoing configuration management, especially if used in a wireless environment. How did you deal with the need for expert IT support?

Q: I am interested in more details regarding Health Information Exchange. What health data is being exchanged within each community? What model of HIE is being used (central, de-central, hybrid, Connecting For Health, Integrating the Healthcare Enterprise)? Is this available for emergency departments?

Q: Did you mention that a priority of the whole project was for use of the data for other than patient care? Did you find that a deterrent for folks opting in?

Q: Are all the health consumers BC/BS in this initiative at this point? or are there other insurers involved?

Q: Has the eHC paid for installation and maintenance for EHR?

Q: Was the EHR primarily populated from provider interactions and/or did the payor contribute to the EHR summary based on claims data.

Q: Physician practices who have installed EHR for 3 years plus, how have insurers reimbursed practices for using this technology, for reporting quality outcome measures?

Q: Where does PHR (Portals) and CCR data exchange figure into MAeHC?

Q: What is the total amount of physicians in MA? (primary care versus specialists)
Q: How much of an incentive to opt-in do you attribute to the patient portal? Are there other legitimate attractions for patients that other communities can use to make a case if they choose to go that route (or if they at least want to minimize the opt-out)?

Q: How was the selective opt-in option taken to protect consumer's sensitive information. Was it web based through member portal? Mail based? IVR based?

Q: If patient chooses to Opt Out, can the patient's health information be exchanged non electronically?

Q: Have you integrated the SafeMed product? I know that it uses the problem list as a portion of its decision support.

Q: Did the e-prescribing offer formulary access with cost and preferred drugs? Any reason why e-prescribing was so little used?

Q: I may have missed this, but 1) were the initial costs of the purchase of the EMRs funded out of project funds, and 2) how will the ongoing costs of the project be met, particularly, will the individual providers be responsible for the ongoing costs of the systems they've selected and will there be support for those costs through pay-for-performance or other payor-supported models.

Q: It will be of great benefit if you can later provide some info on various standards/versions used in the HIE. For example for Labs ELINCS was used etc.

Q. Can you elaborate a little about the Economic Evaluation - Scope, stakeholders, etc?

Q: As you have been collecting baseline data about medication "errors" and "near misses", what specific criteria have you used to define these (and what is the denominator)?

Q: What data element is used to communicate the reason for patient visit? Also, have you had any difficulties filtering out "sensitive" visits such as HIV, mental health, substance abuse etc.?

Q: Back to the EHR adoption rate question....70% of how many?

Q: What is the second highest adopted EMR overall after eClinical Works?

Q: How did MA privacy laws play a part in this project?

Q: Are there non-profit community health center practices that are in any of these 3 communities participating in the collaborative? If so, can you identify them or which town they are in?

Q: Will one community be able to exchange health info with other communities? How does this work?

Q: How do you analyze the pre and post HIT usage? Did you use repeated ANOVA or linear mixed model?

Q: If a patient does not opt-in, and they're referred to a specialist, how is the info being transferred?

Q: Are there any plans to introduce biometrics for user/patient ID, privacy, security & authentication?

Q: EHR vendors were required to have pharmacy connectivity; did you do additional education/communications outreach to the pharmacy to prep them on the program?

Q: Are hospitals in HIE exchanging clinical information?

Q: If much of the value is in the alerts, warnings and reminders - what is being done to drive increased deployment? Is this left to the individual payers or providers?

Q: How did you select your vendor for the interoperability communities?

Q: Did you provide any assistance to providers such as a call center or assistance with incorporating the EHR into practice workflow to help with the implementation of the EHR?

Q: How many vendors replied for you to choose from?

Q: You've mentioned HL7 - Can you be a bit more specific about standards that are being used? HL7/CDA/CCD, LOINC, CPT, ICD, RxNorm, UMLS, ASTM CCR, etc? What are the guidelines for adoption in terms of interoperability?

Q: What kind of public health data is exchanged?

Q: Did you use a centralized EMPI or record locator service and if so what issues did you face?

Q: Is the data model used for EHR collaboration available for public consumption.

Q: What/Who is the CSC that manages your data Warehouse along with MHQP?