

# **The Massachusetts eHealth Collaborative: A Brief Overview**

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# State Profile: Massachusetts

- **6.4 million people**

- 1 million age 65 years or older
- ~88% white

- **Relatively few payers**

- BCBS
- HPHC
- Tufts
- Fallon
- MassHealth/Medicaid

- **500,000 Uninsured**

- **~80 Acute-Care Hospitals**

- **~18,000 practicing physicians**

- **~6,000 office practices**

- **~3,000 solo or 2-3 physician practices**

- **Highly ranked for quality (HEDIS, CAHPS)**

- **Among the hospitals:**

- 10% have CPOE
- 20% are implementing
- 70%???

- **Among the office practices:**

- 10-15% have EHRs

# MAeHC VISION

## Tools for better, more accessible health care...

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

## ...incorporated into clinical practice...

Overcome barriers to promote widespread use of EHRs and associated decision support tools

- Lack of capital
- Misaligned economic incentives
- Immature technology standards

## ...and sustained over time.

Develop operational and financing models to foster and sustain state-wide adoption of such technologies and infrastructures

# MAeHC STRATEGY

**Pilot projects**



**State-wide  
Implementation**

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

# Three Pilot Communities Were Chosen From Six Finalists

## Finalist communities

Boston HealthNet

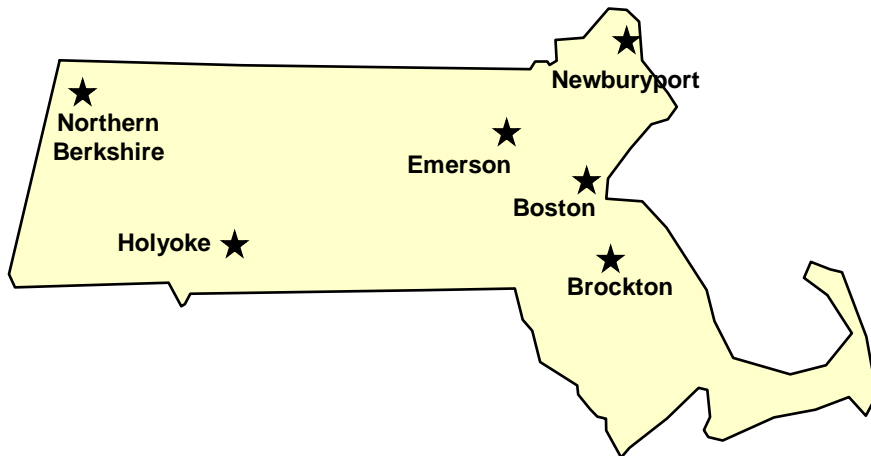
Emerson Community EHR Collaborative


Greater Brockton eCare Alliance

Greater Newburyport Community

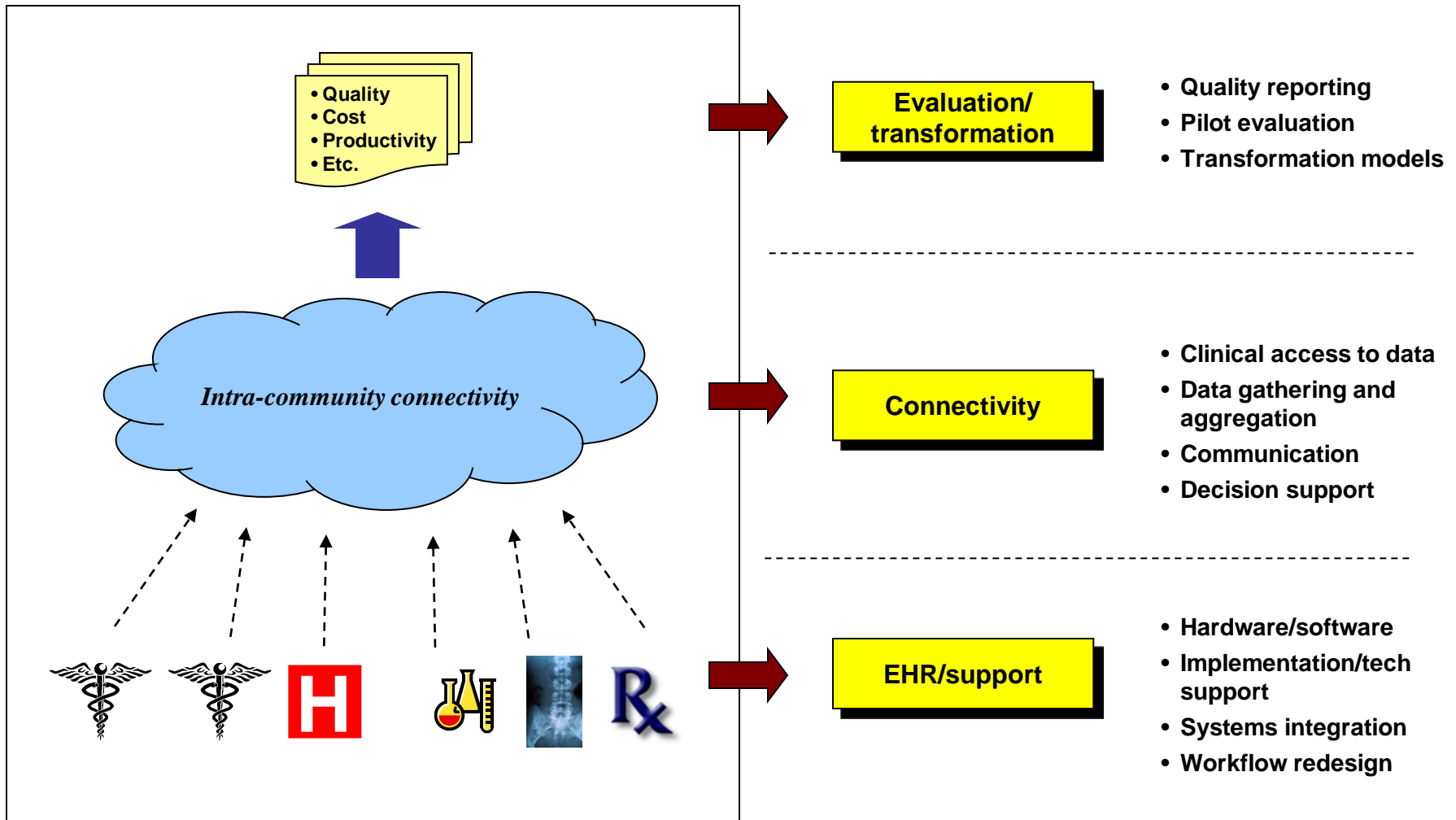
Holyoke Community

Northern Berkshire Community

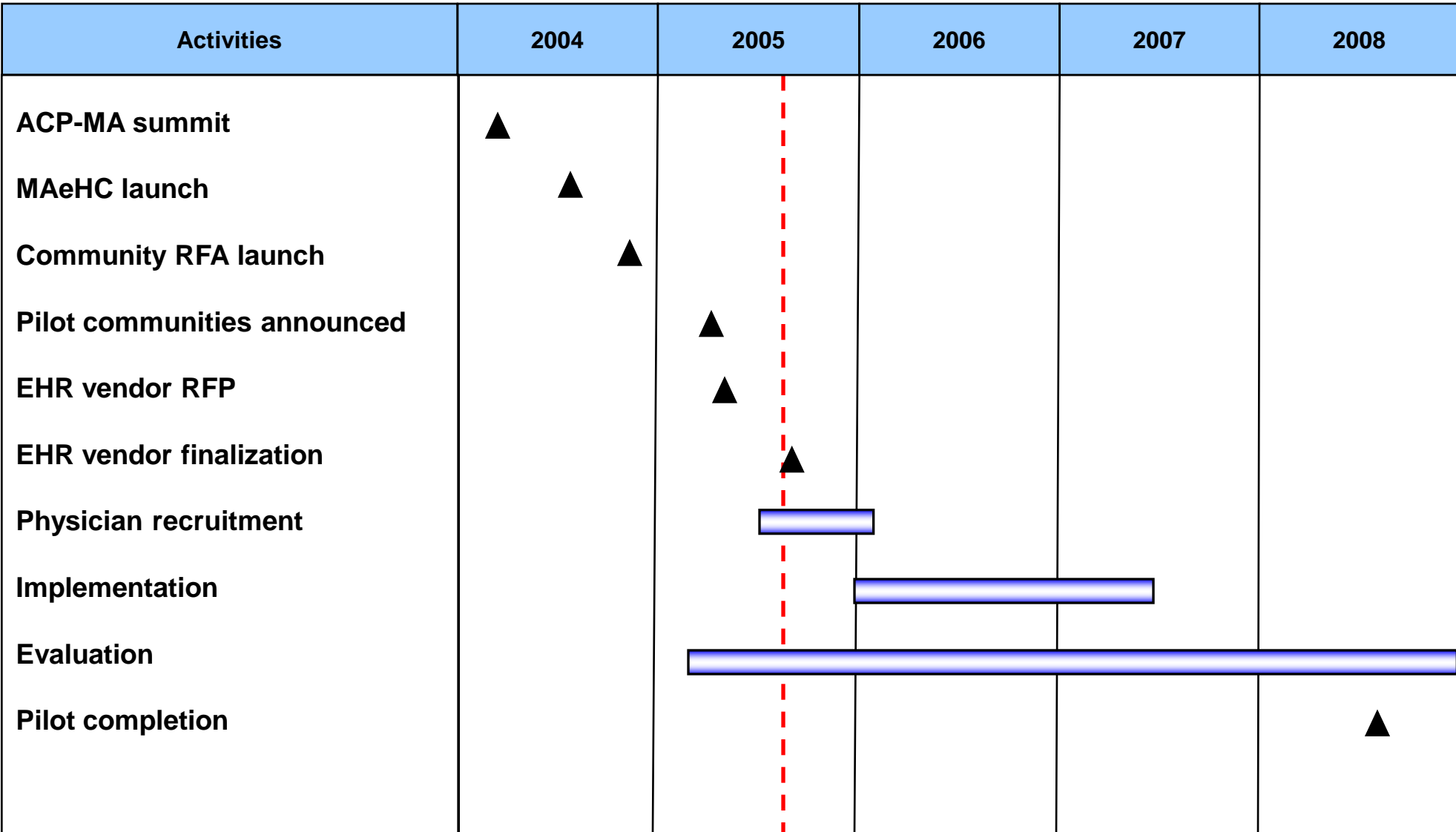


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- **Broad community participation**
  - **Dedicated local project leadership structure**
  - **Diversity of patients, practices, locations**

# THREE MAIN AREAS OF ACTIVITY IN PILOT PROJECTS



# HIGH-LEVEL OVERVIEW



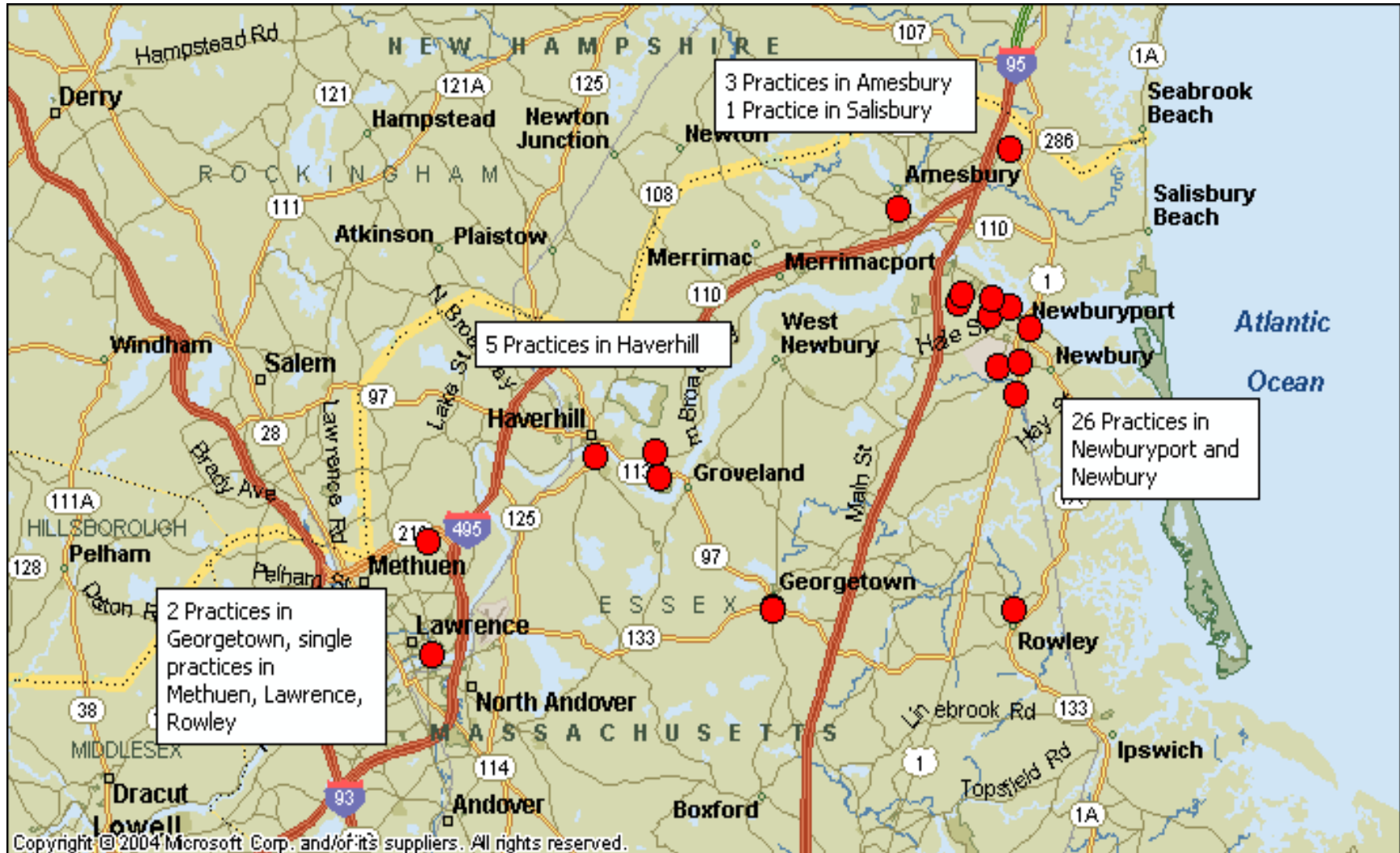
# NORTH ADAMS PRACTICES



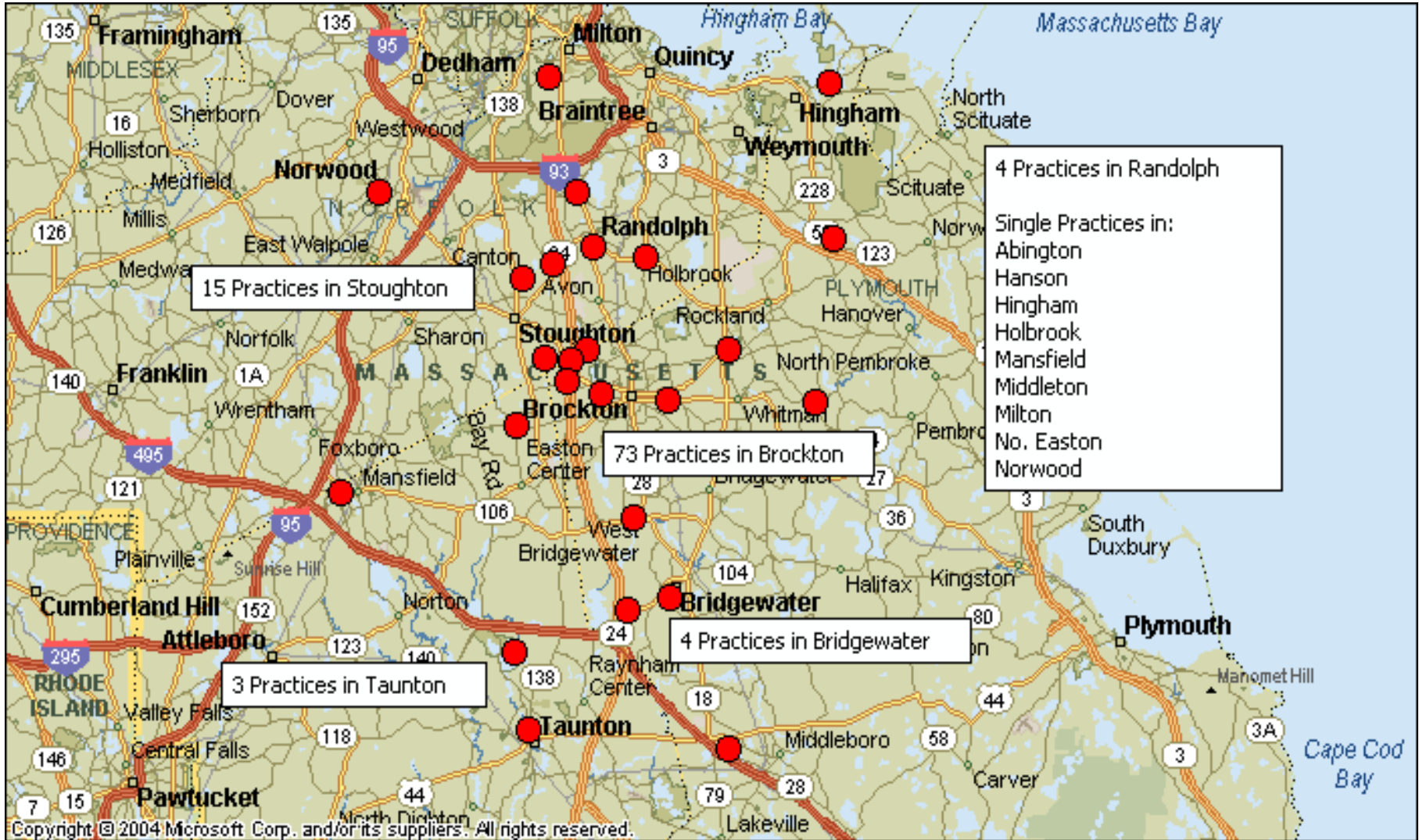
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# NEWBURYPORT PRACTICES



# BROCKTON PRACTICES



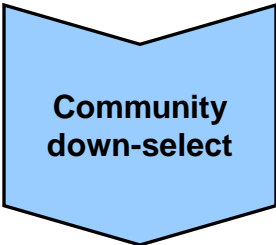
# EHR SELECTION



## 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

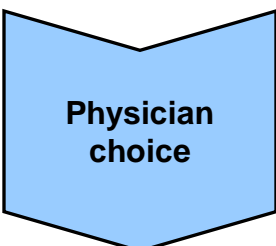
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## Community down-select

- 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

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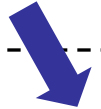


## Physician choice

- Individual physician vendor fairs
- Each community developing different model of physician choice

# COMMUNITY DOWN-SELECT

Preferred Vendors Selection



Community down-select

Newburyport

NextGen

eClinicalWorks  
Schedule. Prescribe. Chart. Charge.



Physician Micro Systems, Inc.<sup>®</sup>

Brockton

NextGen

eClinicalWorks  
Schedule. Prescribe. Chart. Charge.



ALLSCRIPTS™  
Inform. Connect. Transform.

North Adams

NextGen

eClinicalWorks  
Schedule. Prescribe. Chart. Charge.

# PHYSICIAN EHR SELECTIONS

← *Less centralized*

*More centralized* →

Community  
down-select

**Newburyport**

NextGen

eClinicalWorks  
Schedule. Prescribe. Chart. Charge.



Physician Micro Systems, Inc.®



- Most decentralized approach
- Individual physicians will choose from down-selected vendors

**Brockton**

NextGen

eClinicalWorks  
Schedule. Prescribe. Chart. Charge.



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

**North Adams**

NextGen

eClinicalWorks  
Schedule. Prescribe. Chart. Charge.



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

Physician  
choice

# EVALUATION

## Usage data elements

- **Use of technologies**
- **Barriers/facilitators of adoption**
- **Implementation tactics**

## Effects on quality

## Medication safety

## Economic evaluation

# CONCLUSIONS

**Goal to provide the MAeHC with key business information that it needs to move to the next level**

- **Finance Committee especially important customer**

**Reason for doing pilots is to learn from them**

- **Will learn different things from different communities**
- **Will be important to specify what we want to learn from each**

**Gathering both information about EHRs and clinical data exchange**