

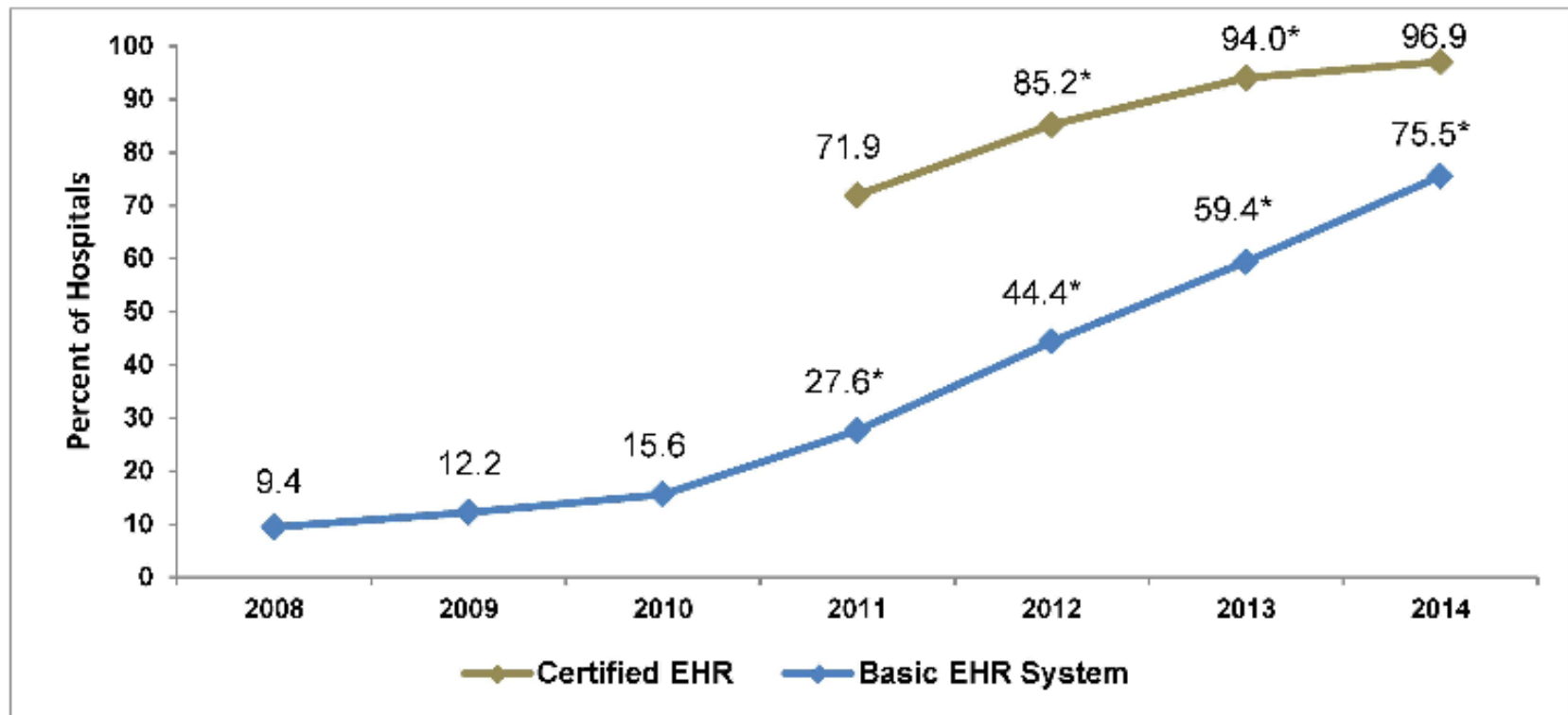
Connecting Communities for Better Outcomes

Integrating Care: From Evidence to Operations
2nd Annual Statewide Forum on Integration

Sean Kennedy, MS, PMP, MPH
Director, eHealth Programs

May 12, 2015

Incentives spur adoption of EHRs

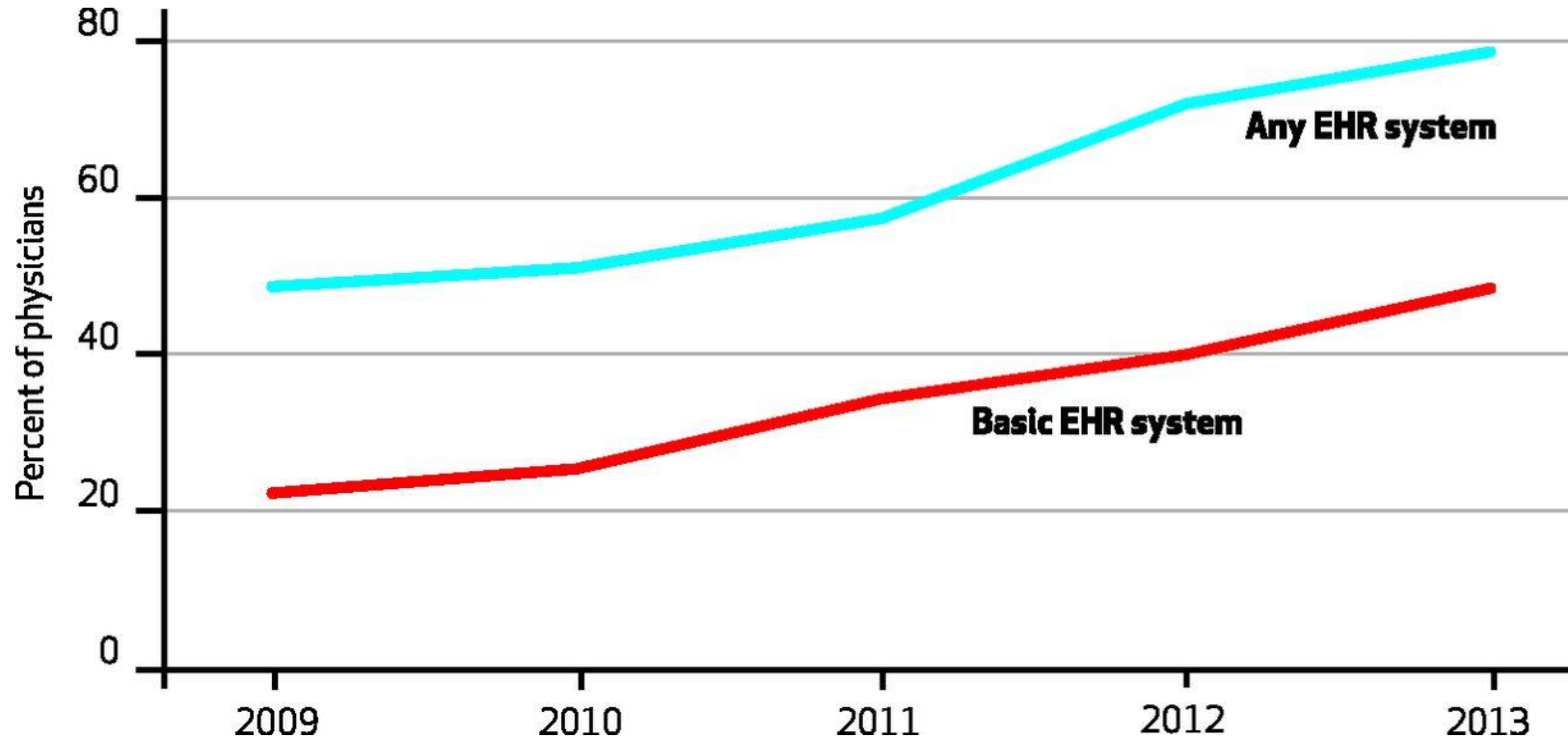


NOTES: Basic EHR adoption requires the EHR system to have a set of EHR functions defined in [Table A1](#). A certified EHR is EHR technology that meets the technological capability, functionality, and security requirements adopted by the Department of Health and Human Services. Possession means that the hospital has a legal agreement with the EHR vendor, but is not equivalent to adoption.

*Significantly different from previous year ($p < 0.05$).

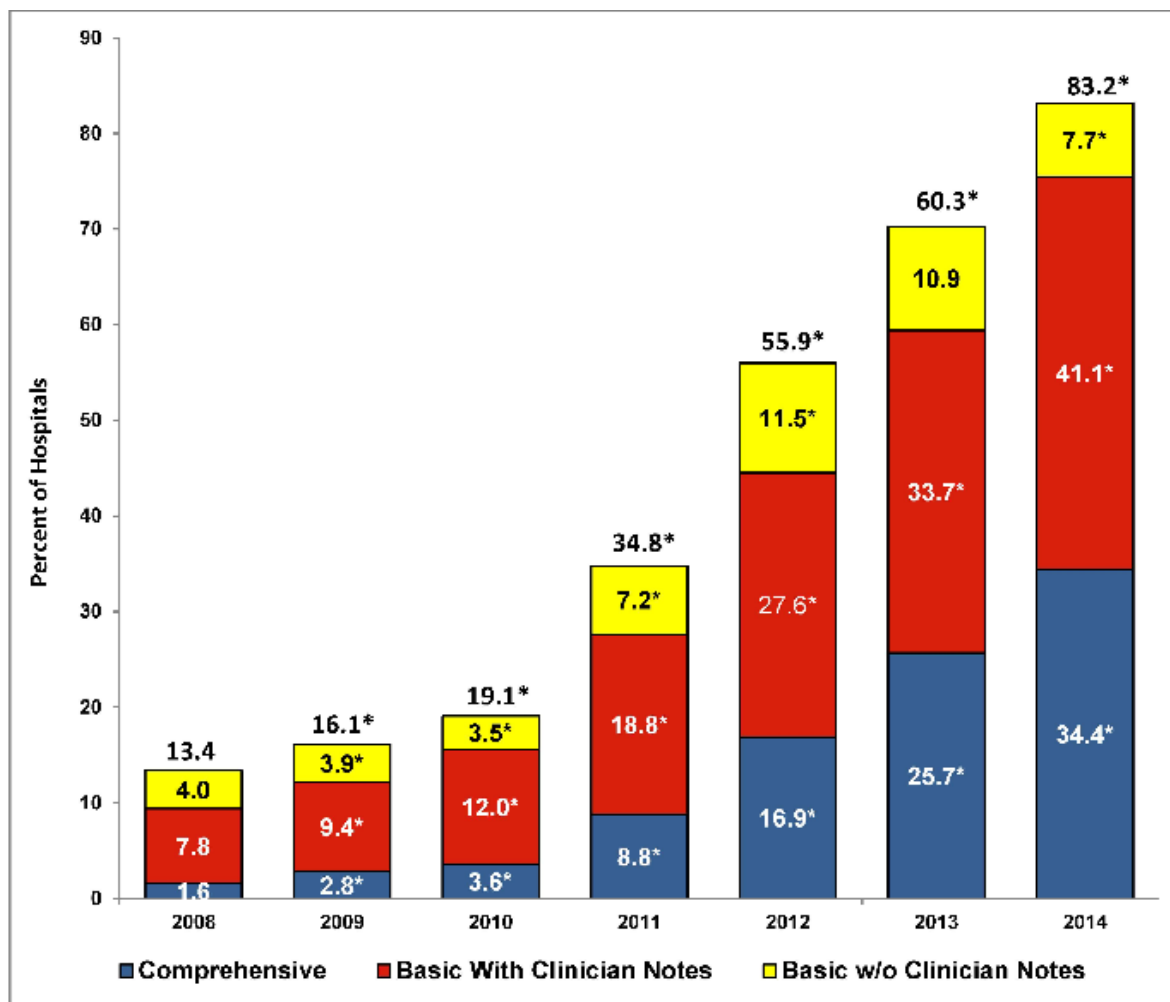
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

Similar progress is being made among physicians



SOURCE: Michael F. Furukawa et al. Health Aff, 34, No. 4, 2014

Trends in EHR adoption show increasing use of advanced functionality



NOTES: Definitions of Basic EHR and Comprehensive EHR systems are reported in [Table A1](#).

*Significantly different from previous year ($p < 0.05$).

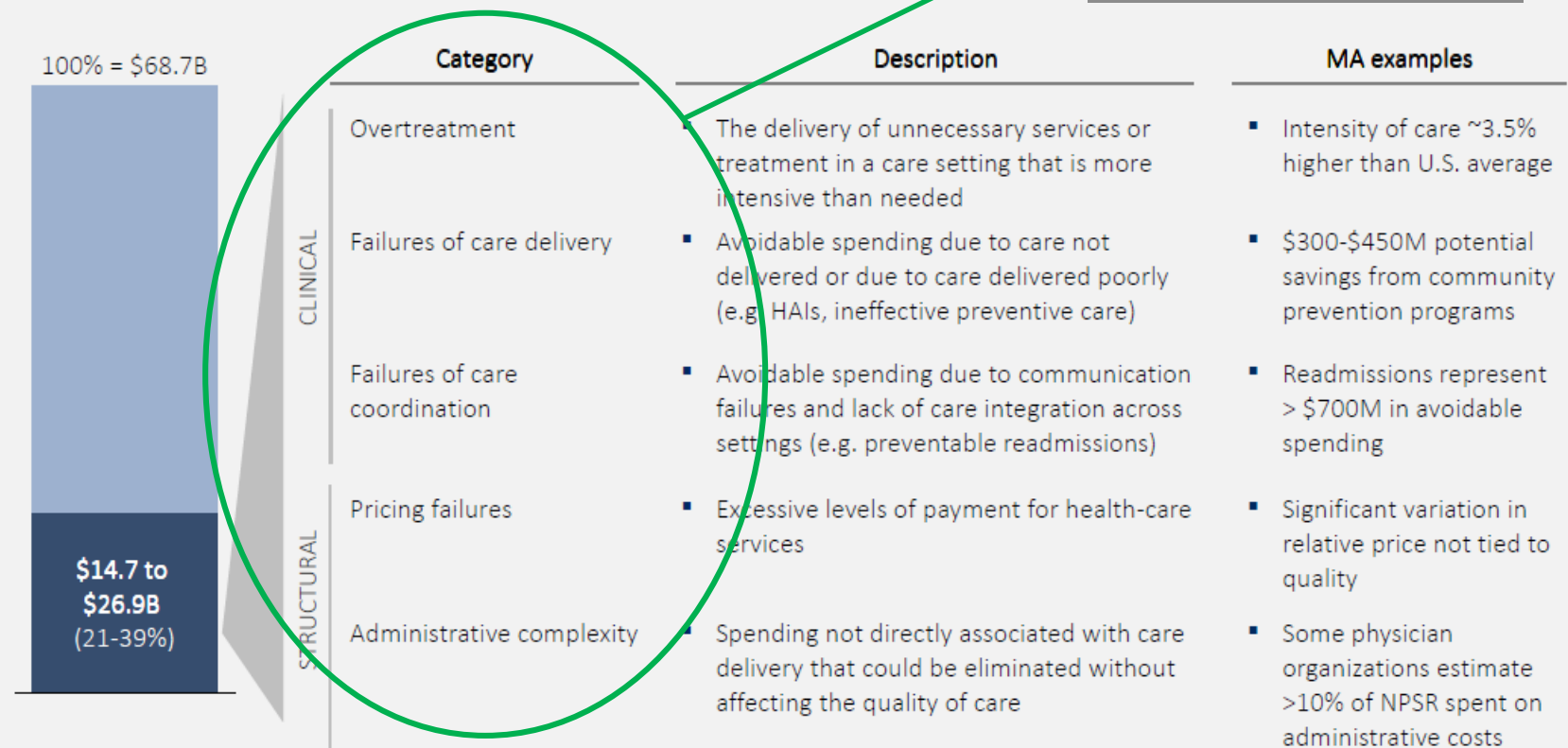
SOURCE: ONC/AHA, AHA Annual Survey Information Technology Supplement.

Despite this progress, communities are not connected, nor integrated in a manner that promotes efficient care coordination

Statewide estimate: in Massachusetts, there was \$14.7 to \$26.9B of wasteful spending in 2012

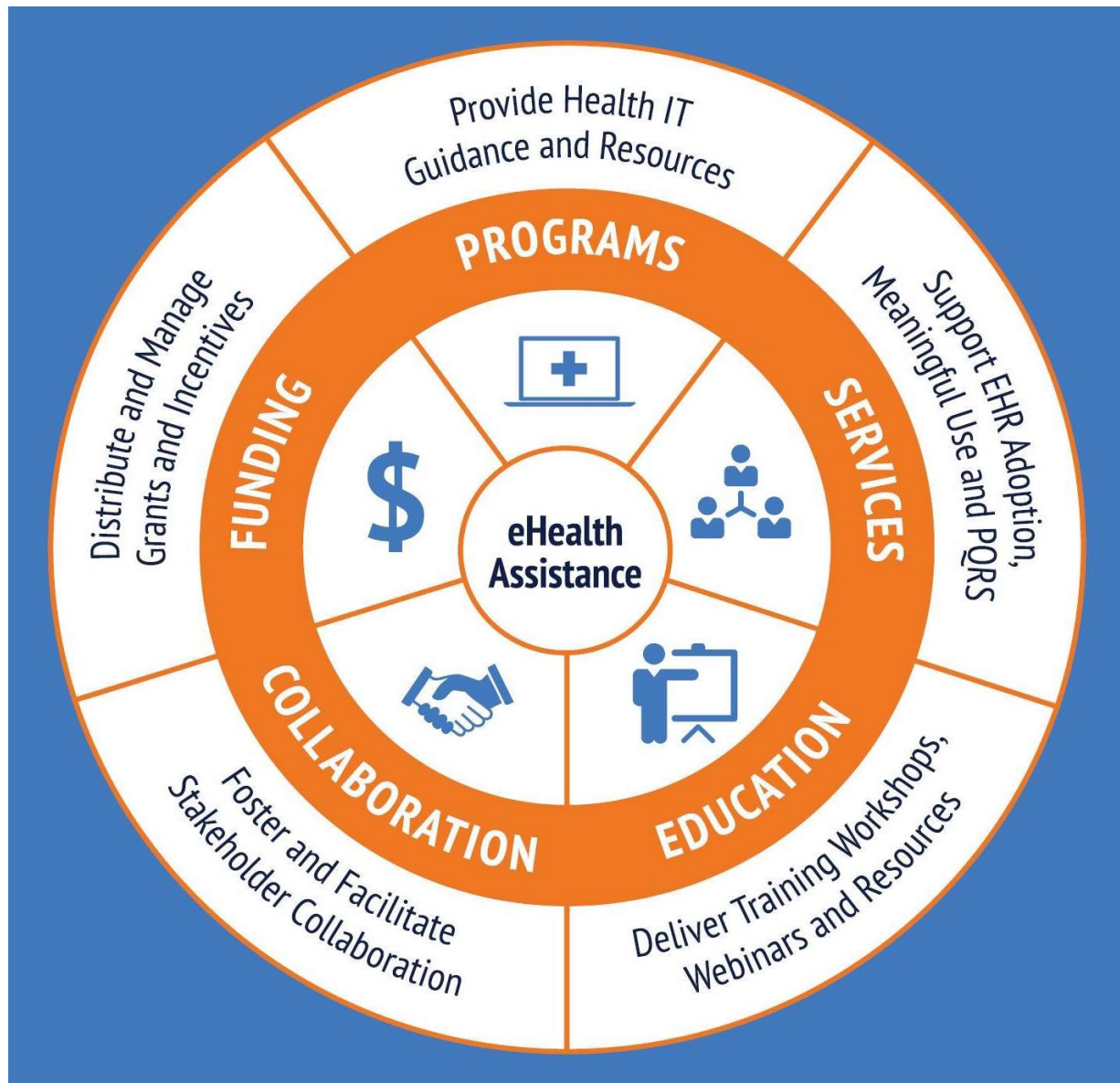
Wasteful spending in the Massachusetts health care system
Percent of personal health care expenditures, 2012

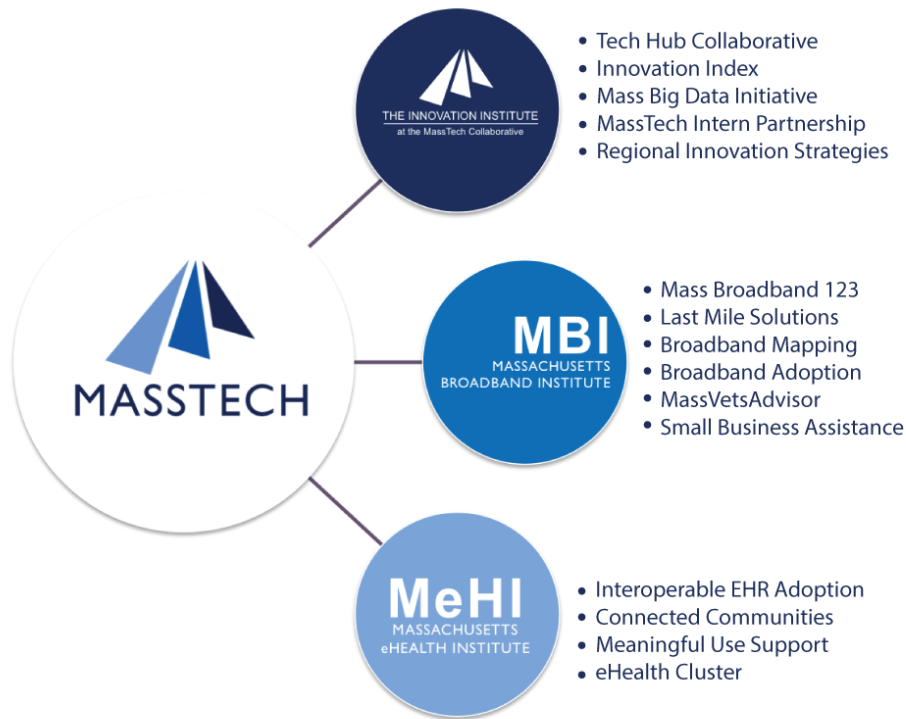
Opportunity for
Information
Technology



Replicated Berwick and Hackbarth national approach (JAMA 2012) for Massachusetts based on distinct, mutually-exclusive areas of waste

MeHI is Your Massachusetts Health IT Resource





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MeHI is a division of the Massachusetts Technology Collaborative, a public economic development agency

MeHI is the designated state agency for:

- Coordinating health care innovation, technology and competitiveness
- Accelerating the adoption of health information technologies
- Promoting Health IT to improve the safety, quality and efficiency of health care in Massachusetts
- Advancing the dissemination of electronic health records systems in all health care provider settings

By meeting our goals we intend to enable you to meet yours

VISION

Massachusetts is the global eHealth leader. Our connected communities enjoy better health at lower cost and serve as models of innovation and economic development.

MISSION

To engage the healthcare community and catalyze the development, adoption and effective use of health IT

GOALS

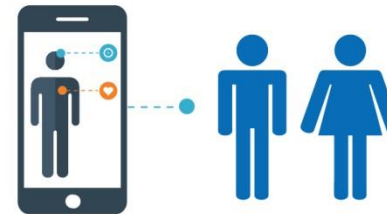
Adoption



Support Health Reform

- ✓ Better Health
- ✓ Better Care
- ✓ Lower Costs

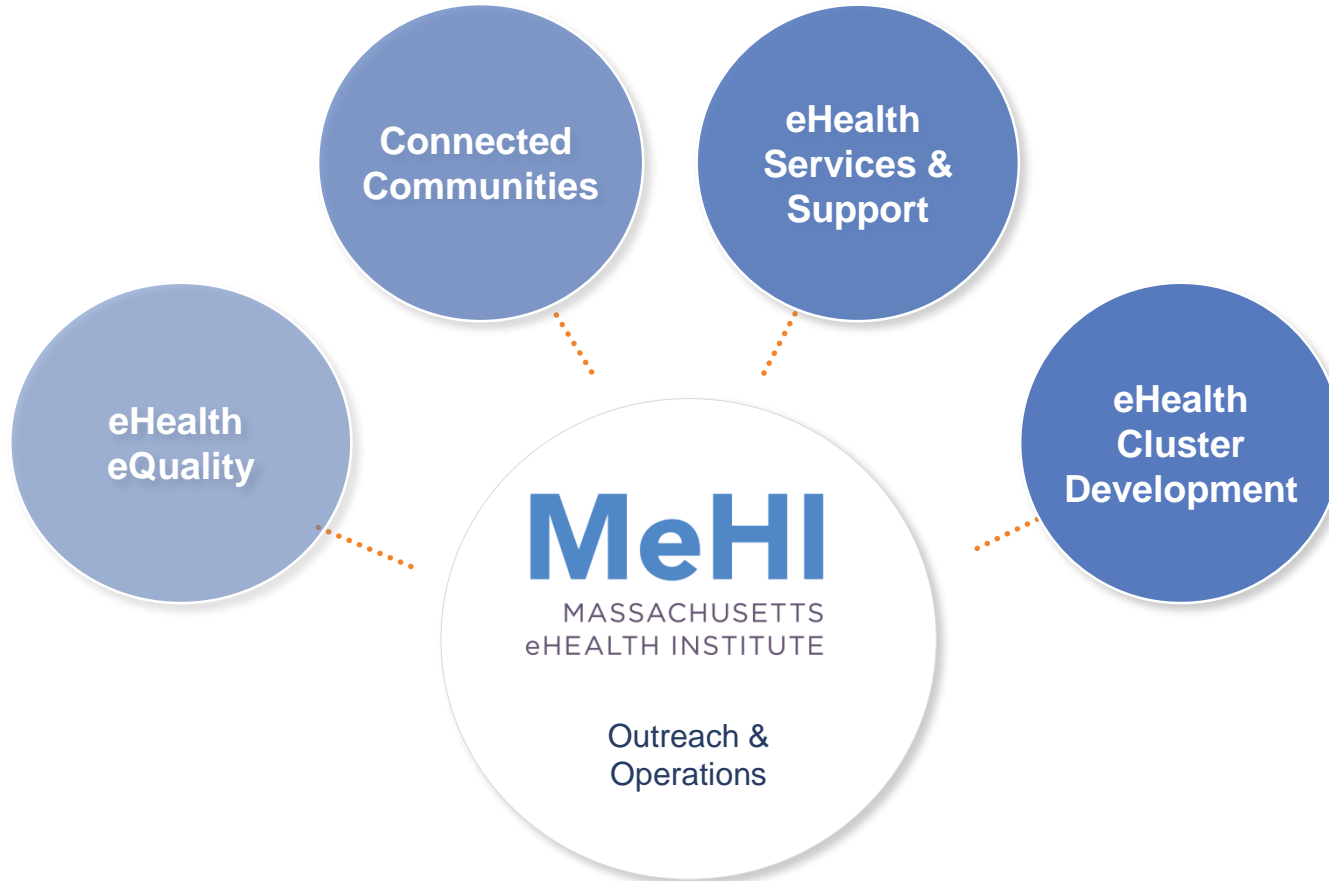
Consumer eHealth Engagement



Grow & Promote Innovation & eHealth Cluster

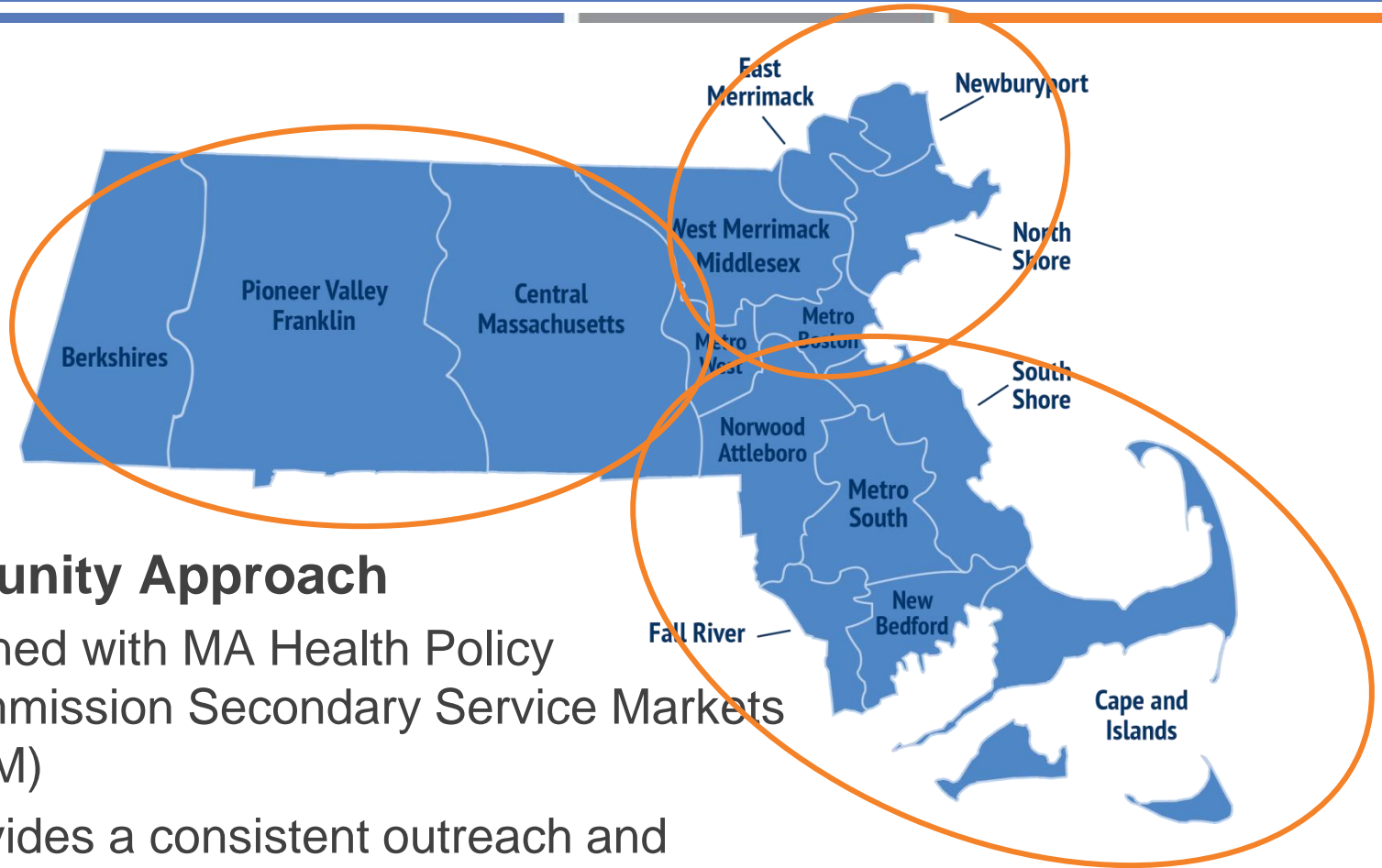


MeHI Initiatives 2014 - 2015



CORE VALUES

Innovation • Insight • Collaboration • Accountability



- **Community Approach**

- Aligned with MA Health Policy Commission Secondary Service Markets (SSM)
- Provides a consistent outreach and engagement framework
- Creates a foundation to measure and promote ongoing eHealth effectiveness

Engaging Community Stakeholders

1. Engaged & collaborated with a diverse set of community stakeholders on a statewide needs assessment
2. Gathered feedback and synthesized – in collaboration with community stakeholders – Community eHealth Assessments
3. These community plans are informing the State-wide eHealth Plan that intends to drive us toward a more connected healthcare ecosystem here in the Commonwealth.
4. MeHI intends to award Community Grants aligned to the needs assessment and are intended to demonstrate community collaboration

*eHealth Community Managers will foster a collaborative environment
and serve as community resource*

Review of findings from our needs assessment

- We logged feedback within (4) domains:
 - What are your clinical/ operational needs?
 - What internal issues slow your adoption & use of health IT?
 - What external barriers impede your adoption & use of health IT?
 - What are your ideas for how technology may improve healthcare?
 - For purposes of gathering feedback, these ideas are not aligned to any one need or issue. They reflect nominated ideas, rather than solutions aligned to your needs.

Review of Findings | Top 5 Needs

- We have 246 identified clinical and business needs
- Worked iteratively to classify into 16 categories

Clinical-Business Needs	247	
Access to Clinical Information	51	20.65%
Improve Internal Processes & Operations	33	13.36%
Meet Regulatory/ Incentive Requirements	25	10.12%
Improve Care Quality & Patient Safety	22	8.91%
Improved Interoperability & Exchange	21	8.50%

Review of Findings | Top 5 Internal Challenges

- We have 227 identified internal challenges
- Worked iteratively to classify into 14 categories

Internal Challenges	228	
Lack of Staffing Resources	56	24.56%
Lack of Financial Capital	50	21.93%
Meeting Operational and Training Needs	35	15.35%
Managing Workflow and Change	31	13.60%
Technology Insufficient for Needs	20	8.77%

Review of Findings | Top 5 External Barriers

- We have 214 identified external barriers
- Worked iteratively to classify into 12 categories

External Barriers	212	
Lack of HIE / HIway Trading Partners & Production Use Cases	49	23.11%
Lack of Interoperability and Exchange Standards	48	22.64%
Meeting Regulatory Requirements	40	18.87%
Cost of Technology / Resources	20	9.43%
Sensitive Information Sharing and Consent	13	6.13%

1. Community eHealth Assessments will be posted on our website in May/June
2. Community Grants will be posted in May/June
3. Look for the Statewide eHealth Plan during Health IT week (Oct 5-9)



Meeting the needs of the BH and LTPAC sectors

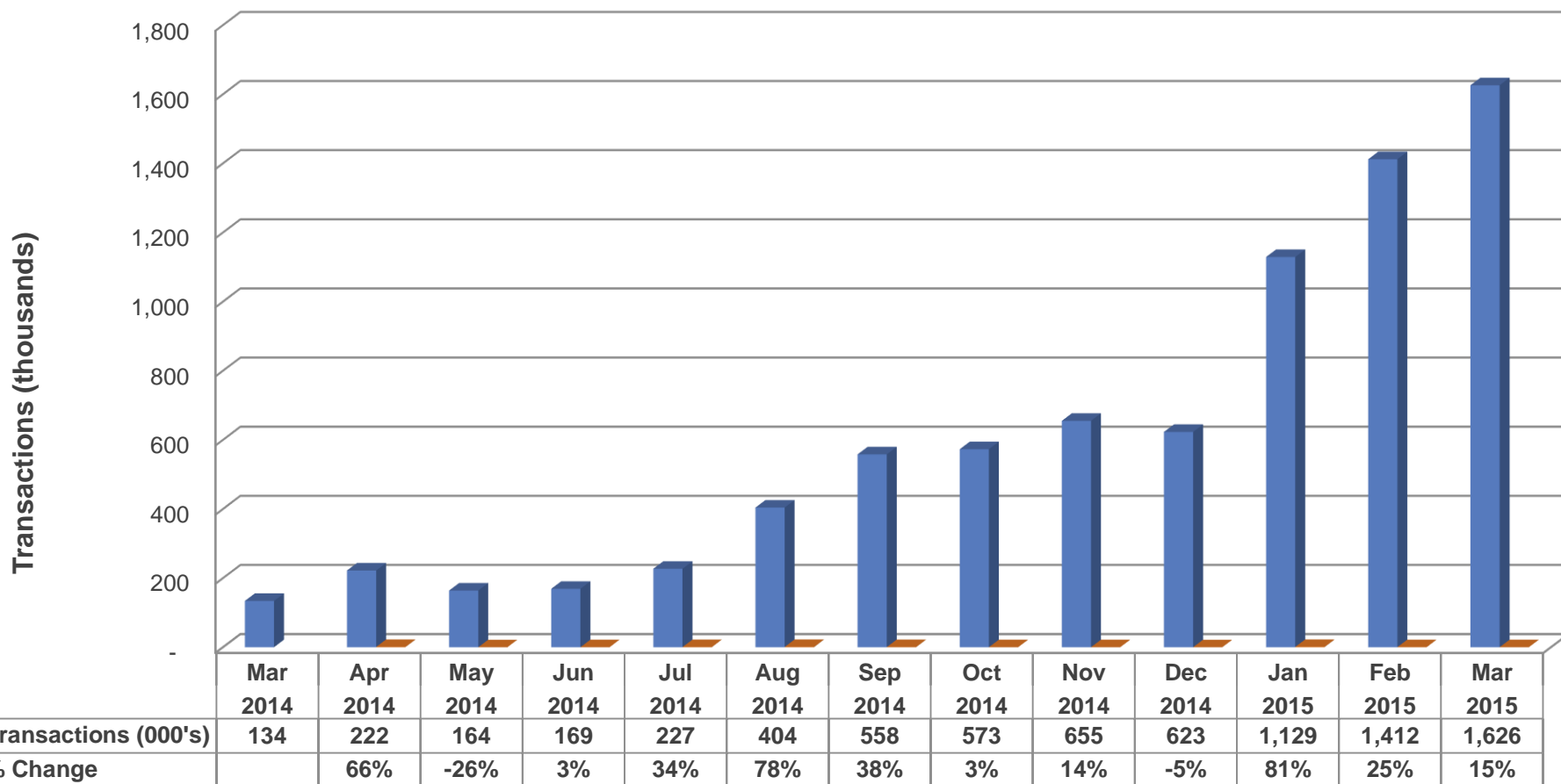
- eHealth eQuality Program provides education, evidence-based guidance and funding to grow the adoption of HIT



- Launched in October 2012
- Supporting services:
 - Direct Messaging
 - Query & Retrieve Services
 - Provider Directory
 - Public Health Reporting
- Enabling a range of use cases:
 - Care coordination
 - Payer case management
 - Public health reporting
 - Quality data reporting



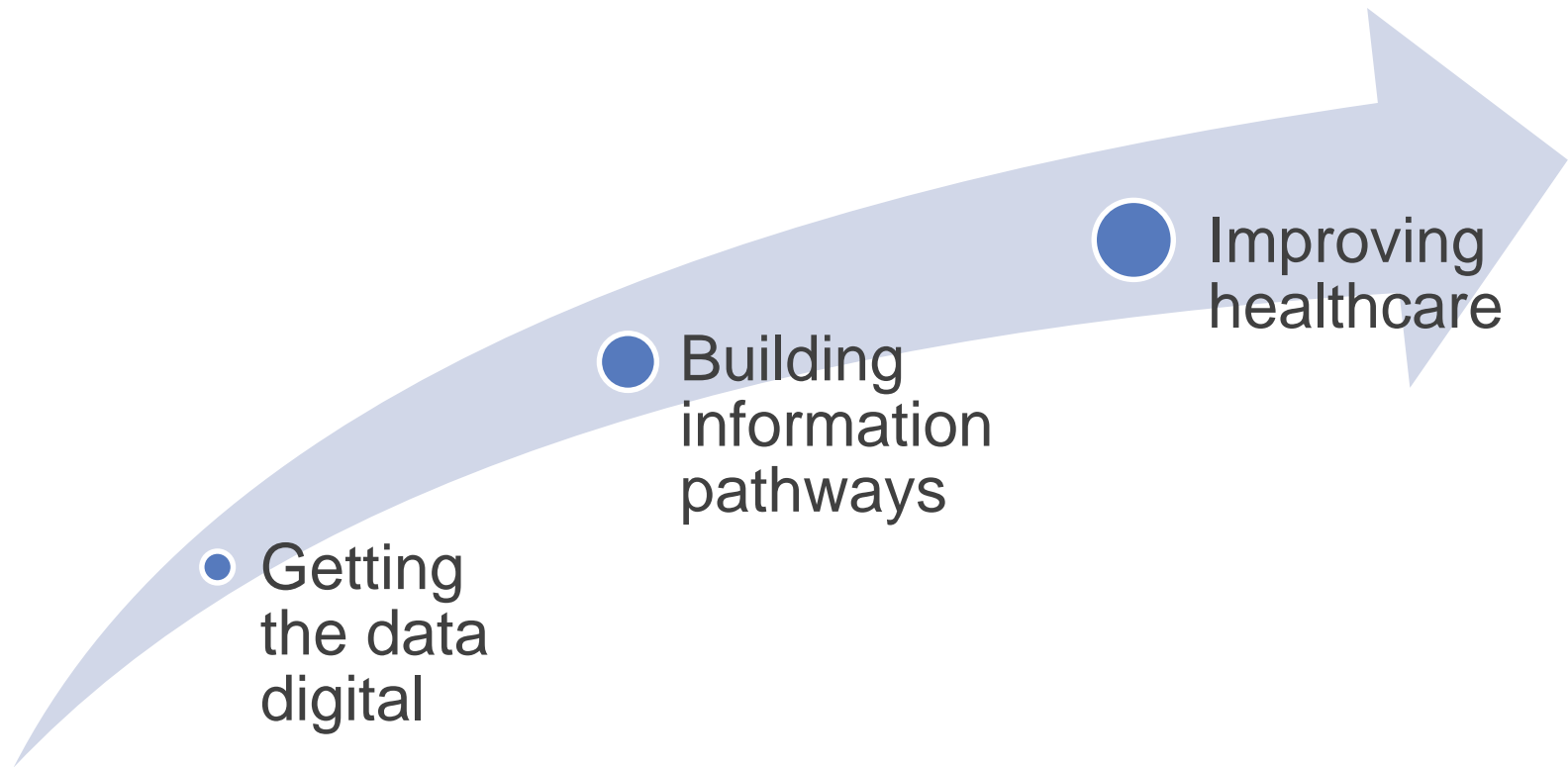
82% of Hlway activity year-to-date* is for production transactions



A few other items to be aware of

- Physicians are required to demonstrate EHR proficiency or risk licensure - starting in 2015
- All “providers” shall have access to an EHR that is networked through the statewide HIE – starting in 2017
- There are a number of other funding mechanisms that incent the use of health IT:
 - CHART, Prevention Wellness Trust fund, DSTI, ICB grants,
 - **Open solicitation** – eQuality Incentive Program (eQIP) BH2
- 2011 Edition CEHRT is retired

Growing the adoption of interoperable EHRs to support health reform is a journey



...but issues remain

- Data sharing continues to encounter barriers - cultural, policy, technical
- There remain pockets of non-adopters
- Not everyone is on the Mass Hlway

In summary...

- A variety of efforts to date have successfully grown the adoption of EHRs in MA to roughly 80%
- While information and processes are increasingly becoming digital, our use of these technologies to enable integrated, cross-setting care delivery needs work
- MeHI is an advocate for the adoption and effective use of interoperable EHRs in order to advance health reform in MA through
- Resources and incentives exist to support your efforts

My challenge to you

1. Join the conversation – be heard!
2. Adopt and use certified EHRs* and join the Mass Hlway
3. Maximize your investment in these technologies by also transforming your practice

Thank you



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Sean Kennedy
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