

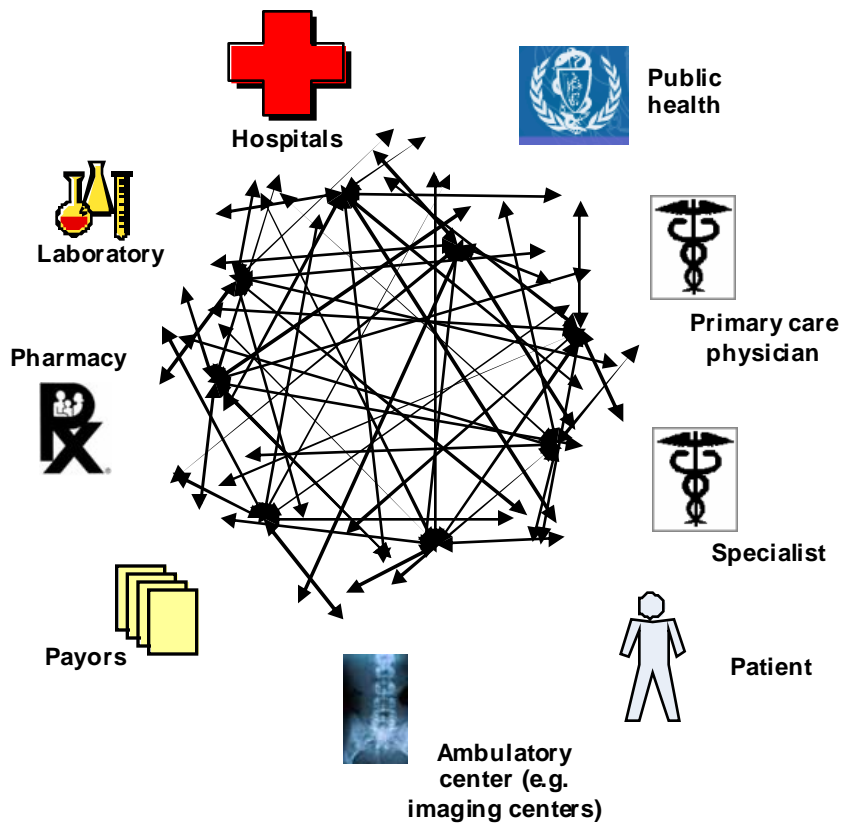
# MASSACHUSETTS eHEALTH COLLABORATIVE

December, 2005

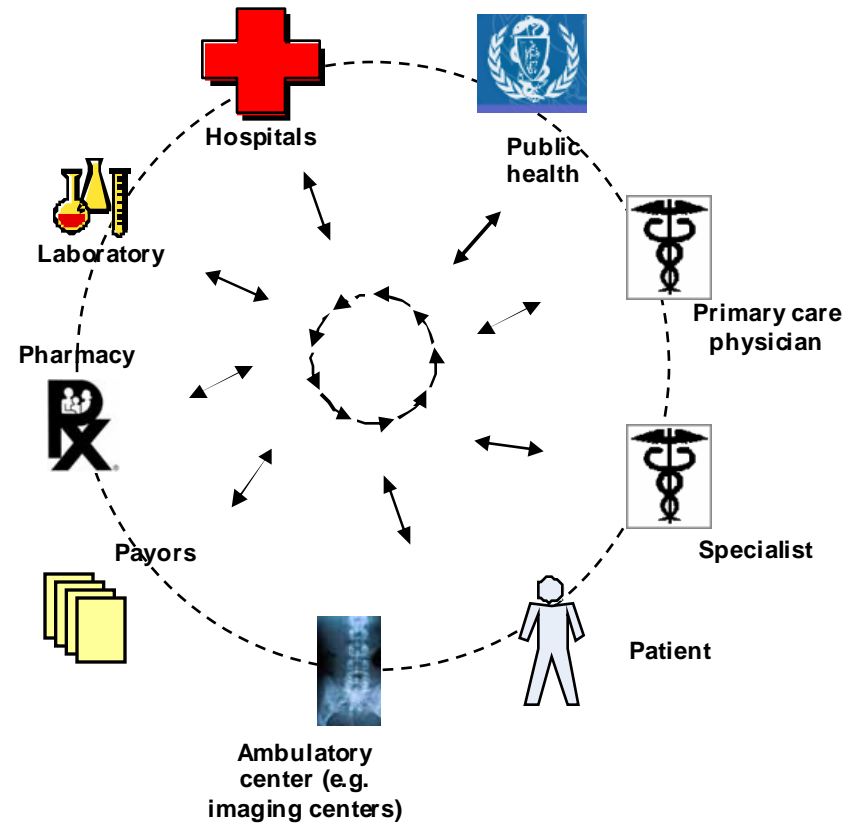


# FRAGMENTATION OF CLINICAL SYSTEMS LIMITS ABILITY TO IMPROVE QUALITY, SAFETY & EFFICIENCY OF CARE

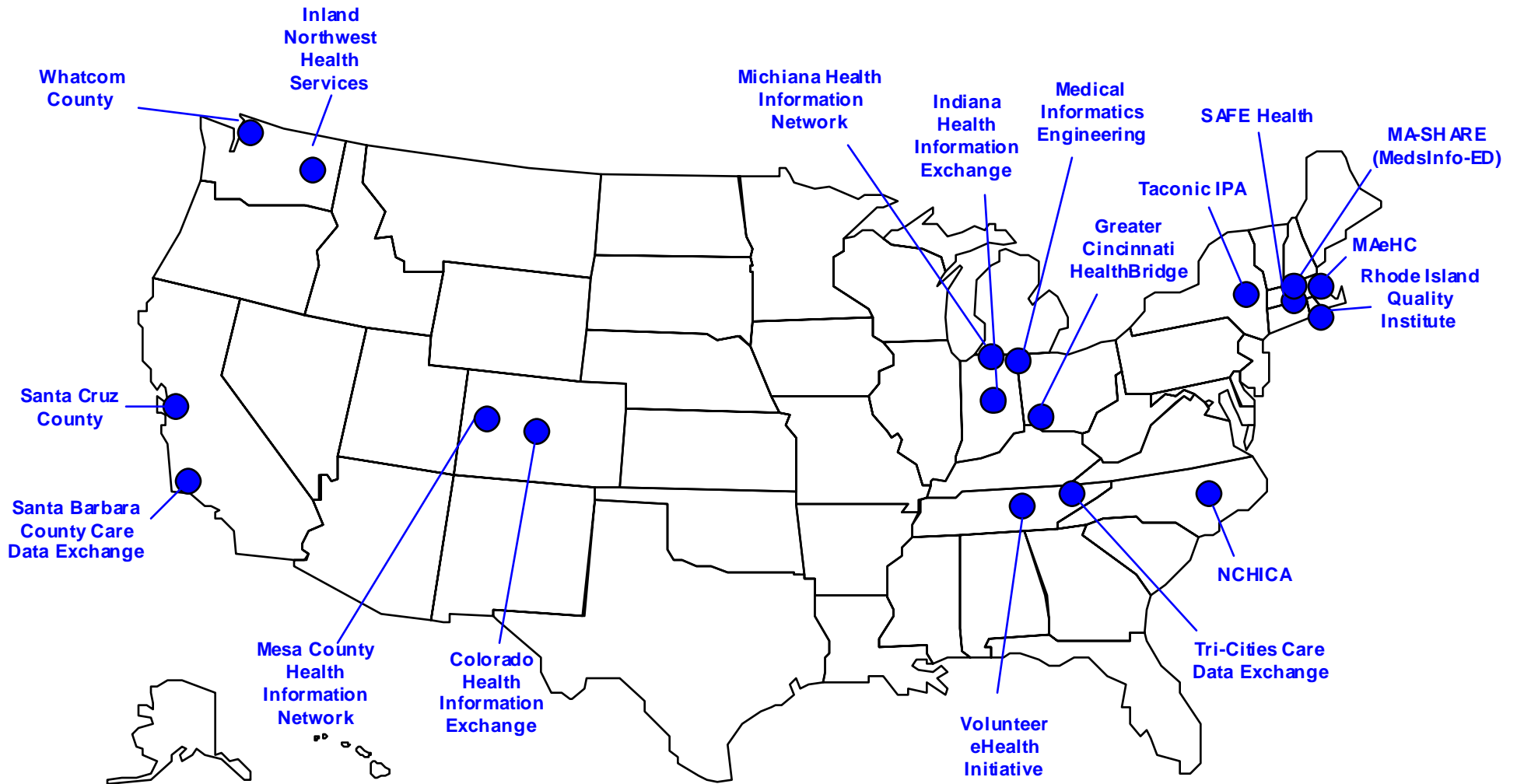
## CURRENT STATE



## VISION OF THE FUTURE

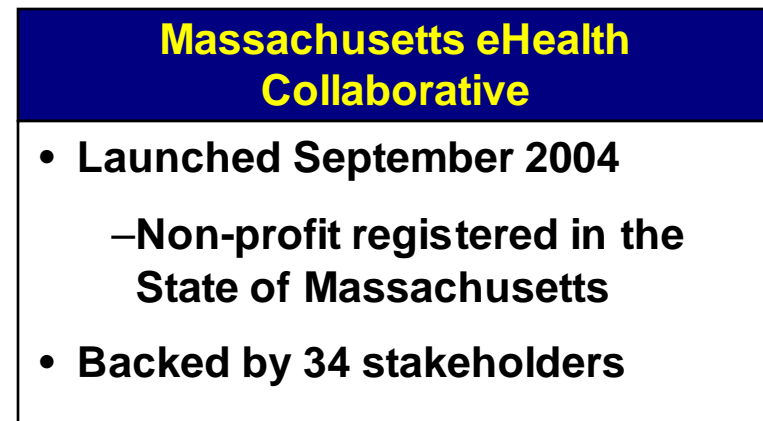
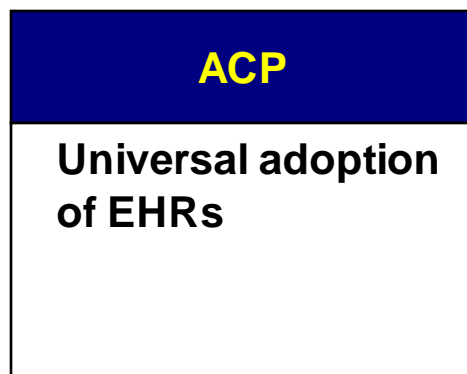
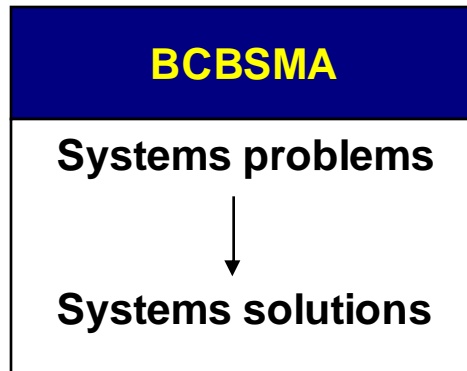


# THOUGH EFFORTS ARE SPROUTING ACROSS THE COUNTRY, MASSACHUSETTS HAS AMONG THE MOST PROMINENT



Source: MAeHC

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



# 34 ORGANIZATIONS 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 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

- Invest to scale to demonstrate value
- Overcome barriers to adoption
- Plan for success

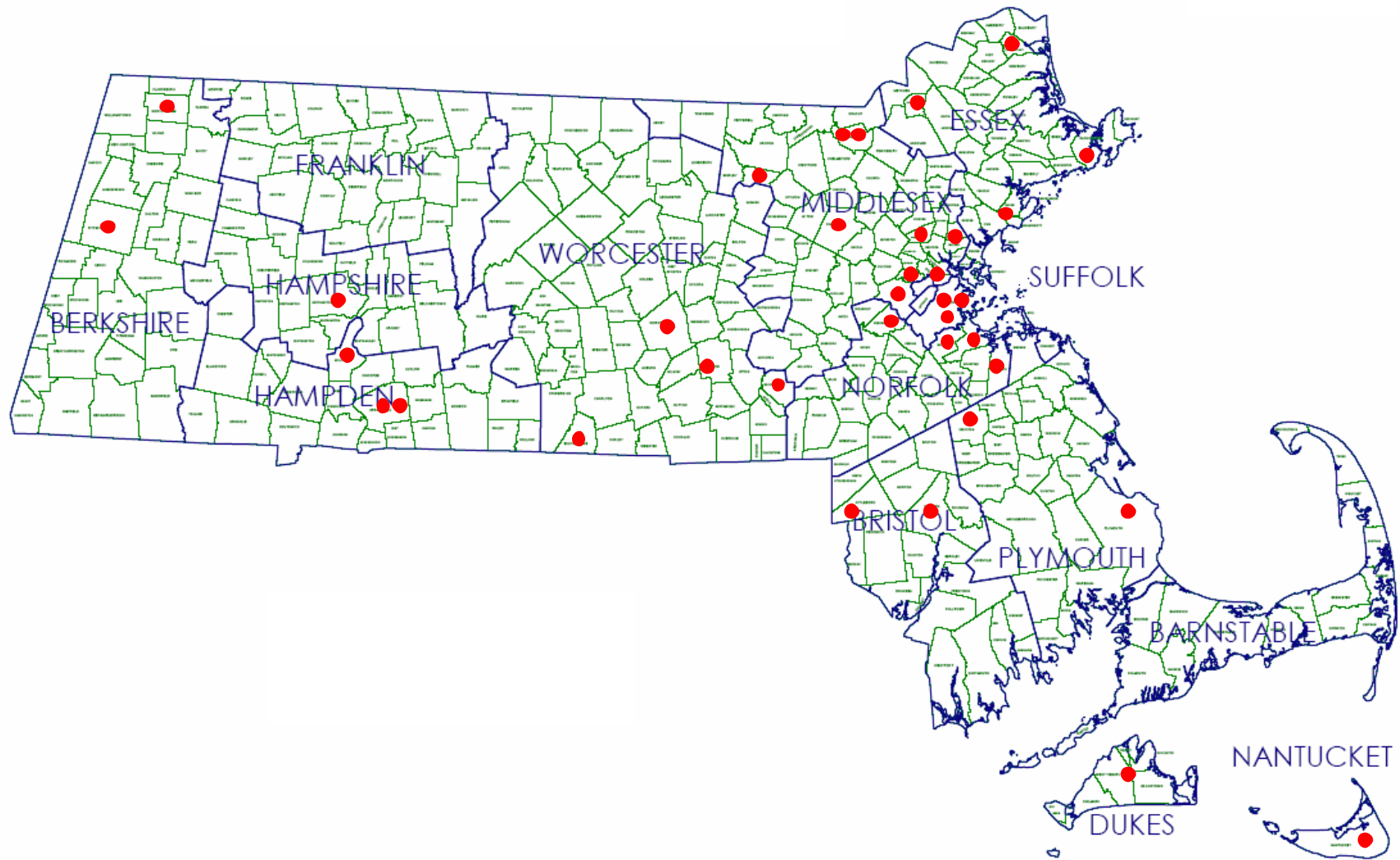


## State-wide Implementation

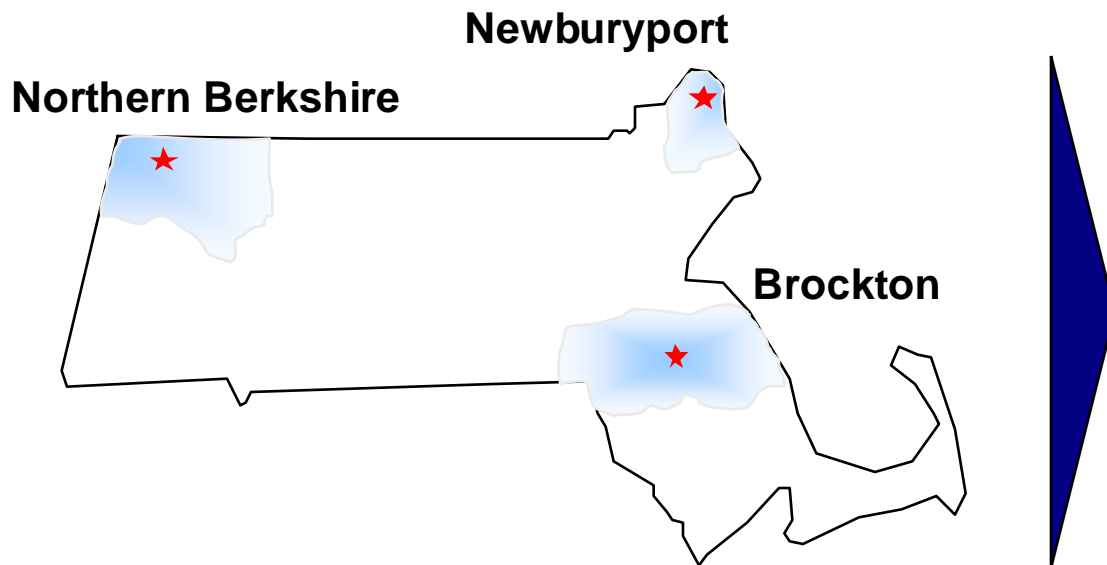
- Capitalize on pilot results
- Secure funding to catalyze state-wide implementation
- Leverage pilot infrastructure to drive universal adoption

**“My concern is not low EHR adoption, but variable EHR adoption.”  
-- Dr. David Brailer**

# 35 COMMUNITIES READY TO GO



# THREE PILOT COMMUNITIES STRONG INDIVIDUALLY AND COLLECTIVELY



## Selection Criteria

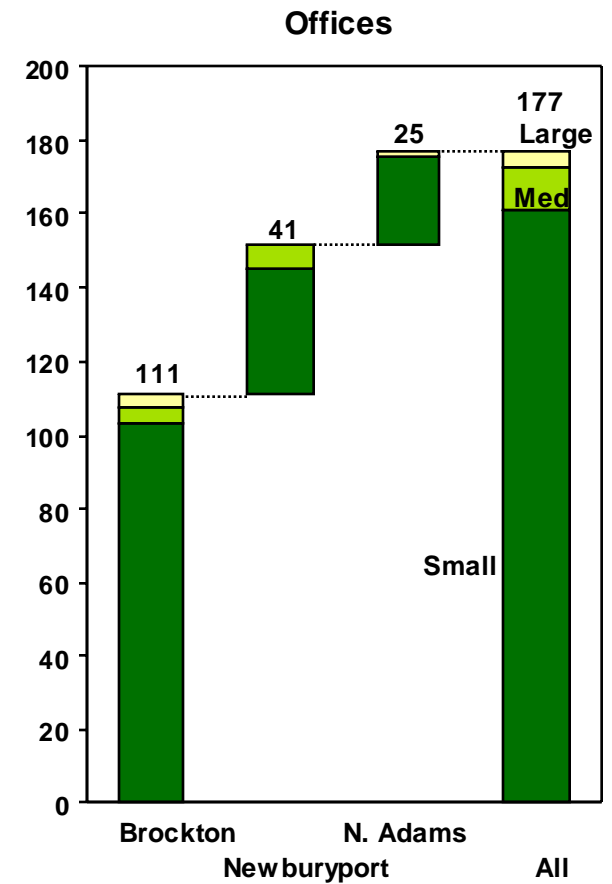
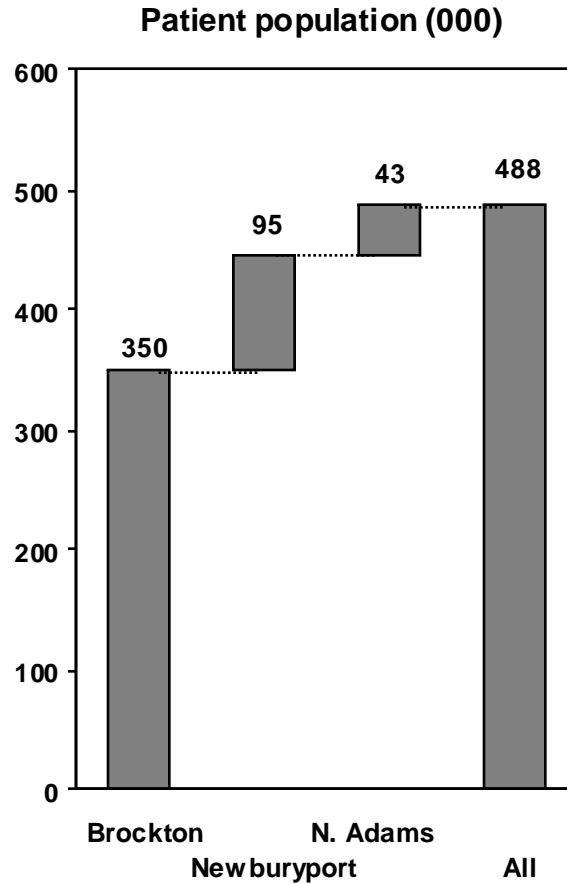
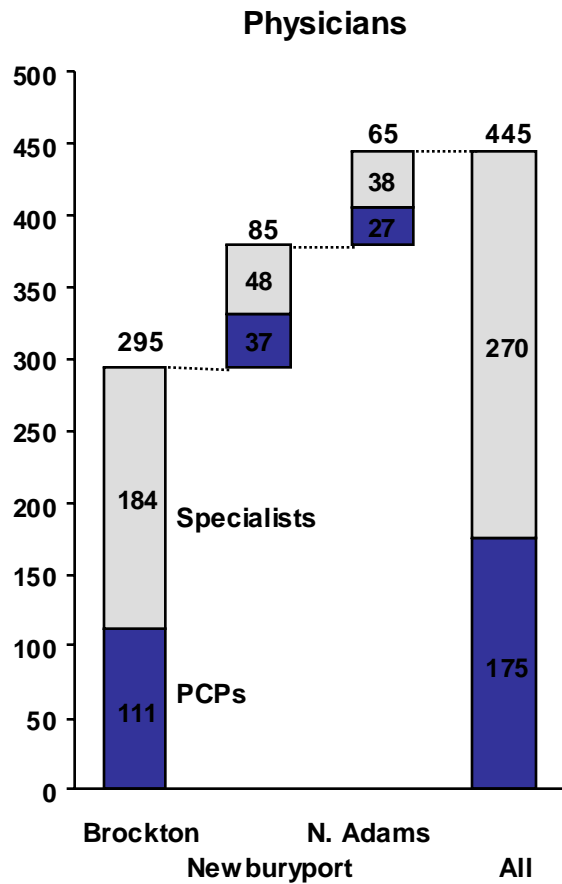
- Care network
- Community cohesion
- Strong leadership
- Commitment to change
- Diversity of patients, practices, locations, and size
- Replicable models

# DIVERSE ARRAY OF SETTINGS

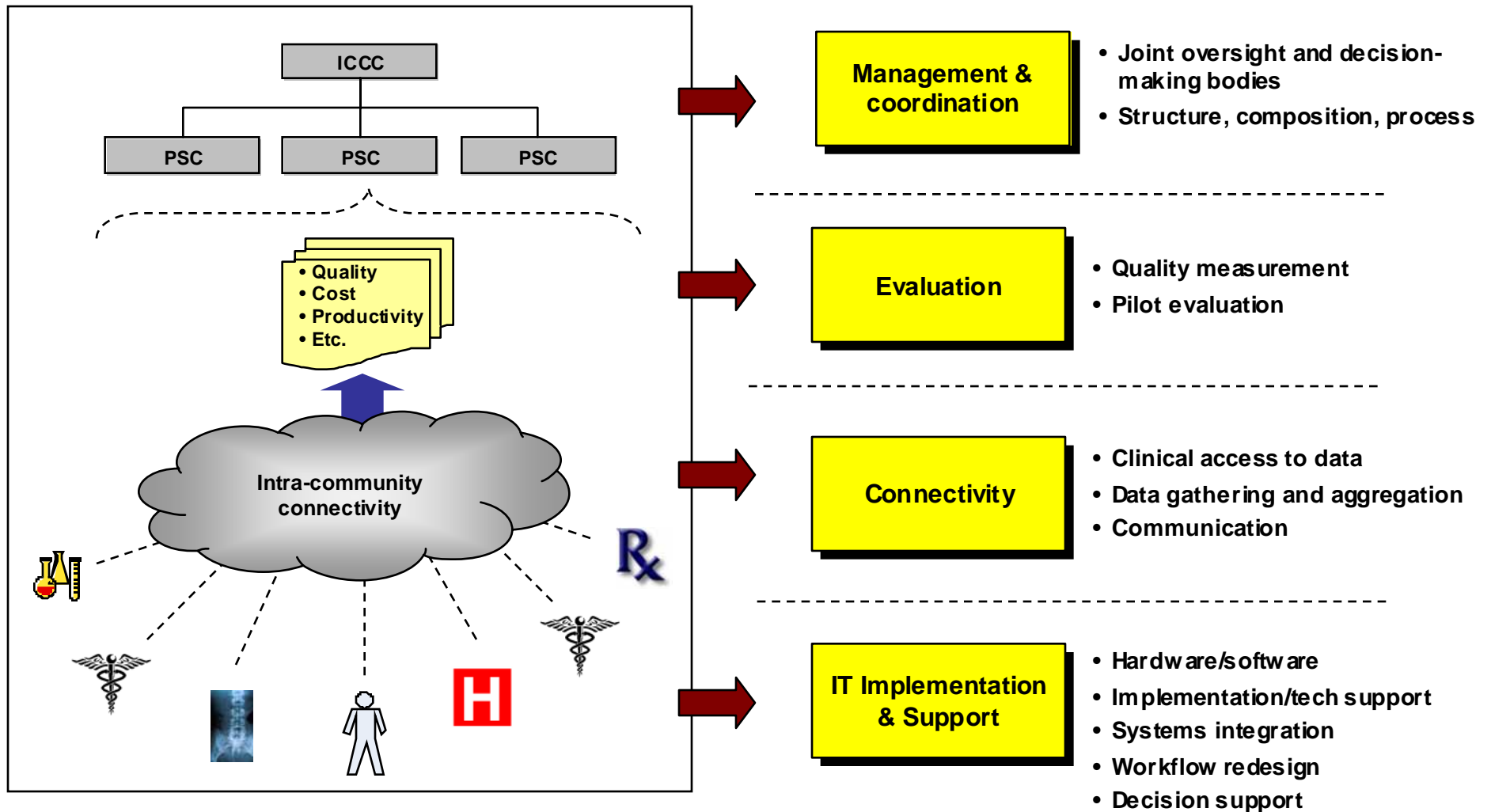
Almost 450 physicians...

...and ~500K patients...

...in almost 200 offices.

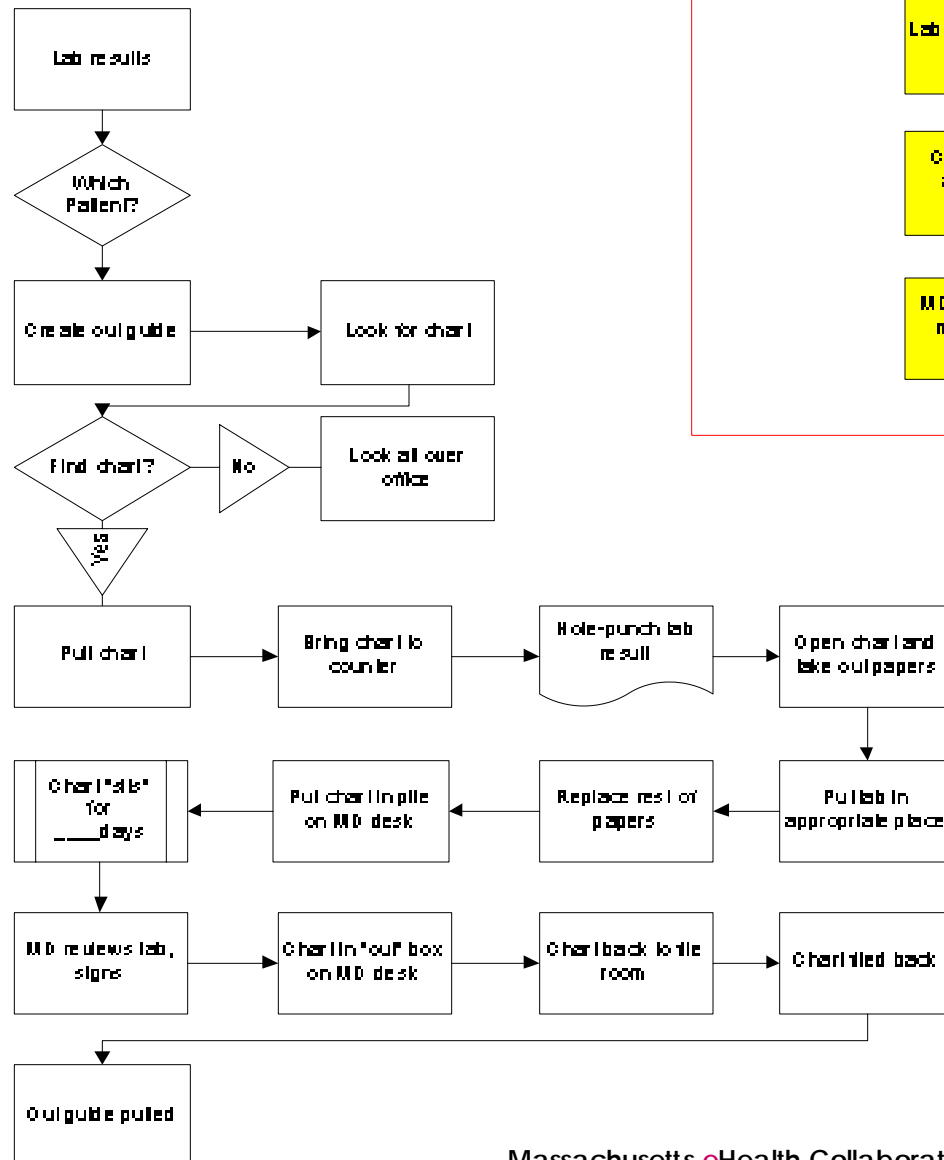


# FOUR MAIN AREAS OF ACTIVITY IN PILOT PROJECTS

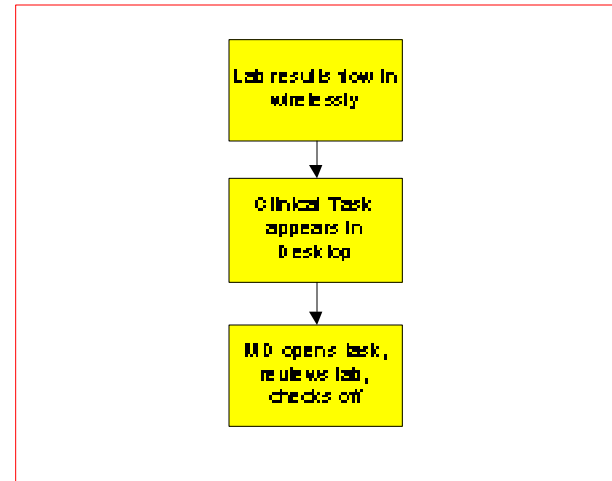


# WORKFLOW CHANGE EXAMPLE: LAB RESULTS

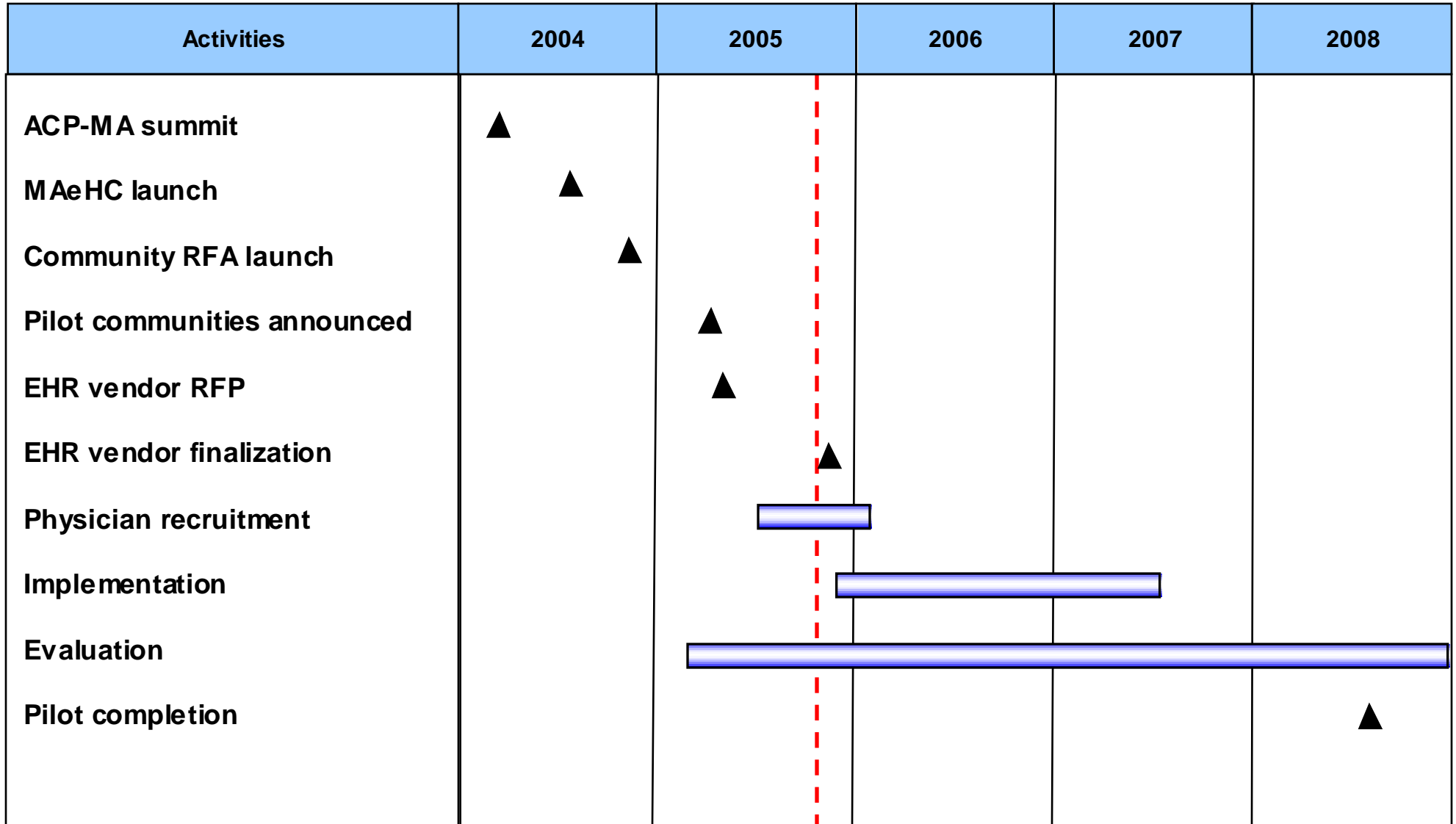
Current Process



 New Process



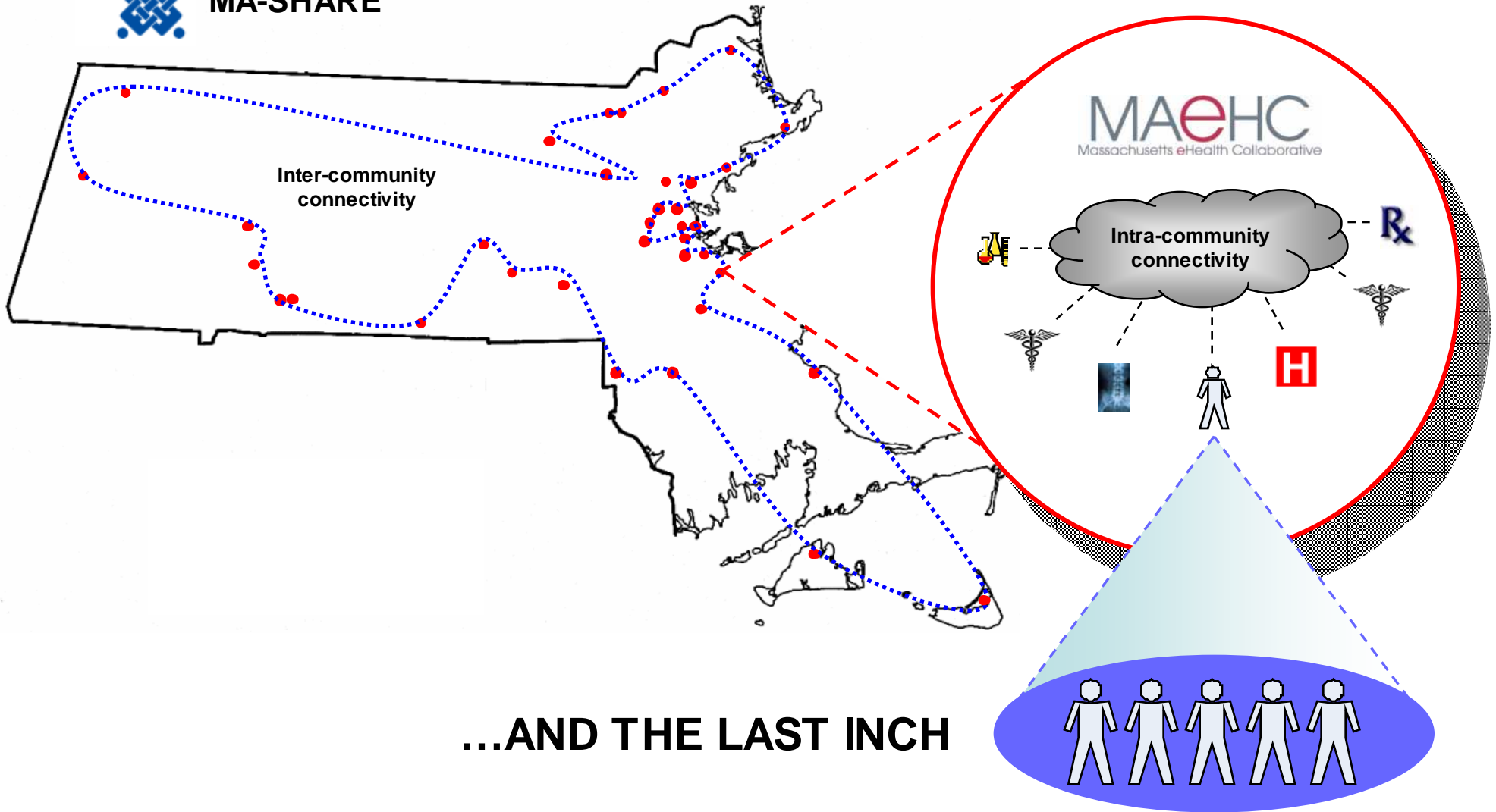
# TIMELINE OVERVIEW



# THE GRID AND THE LAST MILE...



MA-SHARE



...AND THE LAST INCH



[www.maehc.org](http://www.maehc.org)

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