



The Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747
Boston, Massachusetts 02114-8747



(617) 727-2310
Fax (617) 227-2681
TTY (617) 227-8583

May 5, 2005

Senator Richard T. Moore
Representative Patricia A. Walrath
Co-Chairs, Joint Committee on
Health Care Financing

Senator Jack Hart
Representative Daniel E. Bosley
Co-Chairs, Joint Committee on
Economic Development and
Emerging Technologies

Dear Co-Chairs:

I am sorry not to be here this morning to voice, in person, my support for the kinds of technological advances that your committee has been encouraging and that the Massachusetts Technology Collaborative has been actively supporting for the past several years.

The GIC is responsible, as most of you know, for providing life, health, disability and other benefits to some 265,000 Massachusetts residents — state employees, retirees, and their dependents. We are, and always have been, data driven. The miracle we celebrate is, that the accessibility and value of the data we use to select benefits and plan administrators; the tools we use to monitor their performance and analyze their spending; the communication media we use to inform our enrollees; and the measures we review to protect the quality and safety of their care are all enhanced immeasurably by modern technology.

We were early members of the Mass Health Data Consortium. We were the first Massachusetts entity to join Leapfrog. In fact, on the wall in my office is a Senate plaque commending the GIC for being out front in support of Leapfrog — dated, October 30, 2000, and signed by Senator Moore, as well as then Senate President, Senator Tom Birmingham. We serve on the board of the Mass Coalition for the Prevention of Medical Errors and we are also on the Board of the Mass e-Health Collaborative, which is seeking to jump-start the conversion to integrated electronic medical record systems in the Commonwealth. And I was personally pleased to be a member of the Advisory Committee assembled by Mitchell Adams to review and recommend the technological improvements that showed the most immediate promise — recommendations that resulted in their emphasis on computerized physician order entry as their major effort. We are, of course, members of other boards, coalitions, and consortia — and I won't enumerate them here, but I will note, that our membership in some of these endeavors has

not been by invitation, but by self-invitation. Purchasers who, after all, eventually pay for these projects, are often overlooked when the so-called “stakeholders” are convened, and it is because I feel strongly that their voices need to be heard, that I have pushed the cause of purchaser involvement very aggressively, both in these groups and in the Mass Healthcare Purchaser Group as well. Technology in the operating room is a given; it is also commonplace in the billing department, but its application for administrative functions, even those with direct clinical relevance, has been harder to achieve. The use of electronic submission of drug orders is, of course, a prime example, on hospital wards, in the ER and at the local pharmacy. Fortunately, that is one idea whose time seems, finally to have come. Medical records are clearly next and the use of those data will eventually increase the ease, accuracy, and cost of improving quality based on solid, reliable evidence of practice patterns, and the real time intervention to prevent serious errors and real harm to patients.

We at the GIC are currently engaged in a three-year program to improve clinical performance using data gathered from the claims of all of our health plans to track the utilization of resources by physicians, and measure the variability of practice patterns. We move next to quality measures, difficult though that may be. How much easier our job will be were we to have electronic medical records at our disposal, linking diagnoses, lab results, pharmacy and even outcomes. As it is, we’re moving forward with what we have — because we live in the here and now and our budget numbers are looking pretty scary. Our preferred version of patient empowerment is not just higher deductibles — but choices offered to our enrollees, backed by data, measuring cost and quality. We can do it better, faster, and cheaper with the tools of technology. So we support SB 275.

Again, my apologies for not being able to attend the hearing on medical technology. I do hope, however, that you and your staff will not hesitate to contact me or my staff should you require additional information about the GIC and, in particular, our support for the advancement and wider distribution of health care technology.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Dolores L. Mitchell". The signature is written in dark ink and is positioned above the printed name.

Dolores L. Mitchell
Executive Director