

Community Connectivity The MA Experience

John D. Halamka MD
CIO, Harvard Medical School
CIO, CareGroup
Chairman, NEHEN

Agenda

■ Case Studies



- ✿ NEHEN

- ✿ MA_Share

- ✿ MassSafe

■ Common Themes

Our Innovative Approach

 <p>CAREGROUP HEALTHCARE SYSTEM</p> <p>Harvard Pilgrim Health Care</p> <p>TUFTS Health Plan</p> <p>PARTNERS HEALTHCARE SYSTEM</p> <p>Lifespan <i>The best names in health care.</i></p> <p><i>NEHEN Founding Partners</i></p>	<p>Contract Affiliates</p> 	<p>Non-Member Payers with Secondary Connectivity Solutions</p> <ul style="list-style-type: none"> • BC/BS of Massachusetts • Massachusetts Medicaid • Medicare
<p>Additional Members</p>  <p>BOSTON MEDICAL CENTER</p> <p>UMass Memorial</p> <p>DANA-FARBER CANCER INSTITUTE</p> <p>Lahey CLINIC</p> <p>Neighborhood Health Plan</p> <p><small>A Teaching Affiliate of Harvard Medical School</small> Massachusetts Eye and Ear Infirmary</p> <p>Children's Hospital Boston</p> <p>SOUTHCOAST HEALTH SYSTEM</p> <p>NORTHEAST HEALTH SYSTEMS</p>		

NEHEN Business Model

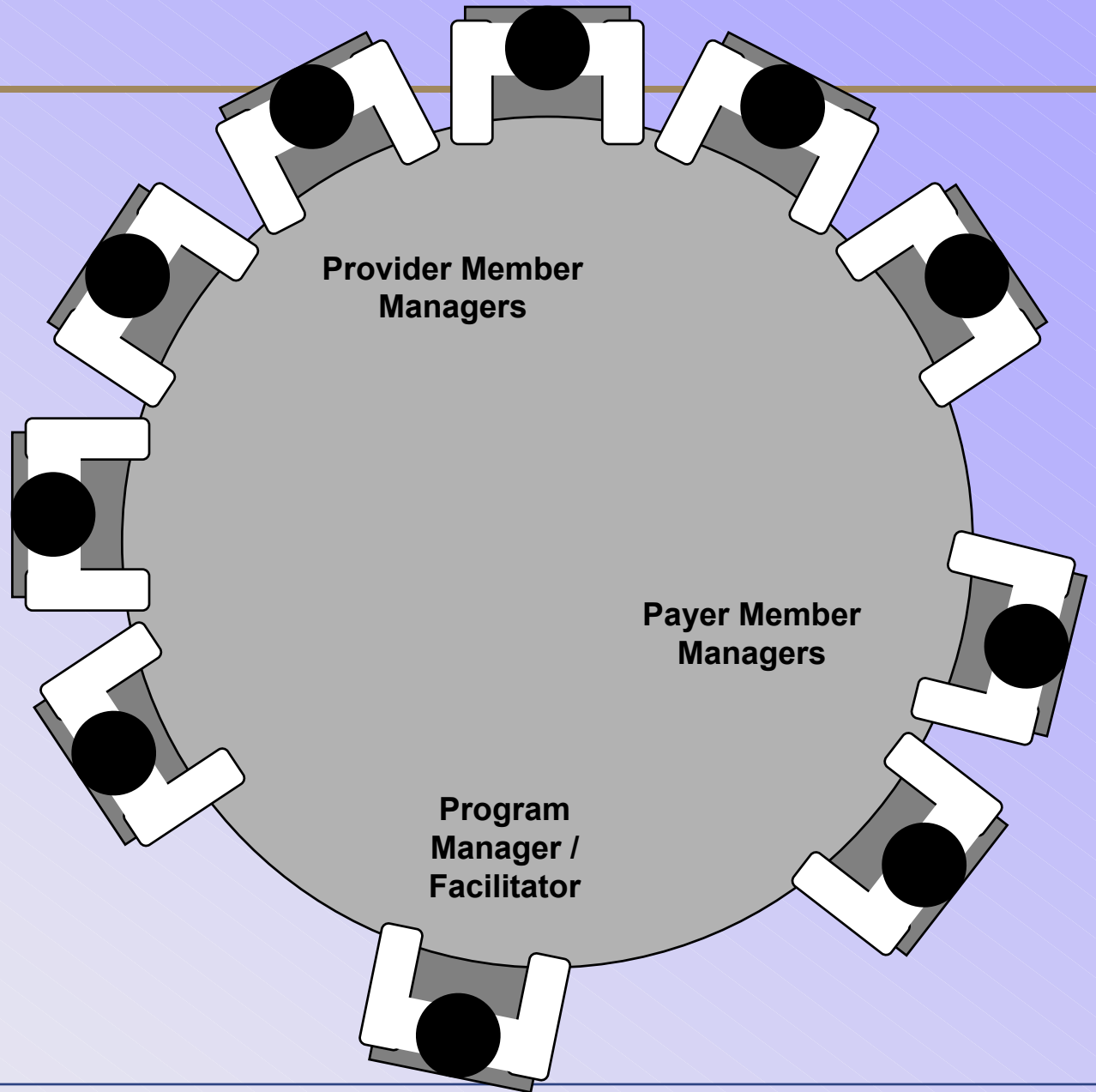
Common program management

- ✿ Create Strategy & Direction
- ✿ Organize and support participant meetings and discussions
- ✿ Develop and pilot core technology
- ✿ Coordinate implementation plans
- ✿ Resolve implementation issues
- ✿ Recruit new members
- ✿ Provide impetus and momentum - keep the ball moving down the field (AKA "herding cats")

Each organization is responsible for:

- ✿ Implementation costs
- ✿ Network expenses
- ✿ Monthly program management fee
- ✿ The quality of their data
- ✿ Security
- ✿ Generating and accepting HIPAA compliant transactions

- One member, one vote
- Some managers have additional responsibilities
- Contract affiliates are not at the table



NEHEN — Principles & Objectives

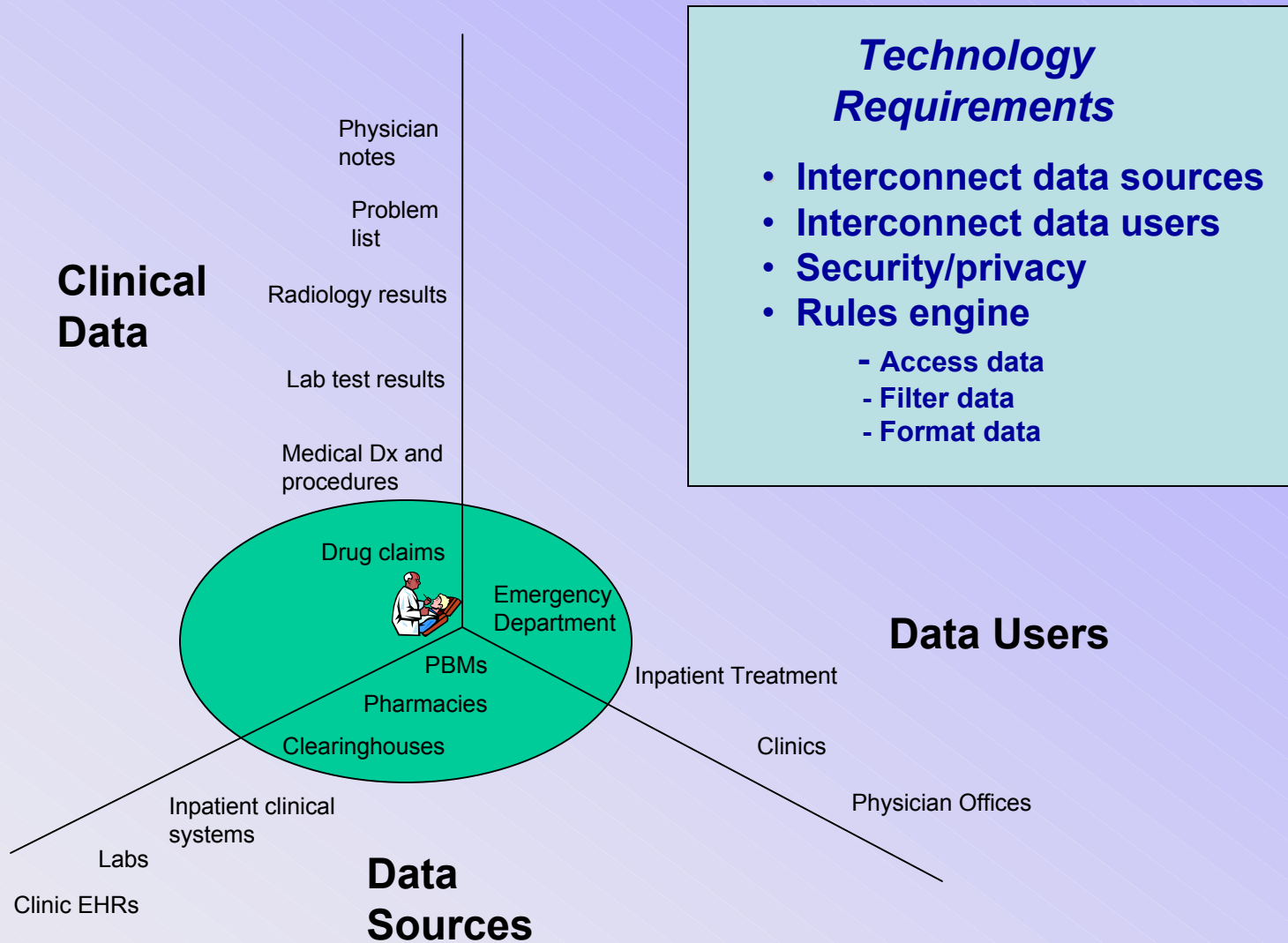
■ Principles

- ✿ Open (participants, standards, etc.)
- ✿ Low intrusion into individual participants IT agenda
- ✿ Participant value derived from transactions sent & received
- ✿ Data ownership retained by participant organizations
- ✿ Stay focused to avoid CHIN mistakes
- ✿ Keep it Simple

■ Key Objectives

- ✿ Address upcoming HIPAA compliance issues.
 - ✿ Reducing bad debts and other financial exposures by improving service efficiencies through EDI
 - ✿ Shorten the elapsed time to achieve EDI at scale.
 - ✿ Reduce the cost of EDI implementation through coordination and standardization
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MA_Share Project



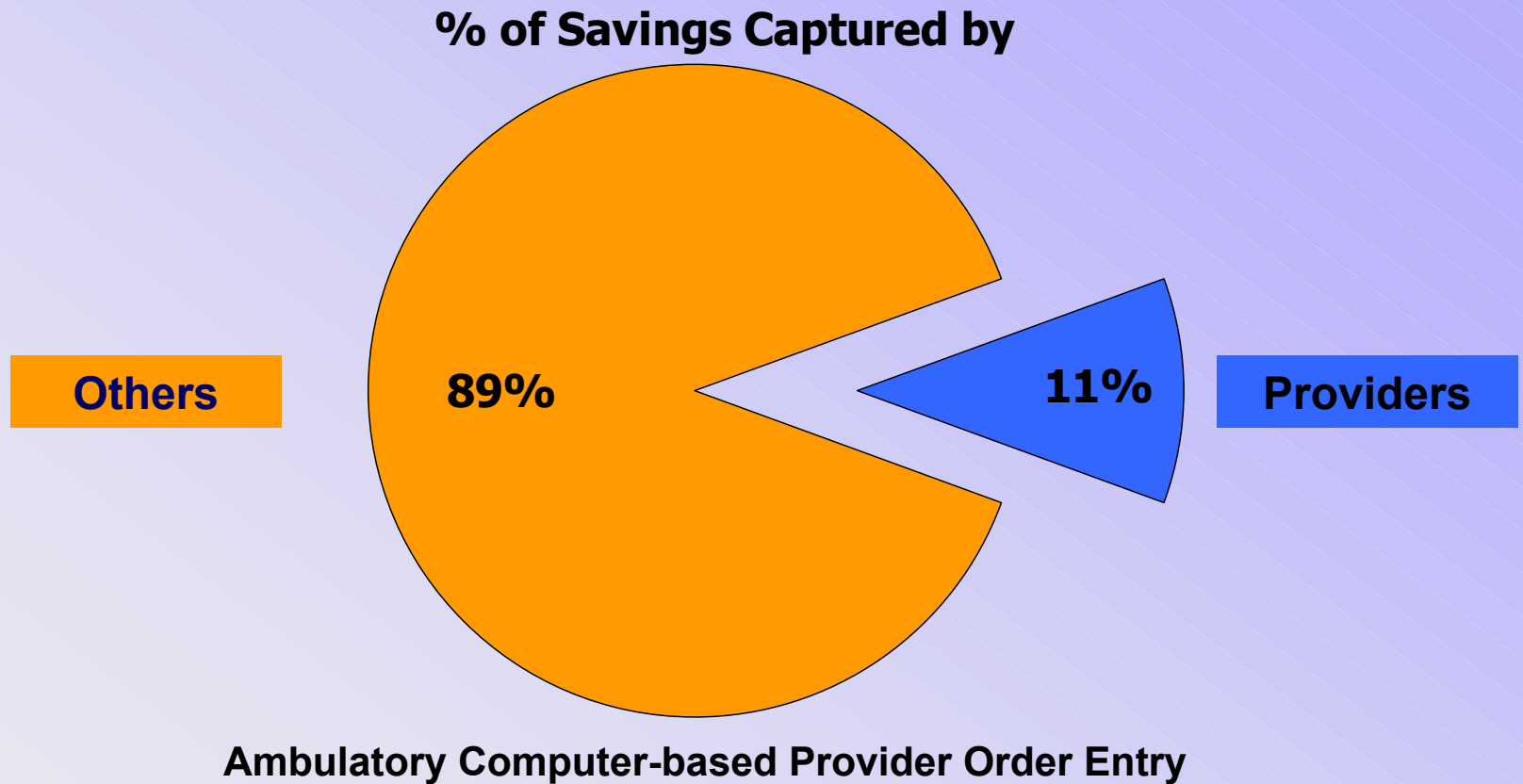
MassSafe Plan

- Goal: To improve the safety of patient care delivered by every outpatient provider in Massachusetts
 - Approach: Develop partnership among key stakeholders
 - Implementation: Staged over 5 years
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Current State of Adoption

- Most physicians do not currently use the technology (? ~15% in Mass)
 - ✱ Large groups are rapidly adopting
 - ✱ Small groups are not
 - Market failure
 - ✱ Providers make investment
 - ✱ Payers/purchasers realize most of the benefits
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Misaligned Incentives



Source: Center for Information Technology Leadership, 2003

Physician Perspectives: Recent Data

■ Physician Attitudes

- ✿ 84% agree that computers improve quality
- ✿ 78% think computers have beneficial effect on interactions within the health care team

■ Attitudes vs. Intentions

- ✿ 85% believe doctors should computerize writing prescriptions, yet 49% do not intend to do so
 - ✿ 89% believe doctors should computerize recording patient summaries, yet 48.5% do not intend to do so
 - ✿ 83% believe doctors should computerize recording treatment records, yet 48.7% do not intend to do so
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Top Reasons for Disconnect

- Initial capital cost: (mean score 1.84)
 - Time cost (mean score 2.74)
 - Breach of confidentiality or lacking security (2.93)
 - Maintenance costs (3.00)
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Common Themes

- Collaborative
 - ✿ Shared development
 - ✿ Shared intellectual property
 - Standards-based
 - Secure
 - Cost-saving, rather than revenue-generating business model
 - Decentralized/Federated
 - Non-intrusive
 - Integrated with enterprise applications
 - ✿ Avoid double-keying
 - ✿ Integrate with existing workflows and processes
 - ✿ Minimal intrusion into enterprise strategies and architecture
 - Perfection is the enemy of the good
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