

Opportunities and Challenges for Implementing HIT

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Outline

Massachusetts e-Health Collaborative Statewide survey of physicians

Massachusetts e-Health Collaborative (MAeHC)

Formed in 2004

Major health care stakeholders

\$50 million from Blue Cross Blue Shield of MA

Statewide EHR adoption

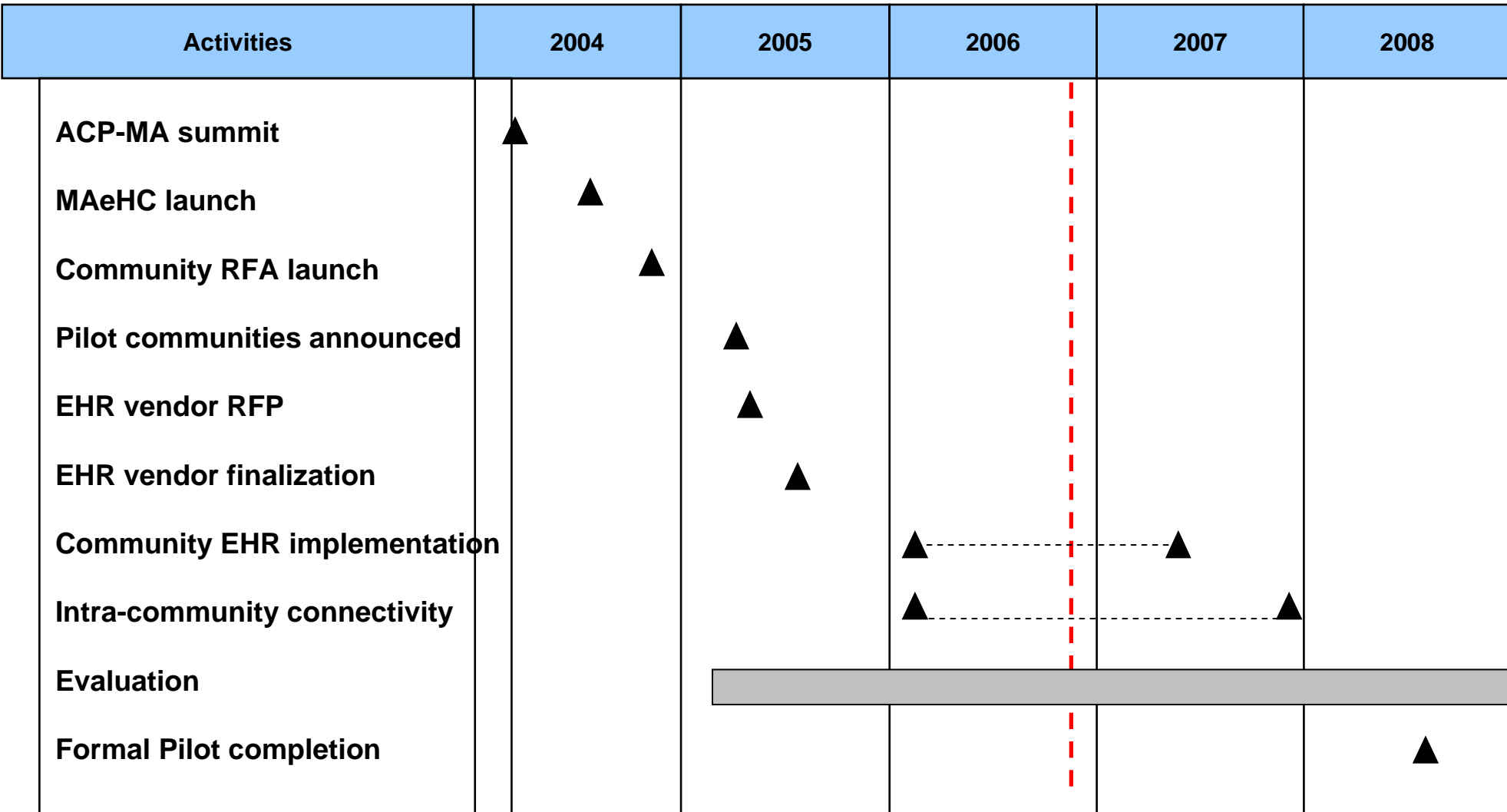
Demonstration project:

- **Universal EHR adoption in 3 communities**
- **Intra-community (and, ultimately, inter-community) data exchange**


MAeHC Vision

To improve the quality, safety, and cost-effectiveness of health care in Massachusetts by the widespread use of electronic health records, clinical decision support, and clinical data exchange in all clinical settings, that is supported in a way that is financially sustainable.

Pilot Timeline Overview

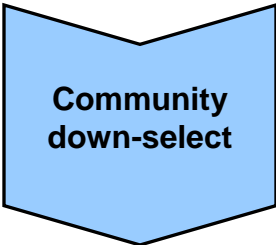


EHR SELECTION



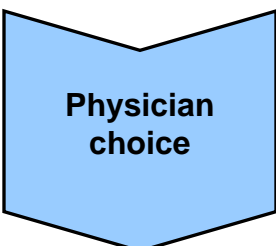
Preferred Vendors Selection

- EHR RFP distributed in May, 2005
- Over 30 responses received
- Vendor Selection Committee validated 7 vendors to go forward



Community down-select

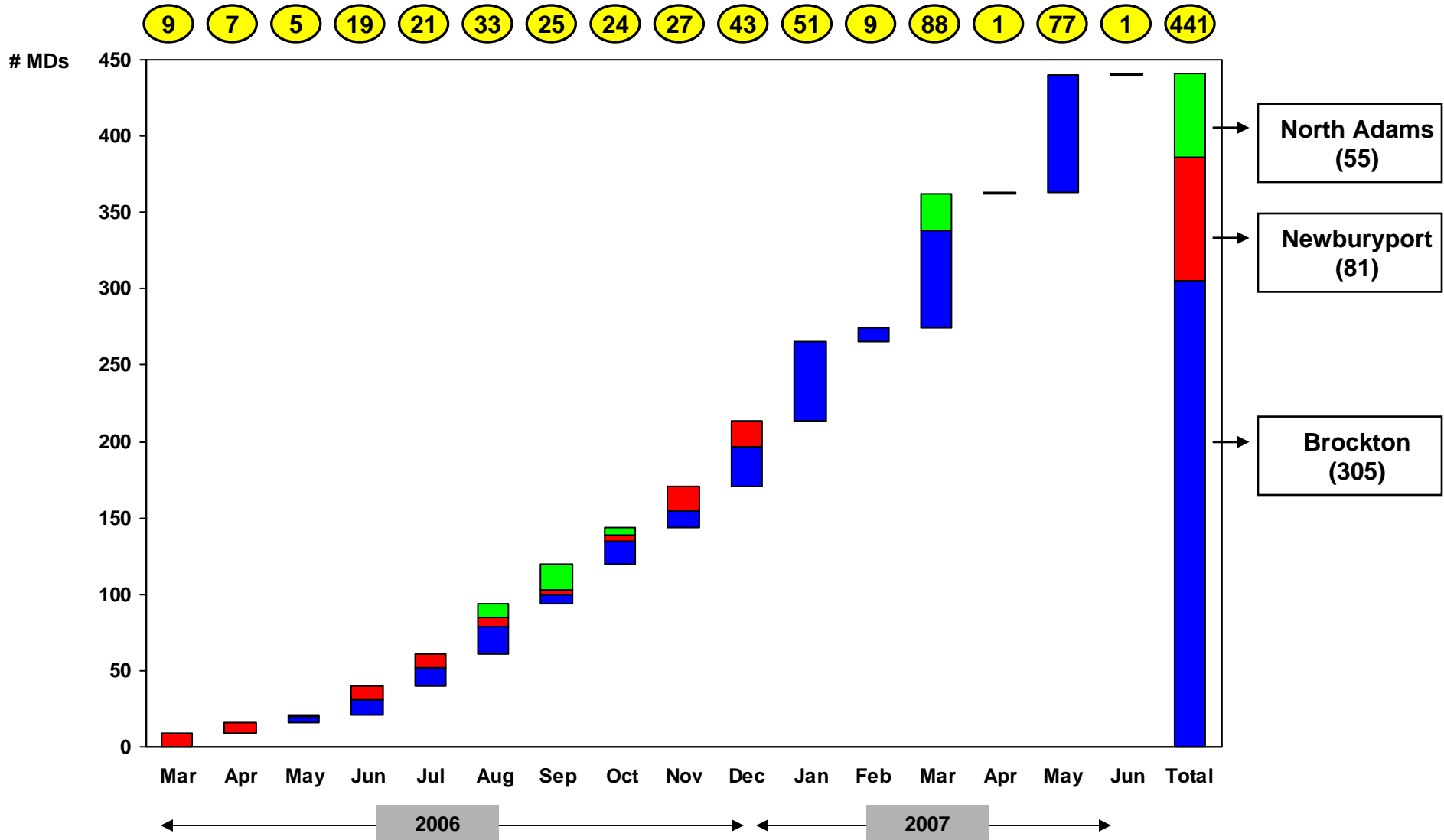
- Community Steering Committees down-select to smaller number for individual physician choice in each community
- 3 or 4 in each community
- Initial vendor fairs completed in each community and down-select complete



Physician choice

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

PHYSICIANS “GOING LIVE”, BY COMMUNITY




HEALTH INFORMATION EXCHANGE Northern Berkshire Example



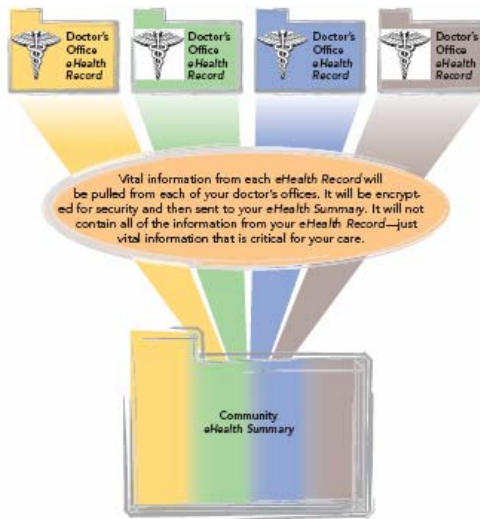
Patient recruitment

Understanding Electronic Health Records



- What are electronic health records?
- How can electronic health records help?
- Who will have access to my electronic record?
- How will my information be protected?
- Is the eHealth Summary right for me?

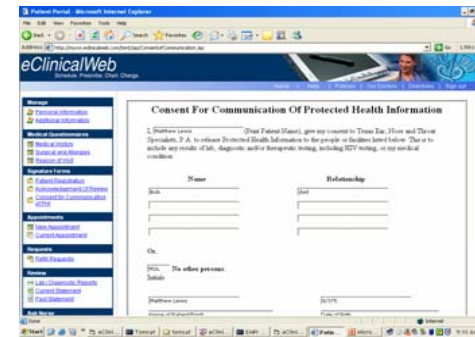
Health data exchange



Referrals mgmt



Patient portal



State of the State: Physician Survey

2005 Physician Survey

Sampled 1829 practices (30% of state) within strata:

- **Primary care vs. specialty**
- **Urban vs. rural**
- **Large vs. small practices**

Only physicians w/ambulatory clinical practices

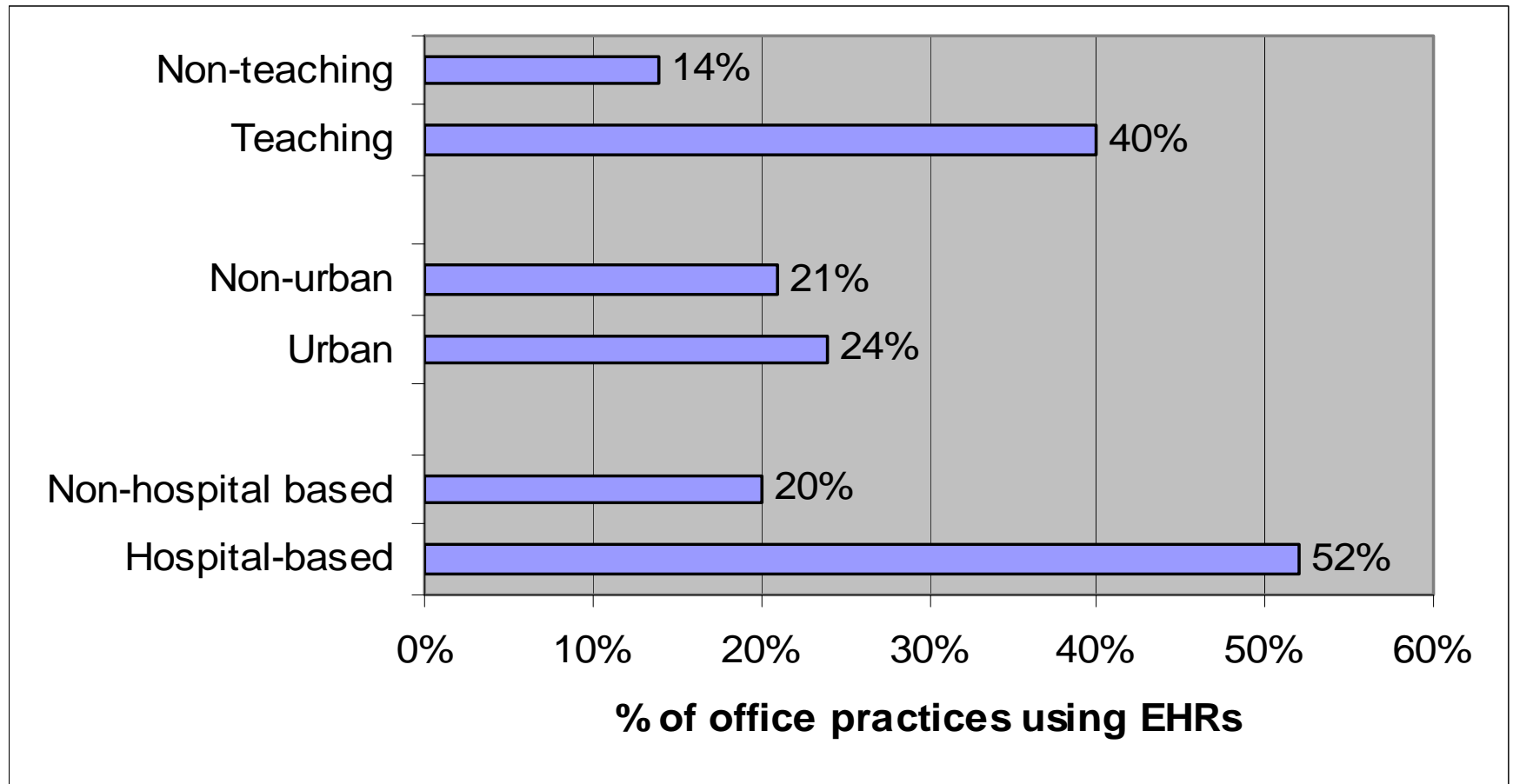
8-page mail survey with \$20 incentive

Overall Response Rate: 71%

EHR Adoption

	Percent of Office Practices Using EHRs
Overall	23%
Specialty	
Primary Care	25%
Single Specialty	20%
Multi-Specialty	23%
Number of physicians	
1	14%
2-3	15%
4-6	33%
7+	52%

EHR Adoption



Additional Adoption Statistics

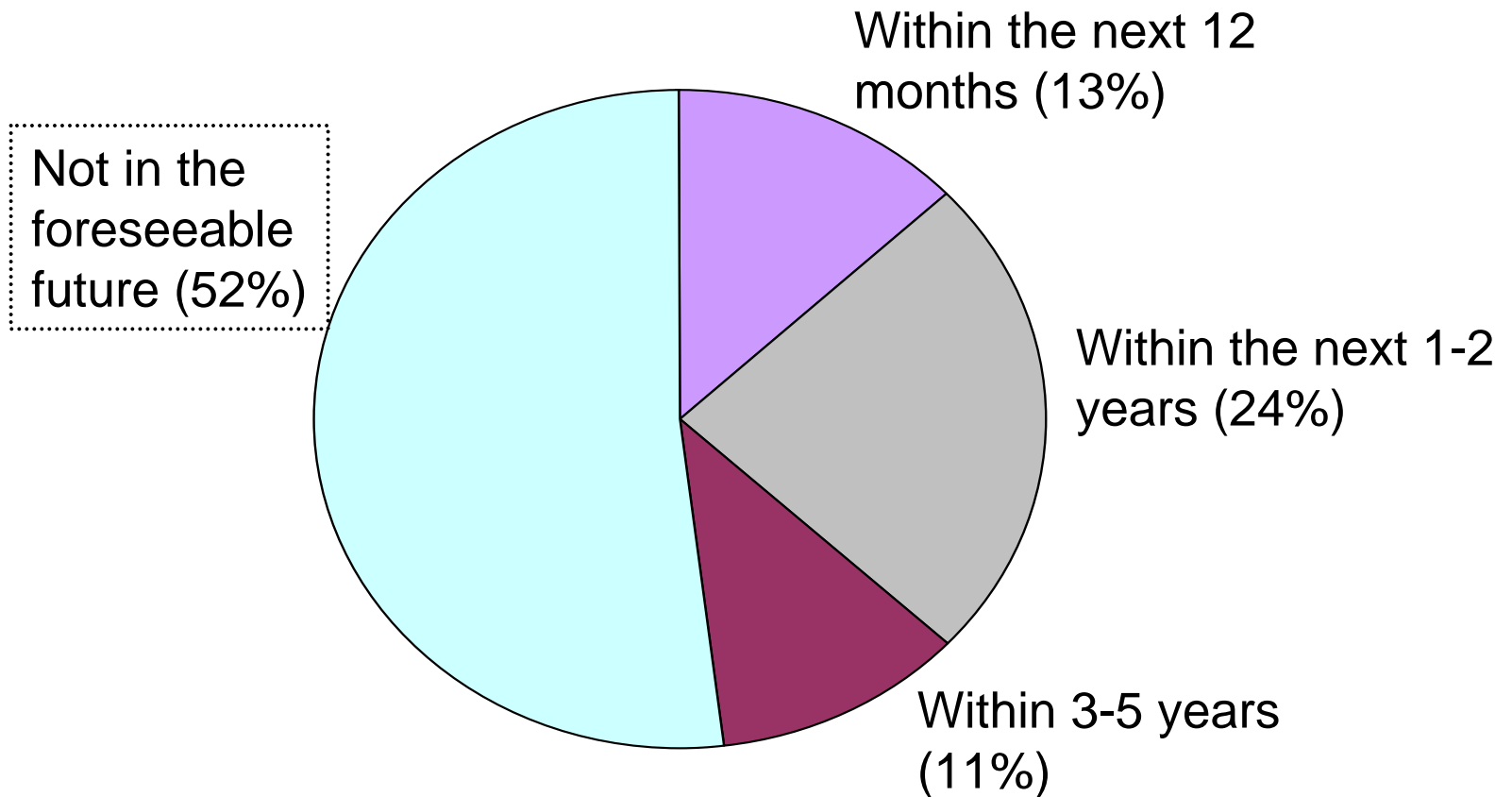
On a physician level, a total of 45 percent of physicians in Massachusetts had EHRs.

Among practices with EHRs, more than half (53 percent) reported having EHRs in their practice for more than 3 years.

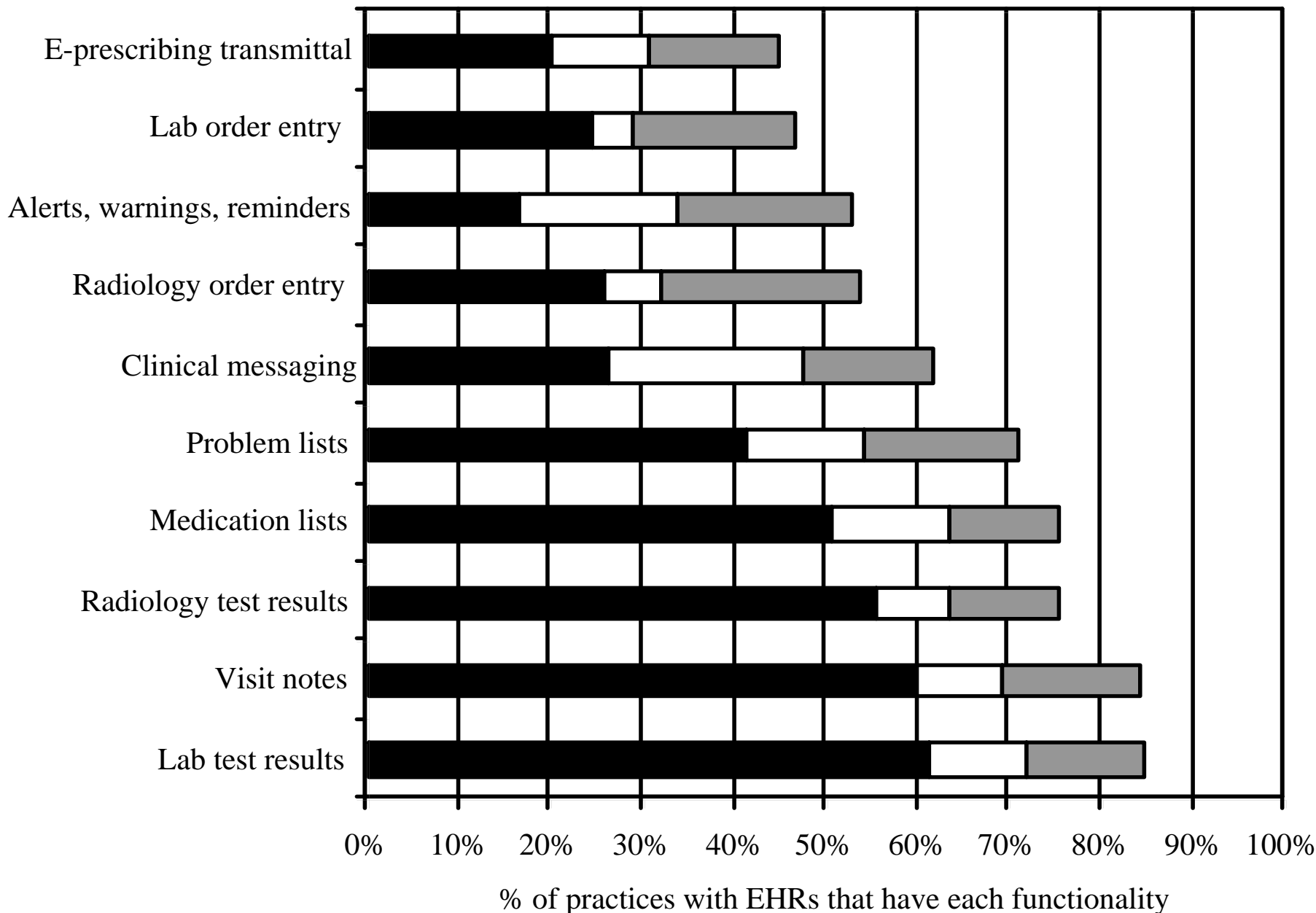
Barriers to HIT adoption or expansion

	EHR Adopters (%)	EHR Non-Adopters (%)	Adjusted Odds Ratio	95% CI
Lack of time to acquire knowledge about systems	69%	80%	0.66	0.56 – 0.93
Physician skepticism	49%	60%	0.53	0.39 – 0.73
Lack of computer skills	57%	60%	1.04	0.76 – 1.41
Lack of technical support	59%	68%	0.78	0.57 – 1.07
Lack of uniform standards	68%	81%	0.57	0.40 – 0.80
Technical limitations of systems	78%	79%	1.02	0.70 – 1.49
Start-up financial costs	64%	90%	0.26	0.18 – 0.38
Ongoing financial costs	63%	88%	0.35	0.24 – 0.50
Loss of productivity	65%	86%	0.41	0.29 – 0.59
Privacy or security concerns	47%	58%	0.83	0.61 – 1.13

Implementation – Future Plans



■ Most or all of the time □ Some of the time ■ None of the time



Positive effects of computers on health care

	High Users (%)	Low Users (%)	EHR Non-Adopters (%)*
Controlling costs of health care	67.0	73.5	55.1
Quality of health care	94.0	86.8†	80.2
Interactions with the health care	88.6	91.6	81.7
Patient-physician	71.1	67.5	57.4
Patient privacy	29.9	32.9	23.0
Access to up-to-date knowledge	96.6	95.2	91.8
Efficiency of providing care	86.5	86.8	77.9
Medication errors	90.1	88.0	83.8
*P<0.05 for all comparisons between adopters (high and low users combined) and non-adopters			
† P=0.02 for comparison between high and low users			

Perspective

- **Massachusetts' advantages**
 - **Not-for-profit payers, signif. market share**
 - **Willingness to contribute capital**
 - **Many key entities already in place**
- **Still lots of work to do**
 - **Pilot implementation not a “done deal”**
 - **Need capital (\$0.5 – 1.0 billion) for statewide EHRs**
 - **The later adopters may present new and greater challenges than at present**

Questions?