Using Technology to Integrate Long Term and Post Acute Care into the Massachusetts Continuum of Care

Leading Age Technology Symposium
December 4th, 2014
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

MeHI is a division of the Massachusetts Technology Collaborative, a public economic development agency
MeHI Vision, Mission, and Goals

**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**

<table>
<thead>
<tr>
<th>Adoption</th>
<th>Support Health Reform</th>
<th>Consumer eHealth Engagement</th>
<th>Grow &amp; Promote Innovation &amp; eHealth Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interoperable EHRs</td>
<td>✔ Better Health</td>
<td>✔ Better Care</td>
<td>✔ Lower Costs</td>
</tr>
</tbody>
</table>

2020 400+ companies / $15 billion 15,000+ employees
Discussion Overview

- 2014 MeHI Provider and Consumer Health IT Research Study
  - LTPAC Findings and Implications

- LTPAC and Connected Care
  - Value Points
  - Massachusetts HIway
  - Case Studies and Use Cases

- MeHI Programs supporting LTPAC
  - Health IT Workforce Pilot
  - EHR Procurement Workbook and Support
  - eHealth eQuality Incentive Program
  - Connected Communities
2014 MeHI Provider and Consumer Health IT Research Study
2014 MeHI Provider and Consumer Health IT Research Study

**RESEARCH GOALS**
- Health IT Adoption
- Accessing HIE
- Who Needs Help
- Provider Patient Engagement
- Consumer eHealth Attitudes

**SURVEYED**
- 507 Practice Managers
- 308 Healthcare Providers
- 807 Individual Consumers

**KEY FINDINGS**
1. EHR Adoption very high among Primary Care Providers
2. Move providers beyond EHR adoption
3. Focus needed on increasing EHR adoption among Behavioral Health and Long-Term and Post-Acute Care
4. Consumers excited about technology benefits
### EHR Adoption

<table>
<thead>
<tr>
<th>EHR Adoption</th>
<th>Affiliated</th>
<th>Independent</th>
<th>Overall</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>100%</td>
<td>95%</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Specialists</td>
<td>91%</td>
<td>83%</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>100%</td>
<td>50%</td>
<td>55%</td>
<td></td>
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<tr>
<td>Long-Term &amp; Post-Acute Care</td>
<td>82%</td>
<td>35%</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Home Health*</td>
<td>50%</td>
<td>77%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>100%</td>
<td>59%</td>
<td>60%</td>
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</tr>
</tbody>
</table>

*Limited Sample Size

**Providers see significant benefits to using EHRs**

- **92%** Facilitates communication of patient information among care team
- **80%** Reduces errors
- **82%** Improves quality of care
- **75%** Enables better decision making
EHR Adoption – LTPAC adoption details

![EHR Adoption Chart]

- **Overall**: 79% Currently Use, 16% Will Adopt in Future, 4% Will Not Adopt
- **PCP**: 96% Currently Use, 3% Will Adopt in Future
- **Specialist**: 86% Currently Use, 12% Will Adopt in Future, 2% Will Not Adopt
- **Dental**: 60% Currently Use, 36% Will Adopt in Future, 4% Will Not Adopt
- **Behavioral health**: 55% Currently Use, 29% Will Adopt in Future, 16% Will Not Adopt
- **SNF**: 55% Currently Use, 39% Will Adopt in Future, 6% Will Not Adopt
- **Home health**: 74% Currently Use, 16% Will Adopt in Future, 10% Will Not Adopt
- **Rehab/Therapy**: 79% Currently Use, 18% Will Adopt in Future, 2% Will Not Adopt
- **Behavioral Health Hospitals**: 55% Currently Use, 36% Will Adopt in Future, 9% Will Not Adopt

*Source: Massachusetts eHealth Institute Practice Health IT Study 2014*
<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>PCP</th>
<th>Specialist</th>
<th>Dental</th>
<th>Behavioral health</th>
<th>SNF</th>
<th>Home health</th>
<th>Rehab/Therapy</th>
<th>Behavioral Health Hospitals</th>
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<td>Medication Reconciliation</td>
<td>81%</td>
<td>91%</td>
<td>81%</td>
<td>59%</td>
<td>75%</td>
<td>60%</td>
<td>74%</td>
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<td>83%</td>
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<tr>
<td>Quality Reporting</td>
<td>81%</td>
<td>92%</td>
<td>78%</td>
<td>53%</td>
<td>71%</td>
<td>70%</td>
<td>80%</td>
<td>46%</td>
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<tr>
<td>Electronic Prescribing, eRX</td>
<td>76%</td>
<td>92%</td>
<td>89%</td>
<td>56%</td>
<td>71%</td>
<td>32%</td>
<td>5%</td>
<td>7%</td>
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<tr>
<td>Clinical Decision Support Rules</td>
<td>64%</td>
<td>70%</td>
<td>65%</td>
<td>43%</td>
<td>64%</td>
<td>21%</td>
<td>48%</td>
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<tr>
<td>Public Health Reporting</td>
<td>55%</td>
<td>66%</td>
<td>54%</td>
<td>31%</td>
<td>56%</td>
<td>79%</td>
<td>73%</td>
<td>36%</td>
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<td>None of these</td>
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<td>8%</td>
<td>39%</td>
<td>13%</td>
<td>7%</td>
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<td>Total</td>
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</table>
### EHR Adoption – LTPAC positive experiences

What are the top three ways that your use of EHR has improved or helped facilitate the quality of care provided to patients or the operation of this practice/organization? (% among providers who use EHRs)

<table>
<thead>
<tr>
<th>Breakdown by Practice Type</th>
<th>Overall</th>
<th>PCP</th>
<th>Specialist</th>
<th>Dental</th>
<th>Behavioral health</th>
<th>SNF</th>
<th>Home health</th>
<th>Rehab/Therapy</th>
<th>Behavioral Health Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access to &amp; use of patient health data</td>
<td>85%</td>
<td>84%</td>
<td>85%</td>
<td>83%</td>
<td>81%</td>
<td>85%</td>
<td>100%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Ease of use in e-prescribing, labs and tests, other functionality</td>
<td>59%</td>
<td>59%</td>
<td>75%</td>
<td>56%</td>
<td>55%</td>
<td>46%</td>
<td>19%</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Standardization procedures through use of EHR, HIE</td>
<td>16%</td>
<td>14%</td>
<td>15%</td>
<td>17%</td>
<td>23%</td>
<td>19%</td>
<td>10%</td>
<td>100%</td>
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<tr>
<td>EHR has not hindered the delivery of quality health care to our patients</td>
<td>6%</td>
<td>4%</td>
<td>2%</td>
<td>11%</td>
<td>6%</td>
<td>15%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHR has hindered the delivery of quality health care to our patients</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>6%</td>
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<td>Other</td>
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<td></td>
<td></td>
<td>6%</td>
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<tr>
<td>Importance of confidentiality, security</td>
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<td>6%</td>
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<tr>
<td>Accessibility of EHR data</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6%</td>
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<tr>
<td>Non-favorable acceptance, experience with EHR</td>
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<td></td>
<td>5%</td>
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<td></td>
<td>4%</td>
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<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Need for Technical Assistance or Training among Those Currently Using EHR

31% of Massachusetts healthcare practices are interested in technical assistance or training for the optimization of their current EHR system with an interest in the following:

- Patient Engagement (61%)
- Project Management and Workflow Redesign (50%)
- Meeting Meaningful Use Measures (47%)
- Privacy and Security Risk Analysis (46%)
- Public Health Reporting (27%)
- Vendor or System Selection and Data Migration (15%)
Need for Training and Technical Assistance among Future EHR Adopters

Massachusetts healthcare practices which are interested in technical assistance or training for the adoption and implementation of EHR indicated an interest in the following:

- Privacy and Security Risk Analysis (86%)
- Project Management and Workflow Redesign (75%)
- Meeting Meaningful Use Measures (71%)
- Patient Engagement (64%)
- Public Health Reporting (61%)
- Vendor, System Selection and Data Migration (56%)
- Language services, translation (5%)
Consumer Attitudes

CONCERNED about the privacy and security of information
- 69%

COMMUNICATION with physician is easier electronically
- 76%

POSITIVE about sharing data with consent
- 87%

Asked a question electronically they would not have otherwise
- 46%

If all doctors used EHRs instead of paper records it would improve care
- 78%
Connected Care

HiWAY Connection Status

- In-Progress
- Connected
- Transacting

Practices report exchanging information electronically: 26%

Practices not currently participating that plan to adopt HIE in the next few years: 68%

Consumers heard of health information exchange: 71%

Consumers think sharing information electronically between providers will improve quality of care: 80%
Take-Aways

- Meaningful progress has been made in EHR adoption, which is now very high among primary care providers;

- Adoption is not as strong among certain provider groups, such as Behavioral Health and Long-Term and Post-Acute Care organizations. These groups will be a focus of MeHI’s efforts in the years ahead;

- We need to support providers as they move beyond EHRs to information exchange; and

- Consumers are excited about the benefits of health information technology!
LTPAC and Connected Care
Per capita health care spending in Massachusetts is the highest of any state

**Per capita personal health care expenditures**

<table>
<thead>
<tr>
<th>State</th>
<th>Per capita dollars, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>$6,815</td>
</tr>
<tr>
<td>MA</td>
<td>$9,278</td>
</tr>
<tr>
<td>NY</td>
<td>$8,341</td>
</tr>
<tr>
<td>PA</td>
<td>$7,730</td>
</tr>
<tr>
<td>OH</td>
<td>$7,076</td>
</tr>
<tr>
<td>IL</td>
<td>$6,756</td>
</tr>
<tr>
<td>CA</td>
<td>$6,238</td>
</tr>
<tr>
<td>TX</td>
<td>$5,924</td>
</tr>
</tbody>
</table>

36% increase from the U.S. average of $6,815

**Totaled 15.2 percent** of the U.S. economy in 2009

**Totaled 16.8 percent** of the Massachusetts economy in 2009

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*Personal health care expenditures (PHC) are a subset of national health expenditures. PHC excludes administration and the net cost of private insurance, public health activity, and investment in research, structures and equipment.*

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 HIE

100% = $68.7B

CLINICAL

Category

- Overtreatment
- Failures of care delivery
- Failures of care coordination
- Pricing failures
- Administrative complexity

Description

- The delivery of unnecessary services or treatment in a care setting that is more intensive than needed
- Avoidable spending due to care not delivered or due to care delivered poorly (e.g. HAIs, ineffective preventive care)
- Avoidable spending due to communication failures and lack of care integration across settings (e.g. preventable readmissions)
- Excessive levels of payment for health-care services
- Spending not directly associated with care delivery that could be eliminated without affecting the quality of care

MA examples

- Intensity of care ~3.5% higher than U.S. average
- $300-$450M potential savings from community prevention programs
- Readmissions represent > $700M in avoidable spending
- Significant variation in relative price not tied to quality
- Some physician organizations estimate >10% of NPSR spent on administrative costs

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

LTPAC Value Points in Connected Care

- **Hospital Readmission Reduction**
  - Electronic communication with hospitals and physicians is becoming a requirement of doing business

- **Accountable Care Organizations**
  - Many ACOs won’t contract with facilities that cannot exchange information with them electronically

- **Telehealth / Telemedicine**
  - Investment in this care can help keep residents out of the hospital
Mass HIway | Roadmap

**PHASE 1**
Direct Messaging

**2012**
- State assumes HISP role
- Provider-‘Directed’ exchange of electronic health information (‘push’) with gold-standard encryption.
- Includes identity & access management, message transformation, certificate repository, HIway directory.

**Launched & Available**
October 16, 2012
Golden Spike

**PHASE 2**
Query + Retrieve

**2014**
- Query-based exchanged enabled (‘pull’)
- Includes Master Person Index, Relationship Listing Service, Consent database, Medical Record Request service
- DPH Connection for MU2
- Vendor Connections

**Soft Launch**
January 8, 2014
Commonwealth Interconnected

More at www.masshiway.net
HIway usage is accelerating

**HIway Status (organizations)**

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed On: 265</td>
</tr>
<tr>
<td>Connected: 271*</td>
</tr>
</tbody>
</table>

*Includes organizations connected directly to the HIway and via another HISP

**Source:** Health Information Technology Council slides, November 2014
Generating stories…

- Improving Patient Care Coordination after Emergency Room Visits
- Notification of planned surgery from orthopedic practice to home care and pre-admission testing
- Enhancing care coordination through the exchange of lab results from a hospital to a VNA
- Improving transitions of care from acute care to SNF and Home Health
Reduction of readmissions

Discharge Summaries from Hospital to Post-Acute Care and Home Care

Milford Regional Medical Center and Medway Country Manor

GOAL
Support Meaningful Use 2 Transition of Care core objective, improve care coordination and reduce hospital readmissions
Discharge Summaries from Hospital to Post-Acute Care and Home Care

Organization
Milford Regional Medical Center, Care Tenders and Medway Country Manor

Goal
Support Meaningful Use 2 Transition of Care core objective, improve care coordination and reduce hospital readmissions

Trading Partners and Systems
- **Milford Regional Medical Center**: acute care hospital (primary sender), using Meditech inpatient EHR and LAND appliance
- **Care Tenders**: home care and post-acute care facility (receiver), using Mass Hlway webmail
- **Medway Country Manor**: skilled nursing facility (receiver), using Mass Hlway webmail

Data to Exchange
Discharge summary

Story
Milford Regional Medical Center (MRMC) has traditionally struggled with the timely delivery of discharge summaries to some of their key post-acute and home care trading partners. MRMC is now using the Mass Hlway to distribute discharge summaries electronically to post-acute care facilities and home care agencies in the Milford community. The project has brought together an organized, thoughtful project team with multi-stakeholder groups of leaders in the community. The efforts of this team led to MRMC being the first organization to achieve its final milestone under the Mass Hlway Implementation Grant Program.

Workflow
Upon patient discharge, MRMC’s Meditech system automatically generates a discharge summary which is addressed to either Care Tenders or Medway Country Manor and sent to a LAND appliance provided by Orion Health. The LAND appliance encrypts the message and sends it securely over the Hlway to a secure webmail account at the receiving facilities (Care Tenders or Medway Country Manor). The discharge summary is retrieved after the authorized staff at the receiving facility logs into their Mass Hlway webmail account. The staff then delivers it to the appropriate care team who use the information contained in the discharge summary to provide appropriate care to the patient. This provides clinical staff with timely access to information about inpatient care, medications, and care plan along with other key information before the patient arrives at the SNF or the home care nurse visits the patient in their home.
Notification of Planned Surgery from Orthopedic Practice To Home Care and Pre-admission Testing

Excel Orthopedics, Winchester Hospital Pre-Admission And Home Care Departments

GOAL
Reduce the number of patients who utilize high cost post-acute services (Skilled Nursing Facility), improve care coordination, support the Meaningful Use 2 Transition of Care Core Objective, reduce hospital readmissions and reduce healthcare costs.
Notification of Planned Surgery from Orthopedic Practice To Home Care and Pre-admission Testing

Organizations
Excel Orthopedics, Winchester Hospital
Pre-Admission And Home Care Departments

Goal
Reduce the number of patients who utilize high cost post-acute services (Skilled Nursing Facility), improve care coordination, support the Meaningful Use 2 Transition of Care Core Objective, reduce hospital readmissions and reduce healthcare costs.

Trading Partners and Systems
Excel Orthopedics- sender & receiver, using eLINC to connect to the Hlway
Winchester Hospital Pre-Admission Testing- receiver, using Mass Hlway webmail to exchange patient information over the Hlway
Winchester Hospital Home Care- sender and receiver, using Allscripts to generate a CCD and using Mass Hlway webmail to exchange patient information over the Hlway

Data to Exchange
- Patient record from Excel to Pre-Admission Testing and Home Care
- CCD from Winchester Hospital to Home Care
- CCD from Home Care to Excel Orthopedics

Story
The specialist at Excel Orthopedics identifies the need for a patient to have surgery, schedules the surgery with Winchester hospital and sends information via Mass Hlway to Winchester Home Care for the purpose of enrolling the patient in a Joint Class, which provides education about post-surgery care. Patient choice may be obtained at the surgeon’s office for post-acute home health services. The specialist (or designee) sends the patient demographic information to Winchester Hospital Home Care by logging into the eLINC secure messaging solution and accessing the Mass Hlway Provider Directory to send the Direct message to Winchester Hospital Home Care. Home Care will contact the patient to remind them of the next scheduled class in an effort to increase patient participation on this class, which includes educating patients on options for home care directly from their inpatient stay, and thus will contribute to our efforts around decreasing SNF/rehab post inpatient stay.

A Winchester Hospital Home Care intake team member receives the notification through the Winchester Hospital e-mail account that there is a secure message waiting in the Mass Hlway webmail account. The intake team member logs into the Mass Hlway account to view the content of the message, and the patient will be contacted so they can be registered for the Winchester Hospital Joint Class.

The patient attends the class, has a pre-operative appointment with Pre-Admission Testing, has the scheduled surgery and is admitted to Winchester Hospital for post-surgical care. Prior to discharge, the case manager at Winchester Hospital offers the patient home care choice. For those patients who select Winchester Hospital Home Care, the case manager sends the CCD as an attachment via the Mass Hlway to Winchester Hospital Home Care. A Home Care Clinician visits the patient within one day of discharge to conduct a comprehensive assessment, provide services and create the home health plan of care. Upon discharge from home health services, the home care CCD will automatically be generated from Home Care’s Allscripts product. The discharging clinician will copy and paste the discharge clinical note into their secure Hlway webmail account and send to Excel via the Hlway.
Lab Results from Hospital to VNA

Heywood Hospital and Gardner VNA

Establish connectivity to the Mass HIway to enable immediate/future exchanges/use cases, enhance care coordination, and provide for more efficient communication of lab results leading to: improved patient safety, reduced costs associated with lab results management and significant reduction in lab result communication to visiting nurses in the community.
Lab Results from Hospital to VNA

Organization

Heywood Hospital and Gardner Visiting Nursing Association

Goals

- Establish connectivity to the Mass HIway
- Enhance care coordination

Trading Partners and Systems

Heywood Hospital- acute care hospital (primary sender), using Iatric interface engine and LAND device
Gardner VNA- home health agency (primary receiver), using McKesson Home Health System and LAND device

Data to Exchange

- Paper Lab Order
- HL7 Lab Results

Story

Heywood Hospital, in partnership with the Gardner Visiting Nurses Association (GVNA), proposes to strengthen their collaborative network by improving the coordination and continuum of care for post-discharge patients residing in North Central Massachusetts. GVNA will achieve this by developing an electronic exchange of lab results, via the Mass HIway and use of the LAND gateway. Last year the GVNA received 654 referrals from Heywood Hospital and provided more than 35,000 visits. The project objectives include a more effective sharing of lab results which will lead to improved patient safety, increased efficiency and reduced costs associated with lab result exchange. This inter-collaborative project will increase the amount and accuracy of information available to home care providers at the time of patient transitions, as well as improve the efficiency and exchange of lab results. This will lead to improvements in the quality of care, improved population health and a reduction in health care costs.

Workflow:
Currently, the lab order is done via a paper requisition and accompanies the patient to the lab after GVNA or the patient’s primary care physician orders the lab. Once Heywood receives the order GVNA patients are entered with a specific location code and this is used to filter the results so that only those are sent to GVNA. Once the patient’s lab work is completed, the results are passed to the Heywood Iatric interface engine which does the filtering and sends the appropriate results through the Heywood LAND device to GVNA’s LAND device. The result is then passed to an FTP server and sent to the McKesson hosted environment. The Lab result is then accepted into GVNA’s McKesson Home Health system where the result is attached to the patient record for review and follow-up.
Mass HIway | Get Connected

1. **Initiate Contact**
   - Connect via webform or phone to HIway Outreach

2. **Learn More**
   - On-demand via the web, or real-time with HIway staff

3. **Develop Use Case**
   - Describe the details of how the HIway supports your business need

4. **Determine Connection Type**
   - Complete a technical evaluation and select a connection type

5. **Get Connected**
   - Enroll with the HIway, schedule installation and test your connection

6. **Use the HIway**
   - Use the HIway to achieve your use case
Resources

- **MeHI Use Case website**
  - http://mehi.masstech.org/health-information-exchange-0/mass-hiway/develop-hiway-use-case

- **MeHI Use Case Library**
  - http://mehi.masstech.org/use-case-library

- **MeHI HIE Case Studies**
  - http://mehi.masstech.org/hie-use-case-stories

- **MeHI Use Case Development**
  - Guide -
  - Form -

- **HIway Implementation Grant**
  - Press Release with user story descriptions

- **HIway Vendor Interface Grantees**
In summary

- HIEs are on the rise
- Experience in HIE is maturing
- HIE strengthens the continuity of care
- The HIway works and is delivering value
- As you consider your connection to the HIway, MeHI and EOHHS are available to support you
MeHI Programs Supporting LTPAC
MeHI Initiatives 2014 - 2015

CORE VALUES
Innovation • Insight • Collaboration • Accountability
Workforce Training Program Goals

- Meet Ch. 224 mandate to establish a pilot partnership with a community college or vocational technical school
- Address gap in health IT training in CNA and LPN programs
- Consider health IT training needs specific to LTPAC and home health care agencies:
  - High rates of employee turnover
  - Disparate locations
Workforce Training Program Structure

- Development of Health IT Curriculum Module
  - Aimed at specific needs in LTPAC and home health care industries
  - Focused on 1-2 Health IT topics

- Train-The-Trainer Module
  - Develop module to train staff in delivery of the curriculum module
  - Conduct pilot program with staff from LTPAC and home health care agencies, trade associations, and MeHi

- Direct Delivery
  - Grantee will also deliver training directly to staff at LTPAC and home health care agencies

- Timing
  - Contracting: January 2015
  - Curriculum Development: Spring 2015
  - Rollout: Summer/Fall 2015
Help all Behavioral Health and Long-Term/Post-Acute Care providers adopt electronic health records and health information exchange

FY ‘15 Priorities
- Complete detailed provider needs assessment
- Adapt and enhance EHR adoption models to support these communities
- Launch the incentive program to support EHR adoption in these communities

Phase 1
Planning & Research
Summer 2014

Phase 2
Model Development
Summer/Fall 2014

Phase 3
Model Deployment & Incentive Program
Fall 2014 – FY’17
[EHR Plans] shall … address the development, implementation and dissemination of interoperable EHR systems …

– Particularly … community-based **behavioral health**, substance use disorder & mental health care providers
– That serve underserved populations and …
– Areas with a high proportion of public payer care

Chapter 224 limits eligibility for funding to:

– [Providers] not in a category … eligible to receive … incentive payments … and lack access to resources to implement interoperable EHR systems
– May include … mental health facilities and community-based **behavioral health**, substance use disorder and mental health care providers, chronic care & rehabilitation hospitals, **skilled nursing facilities** …

In making determinations, MeHI shall consider …[the following]:

– Demonstrated need for investment, taking into account all resources
  • Including relationship/affiliation to a HC delivery system & capacity of such system to provide financial support …
– Whether the investment will support efforts to integrate mental health, behavioral & substance use disorder services …
– Whether the provider serves a high proportion of public payer clients
(1) EHR Procurement Model Development

An EHR Procurement Strategy model and Toolkit
- Support in EHR adoption planning and procurement stage
- Roadmap, checklists & document templates

(2) eQuality Incentive Program (eQIP)

A Milestone-based Incentive Program
- Eligible organizations receive progressively larger payments for reaching advanced health IT integration
Phase 1 Planning & Research

- Strategy & procurement research
  - Collect/collate/analyze existing information
  - National/other states
  - Synthesize best practices
  - Make recommendations

Phase 2 Model Development

- Strategy & procurement model
  - Advance a Model Approach
  - Develop & publish (website) toolkit & collateral materials:
    - Roadmap
    - Checklists
    - Templates

Phase 3 Model Deployment & Adoption Support

- Deployment of Model into the Community
  - Webinars, etc.
  - Refine Model
  - [potentially] fund Model customization

RFP 2014–MeHI–04
• Toolkit content organized by the four major phases of the EHR planning and procurement process:
  – Phase I: Pre-solicitation and Preparation
  – Phase II: Vendor Solicitation
  – Phase III: Vendor Evaluation and Selection
  – Phase IV: Vendor Relationship Management

• Each toolkit phase provides:
  – Basic steps of the phase
  – Links to tools and resources to help you complete the phase

• Target release: January 2015
  – Webinars and other toolkit trainings planned
EHR Planning and Procurement Toolkit

Introduction

The EHR Planning and Procurement Toolkit consists of recommended action steps that health care providers can take to begin the planning and procurement process for the adoption of EHRs. The purpose of the toolkit is to provide resources to health care providers to take the first steps for EHR planning and procurement. Most of the materials gathered in the toolkit have been field tested by regional extension centers providing technical assistance to physicians and hospitals implementing EHRs. The resources should be particularly beneficial for Behavioral Health (BH) and Long-Term and Post-Acute Care (LTPAC) providers.

The toolkit content is organized by the four major phases of the EHR planning and procurement process:

- Phase I: Pre-solicitation and Preparation,
- Phase II: Vendor Solicitation,
- Phase III: Vendor Evaluation and Selection, and
- Phase IV: Vendor Relationship Management.

Each phase of the toolkit provides basic steps and links to tools and resources to help get you started.

Planning and procurement of EHRs is a process that requires commitment of time and resources. You want to ensure that you select the right vendor and right software product to meet the needs of your organization. Before moving forward, be sure to plan on spending a significant amount of time over the course of several months to complete all four phases. Factors that impact the time required include: level of your organization’s preparation; time needed to write requirements; time needed by vendors to compose a response; and the time needed to negotiate contracts. These factors will vary based on the complexity of the software system needed and the size of the project.

It is important to note that this toolkit focuses only on actions taken to plan, procure, acquire, and install the EHR; it does not include the implementation process and associated tasks of system building and configuration, testing, training, and go-live activities; nor tasks associated for maintenance and support. However, the planning and procurement process is essential to the success of EHR implementation and should not be overlooked.

To use the toolkit, we suggest reading through the phases in order, beginning with Phase I: Pre-solicitation. During this phase, you will prepare for EHR planning and procurement by assessing your organizational needs. This section offers tools and resources to help you identify needs and plan for the project.

Each phase of the toolkit includes a series of steps that you can follow, accompanied by references to resources and actionable tools. Tools are highlighted in the orange boxes throughout the toolkit, and they include materials such as checklists, templates, and spreadsheets to help collect information and plan for the EHR procurement.

Each phase and corresponding list of steps provide text hyperlinks that offer additional information about each topic area or activity that you will be completing.
C. 224 Informs eQuality Incentive Program (eQIP) design

- Per C.224, [provider] is **not** in a category … eligible to receive … incentive payments … & lack access to resources to implement interoperable EHRs systems
  - may include … mental health facilities & community-based BH, substance use disorder & mental health care providers, chronic care & rehabilitation hospitals, skilled nursing facilities …

- [EHR Plans] shall … address the development, implementation and dissemination of interoperable EHR systems…
  - particularly…community-based behavioral health, substance use disorder and mental health care providers
  - That serve underserved populations &…
  - Areas with a high proportion of public payer care
eQIP | Concept

- Milestone–based, progressively larger, incentive payments
- Program Schedule:
  - CY15 Roll-out for LTPAC Organizations (January-February)
    - Program duration – 2 years
- Eligibility Criteria (based on C. 224 language) & Milestones
  - TBD
- Value of Participation
  - Guide to increasingly sophisticated health IT use
    - Ultimate goal: transacting on Mass HIway
  - Incent organizations – guide through effective use of health IT (maturity cycle)
    - Prepare sector for inclusion in larger, state-wide community efforts
- Potential - Collaboration with EOHHS - SIM Mass HIway Grant
  - Additional funding to maximize EHR capabilities
    - Achieve interoperability across continuum of care
  - Companion grant (aligned, but separate funding program)
All organizations receiving eQIP grant must:

- Use CEHRT
  - 2011, 2014 or voluntary certification acceptable
- Generate Transformation Plan
- Commit to achieving all milestones
- Submit reports & attend annual in-person event
eQIP: Eligibility Criteria

- Organizations must meet eligibility criteria (To Be Finalized)
  - Examples:
    1) Provide clinical care
    2) Provide primarily LTPAC services
    3) Hold valid license to provide LTPAC programs and services
    4) Demonstrated need for support, e.g.,
       a) Have no financial relationship/affiliation with health care system
       b) Serve a large proportion of public payer clients
       c) Not eligible for the EHR Incentive Payment Programs
Milestone 1 – Transformation Plan: describe:

- Anticipated Outcomes
  - Operational and/or clinical outcomes being targeted
    - Better integration with other setting of care
- Current Health IT State
- Desired Future IT State
- Gap Analysis
- Grant Approach
  - Approach to meeting each milestone
  - How advancements in use of health IT will support achieving identified operational and/or clinical outcomes
  - How organization will protect electronic health information
  - The timeline of major activities
    - Including dates to meet each of the 4 Milestones
Milestones 2 & 3 – TBD
- Require demonstration of increasingly sophisticated use of EHR
- Examples:
  - Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support
  - Use of structured data for accessibility in EMR and internal and external sharing of data
  - Personal health record, online patient portal

HIway Milestone requires:
- Connection/use of Mass HIway to exercise use case in production with at least one unaffiliated trading partner &
- Approach to operationalizing “opt in” for Mass HIway
### eQIP: Maturity Progression – Behavioral Health Example

#### HIMSS Ambulatory EMR Adoption Model (A-EMRAM)
- Focus on key IT systems that need to be implemented for achieving higher levels of access, quality, efficiency and safety

<table>
<thead>
<tr>
<th>eQIP Milestone</th>
<th>Stage</th>
<th>Cumulative Capabilities</th>
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</thead>
<tbody>
<tr>
<td>eQIP Milestone</td>
<td>Stage 7</td>
<td>HIE capable, sharing of data between the EMR and community based EHR, business and clinical intelligence</td>
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<tr>
<td>M-3</td>
<td>Stage 6</td>
<td>Advanced clinical decision support, proactive care management, structured messaging</td>
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<td>Stage 5</td>
<td>Personal health record or online patient portal</td>
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<tr>
<td>Stage 4</td>
<td>CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data</td>
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<tr>
<td>M-2</td>
<td>Stage 3</td>
<td>Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support</td>
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<tr>
<td>Stage 2</td>
<td>Beginning of a CDR with orders and results, computers may be at point-of-care, access to results from outside facilities</td>
<td></td>
</tr>
<tr>
<td>M-1</td>
<td>Stage 1</td>
<td>Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging</td>
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<tr>
<td></td>
<td>Stage 0</td>
<td>Paper chart based</td>
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eHealth eQuality Programs – “Take-aways”

- eQuality Program serves the BH and LTPAC sectors
- MeHI is developing a Model & toolkit to serve them
- eQIP incent adoption and effective use of health IT
The Connected Communities Program exists to catalyze collaboration and advance the adoption and use of technologies to improve healthcare and reduce healthcare costs.

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<tr>
<th>Measures Directly Impact</th>
<th>Catalyze Collaborations</th>
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<td>• Stakeholder contacts</td>
<td>• Stakeholder organizations</td>
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<td>• Stakeholder organizations</td>
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<td>• Community meetings</td>
<td>• eHealth Plan participation</td>
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<tr>
<td>• eHealth Plan participation</td>
<td>• Grants awarded</td>
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<td>• Grants awarded</td>
<td>• Collaborators on grants</td>
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<th>Advance the Adoption &amp; Use of HIT</th>
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<tr>
<td>• HIway connections</td>
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<td>• HIway transactions</td>
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<tr>
<td>• EHR adoption &amp; use</td>
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<tr>
<td>• Information pathways</td>
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</tbody>
</table>

Measures Influence & Some Direct Impact
Our Communities

Aligned to Health Policy Commission | Secondary Service Markets (SSM)
Our Approach

- Through the Connected Communities effort, we will collaborate with a diverse set of community stakeholders to inform development of the State-wide eHealth Plan that will drive toward a more connected healthcare ecosystem here in the Commonwealth.

- We then intend to award Community Grants aimed at an aspect of the eHealth plan
  - These grants will demonstrate community collaboration

- eHealth Community Managers will foster a collaborative environment