When the Center for Medicare & Medicaid Innovation (CMMI) selected the Mount Auburn Cambridge Independent Physician Association (MACIPA) and Mount Auburn Hospital as a Pioneer Accountable Care Organization (ACO) in 2012, MACIPA Chief Information Officer Paul Sawyer and his team knew a bold, multi-faceted health IT strategy would be a key factor to becoming an ACO.

The Pioneer ACO project at the Boston-area physician membership organization is driving forward with impressive results. In addition, MACIPA is maximizing the potential of its EMR and coordinating care through its community health information exchange (HIE), two advanced health IT strategies which are well underway. Plus, the organization is eyeing a future connection to the state HIE, the Mass HIway, which will further the organization’s ability to network and exchange information across the Commonwealth.

MACIPA, a physician membership organization, was founded in 1985 and serves roughly 530 physicians affiliated with Cambridge’s Mount Auburn Hospital and Cambridge Health Alliance, providing a wide range of services, including support for physicians as they engage with electronic health records.

**Pioneering an ACO Through an Optimized EMR**

The Pioneer ACO accounts for MACIPA’s widest-ranging health IT initiative. The CMMI project seeks to determine whether highly coordinated care between physicians and hospitals improves seniors’ health. MACIPA and Mount Auburn Hospital are one of five Bay State health care organizations – and 32 nationally – selected as Pioneer ACOs.

“The project has been a big change for us,” said Sawyer in an interview with MeHI. “There are a lot more data analytics needed than we’ve been used to doing. It has also been quite a resource adjustment for us. We’ve got quite a few people who are here specifically related to the ACO initiative.”

MACIPA has had to dig deep into its EMR system to satisfy CMMI’s reporting requirements for ACO status. After meeting the requirements for year-one of the three-year project, MACIPA is steaming ahead with year two. Sawyer and the MACIPA team have worked tirelessly to assist its physician community in using EMRs as optimally as possible to extract data needed to achieve the robust reporting requirements.

But, the benefits of MACIPA’s EMR optimization go beyond simply meeting data reporting requirements.

“We also use the data to help our providers use the EMR system to the best of their ability,” said Sawyer. “One way we demonstrate this is to choose a particular measure, such as diabetes.”

If a diabetes measure is applied to all patients in the EMR that fit the criteria of being a diabetic, and the percentage of compliance with the measure is known, MACIPA can see which providers are meeting the measure and where numbers are lower than expected, according to Sawyer. The analysis can then be used as a provider educational tool to identify the cause of the lower compliance and address it. Potential causes include how the EMR is configured, a lack of understanding from the person entering the data, or the need for an improved practice workflow.
“So we’re using the data from an educational perspective as well as for reporting back to the contract organizations with our actual results,” Sawyer said.

While the EMRs used by physicians affiliated with the MACIPA community vary, about 220 use eClinicalWorks® (eCW), which is also the records system MACIPA hosts and manages. A small number of physicians still use paper charts, and MACIPA has special protocols in place to collect data from those physicians and integrate it with the electronic systems.

“In the health care market today, to be successful in any kind of managed care contract, you have to have the ability to do population management, and you can’t do population management well with paper,” said Sawyer. “It’s virtually impossible.”

MACIPA Takes on Health Information Exchange

While the Pioneer ACO project proceeds, MACIPA continues work with its internal health information exchange (HIE), which connects the roughly 220 physicians using eCW. The exchange allows the practices to share patient information, such as medications, allergies, family medical histories and other useful background information.

In Massachusetts, patients voluntarily “opt in” to the system. Sawyer reports about 92 percent of MACIPA’s patients have opted in and many patients take advantage of the organization’s patient portal system to access their test results and other health information.

“I think most patients are used to having information exchanged,” he said. “A lot of patients are used to patient portals, so in most cases they like the idea of being able to log onto a website and get information that ordinarily they would have to wait a week to get in the mail.”

Physicians are noting the patients’ acceptance of the technology as well.

“If you already have good background on a patient before you’ve seen them, the patient has an increased level of comfort that they’re in the right place and they’re going to receive good care,” said Sawyer.

Onto the Mass HIway…

With an internal HIE already in place, MACIPA is setting its sights on joining the statewide HIE, the Mass HIway, which will allow the exchange of health information between non-affiliated organizations.

“I think the Massachusetts health information exchange is the most logical place for us to go next,” said Sawyer.

The Mass HIway facilitates the secure exchange of patient data between providers across the Commonwealth. Local HIEs across Massachusetts are connecting their systems to the HIway to generate a far-reaching flow of information to improve the patient experience, quickly produce a complete medical profile and reduce wasted time and resources.

“Providers and patients see the value in being able to exchange information in a common way,” said Sawyer. “Massachusetts has five of the Pioneer ACOs. We all know patients from each of the ACOs often end up at other organizations, so the ability to exchange information is a plus for everybody.”

Achieving Stage 1 Meaningful Use

In 2011, MACIPA needed to upgrade their EMR, eClinicalWorks®, to support Stage 1 Meaningful Use attestation. Funding from the Massachusetts Regional Extension Center (REC) allowed MACIPA to employ a REC-designated Implementation Optimization Organization (IOO) to provide technical services and support for the upgrade.

As of September 2013, approximately 84% of MACIPA-affiliated eligible providers, totaling 62 individual practitioners, have achieved Stage 1 Meaningful Use. This accounts for over $1.8 million in Meaningful Use EHR incentive program payments for the organization.