Connecting for Coordinated Care and Better Outcomes

Visiting Nurse Associations of New England
28th Annual Meeting
October 8, 2014

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Director, Health Information Exchange
Massachusetts eHealth Institute
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.
**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:**
- Adoption
- Support Health Reform
- Consumer eHealth Engagement
- Grow & Promote Innovation & eHealth Cluster

- Interoperable EHRs
- Better Health
- Better Care
- Lower Costs

2020
400+ companies / $15 billion
15,000+ employees
Massachusetts

4,500
Care Delivery Organizations

27,000
Physicians

6.5 million
Citizens

79%
EHR adoption

$686M
Incentive Payments

97%
e-Prescribing

81%
Labs enabled to send structured lab data

Healthcare Reform

- Health IT viewed as strategic enabler to Affordable Care Act
- Legislative Action
  - Health coverage for all citizens
  - Opt-in requirement for HIE

By January 2015:
Physicians demonstrate EHR proficiency or risk license

By January 2017:
All providers on EHR and HIE

Massachusetts eHealth Institute
Agenda

- Drivers of HIE
- HIE Facts & Figures
- Benefits of HIE
- Overview of the Mass HIway
- HIway connection approach
- Uses of the HIway
- Questions and discussion
Drivers

- Alignment to Meaningful Use objectives and CEHRT criteria - specifically, MU2 requires HIE – to gain incentive payments
- ONC grant funding to promote adoption of HIE and EHRs
- Emerging value-based payment models and ACOs
- Patient safety and patient care
Drivers prompted in Massachusetts

- All Providers able to access an EHR networked through the statewide HIE - January 2017
- C.224 cost containment provisions
Per capita health care spending in Massachusetts is the highest of any state

Per capita personal health care expenditures
Per capita dollars, 2009

36%

$6,815
$9,278
$8,341
$7,730
$7,076
$6,756
$6,238
$5,924

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

Totaled 16.8 percent of the Massachusetts economy in 2009

State rank
U.S.
MA
NY
PA
OH
IL
CA
TX
1
6
10
18
28
42
45

* 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>MA examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overtreatment</td>
<td>The delivery of unnecessary services or treatment in a care setting that is more intensive than needed</td>
<td>Intensity of care ~3.5% higher than U.S. average</td>
</tr>
<tr>
<td>Failures of care delivery</td>
<td>Avoidable spending due to care not delivered or due to care delivered poorly (e.g. HAIs, ineffective preventive care)</td>
<td>$300-$450M potential savings from community prevention programs</td>
</tr>
<tr>
<td>Failures of care coordination</td>
<td>Avoidable spending due to communication failures and lack of care integration across settings (e.g. preventable readmissions)</td>
<td>Readmissions represent &gt; $700M in avoidable spending</td>
</tr>
<tr>
<td>Pricing failures</td>
<td>Excessive levels of payment for health-care services</td>
<td>Significant variation in relative price not tied to quality</td>
</tr>
<tr>
<td>Administrative complexity</td>
<td>Spending not directly associated with care delivery that could be eliminated without affecting the quality of care</td>
<td>Some physician organizations estimate &gt;10% of NPSR spent on administrative costs</td>
</tr>
</tbody>
</table>

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

HIE Facts and Figures
Although estimates vary depending on the data source, there are as many as 280 health information exchanges (HIEs) in the United States that enable the electronic sharing of health-related information.

Source: 2012 CapSite U.S. Health Information Exchange (HIE) Study
4 in 10 hospitals report an exchange capability for PHI

Percent of Hospitals Able to Send and Receive Secure Electronic Messages Containing Patient Health Information to and from External Sources

Source: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.
51 percent of hospitals can query from external sources

U.S. Hospitals’ Capability to Electronically Query Patient Health Information from Outside Their Organization or System

**Source:** ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.
HIE Participation (% among all MA practices)

Overall HIE Current and Future Participation

- Currently participate in HIE: 26%
- Will participate in next 12 months: 18%
- Will participate in 1 - 2 years: 16%
- Will participate in 3+ years: 7%
- Unsure of participation date: 14%
- Will not participate in HIE: 2%

Source: Massachusetts eHealth Institute Practice Health IT Study 2014
HIE Use (among the 26% MA practices participating in HIE)

HIE Users: What information are they exchanging?

- Public Health and Quality Measures: 77%
- Requests for Referral: 75%
- eRX: 74%
- Lab & Test Ordering: 45%
- Eligibility Verification: 39%
- Transitions of Care: 28%
- None of these: 11%
- Anything else: 2%

Source: Massachusetts eHealth Institute Practice Health IT Study 2014
Benefits of HIEs

• Improves & streamlines care coordination
• Improves patient safety - fewer medical errors
• Reduces duplication of tests
• Supports achieving Meaningful Use
• Eases & improves public health reporting & analytics
• Serves as a foundation for Accountable Care Organizations & value-based healthcare models
The Mass HIway
Overview
Mass HIway | Governance and Advisory Groups

HIT Council

- Consumer Advisory Group
- Provider Advisory Group
- Technology Advisory Group
- Legal & Policy Advisory Group
As a health information service provider (HISP), the Mass HIway is a trust community based on technical security standards and legal policies to which all participants agree.
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
INITIATE CONTACT
Connect via webform or phone to HIway Outreach

LEARN MORE
On-demand via the web, or real-time with HIway staff

DEVELOP USE CASE
Describe the details of how the HIway supports your business need

DETERMINE CONNECTION TYPE
Complete a technical evaluation and select a connection type

GET CONNECTED
Enroll with the HIway, schedule installation and test your connection

USE THE HIWAY
Use the HIway to achieve your use case
The HIway works and delivers value!

**HIway activity as of August**

- 226,913 Transactions exchanged during July
- 3,011,515 Total Transactions (inception to date)

<table>
<thead>
<tr>
<th>HIway Status (organizations)</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracted</td>
<td>220</td>
</tr>
<tr>
<td>Connected</td>
<td>168</td>
</tr>
</tbody>
</table>

SOURCE: Health Information Technology Council slides, August 2014
Generating stories…

- Reducing duplication of tests for high acuity cardiovascular patients
- Improving Patient Care Coordination after Emergency Room Visits
- IMPACT: Improving MA Post-Acute Care Transitions
- Improving pre-hospital transport & care coordination for the homeless
- Coordinating care plans between a health plan and community health center
- Reducing readmissions and improve care management for heart failure patients
- Improving transitions of care from acute care to SNF and Home Health

IMPACT: Improving MA Post-Acute Care Transitions
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