

MASSACHUSETTS eHEALTH COLLABORATIVE

January 2007



MAeHC ROOTS ARE IN MOVEMENT TO IMPROVE QUALITY, SAFETY, EFFICIENCY OF CARE



- Universal adoption of electronic health records
- MA-SAFE



- \$50M commitment to health information infrastructure
- Recognition of “systems” problem



- Company launched September 2004
 - Non-profit registered in the State of Massachusetts
- CEO on board January 2005
- Backed by broad array of 34 MA health care stakeholders

34 ORGANIZATIONS REPRESENTED ON MAeHC BOARD

Hospitals and hospital associations

- Baystate Health System
- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Caritas Christi
- Fallon Clinic, Inc.
- Lahey Clinic Medical Center
- Massachusetts Hospital Association
- Massachusetts Council of Community Hospitals
- Partners Healthcare
- Tufts-New England Medical Center
- University of Massachusetts Memorial Medical Center

Governmental agencies

- Executive Office of Health and Human Services

Health plans and payer organizations

- Alliance for Health Care Improvement
- Blue Cross Blue Shield of Massachusetts
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Massachusetts Association of Health Plans
- Massachusetts Health Quality Partners
- Tufts Associated Health Maintenance Organization

Healthcare purchaser organizations

- Associated Industries of Massachusetts
- Massachusetts Business Roundtable
- Massachusetts Group Insurance Commission

Non-voting members

- Center for Medicare & Medicaid Services

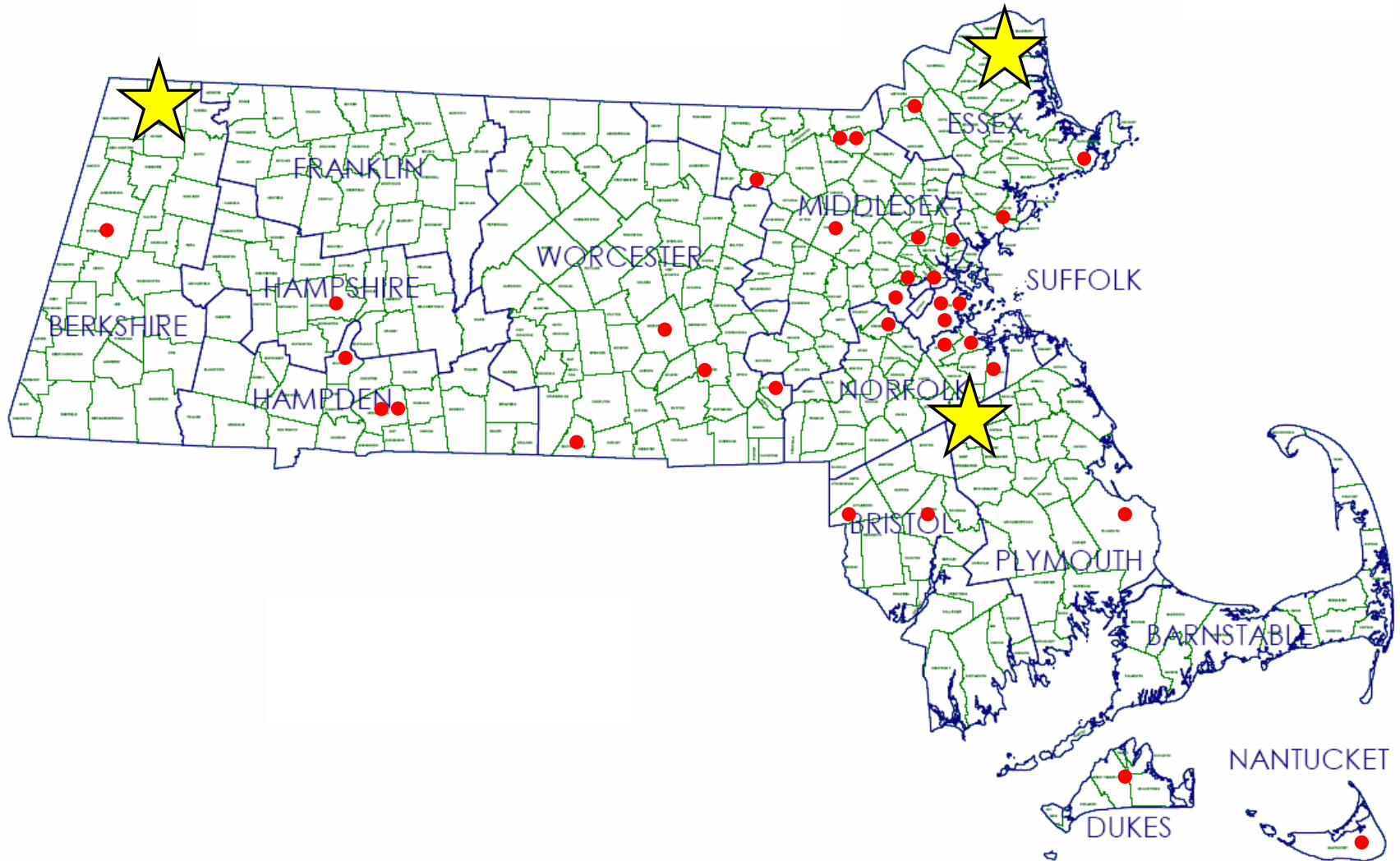
Healthcare professional associations

- American College of Physicians
- Massachusetts League of Community Health Centers
- Massachusetts Medical Society
- Massachusetts Nurses Association

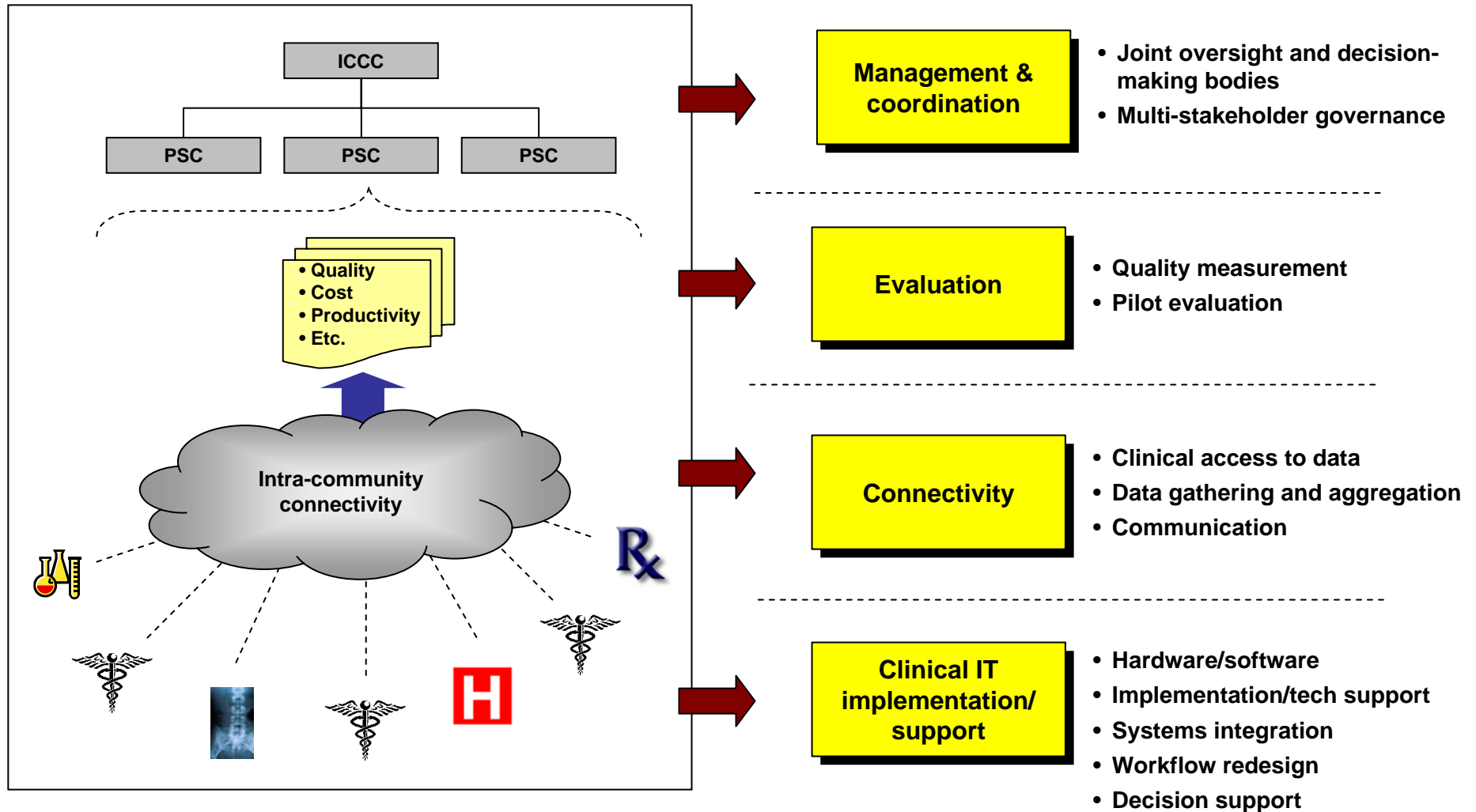
Consumer, public interest, and labor

- Health Care for All
- Massachusetts Coalition for the Prevention of Medical Errors
- Massachusetts Health Data Consortium
- Massachusetts Taxpayers Foundation
- Massachusetts Technology Collaborative
- MassPRO, Inc.
- New England Healthcare Institute

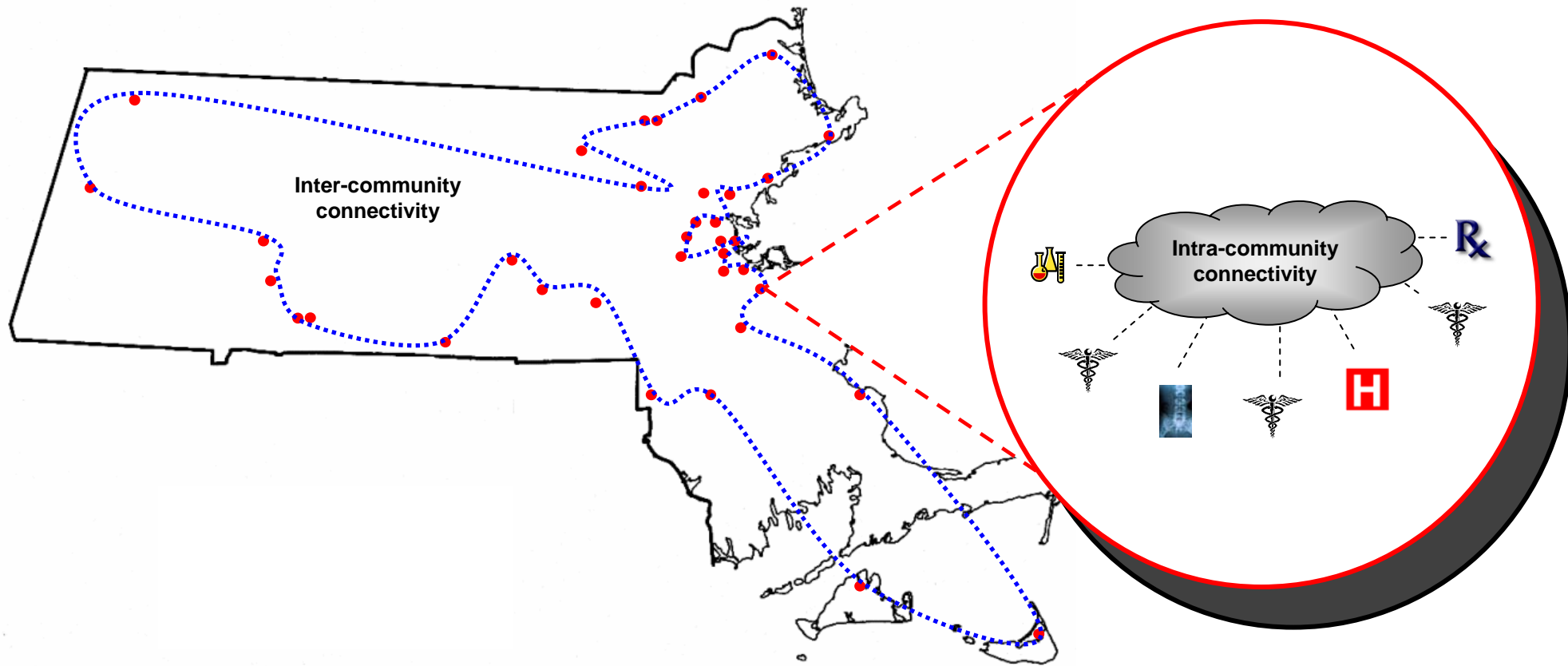
THREE COMMUNITIES SELECTED FROM 35 APPLICANTS



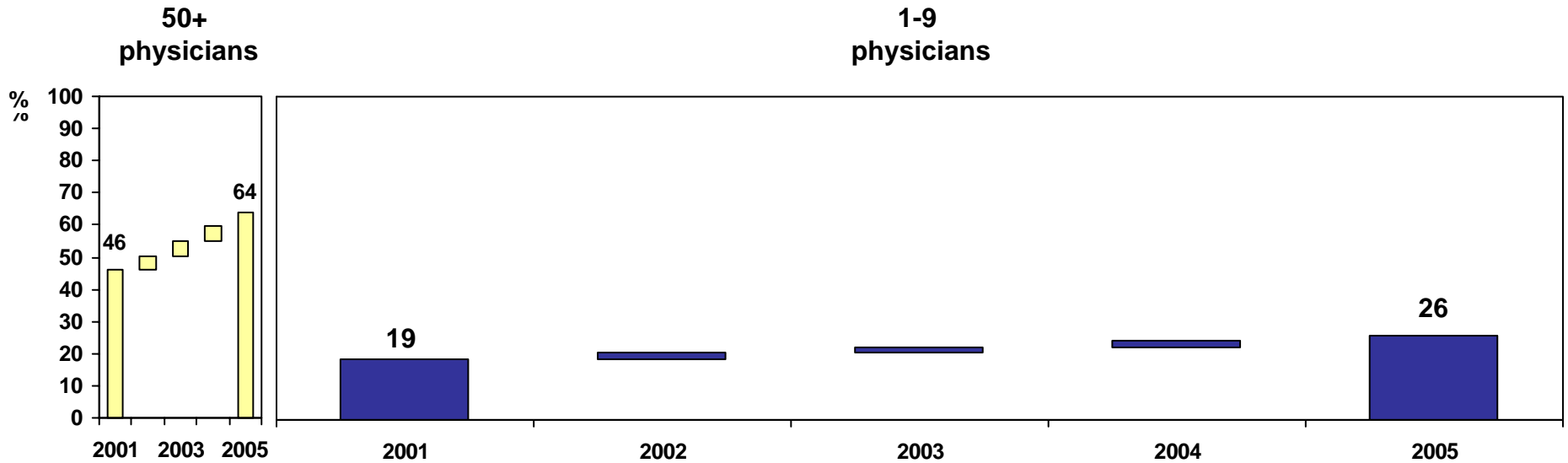
PILOT PROJECTS HAVE FOUR MAIN PIECES



THE GRID AND THE LAST MILE



EHR PENETRATION ISN'T MOVING FAST ENOUGH



911 million visits in 2004

VALUE – CUSTOMER MAPPING

Network level

Potential value

Potential customers

Local

- Frequent, rapid, usable access to rich, comprehensive patient-identified information
- Applications to support health care delivery workflows
- Data aggregation for quality for reimbursement contracts

- Physicians
- Hospitals
- Health plans

State/Regional

- Less frequent, usable access to rich, comprehensive patient-identified information
- Applications to support some health care delivery workflows
- Applications to support public health surveillance and reporting
- Data aggregation for population health measurement

- Physicians (infrequent)
- Hospitals (infrequent)
- Health plans
- State government
- Researchers (industry, academic)

National

- Infrequent access to patient-identified information
- Applications to support public health surveillance, reporting, and measurement
- Applications to support population research

- Federal government (CDC, FDA, others?)
- Researchers (industry, academic)

SUMMARY THOUGHTS ON SUSTAINABILITY

A true market can't be made from the top-down

- **EHR penetration has to increase before basic market conditions apply**
- **Local network businesses have to develop around medical trading areas**

Most markets not mature enough to support regional HIE businesses

- **A few markets might be able to support a regional network with low EHR penetration**
- **Majority of them will have to wait for local markets to get created to generate demand for regional exchange**

The only business case for a national network is with the federal government as the primary customer

- **Federal government will have to pay to create and sustain it, though others might help sustain it at the margins**
- **Affordability, clinical utility, and privacy concerns all point to having a national network with the thinnest architecture possible**

THANK YOU!



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NATIONAL INFRASTRUCTURE

