



MeHI Update: HIT Plan and Grant Updates

January 27, 2010

Agenda

Budget Approval

- Joint HIT planning process with MeHI
- State matching funds request
- MeHI Budget summary

MeHI Strategic HIT Plan Update

- HIT Plan Content Review
- Ad Hoc Workgroups - discussion

Update on Grant Applications

- Regional Extension Center - Cycle 1
 - Health Information Exchange - Planning Grant
 - Workforce Development Grant – Mid-February
 - Community College Consortium - Full application on 1/22
 - Beacon Communities - 4 applications from MA
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_____ **Medicaid/MeHI Joint** _____
HIT Planning

MeHI Budget – FY2010 with HITECH Funding

- Assumes award of full funding for HIE (\$10.6M) and REC (\$14.4M) in January
- Revenue
 - \$4M in revenue from federal funds, third party sources and investment earnings
 - Early years of federal awards require minimal matching funds so total required state funding would decrease to \$1,042,000
- Expenses
 - Personnel
 - Existing allocation of MTC staff plus MeHI Director and additional staff to support grant activities
 - (1) Program Director
 - (2) Project Managers
 - (2-3) Clinical Relationship Managers
 - \$862,000 in FY10 and \$1.3M annualized cost

MeHI Budget – FY2010 with HITECH Funding

– Expenses

- G&A
- Professional Services
- Communications
- IT Services
- Facilities
- Indirect Costs
- Total FY10 \$1.9 M

– Incentive Payments

- \$2.4M in FY10

– eHealth Fund Balance

- \$12.4M in FY 2010

————— **HIT Plan Content** —————
Review

Plan Overview

- **Consumer oriented approach supporting health care reform**
- **Established strategic framework to achieve HIT-related vision, goals and objectives**
 - Vision of HIT
 - HIT Plan Goals and Objectives
 - Strategies for Achieving HIT-related Goals and Objectives
- **Future vision of HIT in MA - 2015**
 - Health care providers manage their patient's complete health care needs and electronically document the care they provide
 - Patients are quickly, easily and securely access their own health information (in a private and secure manner).
 - Payers experience a decrease in health care costs and utilization due to the improved health of population, reductions in costly medical errors and increased system efficiencies.

- **Future vision of HIT in MA - 2015**

- A significant workforce throughout MA is skilled and knowledgeable in supporting systems and in advancing all aspects of HIT sophistication for continued improvements in health care quality and safety.
- Health care costs have decreased due to the improved health of the population, reductions in costly medical errors and increased efficiencies in the system.

- **Achieving the vision**

- Will require a shift in the way both patients and providers interact with the health care system with HIT enabling the shift.
- The transformed system will permit better access to health-related information for both caregivers and patients. Patients will be better able to participate in their own care.
- Administrative and clinical processes that are currently paper-based will be automated, thereby improving efficiency and quality in the system as a whole.

MeHI Strategic Plan Goals and Objectives Review

Goal 1: Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and meaningful use of EHRs

Objectives:

- Equitably increase the number of providers who can demonstrate meaningful use of interoperable EHRs across all service areas, including rural and urban areas where health disparities have been identified.
- Assure electronic access to personal health information by all individuals who so desire.

Goal 2: Demonstrably improve the quality of health care across all providers through HIT that enables better coordinated care, providers useful evidence-based decision support applications, and can report out quality measurement.

Objectives

- Equitably increase the number of ambulatory primary care providers that have re-engineered their care processes to better manage chronic conditions through adoption of patient centered medical home and HIT that supports evidence based care.
- The Commonwealth will adopt and promulgate a common set of HIT enabled quality and safety measures across all payers and providers.
- The Commonwealth will adopt Meaningful Use measures as defined by the federal government for reporting purposes.
- The state will collect and report on these quality and safety measures for all providers and track progress toward quality improvement goals.
- Quality and safety measures reported from EHRs will be tracked and improved over time.

Goal 3: Slow the growth of health care spending through efficiencies realized from the use of HIT.

Objectives

- All payers in the Commonwealth will adopt a single set of Federal standards for eligibility and claims payment processes, which will be incorporated into certified EHRs.
- Standardized measures of administrative costs for both payers and providers decrease over time.
- Patients report more timely care, both virtual and face to face.
- Redundant testing has decreased.
- Episodes of futile care can be documented, tracked and minimized.

Goal 4: Improve the health of the Commonwealth's population through public health programs, research, and quality improvement efforts enabled through efficient, reliable and secure health information exchange processes.

Objectives

- Efficiently track and demonstrate improvement in the Commonwealth's key public health initiatives to better the health of its population.
- Support health reform in the Commonwealth by providing ready access to data and information necessary to identify and implement key reform strategies and tactics.
- Increase the number of patients whose care is coordinated across disparate delivery systems within the state and across state boundaries (e.g., Florida snowbirds, referrals from RI, NH and ME).

Strategies to Achieve MA's HIT Related Goals & Objectives

Strategy 1: Establish Multi-Stakeholder governance.

- HIT Council in place with representatives from public and private sectors.
- Ad Hoc Workgroups convened to ensure private sector participation and to provide direct input to HIE Council.
- MeHI will coordinate activities prioritized by HIT Council.

Strategy 2: Establish a Privacy Framework to Guide the Development of a Secure HIT Environment.

- Patients will be able to influence the way their health-related information is handled through a statewide HIE.
- MeHI will develop a certification program that will ensure that those authorized to provide or access information from the statewide HIE have processes in place to protect consumer's information.
- The HIT Council will leverage stakeholder input through an Ad Hoc Privacy and Security Workgroup.

Strategies to Achieve MA's HIT Related Goals & Objectives

Strategy 3: Implement Interoperable Health Records in all Clinical Settings and Assure They are Used to Optimize Care.

- The Commonwealth will provide assistance to priority primary care providers through REC.
- MeHI (through the REC) will contract with IOOs to provide implementation services.
- Commonwealth will align federal incentives in order to maximize our benefit from federal programs such as HITECH incentives.

Strategy 4: Develop and Implement a Statewide HIE Infrastructure to Support Care Coordination, Patient Engagement and Population Health

- While aligning with federal efforts, the Commonwealth will initially focus on specific services with additional services to be considered in context of HIE.
- MeHI will build HIE based on federated model but will store data in centralized repository when absolutely necessary to support specific uses such as reporting.

Strategies to Achieve MA's HIT Related Goals & Objectives

Strategy 5: Create a Local Workforce to Support HIT Related Initiatives.

- Develop training programs to train unemployed residents to provide skills needed in HIT job market.
- Commonwealth will leverage federal grants to help fund HIT workforce development programs.

Strategy 6: Monitor Success

- Process implementation measures will focus on implementation of adoption of HIT by providers and consumers.
- Utilization and outcome measures will focus on improving levels of quality, safety and efficiency as a result of HIT-related initiatives.

Next Steps in HIT Planning Process:

- Make necessary changes and post on MeHI web site for two weeks.
- Summarize public comments for HIT Council and make final changes to plan.
- HIT Council approves final plan.

Ad Hoc Workgroups

Align number of workgroups with HIT Plan

- Quality and Public Health Reporting
- Consumer Education and Outreach
- Privacy and Security
- REC and Technical Workgroup
- HIE
- Workforce Development
- Ad Hoc Workgroups to support and inform multiple projects in Massachusetts beyond MeHI

Ad Hoc Structure

- Core group of 8-10 participants per workgroup with “pool” of available stakeholders able to support specific initiatives.
- MeHI will provide staff support to Workgroups

———— **Grant Application Status** ————

ARRA/HITECH Opportunities for MeHI

Key opportunities pursued by the Massachusetts eHealth Institute:

- HITECH Regional Extension Center to support implementation of electronic health record systems in 2500 physician offices: applied for approximately **\$15M** for Massachusetts (MeHI)
- HITECH Statewide HIE with collaborative governance and sustainable funding model: applied for \$ 945K in planning funds out of total of **\$10.6M** for Massachusetts (MeHI)
- ARRA Workforce development grant through Department of Labor for health information technology training: EOHHS applied for **\$4.9** on 10/5/09 and MeHI may need to provide some support.

Four Applications from MA

- Boston and Cambridge
- Boston Medical Center
- South Shore Hospital
- Cambridge Health Alliance