

**TESTIMONY OF MICKY TRIPATHI, CEO, MAeHC**

March 12, 2008

Good afternoon Mr. and Madame Chairman and members of the Committee.

I'm Micky Tripathi, and I'm the President and CEO of the Massachusetts eHealth Collaborative. I'm delighted to be here today to describe the experience and vision of the Collaborative in the area of statewide implementation of electronic health records as it relates to the President's bill.

The Collaborative was founded in 2004 with a simple but compelling idea put forward by a unique coalition of stakeholders. Leaders from the Massachusetts Chapter of the American College of Physicians and Blue Cross Blue Shield of Massachusetts got together and came to the same unavoidable conclusion – health care delivery in Massachusetts is “broken” in some fundamental ways, and any solution will require much broader use of modern technology – especially electronic health records, or EHRs.

They held a meeting on Cape Cod in the spring of 2004 with 34 leading non-profit Massachusetts health care stakeholders and forged a consensus vision – universal adoption of EHRs is essential to improving the affordability, quality, and safety of health care delivery, and all stakeholders need to get together to figure out how to realize this vision. These organizations – that now form our Board – represent every part of the health care delivery chain in the Commonwealth, from purchasers of health care like the Associated Industries of Massachusetts and the Group Insurance Commission, to health insurers like Blue Cross, and Harvard Pilgrim, and Medicaid and the MA Association of Health Plans, to provider organizations like Partners and Baystate and Fallon Clinic and the MA Hospital Association, to professional associations like the MA Medical Society and the MA Nurses Association, to groups representing patients, like Health Care for All and the MA Taxpayers Association, to the state and federal governments.

The Board agreed to combine an extremely generous \$50 million financial commitment from Blue Cross, with generous in-kind contributions from the MA Medical Society, Partners Healthcare and Microsoft, to run three pilot projects in electronic health records and secure data exchange. These pilot projects would give lessons about how to best implement technology to achieve the most value, and what type of organization to build to accomplish the statewide objective.

In May 2005, we launched pilot projects in three medical markets: Greater Brockton, Greater Newburyport, and northern Berkshire County. We selected these three provider communities after receiving and evaluating 35 applications from across the Commonwealth. Taken together, the project comprises about 550 clinicians who practice in over 200 office locations as well as 4 participating community hospitals, Anna Jaques, Brockton Hospital, Caritas Good Samaritan, and North Adams Regional Hospital.

So where are we today? The pilot projects have outfitted all of these physicians with federally-certified EHRs, and we are now in the process of creating secure, permission-based computer networks that will connect these EHRs so that, with a patient's permission, a doctor will be able to look up a patient's records regardless of where they got care in the community, and eventually, patients will be able to see their own clinical information over the same secure network to better manage their own care, verify the accuracy of their records, and interact more effectively with their providers.

The Collaborative has shown itself to be a very efficient and effective organization for implementing electronic systems across entire communities. We are on track to complete this very complicated project, which no other organization in the country has done, under budget and within our overall timelines. All the participating clinicians are now up and running on their EHR systems, most within a period of 18 months, which I believe is faster than any organization has done in the country. The health information exchange has been up and running in North Adams since May 2007, and indeed, North Adams is the only community in the country where virtually all of the independent physicians can securely share patient information among themselves and the hospital to improve the quality, safety, and efficiency of care. Newburyport and Brockton, who are being implemented as we speak, will soon follow.

What lessons does this offer for the type of statewide program envisioned in the President's bill? First, the market won't take care of this on its own. Industry averages suggest that these systems cost on the order of \$40-60K per physician. Our costs are lower than that, and we expect to be able to get even lower if we scaled up for a bigger program. Nevertheless, this is not affordable for most physicians, particularly for the physicians who we most want to have EHRs, namely, primary care physicians, who are being addressed in other parts of the President's bill as well. Even the younger ones, who are very computer savvy, typically make \$100K per year and have large school loans to pay off, so an EHR just isn't in the cards for most of them without outside assistance. The retail market also has roughly 30-40% EHR failures at present according to the federal government, which is a huge waste in an area where we have scarce resources to begin with. The Collaborative's failure rate isn't even 1%, which shows the importance of building an organization and an approach that removes the barriers to adoption.

Second, even where the market is taking care of it, it's not solving the whole problem. It's widening the digital divide that already exists between well-funded Boston-based systems and community-based systems in other parts of the state. Furthermore, doing this in a more coordinated way assures that uniform, robust privacy and security provisions are designed into the system, that clinical data is harmonized so that it can be accurately measured to improve transparency of quality and cost, which will supplement what the Quality and Cost Council is trying to do with claims data today, and that patients are given secure access to their own data so that they are at the center of managing their health care, rather than at the periphery where they stand today.

It's certainly true that individual physicians and hospitals try to coordinate care for their patients with existing systems, but it happens right now in the most expensive, unsecure, hodgepodge way imaginable – through millions of ad hoc faxes, phone calls, and letters, and in cases where they are electronic, in unsecure email. Our community approach, by contrast, has allowed us to electronically connect providers who share patients in a way that is secure, trackable, convenient, and efficient. One small example – we are working with the Department of Public Health to automatically and electronically send encrypted reportable disease reports from all of the physicians in North Adams to DPH, a huge improvement in cost and security over the low-

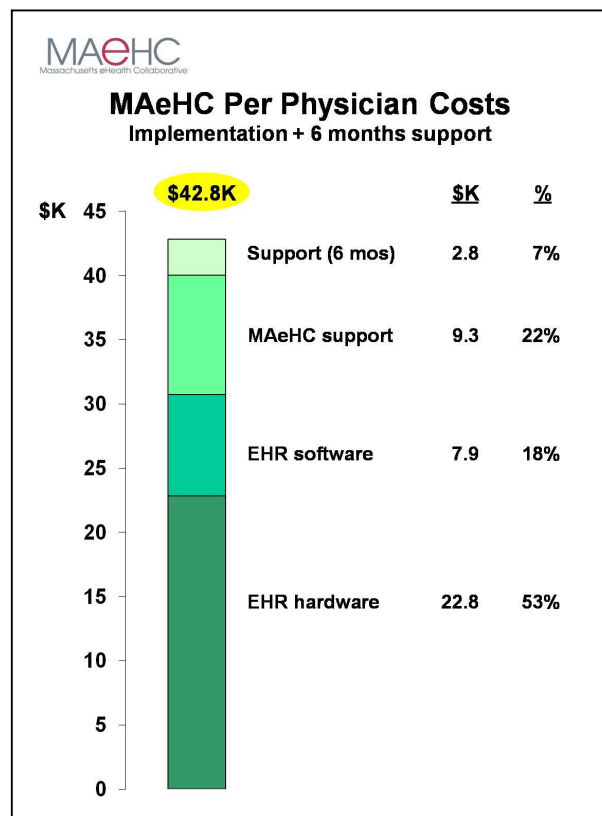
compliance letter and fax process that exists today. That would not have happened without our community approach because DPH wouldn't have a good way of approaching every physician in the community, and connecting them one-by-one would have been way too expensive anyway. Furthermore, if we leave this to the market alone, we'll only be further entrenching the same confusing patchwork of privacy protection that we have today – which we should all consider to be unacceptably low.

Third, it takes an effective organization. We have built a team of 21 professionals who have a depth of experience that no similar team in the country has. The market has still not been able to create a professional services organization that can affordably manage the complicated technical, organizational, and logistical challenges faced when deploying lots of EHRs and connecting them up in a secure, reliable way. As one measure of this, we are receiving calls from other states interested in our advising or even performing statewide EHR facilitation services for them, and we have recently been hired by a large academic medical center in Boston to undertake the EHR project that they are funding. We would be truly honored to have the opportunity to focus our attention on the unique and important statewide mission envisioned in the President's bill.

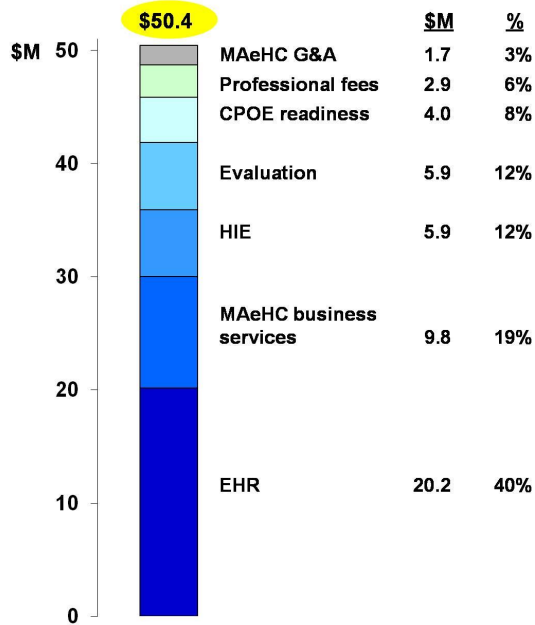
Once all of these systems are fully operational in our pilot projects, the citizens of Brockton, Newburyport, and North Adams will no longer have to wonder whether their primary care physician knows what their specialist knows, and vice versa, or whether the hospital emergency department knows what drugs they're already on or what drugs they might be allergic to. They'll no longer have to bear the added costs and risks of unnecessary x-rays or lab tests simply because one doctor didn't know about or couldn't easily get access to results stored in another doctor's records. They'll no longer have to fill out the same form with the same information for every doctor they visit, or lug their parent's records from one office to the next, as I had to do recently. They'll no longer have to wonder whether their doctor has easy access to the latest evidence-based treatment protocols, and they'll no longer have to worry about whether the pharmacist can read their doctor's handwriting on a prescription. Finally, they'll no longer have to wonder whether their medical records are being protected according to uniformly high privacy and security standards and policies.

What I've just described shouldn't be considered luxuries – they should be basic expectations for all citizens. Greater Brockton, Greater Newburyport, and Northern Berkshire County are on the brink of reaching the next generation of health care – all of us at the Collaborative would be eager to help fulfill the vision contained in the President's bill so that all citizens of the Commonwealth can do the same.

Now, let me wrap up by turning to three visuals that I think will help illuminate some of these points.



### MAeHC Pilot Project Expenditures 2005-2008



### MAeHC Organization Designed to Scale Up For Statewide Program 21 Employees as of March 2008

