

## COMMUNITY DASHBOARD

Pulse Checks are periodic surveys of the MAeHC pilot communities. The table shows the percentage of respondents who agreed with each statement in the January 2008 Pulse Check. Most responding practices had been live on EHRs 15 months or more.

Statement	Clinicians	Staff
The EHR helps streamline processes.		
Already has	65%	87%
Will in the future	83%	95%
Patients benefit from our new processes.		
Already do	75%	83%
Will in the future	86%	93%
We are able to provide higher quality care with the EHR.		
Already able to	69%	NA
Will in the future	86%	NA
I am satisfied with my ability to use the EHR.		
	82%	91%
I recommend EHRs to other practices.		
	84%	88%
My office will benefit from the HIE.		
	81%	88%
Our patients will benefit from the HIE.		
	77%	88%

**Our mission is to transform the delivery of health care using electronic health records and health information exchange. In partnership with our pilot communities and thirty-four member organizations, we are fostering rapid, widespread adoption of these systems to enhance the quality, efficiency, and safety of health care in Massachusetts.**

## MESSAGE FROM MICKY

**Micky Tripathi** *President and Chief Executive Officer*



The second issue of this newsletter comes not only with voices and faces of key players in MAeHC's pilot program, but also with a new name. *Mass Connection* captures both MAeHC's mission—to connect Massachusetts health care entities electronically—and the goal of this newsletter—to create a vehicle to help those who share our vision connect.

While our pilot project was originally scheduled to conclude on July 1, 2008, funds remaining from our initial grant permit us to invite our pilot practices to extend their participation through the end of the year. The extension of the pilot means that participating practices will enjoy continued support and participation in the health information exchange. Perhaps more importantly, they will continue to be part of a groundbreaking pilot program that is helping to pave the way for nationwide adoption of electronic health records.

To read more about the extension of the pilot and about a [national distinction](#) we recently received from U.S. Department of Health and Human Services Secretary Mike Leavitt, take a look at the [press](#) section of our [website](#).

## CASE STUDY EHRs streamline communication for Brockton physician

Although Dr. Jane Yu, a family physician at [Bridgewater Goddard Park Medical Associates](#), finds certain aspects of an EHR implementation challenging, she is already realizing some of the benefits. Most notably, she no longer has to search for notes and test results in a chart four inches thick.



The EHR system has also streamlined communication between the hospital and satellite offices. "It's much easier to find out how other providers have treated my patients," Yu reports. "We communicate in real time, and I don't spend time chasing down reports." The EHR also keeps an audit trail for prescriptions, so her office has to call for charts less often.

Participating in the pilot has been trying at times. Tasks such as coding and billing are more time consuming than in the past. Also, her handwritten notes have to be scanned, a cumbersome task that will be eliminated with the move to electronic notes.

**"This is a much better system all around. It's where we are with the practice of medicine."**

Yu believes that EHRs will ultimately translate into improved quality of care. She awaits quality assurance measures that she hopes will be integrated into the EHR. For example, an indicator would alert the provider when a patient with hyperlipidemia may be overdue for a lipid screen or a diabetic patient may be overdue for an A1C test.

"This is a much better system all around," Yu maintains. "It's where we are with the practice of medicine. Having to work with a huge chart or long paper trail is not only inefficient; it's more prone to error."

# POINT OF VIEW

## Patients demand that health IT benefits outweigh risks

We spoke with John Lloyd, President and owner of [magnet inc](#), about the role of the patient in health IT marketing efforts. magnet inc is a brand strategy consulting firm for health care organizations that consulted for MAeHC.

### How do you engage patients in marketing efforts?

We follow a rigorous recruitment process to ensure that we have the right demographics in our focus groups, to make sure we have the health care decision makers. Although we sometimes pay focus group participants, health care is of such high interest that it often doesn't require a stipend.

### What do patients say about health care?

What we're seeing across all consumers is "time famine." For many people, it's a major choreographic feat just to get through each day. They don't want to spend their time redoing medical tests or explaining their medical history over and over.

### What is the role of the patient as a consumer? How has it changed?

Over the course of ten years and through the advent of the internet, we've seen a huge increase in patient empowerment. Direct-to-consumer advertising has made patients more inquisitive. I've seen decreasing faith in the health care system. Patients feel it's incumbent upon them to be knowledgeable about their loved ones' illnesses and to be vigilant through the entire care continuum.

### Could this eroding confidence be an opportunity for the health IT industry?

Patients appreciate the value of having fast access to secure, accurate medical records. But it's a double-edged sword. All we need is one major security breach to undermine patient confidence.

### How can we earn patient confidence?

We need to have success stories that show how technology is transforming and saving lives. Patients accept that there is some risk, but they demand that the benefits far outweigh the risks.

# FROM THE BOARDROOM

## Employers seek cure for double-digit premium increases



What is the biggest concern of Massachusetts employers about health care? "Cost, cost, cost," says Richard Lord.

And he should know. Lord is President and CEO of [Associated Industries of Massachusetts](#),

an employee service organization with more than 7,000 member companies, including some of the commonwealth's largest employers.

"Massachusetts businesses are finding it hard to compete with lower-cost states and, increasingly, with lower-cost parts of the world," reports Lord, who is a member of the board of directors at MAeHC. Health care costs are employers' largest concern about doing business in Massachusetts.

Virtually all AIM members, large and small, provide health care to their employees. But with double-digit annual increases for the last eight or nine consecutive years, they are struggling to manage the costs.

There are only so many things a company can do to reduce health care costs. "Employers are sharing as much of the cost as they can with their employees," Lord says, "They are looking for other ways to address the cost burden."

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Lord joined the MAeHC board in part because he thinks electronic health records will play a role in reducing health care costs in the commonwealth. "If having electronic health records improves patient safety, which we believe it will," Lord

argues, "we could have better outcomes, fewer errors. That would help reduce medical costs."

MAeHC is hoping to demonstrate measurable cost savings during the evaluation phase of the pilot program. Lord contends that MAeHC must demonstrate to law makers and employers that there's a return on investment.

"If we can show employers that they will save money with electronic health records," says Lord, "they'll be willing to make the investment."

# CASE STUDY Careful planning allows physician to implement EHR with no downtime

One of the most prolific users of electronic health records in the MAeHC pilot program, Dr. Guy Navarra embraces EHRs because he believes they will soon be the standard of care.



Not only do they help his practice run more smoothly, but Navarra, who practices internal medicine at Seacoast Medical Associates in Newburyport, contends that they allow him to take better care of his patients. "All of the information is right in front of you," he explains. "I no longer have to interrupt what I'm doing to go find a chart."

**"I have more accurate information and therefore make better decisions for my patients. When the ER calls, I have all the information about the patient, including test results, right at my fingertips."**

Navarra acknowledges that becoming paperless is not easy. It requires an earnest commitment from everyone in the office—and meticulous planning as well.

For the first month, the front office used the EHR system for billing and scheduling while he continued to use paper charts on the clinical end. During that month, data entry workers entered medical histories, medications,

and allergies for the patients scheduled for the following month. Navarra experienced no interruption in his patient schedule.

With the EHR system in place, Navarra is more efficient and accomplishes more. His patient load has not increased, but he is able to address more questions and requests from patients. "The EHR system helps me process the enormous amount of information that comes through my office each day, including over a hundred labs alone."

Navarra, who documents every patient visit, phone call, and prescription refill in the EHR, maintains that he has never before been able to achieve this level of documentation. "It's so intuitive and straightforward. The EHR allows me to code and bill appropriately for the level of care."

EHRs benefit everyone, Navarra asserts—the front desk, clinicians, and patients. "I have more accurate information and therefore make better decisions for my patients," he says. It also facilitates communication among clinicians. "When the ER calls," he reports, "I have all the information about the patient, including test results, right at my fingertips."

Navarra is modest about being at the forefront of EHR adoption. "At this point," he says, "I just couldn't do it any other way."

# MAeHC SPOTLIGHT

## Lund helps Newburyport break frozen ground



While Barbara Lund, a Senior Pilot Executive at MAeHC, has worked in a wide range of clinical and corporate settings, she has always gravitated

toward entrepreneurial environments. "The most exciting thing about working at MAeHC," says Lund, "is that we're doing something that's never been done quite this way before." Sometimes however the most exciting things can be the most frustrating. "The pilot is groundbreaking. But sometimes the ground is frozen."

Lund's diverse experience is mirrored by her master's degrees. The first was a master's of social work from [Smith College](#). After practicing as a licensed independent clinical social worker for a number of years, a strong interest in the business end of health care led her to [Simmons College](#), where she earned an MBA.

Lund oversees the entire Newburyport pilot project. She thrives in this demanding position because it's suited so well to her background and values. "The job brings together so many pieces of my background," she explains. "And our mission orientation resonates with my own orientation to the world."

The pilot program has been a true collaborative between MAeHC and its pilot communities. Collaboration, however, Lund emphasizes, is really hard work. "If MAeHC made decisions unilaterally, the processes wouldn't have the depth and richness that they do," she explains.

While MAeHC went into the pilot communities with a vision and goals, there was no blueprint. Facilitating the collaborative effort, a time-consuming and complex process, is where Lund's clinical background and mediation skills have been most crucial. "We'll have more of a blueprint when we approach future communities, but we've found that it's always important to leave room for the unique needs of each community."

Lund looks back over her experiences at MAeHC and ahead to the implementation of electronic health records in future communities. "As painful as it is to learn from mistakes, we've also gotten a lot of things right. The pilot communities are eager for their hard work to benefit others. Future communities will greatly benefit from the lessons we've learned."

# FROM THE BOARDROOM

## MAeHC to play a role in universal health care law

"Transparency is the cornerstone of the universal health care law," says Alan Macdonald, Executive Director of the [Massachusetts Business Roundtable](#) and a key player behind the law.



Transparency—in service, cost, and options—will help create a market that has never really existed in the health care industry. "We've treated health care as a commodity, that it's the same everywhere," states Macdonald. "That can't really be true."

The universal health care law is about patient choice. In order for individuals to take responsibility for their health care, they have to be educated about their choices. "Today there's very little discussion about where a patient will seek care," Macdonald explains. "As a result of the universal health care law, attention to choice should become a normal practice."

Macdonald, a member of the MAeHC board of directors, believes that health care information technology, and in particular the fruits of the MAeHC pilot program, will make data more accessible to both health care providers and patients, providing true transparency.

Moreover, MAeHC will work with the emerging health care market to speed the adoption of electronic health records. "Ten or fifteen years down the road," Macdonald claims, "everyone's going to have EHRs. It will happen in an evolutionary way as young physicians proficient in technology join the field. I don't want patients in the intervening years to be deprived of the benefits. MAeHC is all about making it happen sooner rather than later."

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## JUST MY OPINION

What advice would you give to someone who was implementing an EHR system?

"Give yourself and your team enough time to learn the program prior to implementing. Training is essential. Having a great support team on the EHR end makes a big difference."



**Robin Powell**  
Office Manager, Seacoast Medical Associates

"Successful EHR deployment requires realistic expectations, motivation, and a huge dose of hard work. Continuous technical support helps assure that a practice continues to thrive."



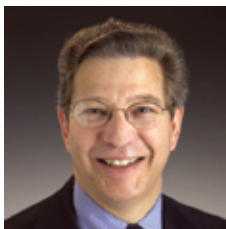
**Kevin Lanphear, D.O.**  
Newburyport Family Practice

"Don't take a bad process and computerize it. You'll just end up with a bad computerized process. Change your current process to take advantage of the functionality in the EHR."



**Robert Buchanan**  
Chief Information Officer, Anna Jaques Hospital

## POINT OF VIEW Hospitalist sees HIE as foundation for physician communication



Dr. Ronald Durning, Jr., Director of Hospitalist Services at [North Adams Regional Hospital](#), joined the North Adams steering committee to help shape the development of the health information exchange (HIE). He knows that emergency department physicians and hospitalists will need to be able to access critical information in seconds.

"The HIE will be invaluable," says Durning. "When we see a patient, it's often a period of high stress." The patient or family is trying to remember what is often a complicated list of medications, allergies, and medical problems. "The HIE will help us both make decisions and avoid mistakes," he declares.

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The HIE will also serve as a communication tool for physicians. "Patients are always concerned that their personal physicians are aware of decisions being made and developments in their medical condition," Durning reports. The hospitalist will be able to report important changes through the discharge summary. "I may for instance

take away a blood pressure medication if a patient's heart rate is too slow. I need to communicate that to the PCP, cardiologist, and diabetologist."

The HIE will help hospitalists involve the primary care physician in decisions about the patient's care. "I'm catching the patient at one moment of stress," Durning explains. "The PC doc knows the patient much better than I do. The PCP can offer insights that change the way I care for the patient. The HIE will serve as the foundation for that communication. That's how I envision it working."

**MAeHC**  
Massachusetts eHealth Collaborative

860 Winter Street  
Waltham, MA 02451-1411  
Telephone: 781-434-7905  
Website: [www.maehc.org](http://www.maehc.org)  
E-mail: [contact@maehc.org](mailto:contact@maehc.org)