

# “Employing eHealth to Transform Health Care in Massachusetts”

Remarks by Senator Richard T. Moore,  
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New England Chapter, Health Information Management Systems Society  
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Two years ago this week, Massachusetts launched a bold initiative to promote universal access to health insurance. This landmark legislation has been hailed across the nation of how the stakeholders in health care were able to come together to address one of America’s most serious domestic issues – one that is receiving considerable attention in this presidential election year.

As we reach the second anniversary of health reform, the state continues working on implementation challenges primarily around cost, we can celebrate some major accomplishments that have been achieved to date:

- More than 340,000 people have found health insurance coverage:

- 176,000 are enrolled in Commonwealth Care.

- MassHealth has expanded by 90,000.

- Private health insurance enrollment has grown by 111,000,

according to the MA Assn. of Health Plans -- 17,000 through Commonwealth Choice.

- Uncompensated, or free care spending dropped 34% since 2006.
- Non-group or individual health insurance premiums have lowered by as much as 42%, and these premiums purchase better coverage.

- The share of employers offering health insurance holds steady at 72%, well above the national average.
- Public support for health reform continues, at 59% in January 2008.
- The Department of Public Health has launched a statewide hospital infection prevention program.
- A first-in-the-nation Pediatric Palliative Care Program is providing support and comfort to seriously ill children and their families.
- A three hospital demonstration of Computerized Physician Order Entry systems, that improve care and prevent errors which was funded through a grant from Blue Cross and an appropriation in the Health Reform law, has been successful in proving cost savings of as much as \$2 million dollars per hospital after 26 months.
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- A Quality and Cost Council has been established that is utilizing health information technology as it prepares to report quality measures for policy makers and the general public.
- A number of other states, and the federal government, are considering adoption of some of the successful features of the Massachusetts plan.

With access to health insurance proceeding even better than predicted, the other two legs of the health policy stool – cost and quality – are receiving renewed attention from Beacon Hill in Boston and Capitol Hill in Washington.

In the next few weeks, the Massachusetts Senate will consider a proposal sponsored by Senate President Therese Murray and me, along with many of our colleagues, to address these twin issues of cost and quality in the Commonwealth's second major health reform initiative.

Key components of the bill, currently Senate Bill No. 2526, An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care, include:

- A commitment to appropriate \$25 million a year for the next ten years to support statewide implementation of computerized physician order entry systems (CPOE) and electronic medical records (EHR) across the state in community health centers, community hospitals, and physician office practices. The legislation requires that any programs be certified by the Certification Commission on Healthcare Information Technology.
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- Statewide adoption and compatibility of electronic medical records by 2015, Physicians would also have to show competency in the technology for medical board registration. The bill also sets a deadline of 2012 for statewide adoption of Computerized Physician Order Entry systems (CPOE). After this date, the use of CPOE would be required for hospital licensure.
- A statewide standard for uniform billing and coding among health care providers and insurance companies to reduce operational expenses of claims processing.
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- Other features of the legislation include a reduction from 30 to 15 years in the requirement to maintain patient records, transparency in the setting of

health care insurance premiums and health care provider costs.

From the Health IT pilot projects that have been conducted to date, we've learned that EHR's help, but it's also necessary to work with physicians to promote practice redesign and an implementation process focused on care management. At least two national studies demonstrate that physicians must change the way they take care of patients to truly benefit from Electronic Health Records, measure quality, and provide better, more cost-effective, coordinated care. This focus on practice reform utilizing the benefits of HIT, will be central to our new legislation.

Given concerns by the Governor and House and Senate leadership regarding the cost of health care as well as an increased emphasis on quality of care, I am very optimistic that this legislation will become law in the next few months.

There are other promising initiatives under way in collaboration with the Massachusetts Technology Collaborative's eHealth program. A program with Partners Health Care for Remote Physiological Monitoring of Heart Failure (RPM) is underway. Another program known as Tele-ICU centered at UMASS Memorial Health Care in Worcester allows remote monitoring of ICU patients in a number of community hospitals. Both of these initiatives indicate the ability to save lives and contain costs utilizing technology.

The work that you and your colleagues are doing is, I believe, about to get a significant boost in resources as well as greater focus by health care leaders and policy makers.

What we are doing in Massachusetts is certainly consistent with efforts that are ongoing in Washington to set standards, ensure interoperability, and provide better

security for the patient information.

For the second year in a row, Massachusetts has ranked #1 for e-prescribing. This saves lives and money. Currently, 13.43% of Massachusetts prescriptions are written electronically. A recent study reported that if we could get to 70%, the Massachusetts health system could save about \$170 million a year net.

Senator John Kerry is leading a bipartisan group of legislators who recently introduced a bill that would expedite the adoption of electronic prescribing technology in every doctor's office in America. The bill would provide permanent Medicare funding for payment of bonuses to physicians who acquire e-prescribing technology. In addition, for every Medicare prescription a doctor writes, they would be paid an extra 1% bonus. Starting in 2011, Medicare physicians who are not electronically prescribing would face financial penalties.

One of the remaining major obstacles to adoption of e-prescribing is the reluctance of the federal Drug Enforcement Agency to allow e-prescribing of controlled substances. Senator Sheldon Whitehouse of our neighboring state of Rhode Island is leading efforts in the U. S. Senate Judiciary Committee to move DEA into the 21<sup>st</sup> century so that doctors would not need to maintain a paper system for controlled substances and an electronic system for all other medications.

The National Governors Association and the National Conference of State Legislatures are both among the organizations leading the effort to gain adoption of health information technology across the nation. As the theme of this year's HIMSS meeting in Orlando proclaimed, "This is Our Time." In Massachusetts, at least, this is clearly the time for health information technology!