

The RHIO Experience in Massachusetts



May 4, 2007

The Massachusetts Regional Efforts

- MHDC – The convener and educational organization, the business incubator
- NEHEN – The transactor of community administrative data
- MA-SHARE – The grid of community clinical utilities
- MAeHC – The last mile to the clinician offices for selected communities

The Need for a Business Model

- A Chicken/Egg Problem – Stakeholders will only pay for value received from a live data exchange but building one requires capital
- Grants are not a business model
- No one will pay for a public good
- Incentives must be aligned
- Best to automate an existing business process and trust relationship

The Need for Policies

- Just like care, trust is local
- Primary uses of data for clinical care
 - Who authorizes and consents?
 - Who audits and how?
 - Who sanctions and how?
- Secondary uses of data
 - How do we share data for Clinical Research?
 - How do we measure Quality/Outcomes?
 - Where is the data stored and how is it architected?

The Need for Architecture

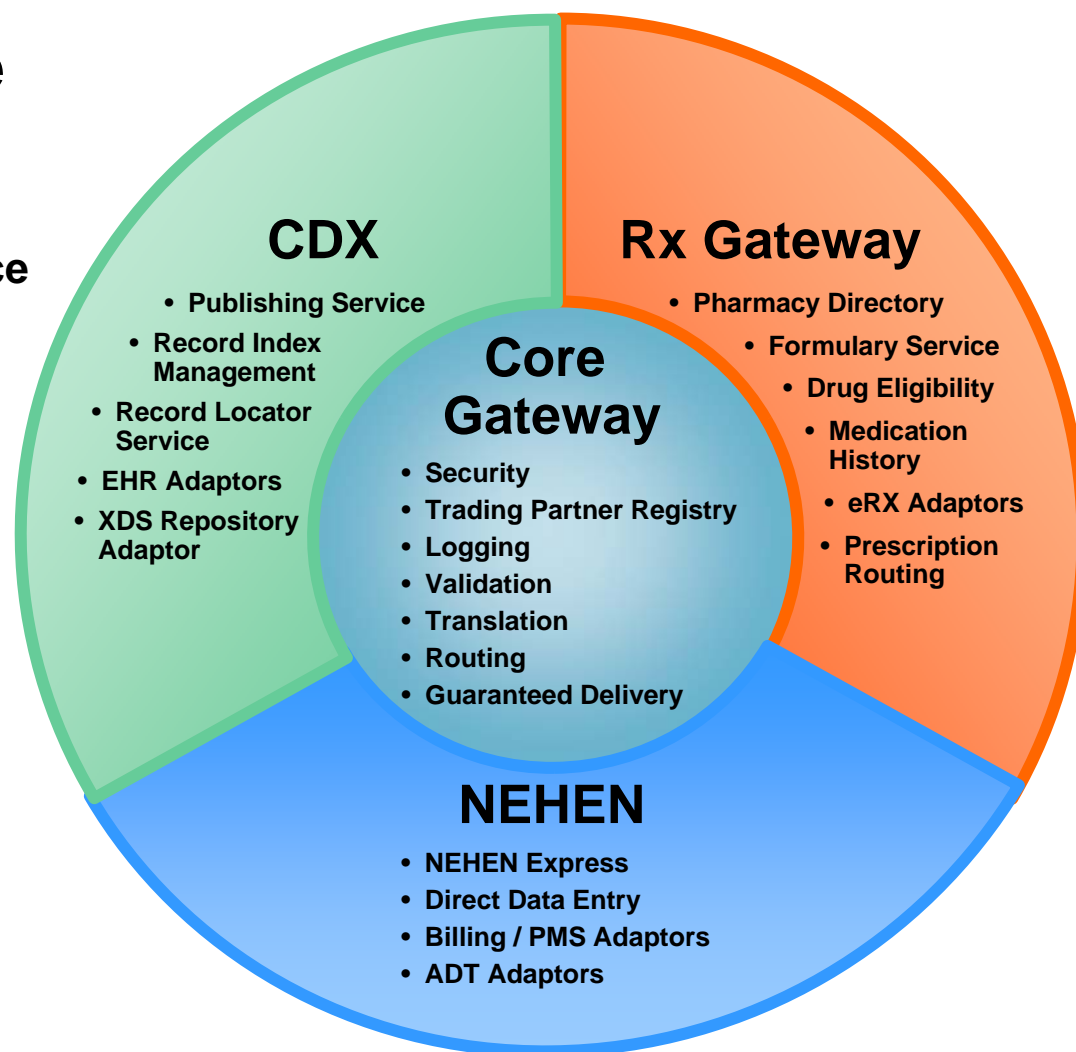
- Keep it thin
- Keep it simple
- No transaction fees
- Successful models thus far are
 - Local Community Connectivity
 - eRx
 - Push

Data Sharing Models

- “Pull”
 - Clinician actively request patient data from external sources
 - Requires community patient registry and standardized data transport
 - Prototypes developed by MA-SHARE under Markle foundation and NHIN grants
 - Lessons learned on privacy, community and vendor collaboration, standards, and technology
 - To date, sustainable data sharing network has not evolved to use this model
- “Push”
 - Clinician actively forwards patient data to another clinician or healthcare organization
 - Requires community provider registry and standardized data transport
 - Technology foundation based on MA-SHARE prototypes, Rx Gateway, and NEHEN

The MA-Share Appliance

- Rx Gateway and other lines of service (Administrative and Clinical Data Exchange) are built on a common messaging gateway framework
- The Rx Gateway Service provides functionality required for all aspects of e-Prescribing
 - New Prescription Delivery
 - Eligibility and Formulary
 - Prescription Renewals
 - Medication History



Summary

- RHIOs are very early in their lifecycle and will be very unstable for the next few years
- RHIO Interoperability architectures are evolving – existing approaches may need to be revised
- Policies need to be put in place before technology can be successfully deployed