

Testimony

State Health Plan Hearing

Portland, Maine

November 22, 2005

My name is James Harnar and I am here today representing the Maine Health Information Network Technology or MHINT project. This major public-private initiative is aimed at developing an integrated statewide electronic clinical information sharing system.

The MHINT project is one of the largest statewide health care initiatives now under way in Maine. A growing number of health care providers, consumers and others agree that the MHINT project holds great promise for improving the quality of care for all Maine people and especially those suffering from chronic illness.

I would like to take this opportunity thank you for including the MHINT project in the Draft State Health Plan and identifying health information technology applications that support the MHINT as a priority funding item under the CON process. I also want to acknowledge the state for the critically important funding it has provided through the Maine Bureau of Health and the Maine Quality Forum.

Early support from these two state agencies was instrumental in getting the MHINT project off the ground and enabling us to make tremendous progress in a relatively short period of time. In fact, it was the Maine Quality Forum that described the development of an electronic clinical information-sharing system as “the single most important step Maine can take to improve quality and patient safety.”

The State Health Plan should explicitly articulate what has motivated health care leaders and others across Maine to support this important project. The MHINT is a key achievable strategy to:

- Improve patient safety and the overall quality of care;
- Reduce medical errors; and,
- Moderate the growth of health care spending.

Given the particularly important role we believe MHINT will play in the future of health care in Maine—and building on the early investment the state is making in this system---we urge you to include more about this project and its goals in the final draft. In just a moment, I will explain why we feel so strongly that more clearly recognizing the MHINT project and the impact it will have on the entire delivery system will strengthen the overall Health Plan.

Before I do, however, I'd like to take just a few minutes to describe the MHINT system that's now being planned. The MHINT system will allow Maine hospitals, physicians and other providers to quickly and efficiently share---with the patient's consent---computerized patient-specific clinical information. Not only will the system bring up-to-date clinical information to the site of care, it will eventually allow Maine residents to electronically access their own medical records, making it possible for them to correct inaccuracies and add important information that might not otherwise be available.

Physicians and others are convinced a system of this kind will allow them to provide better care for patients with chronic illness. A diabetes patient, for instance, may receive care from a number of different caregivers in various settings. The MHINT system will allow the caregiver treating that patient today to immediately access information about a recent lab test, prescriptions that have been filled over the past several days and results of other tests that have been taken in a hospital or other setting across the state. As a result, the caregiver will be able to make more informed decisions about treatment and help the diabetes patient better manage their care over time.

The MHINT system will help break down many of the information-sharing and care coordination barriers that currently exist. Some of these barriers exist between rural providers and those in more urban locations across the state. Through the MHINT system, a physician treating a patient in a rural community will have access to the same information as a specialist, for example, in Bangor, Lewiston or Portland. At the same time, care coordination will improve for the patient from a small town who is referred by their own doctor to a specialist in a larger community some distance away.

Patients will benefit from the fact that caregivers will have more information on which to base their care decisions. And patients without insurance coverage---many of whom do not have a primary care physician----will benefit as well from the MHINT system. As an uninsured patient with no PCP, for example, is seen by a caregiver in any setting, information about that encounter is entered into an electronic record. Over time, the MHINT record becomes this patient's virtual health record, accessible to caregivers anywhere the patient might seek care in the future, including emergency departments, free clinics or in a physician's office.

Here's where the MHINT project stands today:

The MHINT project is being guided by a public-private Steering Committee made up of primary project funders: the Maine Health Access Foundation, the Maine Bureau of Health, the Maine Quality Forum and the Maine Health Information Center. Additional funding has been made available by providers, payers and foundations. Project management is being performed by the Maine Health Information Center.

In the spring of 2005, MHINT began an aggressive 12-month Planning and Development process (called Phase II) to lay the necessary foundation for the beginning of statewide system implementation in 2007. Much of Phase II work is being done through three key groups that involve a wide range of leaders from across Maine: Technology Committee, Governance Stakeholder Group, Consumer Stakeholder Group.

Technology: Sixteen national vendors responded to an extensive request for information (RFI) that was developed and provided to the national healthcare IT vendor community in mid-2005. Following an extensive review process, five vendors have been selected to come to Maine in November, 2005 for presentations and in-depth interviews with the MHINT Technology Committee, which is comprised of highly experienced health care chief information officers and physician leaders drawn from around the state. One or more vendors will then be asked to make a full proposal to serve as the MHINT project's primary partner in building a system for Maine. A draft functional design document has been completed outlining the system architecture that meets the criteria established by the Technology Committee. Work currently is underway to design a statewide "Master Patient Index" or MPI system for Maine. MHINT is working in close cooperation with the Bureau of Health to ensure that the system will support and enhance the

Bureau's vitally important work in addressing public health needs, often in emergency situations when information must be shared immediately to prevent major breakout of disease.

Governance: Plans call for transitioning the MHINT from its current project oversight process to a permanent governance structure in 2006. By mid-November, 2005 the Governance Stakeholder Group had completed a preliminary recommendation that MHINT governance should be performed by a newly created statewide non-profit organization. The Governance Group currently is reviewing various governance models regarding board make-up, roles and responsibilities. It plans to have a final recommendation by December, 2005, allowing for an initial meeting of a new MHINT board of directors very early in 2006.

Consumer Involvement/Privacy and Security: Consumer involvement is a critical element of the MHINT project because an overall goal of the MHINT system is to allow patients more access to their own medical information. Through its Consumer Stakeholder Group, the MHINT project is working to understand and address privacy and security considerations as Maine moves from a paper-based medical information system to one that is more reliant on electronic clinical information. The Consumer Group has begun the development of a Consumer Vision for the MHINT system as well as a set of principles and recommendations that are expected to be presented later this year to the MHINT Steering Committee.

With this as background, we propose the following changes to the Draft State Health Plan that we believe will strengthen this document and lay the groundwork for a more effective and efficient health care delivery system for Maine.

1. Given the high priority that local and national groups have given the advancement of information technology, we recommend that the State Health Plan include a discrete section that outlines specific goals and action steps that will advance health care information technology from the local practice level to state-wide initiatives, including the MHINT. The inclusion of such a section builds on the section of the Dirigo Health Reform Act that specifies Dirigo will establish a revolving loan fund to assist providers in the purchase of hardware and software to implement the electronic transmission of claims. This is an important aim, but it's only one small piece of our state's electronic information needs.
2. As a corollary to this, we propose the Plan set a goal for a statewide integrated electronic clinical information sharing system to be in place by 2010. Within the past two weeks the MHINT project confirmed the funding it needs to complete the current Phase II Planning & Development process without interruption. This means that we are able to better project our timeline for moving forward. Given this, we would recommend that the following milestones now be inserted into existing language about the MHINT in the draft State Health Plan. This will make the MHINT consistent with other major programs contained in the Plan and set measurable goals over the next several years:
 - 2006: Establish new non-profit governance entity in 2006,
 - 2006: Finalize statewide technical system architectural design;
 - 2007: Begin first stage implementation via pilot site roll-out;
 - 2010: Statewide system in place.
3. The State Health Plan focuses on the need for improved care in several key areas, such as chronic illness and mental health. We propose describing how establishing the MHINT

system will allow caregivers to better coordinate and manage the care of patients with these conditions.

4. The Plan describes factors driving up the cost of care in Maine. We propose including information in the Plan that describes how the MHINT system will moderate the growth of costs as the number of unnecessary hospital admissions declines and the number of expensive duplicative tests and medical errors is reduced.

5. The Plan refers to the need to do more to assess the quality of care and also provide consumers more information about quality. The MHINT system will allow the efficient gathering of outcomes data that, over time, will help paint a more accurate, timely and comprehensive picture of quality than the data we now have available. We propose making this key point in the Plan.

There are many reasons why it will be important to focus more on MHINT in the Health Plan. I'd like to conclude my remarks by describing two of them:

First, the MHINT system will require substantial financial investment, especially in the early stages of implementation. Those individuals and organizations that will be asked to help pay for this system will look to the State Health Plan as they assess the MHINT project's importance to the future of health care in Maine. As it is currently drafted, the Plan makes only relatively brief references to MHINT and provides little explanation of what the project is intended to accomplish. Simply put, MHINT needs to be seen as a vital part of Maine's health delivery system and the state's overall effort to improve the health of Maine people.

Secondly, the MHINT project offers Maine the opportunity to provide leadership to the rest of the country. If we are able to sustain our current pace of development, Maine could be among the very first states in the country to develop a system of this kind. This leadership could benefit other states and help Maine citizens receive better care no matter where they may need it, across the nation.

In summary, the MHINT project is a major investment in Maine's health care infrastructure—and in the future of Maine's health care system. It will demonstrate Maine's ability to be at the forefront of major new technology initiatives. Over time, the system's many efficiencies will allow us to do more with fewer resources.

Thank you for this opportunity to tell you why we believe it makes so much sense to devote more attention to MHINT. There are few health care initiatives now under way in Maine that hold as much promise as MHINT does for improving quality and patient safety and moderating the growth of costs.

Thank you.