**FROM THE TECH EDITOR**

**Massachusetts to connect 80% of clinicians via interface**

*By MICHAEL McBRIDE, Technology Editor*

In September’s column, I noted that Massachusetts had been awarded $16.9 million by the Centers for Medicare and Medicaid Services to build an interconnected health information exchange on top of the state’s existing Medicaid network.

Massachusetts’ plan was to connect every Medicaid provider in the state and enable them to securely exchange medical records. In addition, the new health information exchange network would be available for exchange of non-Medicaid-related medical records as well.

**EXCHANGE SUCCESS**

October 16, the commonwealth took its first giant step toward accomplishing that goal when Gov. Deval Patrick’s primary care physician successfully transmitted the governor’s health record from Massachusetts General Hospital to Baystate Medical Center.

With that feat, the new Massachusetts health information exchange network opened its first statewide electronic healthcare thoroughfare. But state officials weren’t finished.

Shortly thereafter on the same day, other healthcare institutions and providers in Massachusetts followed suit and exchanged their own health data files between their respective electronic health record (EHR) systems using the new health information exchange network.

Ten entities were connected, said John Halamka, MD, MS, chief information officer of Beth Israel Deaconess Medical Center, professor at Harvard Medical School, chairman of the New England Healthcare Exchange Network, and co-chairman of the Health Information Technology Standards Committee. “Over the next year, we’ll connect more than 80% of the clinicians in the commonwealth by providing interfaces to the top 16 EHRs used in the state,” he added.

Is it overly dramatic to compare the significance of this event with such historic moments as Neil Armstrong’s first step on the moon or Chuck Yeager’s breaking of the sound barrier? Perhaps. Perhaps not.

Those accomplishments ushered in new eras of achievement from which every American can claim to have benefitted. And a new era began with this event as well.

We are witnessing a birth. For decades, arguments have been put forth in favor of and against such electronic exchanges of health information. To varying degrees of success, regional pockets of exchange have come and gone across America. Until now, however, no statewide health information exchange has shown such promise as that which is now operating in Massachusetts, thanks to their unique collaboration between government and private industry.

“The Massachusetts health information exchange makes it simple to connect payers, providers, and patients by transporting electronic payloads that can include labs, transition of care summaries, public health reports, or quality data,” Halamka said. “The impact on quality, safety, and efficiency is clear. We can eliminate unnecessary testing, minimize medication error, and ensure that patients have a coordinated healthcare experience across different organizations.”

**A SUSTAINABLE MODEL**

Even in its infancy, the new Massachusetts health information exchange is accomplishing many national exchange goals, and the methods used have resulted in a sustainable business model that can support statewide exchange for decades to come.

As Halamka said in a previous interview, however, accomplishing this feat took financial contributions from both public and private healthcare institutions, as well as a firm commitment by all involved to cooperate and succeed.

Describing the events of October 16 on his blog “Life as a Healthcare CIO,” Halamka wrote: “Within seconds, we broke down silos, demonstrating that care coordination, population health, and quality analytics based on healthcare information exchange is now possible in Massachusetts.”

Read his words for yourself at http://geekdoctor.blogspot.com/2012/10/the-golden-spke-part-2.html. And then imagine such an exchange operating coast to coast, connecting every healthcare institution in America, enabling every citizen to push/pull his or her medical records at will. Who doesn’t want that?

Sure, it’s a big nut to crack. Major hurdles must be overcome. But if it can be done in one state, it can be done in all.

And once they’re functioning, the statewide health information exchanges become the backbone of the national health information network that has been anticipated for so long. Nationwide exchange then becomes a reality. Other state government and healthcare leaders can learn from Massachusetts’ accomplishments, replicate them, and establish similar health information exchanges in their own states.

Thanks to Massachusetts’ latest healthcare innovation, the nation now has a functioning statewide health information exchange “ship in a bottle” to watch grow and mature.

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