Dr. Rothenhaus discussed the Caritas Christi Health Care’s experience in developing information technology in community based hospitals. Caritas Christi Health Care system is the second largest health care in New England with a number of acute care facilities, ambulatory surgery centers, and home care and hospice services. Caritas also provides comprehensive imaging services.

In Massachusetts universal health insurance has been underway since about a year and half ago, using a single commercial insurance provider.

The payment reform model in Massachusetts is:

| Fee for Service + Pay for Performance + Global Payment |

Dr. Reported that Health IT has been significantly adopted by hospitals and medical practices in Massachusetts. There are different consumer websites, and have adopted personal health record, and telehealth systems. However, Caritas has been spending less than 2% of operating expense on health IT.

**Implementation of clinical systems by Caritas**

ACO pilots that are around have adopted the global payment with some risk model. Technology for ACOs depends on advanced analytics and forward looking prospective care management.

Regional Physicians makeup – physicians employed
- IPA Affiliated
- Medical Staff
- PSA/SSA (physicians whose patient end up in their hospitals but the physicians are not affiliated and not in the system.)
Ubiquitous Information System – to wire every transaction by seamlessly integrating all clinical and administration system.

And promoting data re-use and rapid learning by using every piece of information.

Comprehensive imaging system – Caritas moved away from PACS to a cardiovascular imaging system. At this basic interoperability level, the system allows lab and radiology results to be shared between clinicians and radiologists. At the advanced interoperability level, they plan to establish a master database that allows them to pass complicated clinical data between systems.

Unified medical record will be used for both inpatient and outpatient hospital setting.

Referral Management- a system that is document based referral request (DRR)

They plan establishing basic provider communication system that allows provider messaging, e.g., Microsoft outlook, to unify communication.

Private health information exchanges that engages patients are key to ACO.

Conclusion

- Private health information exchanges are key to ACO
- Barriers to EHR adoption remain, despite fully funded and supported EHR programs
- Single EHR vendor strategies are preferred, but may be impractical
- Network effect may be most important determinant of EHR success
- Portals and other PRM initiatives must truly engage patients to transform care
- Software service models must change to reduce IT expenditure