Pilot Overview

The pilot is an experiment in a new method for electronically transferring clinical documents related to patient care among organizations and individuals in the Massachusetts healthcare community. As a leader in national healthcare connectivity, Massachusetts has seen considerable success with the NEHEN administrative data exchange and the MA-SHARE clinical data exchange.

Four key healthcare organizations, Beth Israel Deaconess Medical Center, Children's Hospital Boston, Northeast Health Systems, and Lahey Clinic have funded and developed this pilot to test the feasibility of reusing the NEHEN/MA-SHARE technology infrastructure to simplify electronic exchange of clinical documents, improve the reliability of document delivery, and reduce associated costs.

During the pilot, discharge documents created by the BIDMC and Children’s hospital and ED systems will be routed over the new infrastructure to physicians and practices who have volunteered to participate in the pilot. Physicians and practices may receive these documents as emails or as faxes, depending on their preference.

In a later phase of the project, these documents will be received directly into the physician’s EMR if desired.

Pilot Participants

As a pilot participant, you will be asked to assess whether the new method of document delivery is sufficiently secure and reliable to be more widely deployed in your practice, your network, and other networks in the state. This will happen in the form of interviews with you and your team to gather your observations and insights into your experiences during the pilot. The project team will seek your advice on how the process and systems can be improved to be more effective on a larger scale and on what additional document types and connectivity will be most beneficial to you and the healthcare community.

You will also be asked to report problems you encounter during the pilot and to help the team understand and resolve these problems. The project team will provide contact information for this purpose.
Pilot Process

As a participant, you will specify how you wish to receive clinical documents. You have considerable flexibility in this regard. For example, you may wish to receive documents via email, fax, or both methods, and you may identify others to receive email or fax copies of documents routed to you.

During the pilot, you will continue to receive electronic documents via methods that are in place prior to the pilot. For example, if prior to the pilot you would have received a system-routed discharge document from BIDMC or Children’s hospital or ED, you will still receive that document, and you will also receive another instance of the same document via the new infrastructure. This “duplication” is a feature of the pilot that eliminates the risk of lost documents that could result from a problem with the new infrastructure. Once the technology is proven, there will no longer be a need to handle redundant transmissions. The team will ask for your observations on the format and content of the “new” version of the document versus the “old”, particularly if you observe differences, and they may ask you to provide copies of some of the old and new documents for comparison by the project team.

Certain transmission errors will be automatically captured and reported by the new infrastructure. For example, if an attempt to deliver a document to you is unsuccessful, an email message will be routed to your organization’s pilot support team so that the error can be logged and researched.

Pilot Startup and Duration

The pilot team will contact you approximately one week before you begin to receive pilot documents, to review how the pilot will work and to address questions or concerns you may have.

The pilot will run for approximately six to eight weeks after “go live.” The pilot itself will be complete when a reasonable number of documents have been routed over the new infrastructure and the participants are confident that all important issues have been identified and resolved. Some issues may be resolved by fixing the pilot process or system, and others may be captured for future consideration and resolution.

After the Pilot

Once the pilot is complete, the participants may be asked to describe their experiences and observations to others in the healthcare community to help advance the solution and its adoption by the community.

The organizations who participated in the pilot will decide how they would like to proceed. If the new infrastructure has proven successful, your organization may continue the pilot, discontinue it, or expand its scope to other individuals and organizations. The pilot may also be expanded to include additional document types and additional integration, including direct EMR connectivity.

In the longer term, this clinical data exchange infrastructure may evolve to enjoy the success of its NEHEN counterpart, facilitating the secure and reliable exchange of many types of clinical information across a broad segment of the Massachusetts healthcare community.