Each community chosen for the pilot project was a relatively self-contained medical referral market, had strong local health care professional leadership, and demonstrated an openness to information technology innovation, Mr. Tripathi said.

The final selection of the three communities was based on patient diversity, and information technology maturity, he said. Members of the collaborative also wanted to choose communities that were at different points of the information technology adoption curve in order to see the different types of benefits.

The three communities cover a total of nearly 600 physicians treating approximately 500,000 patients. Overall, there are 182 primary care physicians and 410 specialists. The pilots will include almost 200 office sites, most of which have between one and five physicians, Mr. Tripathi said.

The pilot projects will include the purchase and installation of EHRS at all clinical care points, as well as connecting them to other systems within the community.

Although existing studies have shown the benefits that are conferred by the use of EHRS on a small scale, Mr. Tripathi said the pilot project is a chance to see what will happen in a larger, community-wide roll out.

The pilot will be aimed at determining the barriers to adoption, identifying the costs—both direct and indirect—of adoption, and analyzing the benefits. Officials at the collaborative will also be seeking to figure out how the costs and benefits are distributed across the various stakeholders.

Finally, they will be looking for the best ways to provide incentives and how that could be replicated going forward.

“This transition can’t be done to physicians,” he said. “It’s got to be an idea that we sell to them.”

The Massachusetts eHealth Collaborative plans to select EHRF vendors by the end of May and be under contract by the end of the summer.

The pilot timeline calls for implementing systems in a clinical care setting before the end of the year. At the beginning of 2006, the collaborative expects to implement interoperability capabilities for the systems. The pilot projects are slated to end in mid-2008.

In addition, the collaborative plans to work with the other 32 communities that were not selected for the pilot to help them implement systems by sharing the infrastructure, expertise, and arrangements created through the pilots.