



2010 ONC UPDATE

December 14-15, 2010

Washington, DC

ONC held a two-day meeting to update stakeholders on the role that HITECH plays in health care reform, the current status of HITECH initiatives, and on future activities and goals. Panelists and invited speakers included HHS Secretary Kathleen Sebelius, U.S. Chief Technology Officer Aneesh Chopra, and leaders from CDC, CMS, OCR, ONC and other HHS agencies.

Opening Remarks:

Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services (HHS)

- By sharing best ideas and best practices we can have great success
- Goal of 2 day meeting is to:
 - look at creative new strategies to increase health IT uptake
 - to strengthen the national and local and regional partnerships
 - to promote meaningful use, and
 - ultimately the goal is to improve the quality of care and the health of all Americans
- Goal of the ACA was to make health insurance better for all American, but also to make the delivery of healthcare better for all Americans.
- We can't make delivery changes without a robust HIT system
- We have seen other industries transform using technology, bringing down costs and improving productivity – the same can be done for the healthcare industry
- When this administration came into office in 2009, we had a snapshot in the country where just 2 in 10 doctors, and 1 in 10 hospitals.
- We know there are obstacles
 - It takes times to learn new technology, especially if you are in a small practice or a remote hospital, without the time and resources to have a robust IT staff
 - Concerns over security
 - expense
- The Recovery Act marks a significant investment made by Congress and the President to eliminate many of those obstacles/barriers to health information technology.
 - Regional Extension Centers
 - The “centerpiece” of the program will kick off in January when eligible healthcare providers and hospitals will be able to receive incentive payments for adopting electronic health records
 - Researching innovative new strategies

- Non-degree health it courses that can be completed in less than 6 months - are going to help train over 10,000 new health IT professionals annually by 2012.
- Goal has never been technology for the sake of technology
- HIT builds an important platform for helping providers deliver the right care at the right time to the right patient

An Overview of ONC's Vision and the Role of Health IT and HITECH in Health System Change and Health Care Reform

David Blumenthal, MD, MPP, National Coordinator for Health Information Technology, ONC

- 100% of general practitioners in the UK have electronic health records
 - Had the information and incentive necessary
 - origin of the HITECH Act

Program Statuses:

- As of this week there are 5 certifying bodies that have certified over 130 records and module
 - Broad range of choice for providers who want to be meaningful users
- RECs enrolling physicians and other health professionals at the rate of about five to 6,000 a month
- Over 20 State HIE programs have had their implementation plans approved
- 2400 enrollees in community college programs, and close to 400 in university-based training programs
- Yesterday the HIT Policy Committee made the recommendation for a directory of healthcare professionals

Donald Berwick, MD, Administrator, Centers for Medicare and Medicaid Services (CMS), HHS

- Top level goals as a nation in healthcare: Better care, better health, and lower costs through improvement.
 - Ensuring accuracy
 - reducing preventable errors
 - A sharing of information among providers and among providers and patients
 - Measuring quality and making changes based on what we learn.
- Registration for the EHR incentive programs begins on January 3, 2011
 - will begin mailing the first payments under the Medicaid EHR incentive program as early as January 2011

An Overview of ONC's Strategy and Programs

Farzad Mostashari, MD, ScM, Deputy National Coordinator for Programs and Policy, ONC

Triple aim of:

- improving care,

- improving population health, and
- reducing healthcare costs

Areas of ONC Strategy:

- Meaningful Use payments
- Encourage usability
- Facilitate information exchange
 - Foster exchange
 - Monitor exchange and fill the gaps
 - Including broadband gaps
 - States play critical role in HIE
- Improved quality measures
- Improving the safety and effectiveness of health IT
- Empowering individuals through communication engagement, patient-centered design
- Focus on outcomes - It's not about the technology for the sake of technology, It's about better health
- Fostering innovation
- Evening out information asymmetries, which means “watching out for the little guy”
 - Which is really the role of the RECs
 - Support health IT benefits for all

Update on Privacy Regulations and Activities in the Office of the Chief Privacy Officer

Joy Pritts, JD, HHS Chief Privacy Officer, ONC

Privacy and Security Activities:

- HITPC Privacy and Security Tiger Team
 - Build upon prior NCVHS recommendations
 - Take into account changed circumstances
 - Focus on issues raised by ONC programs
 - Consent
 - Data segmentation from a technical view
 - Provider authentication
 - Patient identification
 - Enabling MU Phase 2
- HITPC Governance Workgroup
- Federal Health IT Interagency Taskforce
 - Includes a Cybersecurity Workgroup focused on end user security
 - Transparency to the end user
- National Science and Technology Council, Privacy and Security Subcommittee

Other Activities:

- De-Identification Study
- Means of Securing Health Information Study
- Programmatic support
- Security awareness video, readiness tool, and assessment tool

Next Steps:

- Continues policy development
- Standards and certification work
- Outreach to other federal agencies
- Outreach to states

Adam Greene, Senior Health IT and Privacy Specialist, HHS Office for Civil Rights

Current OCR Rulemaking:

- Breach Notification Rule
 - Applies to HIPAA covered entities
 - Will be finalized in 2011
- Enforcement Rule
 - Increased penalties in accordance with the HITECH Act
 - Will be finalized in 2011
- HIPAA Genetic Information Nondiscrimination (GINA) Act
 - Will be finalized in 2011
- HIPAA HITECH Rule
 - Business associates
 - Right to request restrictions
 - Electronic access to information
 - Notice of privacy practices
- Accounting of Disclosures Rule
 - Proposed rule will be published in 2011
 - Expands HIPAA accounting of disclosures
 - Adds treatment, payment, health care operations disclosures through EHR

Upcoming Activities:

- Report to Congress on Breach Notification
- Report to Congress on Enforcement
- National Outreach Campaign with ONC
 - Digital Toolkit of Consumer Materials
 - Community Discussion (Atlanta, Chicago, San Antonio, San Francisco, Spokane, Philadelphia)
 - HIPAA Audit Program – looking at different audit models right now
 - State Attorneys General Training

- Minimum Necessary Guidance
- De-identification guidance

Getting to Health Information Exchange

Farzad Mostashari, MD, ScM, Deputy National Coordinator for Programs and Policy, ONC

Challenges:

- Protocols and standards
 - If we are going to send information from A to B, HOW should we send the information?
- Governance at the Federal level
- Differences between states
- Privacy
- Business case - who is willing to pay for it?
 - In addition, we need to reduce the cost
- Approaching this as a network of networks – much like how the Internet itself is
- Universal base for transactions
- Start with local pockets of exchange, and then spread out

Claudia Williams, Acting Director, State Health Information Exchange Program, ONC

- States will play an important role in ensuring health information exchange
- What gaps are in your states and how are you going to fill them?
- Need to focus on outcomes
 - Connecting pharmacies
 - Decrease cost of lab interfaces
 - Reducing readmissions
 - Etc.
- How to use limited resources?
- Will need to monitor and adjust – some things will work and some things will not
- How can we lower the cost and complexity?

Doug Fridsma, MD, PhD, Director, Office of Standards and Interoperability, ONC

- People are at different stages – it’s not going to be one size fits all – but it DOES all need to fit together
- Need to try to simplify at all levels
- Setting up standards and interoperability framework that will ensure that standards, software, etc. will get us to our goals
- Need to get to implementation early so we can test it and see if we have gotten it right
 - Framework that says we can improve it along the way

An Overview of HITECH Programs Supporting Providers in Achieving Meaningful Use

Moderator: Mat Kendall, Director, Office of Provider Adoption and Support, ONC

- There are providers out there that need support - ONC's goal is to help every provider that needs it
- ONC Office of Economic Analysis and Modeling – sponsors numerous data collection initiatives to support ONC's needs
 - Tool on ONC website - dashboard display tool to show adoption rates and other data

Paul Kleeberg, MD, Clinical Director, REACH

Challenges:

- IT support staff
- Staff wear multiple hats
- Do not have documented workflows
- Lack of IT infrastructure
 - broadband
- Not as aware of HIT trends
- High overhead costs
- Not sure where to start

Robyn Leone, Regional Extension Center Director, Colorado Regional Health Information Organization

- Colorado Regional Health Information Organization is a REC and HIE
- Partner model for REC services – each brings different expertise to the table
- Had to have a variety of outreach methods
 - HIT workshops
 - Presentations at conferences and events
 - Joint presentations for HIE, Meaningful Use, and REC
 - Face to face visits to practices by REC partners

Norma Morganti, Executive Director, Midwest Community College Health IT Consortium, led by Cuyahoga Community College

- Five Regional Consortia (Region A-E)
- National curriculum that is tailored at the regional level
- Training must be completed in 6 months or less and allow for student flexibility
- We need this workforce now!
- Started training on September 30, 2010
- Future Direction:

- For the Midwest Community College Health IT Consortium, train 2,700 students over the next 2 years
- Continue to build innovative partnerships and approached to engage employers
- Create a portable certificate in each of the workforce roles
- Align programs with regional 4 year institutions

Rick Shoup, Director, Massachusetts eHealth Institute

- Massachusetts eHealth Institute is a REC and HIE

Services and Benefits:

- Unbiased consultative services
- Alignment with financial institutions offering healthcare IT financing
- Oversight of implementation
- Vendor guarantee to achieve Meaningful Use
- Member only portal for sharing of best practices
- Assessment of interoperability for HIE connectivity

- Have to work very closely with vendors and view them as partners
- Need for clearly defined roles
- Workflow redesign is a critical issue

An Overview of Medicare and Medicaid Incentive Programs

Moderator: Michelle Mills, CMS

Elizabeth Holland, CMS

- Meaningful Use specification sheets (for Providers) posted on the CMS website – Hospitals coming soon

Jessica Kahn, CMS

MU for Hospitals that Qualify for both Medicare and Medicaid Payments

- Hospitals attest/report on MU to CMS for the Medicare EHR Incentive Program, and will automatically be deemed meaningful users for Medicaid
- Hospitals can register in their 1st participation year as “both” then attest to a State for their AIU payment and then come back to CMS for their MU payment a few months later

States' Status:

- 9 states with approved State Medicaid HIT Plan (SMHPs): OK, LA, SC, WI, TN, IA, AL, PA, and TX

- 9 states with approved IAPDs: WI, LA, TN, AL, OK, SC, MAPIR Core, and TX
- 15 states successfully completed testing interfaces with the NLR

States which will launch in January:

- Oklahoma, Louisiana, Kentucky, Mississippi, Alaska, North Carolina, South Carolina, Michigan, Iowa, Tennessee, and Texas
- Of these, Oklahoma, Louisiana, Kentucky and Iowa plan to start issuing EHR Incentive Payments between January-March
- The NLR will list the latest information (updated monthly) about States' timelines
- All eligible providers will register for both the Medicare and Medicaid EHR Incentive Programs at the CMS site

Registration Hand-off to States:

- After registration, eligible providers who selected Medicaid (or hospitals who selected "both") will be sent to a link to the States' website URLs for States with live Medicaid EHR Incentive Programs
- States will issue the first EHR Incentive Payments, starting in Jan/Feb, to Medicaid Providers

Promoting Patient-Centered Care Delivery by Empowering Consumers, Engaging the Public

Moderator: Joshua Seidman, PhD, Director, Meaningful Use, ONC

- Thinking about the consumer's view of Meaningful Use

Christine Bechtel, Vice President, National Partnership for Women and Families

- Section 3013 of the HITECH Act actually requires that any program that receives grant money from ONC in the states actually engages patients and consumer organizations and considers their recommendations as you carry out your grant activities

Effective strategies for consumer engagement in the Federal health programs that HITECH created:

- RECs have enormous ability to influence what clinicians choose to do first
- prioritizing consumer access to information
- ensuring that outcomes are really ones the patients care about and that they can tangibly benefit from
- **engaging** the public in dialogue about information technology - engage and not educate - it cannot be just a one-way

Benefits of consumer participation in governance:

- if you engage consumers in governance of your work then it really helps to increase your odds that the outcome of your work will really be patient-centered

- if the consumers are brought in and feel like they are part of shaping these initiatives, they can become great allies that can interface with the public
- Consumers often play a really key role in moving the stalled agenda forward

Silas Buchanan, Director of E-Health Initiatives, The Cave Institute

- It is critical that every stakeholder understand that health disparities will be exacerbated if we don't find a way to pull targeted individuals closer to HIT adoption and utilization

Tom Sellers, MPA, President and Chief Executive Officer, 11-Year Cancer Survivor, National Coalition for Cancer Survivorship

- One of the key issues that we need to focus on in addition to Meaningful Use and EHRs is how that with complex and special diseases like Cancer
 - figuring out how we integrate EHRs with specialty care
 - the current adoption rate of EHRs among oncologists is about 5%

Challenges:

- Getting providers to communicate with each other - cancer treatment, which involves a multi-disciplinary group of providers, may or may not be talking to each other
- Patient access to their own health information
- transition from active treatment to post-treatment survivorship

Ginger Vieira, Health and Chronic Illness Life Coach, Living in Progress

- the difference between consumer and patient
- The importance of having easy access to your health history so that patients can speak for themselves

Overview of Federal Programs Designed to Support Meaningful Use in Rural America

Moderator: Elisabeth Handley, Deputy National Coordinator for Operations, ONC

Kerry McDermott, Director, Healthcare, Federal Communications Commission

- FCC job is to make sure that regardless of location, providers will have the broadband backbone to become Meaningful Users of health IT.
- Pilot program was an infrastructure program. FCC would like to make it permanent.
- Currently requires a 15% match. FCC is looking for new solutions to diminish the burden
- Current application process is onerous. Working to streamline the process.
- Make it available to more entities

- Feb 17th, the National Broadband Map will be available.
- Key FCC Initiative for 2011-Universal Service Fund Reform will become “Connect America Fund”
- Key FCC Initiative for 2011-Spectrum Policy Guidance will be released

Michael McNeely, Regional Health IT Coordinator, Office of Rural Health Policy, Health Resources and Services Administration

- HRSA is responsible for the safety-net. If you know an FQHC, you know HRSA grantees.
- HRSA provides technical assistance to our grantees.
- OHITQ is responsible for quality improvement and HIT workforce for underserved.
- Office of Rural Health Policy: Grant programs and technical support
- In January 2010 HRSA Office of Rural Health Policy will release guidance for a new EHR implementation program (40 grants x \$30,000 a piece for vertical integration) (all contingent on having a budget)
- Will also provide TA through
- Provides a one hour assessment of rural hospitals
- Separate HIT technical assistance supplement (needs assessments, strategic planning)
- OHITQ, partner on webinars to provide information on Meaningful Use. Webinars can be downloaded afterwards
- Rural Assistance Center (RACOnline.org) has a listing of every available HIT funding for rural facilities.
- Tribal organizations are encouraged to apply.

Jackie Garner, Consortium Administrator, Consortium for Medicaid and Children’s Health Operations, CMS

- States involved in Medicaid Transformation Grant program were better prepared for Meaningful Use.
- All 50 states and DC have submitted their EHR Medicaid Program planning documents
- State HIT Plan is a great way to get all stakeholders to collaborate.
- 15-20 Tier 1 states have gone through the testing process to confirm that they are ready to support the EHR Medicaid Incentive Program
- For CMS, state plans are the best opportunity to impact rural America. State plans must address the needs of underserved communities.

Susan Woolard, Loan Specialist, Rural Development, Community Facilities, U.S. Department of Agriculture

- Rural Utilities Services has several programs that support Health IT
- Community Facilities Program is currently in the early stages of rewriting regulations to match current technology (wireless/broadband). Healthcare will remain a priority. Healthcare infrastructure is still eligible.
- Only facilities in communities of 20,000 or less are eligible.
- Community Facilities Program provides fixed rate loans for capital improvements. Also has a grant program that funds 75% of the project costs (not including general operating costs.)

The Role of HITECH in Supporting Public Health Goals

Thomas R. Frieden, MD, MPH, Director, Centers for Disease Control and Prevention, HHS

- how community improves health: improve socioeconomic factors, improve traditional public health interventions, improve protective interventions (i.e. ongoing clinical/preventive care), and educating the healthcare consumer
- CDC-identified key areas to improve health status of Americans
 - Tobacco control
 - Food
 - Healthcare-associated interventions
 - motor vehicle injuries
 - HIV
 - Teen Health
- cardiovascular disease costs our economy nearly half a trillion dollars a year
- CDC says the ABCs (aspirin, blood pressure control, cholesterol control and smoking cessation) those four interventions could save about 100,000 lives a year)
- EHRs can be key in decision support, reminding people of the ABCs
- We need health information systems that are oriented towards prevention and enable payment systems which award disease prevention and disease management
- Meaningful use has 3 public health components as part of the Core: immunization registries, electronic laboratory reporting, and syndromic surveillance.
- Would like to see registry approaches to high blood pressure, smoking, high cholesterol and diabetes that
- Immunization information systems enhance interoperability, clinical decision support and are well established in most states.
- Electronic laboratory reporting. Enormously important. And enormously difficult.
- Trying to promote use of the National Healthcare Surveillance System standard and reusable solutions for hospital labs, submissions of reportable lab results to public health and interoperability.
- Electronic lab reporting can increase completeness.

- CDC is committed to ensuring that meaningful use alliance with public health needs to harmonizing CDC standards with the national network and managing legacy systems.

Aligning Communities Around Improving the Quality, Safety and Effectiveness of Health Care Through the Use of Health IT

Moderator: Aaron McKethan, Director, Beacon Communities Program, ONC

Laura Adams, President and Chief Executive Officer, Rhode Island Quality Institute; Rhode Island Beacon Community

- Partnered with all-payer patient-centered medical home program
- Partnered to improve diabetes, cholesterol, blood pressure, the screening for depression, smoking cessation counseling, and to reduce the number of hospital admissions unnecessary ER visits

General Initiatives:

- Number of times patients are readmitted – currently don't know how many times patients are readmitted in Rhode Island because Rhode Island Department of Health only has the capability of counting your readmission if you're readmitted to the same hospital
- Utilizing Direct in giving them the capability of getting information out of their EHRs
- Electronic, immediate provider notifications that a patient has been admitted in the ED

David Kendrick, Chief Executive Officer, Greater Tulsa Health Access Network

General Initiatives:

- reduced hospitalizations and emergency room visits
- reduction in duplicate tests and imaging
- reduce unnecessary specialty referrals
 - research recently showed as many as 35% of referrals to specialty care were unnecessary as adjudicated by the specialists themselves
- Decrease use of inappropriate medications
- Complex disease management
- coordinate care across various locations
- increasing immunizations in the young and the old
- implement a community wide decision support platform
- build a fairly robust analytics program
 - you can't improve what you can't measure

Keith Mandel, MD, Vice President of Medical Affairs, Physician-Hospital Organization, Cincinnati Children's Hospital Medical Center; Greater Cincinnati Beacon Community

- Beacon will accelerate a lot of the existing work already in place – work that has been set up but hasn't been brought to the next level
- Beacon is all about holding a higher level of accountability for regional population-based outcomes

General Initiatives:

- Real time automated notifications
- Summary record process
- Pharmacy data
 - measure things like actual versus expected fill rates
- Linking evidence-based decision support tools

Encouraging Innovation: Rapid Learning and Technological Advancement

Introductions by Charles P. Friedman, PhD, Chief Scientific Officer, ONC

- Software by its very nature is moldable, shapeable, reconstructible and improvable. Health IT innovators, in addition to building novel applications, also build new tools that make it easier to build even more novel applications.
- Confident that the technology that supports stage three Meaningful Use in 2015 will be very different from the technology supporting Meaningful Use stage one in 2011

Aneesh Chopra, U.S. Chief Technology Officer and Associate Director for Technology, White House Office of Science and Technology Policy

- Just came from session led by the President with 20 of the nation's leading CEOs where a great deal of the discussion focused on the topic of innovation and entrepreneurship
- We must have sufficient digital infrastructure, broadband, wireless communications and so we can enable all the work that you guys are doing to improve quality and lower cost
- Have been working on platforms for public participation
- In parallel with ONC, The Veterans Affairs Administration announced their \$100 million innovation initiative
 - with particular emphasis on healthcare and healthcare transformation powered by information technology

Todd Park, Chief Technology Officer, HHS

- Two new trends are new incentives and information liberation.
 - EHR Incentive Programs
 - Affordable Care Act and payment reform
 - The ultimate transformation of our healthcare system depends fundamentally on changing how we pay for care
- Centers for Medicare and Medicaid Innovation Center – “jewel in the crown”
 - Important new effort that will fund the development, identification and testing of new payment and care delivery models that improve the quality and affordability of care
 - While the center will be focused on Medicare and Medicaid, the combined purchasing power of Medicare and Medicaid is such that it will help drive improvement in the overall healthcare system at the same time.
- Healthcare.gov
 - lists every single private and public insurance plan
 - unprecedented data on insurance plans and their products and their pricing and their benefits
- The National Oceanic Atmospheric Foundation takes all weather data in the United States and publishes it online in downloadable, machine readable format - for free. Why can't we do that?
- New site launching in January called healthdata.gov
 - will have a central catalog of every federal health set
 - apps that use the data
 - place to complain about the data ask questions about the data
 - talk to other people about what they're doing with the data
 - Etc.

Closing Remarks

Farzad Mostashari, MD, ScM, Deputy National Coordinator for Programs and Policy, ONC

- Articulated what the vision for health IT is, what our strategies are, what our principles are
- It is important for the Federal Government to work with the innovators and the vendors
- It is important to communicate better