Health IT Policy Committee
Meeting Summary
November 9, 2011

Meeting Agenda

Background

The **Health IT Policy Committee** will make recommendations to the National Coordinator for Health IT on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information. The American Recovery and Reinvestment Act of 2009 (ARRA) provides that the Health IT Policy Committee shall at least make recommendations on standards, implementation specifications, and certifications criteria in eight specific areas.

Update on CMS' Rule on Accountable Care Organizations (Terri Postma, CMS)

CMS Vision for ACO – Dr. Berwick sees this as "patient journeys" through the system

- An ACO promotes seamless coordinated care
  - Puts the beneficiary and family at the center
  - Remembers patients over time and place
  - Attends carefully to care transitions
  - Manages resources carefully and respectfully
  - Proactively manages the beneficiary's care
  - Evaluates data to improve care and patient outcomes
  - Innovates around better health, better care and lower growth in costs through improvement
  - Invests in team-based care and workforce
- CMS' ACO Strategy is to creating multiple pathways with constant learning and improving
  - Operating Principles
  - Creating multiple pathways and on-ramps for organizations to participate
  - Strong data partnership
  - Beneficiary notification and engagement
  - Maintain strong partnership with federal anti-trust agencies
  - Robust quality measurement and performance monitoring
  - Stronger business case to participate
  - Excitement and momentum
- Proposed vs. Final Rule: click to find table
- View HIMSS analysis on ACOs

Update from ONC: Results and Implications of the "Putting the IT in TransITions" (Janhavi Kirtane, Leah Marcotte)

Context: Understanding the Opportunity

- High and growing level of focus on hospital to post hospital transitions
  - Models and Interventions: CMS 9th scope of work, STAAR Initiative, Project RED, BOOST, CTI, GRACE, Naylor model etc.
  - Payment: Penalty in 2013 (3025), funding opportunity now (3026), growing number of private/state programs, other payment pilot opportunities

- 2013 Goal: Partnership for Patients 20% reduction in readmissions
- Growing interest and understanding of how technology can improve transitions for patients and caregivers
  - ONC Programs: 14 of 17 Beacons 4 HIE challenge grantees, S&I Transitions of Care workgroup, MU recommendation for Stage 2
  - Innovation community: "Ensuring Safe Transitions from Hospital to Home" mobile app challenge, Health 2.0
  - Other partners: Center for Technology and Aging, CMS, LTPAC Collaborative, etc
- Opportunity: Better align on-going work and inform an IT – transitions of care agenda to drive near term improvement and innovation

Standards and Interoperability: The Transitions of Care Initiative Update

- Several announcements were made to socialize and celebrate recent progress made through the S&I Transitions of Care Initiative – targeting a stakeholders who have not been involved to date, but are incredibly excited:
  - Successfully selected a single standard (the HL7 "Consolidated CDA" standard) to be used for care transitions
  - Created clear clinical (as opposed to technical) definitions for the data to be exchanged for a core set of care transitions scenarios: hospital-discharge-to-primary care, primary care-to-specialist-and-back (better known as "closed loop referrals"), and hospital-to-PHR
  - 10+ vendors had signed up across 4 pilots to demonstrate and improve the new standard (numbers have doubled since then)
- Questions and discussion posed by the group:
  - The need for standards to support other important care transitions scenarios, particularly to long-term and post-acute care
  - The need for a number of disconnected/local standards initiatives across the country to align efforts and push forward on a single set of standards
  - **ACTION TAKEN POST MEETING:** New S&I "Longitudinal Coordination of Care" initiative ("LCC") was launched which is in the early problem definition stage
- Results:
  - Remarkable convergence from stakeholders around top priorities for an IT-Transitions agenda
    - Vision of a plan of care, that spans time and setting, incorporates social and medical factors, reflects patient goals and is accessible to all care team members
    - Effective and efficient medication reconciliation continues to evade even the most sophisticated providers
    - IT-enabled feedback loops are underdeveloped, and are critical to ensure safe care and self management
    - Shifting from the hospital centric model is the most important enabler for spread and uptake
- Implications Moving Forward
  - Key to success and rapid action
    - Socializing the priorities identified to different stakeholders

        - Translating meeting results into a customized agenda for specific stakeholders – public and private
        - Example: Anne Degheest/NPR interview giving advice to Silicon Valley venture capitalists
    - Implication for HHS
        - Align with current activities and inform future policy and programmatic activity
        - Create pockets of shared areas of focus across agencies, i.e., ONC-CMS-AoA
        - CMMI payment pilots and learning collaboratives
        - Best practice harvesting from ONC grantees
        - Additional challenges to activate innovation community
    - Potential roadblocks to spread and uptake
        - Information gap for providers on the ground – who is doing something like me?
        - Believability around what's truly possible and effective
        - "Noise" in the system

<u>Remarks – Farzad Mostashari, National Coordinator</u>

IOM Report:

- My perspective: How do we keep patients safe with the use of Health IT
    - Safety has been a key driver for switching to EHR
    - We know that health IT has the potential make care safer in many ways
    - Two decades ago, IOM started looking at health IT to help create a safer healthcare system
    - In the new report: IOM reaffirmed faith in health IT, but made some recommendations to make sure its potential is fully realized. We commissioned this report for a longer term strategy
        - We asked IOM because of their long history of looking comprehensively at safety
    - Made a very important point that, while the software needs to perform reliably, it's not about any one part. It is a system.
        - Successful use of health IT means we have to understand safety as part of the approach
        - This calls on vendors – we have seen movement from EHRA and HIMSS to collaborate on reporting of safety events.
        - Something as simple as an after-visit summary improves safety
    - We appreciate the recommendations – a lot needs to be done on EHR related safety
    - IOM issues a call for action by all stakeholders, and it is critical that we follow through
    - We will have a surveillance and action plan out sooner than the 12 month target
        - Look at recommendations and obtain input from stakeholders and federal partners (AHRQ, NIST, FDA, NIH)
    - We have gotten questions pertaining to whether or not FDA should regulate EHRs. This is clearly one of the most controversial issues the committee dealt with. My

understanding is that one of the key issues for IOM was that a broader set of issues need to be addressed - not just the devices, but how care is delivered, how training is done, etc.

- The report mentions the needs to balance innovation and the expertise needed to address the issue, different than just the expertise on device manufacturing.
- We will be working as a department to look at the recommendations and make sure we have the best plan in place to achieve the improvements in health and healthcare safety that are possible through health IT.

Meaningful Use Workgroup Update – Report on Hearings and Preliminary Approach for Stage 3 (Paul Tang, George Hripcsak)

Summary Findings from Oct. 5 meeting (four panels: payers, providers, vendors, solutions/outcomes)

Clinical Quality Measures (CQM)

- Measuring quality and performance is a good thing, but current CQMs and process of extracting them requires considerable effort (e.g., up to 75% of cost of meeting MU) and time
  - Lack of clarity of CQM definition; unclear owner/maintainer of retooled measures
  - Need standard case definitions (e.g., diabetes)
  - Technical errors in CQM definitions (when retooled); measures not field tested
  - Exclusions often require chart review (undermines the initiative to move to EHR)
  - Requirement to use vendor-supplied, certified method redesign workflow to implement vendor's view on how data elements should be captured and where stored
  - Alternatives to vendor method requires certification of local reporting methods
  - Certification of vendor for CQM neither required testing of a complete set (only 9/44) nor assessed accuracy of result
  - Concern over volume of CQMs (growing with stages) vs. parsimonious exemplars
- Lack of alignment or harmonization of CQM with other CMS and private payer QMs, P4P, accreditors, public reporting, professional boards (e.g., MOC)
  - May not be as relevant locally
  - Would like to be more outcome-focused and less process- measurement focused
- Would like CQM to provide realtime benefits to clinicians (e.g., dashboard vs. only retrospective reporting)
- Would like capabilities for improvement measures, not just reporting (ie. CQMs are hardwired)
- Effort required is more challenging for smaller providers
- Patient engagement
  - Clinical summaries sometimes "forced" on patients (to meet 50% threshold) ☐ privacy risk and waste of paper
  - Need more engagement from the public on benefits of access (through public education)
  - Need more flexibility (vs. prescriptive objectives e.g., "give" clinical summaries, "download")
- Lack of HIE
  - Business model for HIE still a problem

  - Connectivity with clinical trading partners makes more business sense for provider than connecting with HIE
  - Payers now owning HIE technology partners
  - "Testing" public health connectivity is costly; few ready to receive

Developing Focus Areas for Stage 3: Principles

- Goals of Meaningful Use still appropriate, and is consistent with National Quality Strategy
  - Principles for Stage 3 focus areas: Align with emerging payment policies and NQS
  - Consider harmonized qualifications among CMS programs (e.g., cross-credit ACO, MU?)
  - Support population health data analysis
  - Support innovative approaches to using HIT to improve health and health care
  - Flexible, adaptive platforms
  - Not penalize success (e.g., not take a step back to prove capability for success)

Initial Draft Focal Areas for Stage 3: Leveraging Tools to Support Health

- Real-time impact of information at point of care (i.e., ongoing, timely, patient-specific impact to clinicians): Examples a. Clinical performance dashboard
  - Adverse event prevention, detection, mitigation, reporting
  - Continuous learning health system
- Reinforce and empower patient partnership a. Access to information
  - Contribute to record
  - Support of caregivers
  - Measures that matter to patients
- Emerging sources of data (including patient-reported outcomes)
  - CDS domains a. Prevention
  - Disease management
  - Safety
- Use of population health assessment, analysis, and surveillance to drive policy making

Workplan for Developing Recommendations for Stage 3

- Oct 5: Hearing on Stage 1 experience and input for Stage 3
- Meaningful Use WG meetings
- Small group task forces gathering more information
  - Clinical quality measures
  - Specialists
- Nov 9: Input from HITPC
- Nov-Jan: MU WG meetings
- Feb: Initial recommendations for HITPC review
- Spring, 2012: Public RFC
- Spring, 2012: Revised recommendations for HITPC review
- Mid-2012: Final recommendations to ONC/CMS

Update from ONC on Consumer Engagement Strategy (Jodi Daniel, Lygeia Ricciardi)

Updates:

- Consumer e-Health Program Highlights (Sept 12th):
  - Released proposed rules on access to lab data (CLIA)
  - Released consumer content on healthit.gov

    - Released PHR Model Privacy Notice
    - Established Pledge Program – with 30 orgs pledging
- What's New Since Then:
    - Pledging organization numbers up significantly among Data Holders & Non-Data Holders - View HIMSS Pledge
    - Launched two new initiatives for engaging consumers via video/animation
    - Laid groundwork for three new technology innovation challenges
    - Established aggressive short term & longer term goals

Underlying assumptions about consumer engagement in health:

- Personal behaviors and choices are essential factors in shaping individuals' health
- Actionable information (right info, right place, right time) contributes to individuals' ability to effectively engage in their health
- Actionable information for individuals can contribute to the following health outcomes:
    - Increased ability to coordinate care among multiple providers
    - Stronger partnerships with providers in patient-centered care
    - Better self management
- The goal is *effective* engagement… not necessarily *more* engagement; effective health engagement by individuals should be guided by scientific evidence
- Provider and patient attitudes—not just technical and financial considerations—impact individuals' ability to use information to engage effectively in their health
- Powerful "megatrends" support consumer engagement in health:
    - Communication technology is getting cheaper and more ubiquitous (cell phones, smart phones, tablets, etc)
    - Online communities are growing and proliferating (Facebook, Twitter, etc)
    - Technology for information collection and analysis is getting cheaper and ubiquitous (sensors, more powerful computers, etc.)
    - Trends are toward opportunities for greater consumer engagement in most (other!) aspects of our lives
    - Meaningful Use and other factors are bringing health information held by providers online
    - Market forces are requiring consumers to take greater responsibility for their health and health care
- About roles:
    - ONC's role is to catalyze the change led by other stakeholders and "megatrends"

Strategic Approach:

- Access: Give consumers easier access to their personal health information. Make "real" what is already required by law.
- Action: Support the development of tools and services that help consumers to take action using their electronic health information.
- Attitude: Support the evolution in expectations regarding access to and use of health information to engage more fully in health.

Pledge Program

- Short term objectives
    - Establish baseline metrics for success and update them regularly.

        - Via the pledge program, get Data Holders that serve a significant proportion of Americans to commit to make health information easily accessible electronically to individuals.
        - Encourage Data Holder pledge participants to make a clear statement re individuals' right to access their health information.
        - Incorporate our messaging into existing public outreach campaigns or publications reaching large numbers of Americans.
        - Increase transparency about which providers make health information easily accessible electronically to individuals.
        - Significantly increase use of ONC's Model Privacy Notice by PHR companies, and provide ways for consumers to more easily compare them with each other.

Long-term Initiative #1: Pledge Program

- Change Expectations
    - Celebrate and support leading organizations
    - Create momentum as growing numbers of organizations participate
- Learn from & Update Pledging Organizations
    - Survey by NPWF re how organizations are fulfilling pledge terms, numbers of people they impact, and barriers and enablers they face
    - Identify and get input on key federal policy & strategic issues
    - Share updates on federal work
- Develop a Community of Peers
    - Hold monthly webinars to tee up discussion on barriers/enablers, provide federal updates, highlighting successes
    - Offer "how to" sessions on particular topics (example: how to implement Blue Button)
    - Provide opportunities for participants to network and "speed date" with other pledging organizations
- Provide Tools and Materials to Support Pledging Organizations
    - Provide "toolkit" to make consumer materials on healthIT.gov easier to use
    - Tailor outreach materials for priority consumer population segments (via NeHC Consumer Consortium on e-Health)
    - Develop materials to support providers in engaging patients (via NeHC)

Long-Term Initiative #2: Media

- Contribute to a Shift in Public Attitudes through:
    - A series of video contest challenges for the public
    - An animation explaining health IT
        - Messaging: Where to focus? Should there be an "ask"? How can we maximize the relative strengths of each medium?

Long-term Initiative #3: Scope Frontier Issues

- Better understand (and act on) policy, technical and other dimensions of the following areas:
    - Integration of "patient generated data" into EHRs/clinical care
    - Use of social media for health
    - Enabling proxy access to personal data
    - Integrating information about costs/quality of care with clinical info to help consumers understand context