



2011-2012 Call for Action Update

August 2011

1. Supporting the National Priorities Partnership (HIMSS Public Policy Principle 2.4)

Objective: Be an active participant in coalitions, including National Priorities Partnership (NPP), which seeks to improve care coordination through an integrated healthcare community.

Status: On Track.

Developments:

- National Quality Forum (NQF) [2011 press releases](#)
- HIT PC's Quality Measures Workgroup [past meetings](#)
- HIT SC's Clinical Quality Workgroup [past meetings](#)
- HHS submitted [NQS report](#) to Congress (3/21/11)
- NPP identified three aims: better care, healthy people/healthy communities, and affordable care

HIMSS Engagement:

- HIMSS is a member of the National Quality Forum, a partner of NPP, and has joined the HHS-sponsored [Partnership for Patients](#) initiative
- HIMSS submitted [a letter](#) to HHS and AHRQ in response to the proposed [National Health Care Quality Strategy and Plan](#) (10/15/10)
- HIMSS hosted an [NQF webinar](#) with Karen Adams, NQF Vice President, and Louis Diamond, President of Quality Healthcare Consultants (4/14/11)
- HIMSS submitted [comments to CMS](#) on the proposed Accountable Care Organization (ACO) rule, supporting alignment of measurement requirements between NQF and CMS (6/6/11):
 - *"HIMSS supports the NQF endorsement process and recognizes the Measurement Application Partnership (MAP) to align the measurement requirements across multiple CMS programs [and suggests] CMS reduce the number of required*

measures, and align those selected with other CMS pay-for-performance and pay-for-reporting programs.”

Recommendations:

- Continue to work closely with NQF, NPP, and Partnership for Patients to condense 65 proposed quality measures through alignment of the quality measures with other laws and regulations.
- Monitor for and respond to revisions in the ACO proposed rule as necessary.

**2. Facilitate a Consolidated Communications Tool and Comprehensive Roadmap for Meaningful Use
(HIMSS Public Policy Principle 3.4)**

Objective:

To establish a prioritized health transformation roadmap and timeline that sets goals and priorities for healthcare improvement enabled through health IT

Status: Expect final strategic plan to be released by the end of August 2011.

Developments:

- ONC released its [Federal Health IT Strategic Plan for 2011-2015](#) and requested public comments (March 25, 2011).
- ONC and CMS are currently working on website updates and revisions that HIMSS hopes will address the consolidation and comprehensive roadmap requests included in our [comments](#) on the Health IT Strategic Plan.

HIMSS Engagement:

- HIMSS submitted [written comments](#) to ONC’s Federal Health IT strategy for 2011-2015 (May 6, 2011) including recommendations to:
 - Create a single, consolidated, readable, and easily understandable “source of truth” that focuses on the “bottom line” of meaningful use (similar to recovery.gov)

- Highlight HIMSS membership tools to members and other organizations that offer tools and data that can assist in meeting ONC objectives. These tools include:
 - Meaningful Use OneSource tool to aid and equip members and others in preparation for meaningful use, certification criteria, and standards regulations.
 - Davies Awards of Excellence and HIMSS EMR Adoption Model (EMRAM) that could help ONC meet a specific ONC Federal Health IT Strategic Plan performance measure: “Better Performance in hospitals: Increase the percentage of hospitals that have adopted electronic health records.”
- HIMSS is participating in impactful activities such as the CMS [Advisory Panel on Outreach and Education \(APOE\)](#) and HIT Policy and Standards Committees to promote Consolidated Communications Tools and a Comprehensive Roadmap for Meaningful Use.

Recommendations:

- Monitor for release of final Federal Health IT Strategic Plan. Once released, provide HIMSS members and Members of Congress with education on rules and action steps to be taken.
- Continue HIMSS active engagement with CMS and ONC to achieve objective.
- Continue HIMSS active participation in CMS’s APOE and HIT Policy and Standards Committees.

3. Define Each New Meaningful Use Stage at Least 18 Months Before the Beginning of the Next Stage (HIMSS Public Policy Principle 3.7)

Objective:

In order to allow eligible professionals, eligible hospitals, and vendors adequate time for safe development, implementation, and adoption of EHR systems, the final meaningful use and certification criteria should be made public in final form not less than 18 months prior to the start of a new meaningful use stage.

Status: Pending

Developments:

- Among the [Meaningful Use Stage 2 recommendations](#) approved by the Health IT Policy Committee at its June 8, 2011 meeting was a recommendation to extend Stage 1 by one year, which leaves open the probability of a later 2014 start date for Stage 2.
- ONC has acknowledged the recommendation of the Health IT Policy Committee to extend Meaningful Use Stage 1 by one year for eligible providers and eligible hospitals who attest to Meaningful Use Stage 1 in 2011. *Despite the recommendation from the HIT Policy Committee, the final ruling will be made by CMS.*

HIMSS Engagement:

- HIMSS joined a coalition of seven health care industry groups (including AHA <http://www.aha.org/>, AMA <http://www.ama-assn.org/>, AMDIS <http://www.amdis.org/>, CHIME <http://www.cio-chime.org/>, EHRA <http://www.himssehra.org/>, FAH <http://www.fah.org/>) to recommend changes to the HHS Certification Process (6/7/11)
- Coalition, including HIMSS, [sent a letter](#) to HHS recommending five steps to increase the likelihood that eligible providers and eligible hospitals will meet Stage 1 requirements for the Meaningful Use Program (June 16, 2011).
- A meeting is tentatively scheduled for mid-September 2011 with CMS and ONC to address issues in the June Letter.

Recommendations:

- Monitor and prepare to submit comments on the expected Center for Medicare and Medicaid Services notice of proposed rulemaking (NPRM) for Stage 2 which is currently anticipated in January 2012.
- Work collaboratively with EHRA to better articulate why a minimum of 18 months is required to respond to MU changes while safeguarding patient safety, including time to review and understand the final rules; complete system design analysis, development, and quality assurance; analyze changes to provider workflow; prepare and test new software releases; train large numbers of users; and perform adequate beta testing of new or revised software.
- Conduct scheduled meeting in September 2011 between HIMSS, CMS, ONC and other organizations to include emphasis on the importance of this issue.

7. Establish a Grievance Processes for Providers for Meaningful Use (HIMSS Public Policy Principle 3.9)

Objective:

Allow eligible providers and eligible hospitals to communicate with CMS and have an established grievance process available for providers who believe that CMS has erroneously determined the eligible provider or eligible hospital failed to meet Meaningful Use Stage 1 objectives and criteria.

Ensure CMS establishes processes for providers to understand the basis upon which CMS determined whether the provider qualified as a “meaningful user” so that the provider is able to communicate with CMS regarding grievances and seek redress if the provider believes CMS (or its contractors) has made an error or omission.

Status: On track.

Developments:

- The Stage 1 final rule outlined a grievance process for Medicaid providers. Although CMS indicated in the final rule its intention to establish a grievance process for Medicare providers, to date no details have been shared.
- CMS has announced that as of July 2011 Medicare and Medicaid have paid out a combined total of \$397,366,554 to 4,677 eligible providers and eligible hospitals, and 77,549 eligible providers and eligible hospitals are registered to participate in the program.

HIMSS Engagement:

- HIMSS Public Policy Principles were incorporated into the June 16 Collaborative letter to Secretary Sebelius, including a proposal that CMS establish a fair and straightforward process for providers who believe they have been inappropriately excluded from Meaningful Use eligibility or have received an incorrect incentive payment.

Recommendations:

- Continue to include a Meaningful Use grievances process in updated versions of HIMSS' Public Policy Principles until addressed by CMS.
- Monitor for CMS NPRM and be prepared to submit HIMSS comments.

8. Develop Open and Transparent EHR Certification Criteria Process (HIMSS Public Policy Principle 3.10)

Objective: Ensure open development and application of meaningful use certification criteria.

Status: On track.

Developments:

- HIT Policy Committee's Certification/Adoption Workgroup [past meetings](#)
- HIT Standards Committee's Implementation Workgroup [past meetings](#)
- ONC announced a [final rule](#) for the permanent health IT certification program (1/3/10)
- HHS [released its initial set](#) of EHR standards, implementation specifics, and certification criteria (7/28/10)
- ONC [announced](#) first [ONC-Authorized Testing and Certification Bodies](#) (8/30/2010)
- ONC established [Certified HIT Product List \(CHPL\)](#) of Complete EHRs and modules (10/5/10)
- HHS [released a revision of its initial set](#) of standards, implementation specifics, and certification criteria for EHRs (10/13/10)
- ONC established [temporary certification program](#) for health IT (1/19/11)

HIMSS Engagement:

- [Letter](#) sent to ONC regarding Interim Final Rule (IFR) for standards and certification (3/12/10)
- Convened a cross-industry workgroup (including AHA <http://www.aha.org/>, AMA <http://www.ama-assn.org/>, AMDIS <http://www.amdis.org/>, CHIME <http://www.cio-chime.org/>, EHRA <http://www.himssehra.org/>, FAH <http://www.fah.org/>) to recommend changes to the HHS Certification Process (6/7/11)
- Sent [letter](#) and [presentation](#) (6/16/11) to HHS and ONC

- HIMSS coordinating a meeting with CMS and ONC to address issues identified in 16/11 letter and PowerPoint attachment.

Recommendations:

- Via cross-industry workgroup:
 - Work with ONC to clarify MU certification on modular and ancillary EHRs
 - Work with CMS to simplify and make more reasonable EHR attestation
- Conduct a field survey of EPs to formalize EHR meaningful use advice, as well as recommendation to align incentive programs.

5. Support Establishment of an Informed Patient Identity Solution (HIMSS Public Policy Principle 5.15)

Objective:

To promote the concept of Congress lifting its 1999 prohibition and allowing HHS/ONC to appropriately address an informed nationwide patient identity solution that would increase patient privacy, security, and safety.

Status: In progress.

Developments:

- The Rand Corporation completed a [study](#) on the Costs and Benefits of a Unique Patient Identifier for the U.S. Health Care System (10/2008)
- A pilot project was launched that issued personal identifiers using the [Voluntary Universal Healthcare Identification \(VUHID\) project](#) provided by Tucson-based Global Patient Identifiers, Inc. (GPII) (5/2009)
- HHS releases a [statement](#) on privacy and security and building trust in health information exchange (7/2010)

HIMSS Engagement:

- HIMSS issued a [White Paper](#) on patient identity integrity (12/09)
- HIMSS formed the Coalition for an Informed Patient Identity Integrity Solution to address the issue with Congress.

- An [Issue Paper](#) and Congressional GAO study request letter have been crafted and signed by nine industry organizations to [encourage a study](#) on the options of implementing an UID solution (6/2011)
- HIMSS and coalition partners briefed over 40 Congressional Offices on the concept, with most people concurring; efforts are underway to obtain a sponsor for the GAO study request letter (6/2011)
- Legislative report language has been drafted authorizing HHS/ONC to study the issue.

Recommendations:

- Data needs to be gathered on Nationwide patient-data mismatches, including estimated costs of correcting errors
- HIMSS and Coalition partners will focus on impactful Congressional committees and leaders to press for support and resolution

9. Expand and Make Permanent Stark Exemptions/Anti-kickback Safe Harbors for EHRs (HIMSS Public Policy Principle 6.1)

Objective:

Expand and make permanent current Stark exemptions and anti-kickback safe harbors to allow EHR technology to be provided to clinical providers to allow for better coordination of care and information sharing among providers.

Status: Anticipate final rule to be released in the near future.

Developments:

- HHS, OIG, and CMS published [NPRM](#) (April 7, 2011) and a [Notice of intent to develop regulations](#) (December 28, 2010)

HIMSS Engagement:

- HIMSS sent written comments on both the SFRPR and NPRM ([February 28](#) and [June 6](#)), including:

- Recommended that arrangements related to establishing ACOs must have Stark/Anti-kickback protections in order to succeed due to the high costs.
 - Recommended that CMS expand the current waivers to include bona fide ACO formation, implementation, and development costs as a blanket rule
 - An alternative recommendation is to expand existing rules to protect ACO investment in EHR technology and community-wide health information systems.
- Regarding distributions of shared savings or similar for private payers – HIMSS recommended allowing providers of services to both commercial and Medicare patients to invest in both Medicare and commercial ACO development.
 - Level opportunities between Medicare and private ACOs
 - Extend coverage of these laws for Medicare ACOs to private ACOs
- Recommended maintaining existing exceptions and safe harbors for EHRs beyond the current sunset date of 2013.
 - Recommended updating safe-harbor and exemption timeline for certifying EHR software as interoperable from 12 months to a two-year cycle.

Recommendation:

- Monitor for release of final rule. Once released, provide education to HIMSS members on rules and action steps to be taken.

**10. Eliminate the Business Associate Agreement (BAA) Requirement
(HIMSS Public Policy Principle 6.5)**

Objective:

To eliminate the Business Associate Agreement (BAA) Requirement, which is a separate contract that businesses must enter into, designed to safeguard protected health information if they come in contact or have access to it, according to HIPAA regulations. Instead, the conditions of the BAA should be incorporated as provisions into existing HIPAA contracts in an effort to save both time and money.

Status: Pending final HIPAA rule document

Developments:

- [HITECH Act](#) enacted, which includes maintaining a unique Business Associate Agreement that recites the Rules in an attempt to manage privacy and security compliance (2/09)

HIMSS Engagement:

- HIMSS [recommended](#) this change in response to the HIPAA draft rule, as have other organizations (9/10). Specific recommendations include
 - explicitly defining the permitted uses and disclosures required for the business associate (BA) to perform its responsibilities
 - including a simple statement affirming that the BA agrees to comply with the provisions of the HIPAA Privacy and Security Rules that apply to business associates under HITECH

Recommendations:

- The issue should be closely monitored until the final HIPAA rule document is released (likely before the end of 2011).
- HIMSS should also work to educate its members on the issue, being sure to point out the cost and time benefits of eliminating the requirement.

9. Provide Grants and Other Incentives to Establish Health IT Action Zones (HIMSS Public Policy Principle 8.1)

Objective:

To provide federal assistance in promoting the adoption of health IT by clinicians serving vulnerable and medically underserved populations.

Status: On track

Developments:

- The National Health IT Collaborative for the Underserved and the HHS Office of Minority Health have launched a pilot program, [Hi-Touch](#), which aims to address the challenges that safety net providers face when adopting electronic health records.

- Section 13101, Subtitle A, Sec. 3001 (c)(6)(C) of the [American Recovery and Reinvestment Act](#) calls for an *Assessment of Impact of HIT on Communities with Health Disparities and Uninsured, Underinsured, and Medically Underserved Areas*. Report will be released in September.
- The National Partnership for Action to End Health Disparities recently launched the *National Stakeholder Strategy for Achieving Health Equity to compliment the [HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#)*. These programs address differences in health for racial, ethnic, and other underserved communities.
 - The study is being conducted through NORC Chicago. The final project will be posted on [NORC's website](#) in September.
 - A 2006 [study](#) conducted by NORC assessed the impacts of health IT in rural areas.

HIMSS Engagement:

- The Institute for e-Health Policy, in collaboration with the National Health IT Collaborative for the Underserved, of which HIMSS is a co-founder and board member, fosters the use of HIT to improve the quality and accessibility of healthcare in underserved populations.
 - On March 11, 2010, the Collaborative [publicly commented](#) on Meaningful Use Stage 2 Objectives
- HIMSS has been working to identify five priority action steps that can be implemented for timely achievement of meaningful use requirements by providers in underserved areas. Action Steps include:
 - Workforce development
 - Financial Support for Underserved Providers
 - Provider Education
 - Consumer Education
- HIMSS recently engaged with the American Library Association to improve patient understanding of meaningful use and the role HIT can play in their health transformation.
 - Communication Infrastructure
- HIMSS has endorsed S.1576, the Minority Health Improvement and Disparity Act, based on a board-member recommendation. This bill seeks to improve the health and healthcare of racial and ethnic minorities.
- In 2010, HIMSS established a [Latino Initiative Workgroup](#) to focus on health IT needs for this diverse population. This group is now known as the HIMSS Latino Community.

- HIMSS [Diversity Business Roundtable](#) for Health IT offers businesses owned by minorities, women and veterans the opportunity to advocate, collaborate, network and grow as the health IT market prepares for rapid expansion over the next decade.

Recommendations:

- Because mHealth (mobile health) is going to become a key component to improving care for the underserved, HIMSS should make it a priority.
- HIMSS should engage in partnerships to create GIS mapping algorithms to assess EHR adoption in various geographical areas across varying geographical distances for certain hospitals. Basically, assess the size and scope of an EHR's umbrella in certain regions.
- Continue to monitor NORC's website for upcoming publication of the *Assessment of Impact of HIT on Communities with Health Disparities and Uninsured, Underinsured, and Medically Underserved Areas* report.

10. Align Federal Policy to Facilitate Electronic Business Processes (HIMSS Public Policy Principle 11.1)

Objective:

To engage electronic business transformation in healthcare and effectively reduce inefficiency through improved best practices that engage all healthcare stakeholders, including banks, via standardized operating rules for healthcare transactions and implementation of policies that keep health data private and secure in health payment channels.

Status: On track

Developments:

- The [Patient Protection and Affordable Care Act](#) called for establishing a single set of common operating rules regarding eligibility and claims status, electronic funds transfer (EFT) and electronic remittance advice (ERA), and other transactions that were originally implemented under the Transactions and Code Sets Rule under the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - Eligibility and Claim Status: The Healthcare community has begun leveraging the Council on Affordable Quality Healthcare (CAQH) Committee on Operating Rules and Information Exchange (CORE) process to establish the Common Operating

Rules for Eligibility. Mandated adoption date was July 1, 2011, and anticipated implementation date is two years from now.

- Electronic Funds Transfer/ Remittance Advice: CAQH, CORE, and National Council for Prescription Drug Programs (NCPDP) have signed an agreement to collaborate on activities related to harmonizing electronic data interchange standards and operating rules for EFT and ERA. (6/15/2011)

HIMSS Engagement:

- HIMSS, CAQH and The Electronic Payments Association (NACHA) serve as the preferred three-way platform for education on operating rules.
- HIMSS Senior Vice President, John Casillas, [testified](#) to the National Committee on Vital and Health Statistics (NCVHS) on December 3, 2010, regarding Common Operating Rules for Electronic Funds Transfer and Electronic Remittance Advice.
- Joe Miller, Chair of HIMSS' Financial Systems Steering Committee, [testified](#) to NCVHS on July 20, 2010 regarding the Common Operating Rules for Eligibility.
- During HIMSS conferences, Gwendolyn Lohse, the Managing Director of the Committee on Operating Rules for Information Exchange (CORE) at CAQH, addressed the following topics:
 - [“Executing the Administrative Simplification Section of Health Reform: Operating Rules”](#) during the HIMSS 2011 Annual Conference & Exhibition.
 - “Operating Rules Advancing Interoperability” during the HIMSS 2011 Government Health IT conference.

Recommendations:

- HIMSS should focus beyond the creation of operating rules and their adoption by healthcare stakeholders because electronic business transformation involves many more components, including: 5010 migration, ICD-10 transformation, operating rules, convergence of banking and healthcare technologies, financial systems' support of new technology, and care models like HIE, HIX, ACOs, medical homes and other areas.
- HIMSS should continue to emphasize Public Policy Principle 11.1, “Align federal policy in order to facilitate the electronic business processes that can markedly reduce inefficiency in the healthcare financial infrastructure and support real time information management that can impact quality of care.”

Prepared by Institute for e-Health Policy 2011 Interns Nabeela Arshi, Alex Blair, Bryan Fuentes, Elizabeth Gannett, and Kevin Reid in collaboration with the HIMSS Government Relations Team.