



Updated Recommendations for Health IT and Healthcare Reform

Approved by the HIMSS Board of Directors on October 28, 2009

Introduction

The members of the Healthcare Information and Management Systems Society (HIMSS) believe that lives can be saved, outcomes of care improved, and costs reduced by transforming the delivery of healthcare through the appropriate use of information technology (IT) and management systems. Our mission is to lead healthcare transformation through the effective use of health IT. To ensure that health IT was appropriately addressed in the evolving healthcare reform debate, HIMSS issued A Call to Action in December 2008 with specific recommendations. We are pleased that both the State Children's Health Insurance Program (SCHIP) and the Health Information Technology for Economic and Clinical Health (HITECH) Act section of the American Recovery and Reinvestment Act of 2009 (ARRA) included many of our original recommendations, including codifying the Office of the National Coordinator for Health IT (ONC), codifying a federal advisory committee for HIT Policy and HIT Standards, and providing adequate incentives to spur the adoption of health IT. However, there is more that still needs to be accomplished. Our recommendations are designed to be considered by policy-makers during healthcare reform legislation discussions.

Highlights of HIMSS' Recommendations

We must remember that health IT is an enabler for broad-scale healthcare reform. Health IT provides a mechanism to achieve the intent of healthcare reform by improving access to and the quality of healthcare, while lowering costs, empowering consumers in their healthcare decisions, and ensuring the privacy and security of personal health information.

We believe that any proposed healthcare reform policy should:

1. Leverage health IT to promote quality improvement, performance improvement, and cost containment. Health IT, as an enabler for healthcare reform, should relate payment to use of evidence-based practice/quality measurement/clinical decision support, utilize comparative effectiveness to achieve improvements in safety and quality outcomes, and apply health IT to strengthen patient-provider communications;
2. Provide for a solid infrastructure for health IT that harnesses strong federal leadership and the standardized electronic exchange of health information; and

3. Apply health IT as a means of increasing consumer and provider access to healthcare services and information, optimizing the efficiency of care payments, protecting the privacy and security of health information, and improving quality and safety.

When developing and considering healthcare reform legislation, policymakers should be conscious of the impact that reductions in federal reimbursement mechanisms and assistance have not only in the overall operations for healthcare providers, but also on health IT initiatives. The ARRA made great strides in establishing incentives to reward providers for demonstrating the meaningful use of certified electronic health record (EHR) technology. To achieve a level of meaningful use, providers will need to allocate resources to adopt, implement, and train their workforce, as well as modify the workflows and processes of their practices. In addition, providers will need to allocate necessary funding after 2015 to sustain the operation of certified EHR technology.

To ensure success in transforming healthcare through IT, policymakers should recognize the need for continued federal financial support that is reflective of the current economic landscape and the needs of Americans and the healthcare community. Policymakers should consider that the promise of IT adoption does not assure that budgets can and will be balanced, and that competition for capital may erode organizations' commitment to the IT agenda in light of other pressing capital needs.

Success in transforming healthcare through IT is also dependent upon the recognition of and building upon existing health IT initiatives, surrounding such issues as standards development and harmonization, the certification of health IT, and demonstration projects that leverage health IT. Federal and state government, along with private stakeholders have invested many resources and have made great progress in working to address some of the most pressing issues pertaining to health IT adoption and health information exchange (HIE). Lessons learned and best practices from existing health IT initiatives should be leveraged in future activities.

We believe the following are necessary measures to develop and maintain a robust IT infrastructure to realize a safer, higher-quality, and increasingly cost-effective healthcare system. Policymakers should consider these recommendations as components of the necessary foundation to strengthen and sustain the success of their healthcare reform legislation, proposals, and regulation policies.

Recommendations

1. **Ensure that New Health IT Efforts Appropriately Align with the ARRA:**
Healthcare reform legislation and proposals have supported the continued need for additional health IT standards; workforce, training, and education programs for health IT, national healthcare strategies that incorporate health IT, health outcomes and safety research initiatives that leverage health IT, and new federal leadership

positions to coordinate the use and application of health information. The ARRA already addresses such activities as workforce training, through establishment of Regional Extension Centers; the development of a national health IT strategy; federal leadership for health IT, through codification of the Office of the National Coordinator for Health Information Technology; the harmonization and adoption of standards, through the HIT Standards and Policy Committees; and research, through a Health IT Research Center. Therefore, Congress should ensure that new health IT efforts appropriately align with the ARRA. With over \$30 billion invested in health IT through the ARRA, Congress should build upon such activities and ensure they are not redundant and effectively leverage existing resources.

2. **Provide Health IT for Children:** The U.S. Congress should expand the State Children's Health Insurance Program (SCHIP) Federal Medical Assistance Percentages (FMAP) by providing funding to support the adoption of EMRs, PHRs, and PBHRs for Medicaid and SCHIP providers who deliver healthcare to children, with the goal of expanding the widespread use of payer data and EMRs among providers to achieve meaningful use no later than December 31, 2014. CMS should be empowered to coordinate activities with other agencies to ensure Federally Qualified Health Centers (FQHCs) and Community Health Centers are engaged in the activity. State Medicaid and SCHIP programs would have the authority to determine how to best allocate the funds among providers and payers, requiring that funds be used for the application of Healthcare Information Technology Standards Panel (HITSP) interoperability specifications and certified health IT products to improve the delivery of healthcare. EHR certification should incorporate criteria mapped to pediatric-specific data to optimally serve the unique needs of this patient population.
3. **Establish Health IT Action Zones:** The U.S. Congress should authorize and appropriate funding for grants and other incentives to establish Health IT Action Zones that demonstrate effective practices for promoting the adoption of health IT by clinicians that provide care to individuals in vulnerable populations, as well as by providers who care for patients who are medically underserved and are impacted by health and/or digital disparities. Health IT Action Zones should also apply health IT to foster model clinical practices in disease management, address primary prevention and co-occurring chronic conditions, and target patients with low health literacy. The U.S. Congress should mandate that any funding appropriated for the purchase or upgrade of new electronic health record systems or health IT products among providers and payers of federally-funded health programs should only be allocated for the use of health IT products which apply HITSP interoperability specifications and are certified. It is also important to require some level of quality control around the implementation and use of the integrated system, to ensure the validity of the data being acquired. In addition, the U.S. Congress should require the Secretary of the Department of Health and Human Services (HHS), in collaboration with a senior level federal administrator for health IT, to carry-out a study evaluating the impact of

Health IT Action Zones and make recommendations regarding the use of health IT to improve the health and healthcare of racial and ethnic minority groups.

4. **Apply HITSP Interoperability Specifications and Certification Requirements to all Federally Funded Health Programs:** The U.S. Congress should mandate that any funding appropriated for the purchase or upgrade of new EHR systems or health IT products to enable health information exchange among providers and payers of federally-funded health programs only be allocated for the use of EHRs or health IT products that apply HITSP interoperability specifications and are certified. This requirement should only be enforced when appropriate standards and certified products are available on the market. In addition, not later than December 31, 2014, all federally-funded health programs and all organizations that directly conduct business with federally-funded health programs must adhere to these same requirements.
5. **Expand Stark Exemptions and Anti-Kickback Safe Harbors:** The U.S. Congress should mandate that the Secretary of HHS expands and makes permanent the current Stark exemptions and anti-kickback safe harbors for EHRs to cover additional healthcare software and related devices that apply HITSP interoperability specifications and are certified. This activity should aid in the advancement of meaningful use of certified EHR technology and allow for better coordination of care and information sharing among related providers and their patients. In carrying out this recommendation, the Secretary should implement necessary measures and requirements to protect against conflict of interest and improper relationships among providers.
6. **Codify HITSP as the National Standards Harmonization Body:** The U.S. Congress should codify HITSP as the national harmonization body responsible for collaborating with the public and private sector to achieve a widely accepted and useful set of standards to enable the widespread interoperability among healthcare software applications. Adequate funding should be authorized and appropriated for HITSP from FY10 – FY14.
7. **Conduct a White House Summit on Healthcare Reform through the Utilization of Information Technology:** Within 12 months of the passage of healthcare reform legislation, the President should host a White House Summit specifically focused on reforming healthcare using information technology. The Summit will provide an opportunity for leading health IT stakeholders to develop consensus and propose solutions to critical, national health IT issues within the context of the larger national healthcare reform debate. The bipartisan summit should include representatives from all stakeholder groups, including clinicians and consumers and health IT vendors, with a goal to propose and support immediate legislative and regulatory changes that can transform our nation's healthcare system through the use of HIT.

8. **Expand the Federal Communications Commission’s Rural Health Care Pilot Program:** The proper information infrastructure must be in place to support access to healthcare in underserved communities. The U.S. Congress should expand the Federal Communications Commission’s Rural Health Care Pilot Program (RHCPP) to incorporate not only rural healthcare providers, but all providers in underserved communities that require access to telehealth networks. In addition, the U.S. Congress should require a study and report within one year after expansion of the RHCPP, to evaluate strengths and weaknesses within the program.
9. **Reimburse for Remote Telehealth Visits:** HIMSS supports the American Telemedicine Association’s (ATA) recommendation that remote telehealth visits provided by homecare agencies or related organizations should be appropriately recognized for the purposes of eligibility and payment by Medicare, similar to in-home, face-to-face visits. In addition, HIMSS recommends that the U.S. Congress act upon such a recommendation within one year.
10. **Broaden Medicare Reimbursement of Telehealth Services:** The Secretary of HHS should evaluate and make recommendations to the U.S. Congress within 90 days to broaden Medicare reimbursement of telehealth and e-Health services.ⁱ
11. **Establish a Patient Identity Solution:** The U.S. Congress should direct the Secretary of HHS to establish a patient identity solution within one year that will enable the ability to uniquely and uniformly identify a patient and his/her medical history, while protecting the patient’s privacy, with respect to the various databases for completeness, accuracy, and the ability to provide for quality improvement research and analysis. The solution should include a roadmap to address standards for patient identity integrity (PII), effectiveness expectations of electronic record matching methodologies, and support for business processes required to assure PII across the various databases including health information exchange. The patient identity solution should be implemented by all clinicians who provide care to federal beneficiaries within two years after adoption.
12. **Support Modern Coding Upgrades:** The U.S. Congress should direct the Secretary of HHS to support upgrades to modern coding systems for codes of Current Procedural Terminology (CPT), products, supplies, and the classification of diseases on a timely and regular basis and streamline the healthcare standards’ implementation process by working with the industry in its rule-making process to determine how best to afford flexibility in keeping standards in pace with the industry through a timely and predictable process.
13. **Enable Health Information Exchange (HIE):** The U.S. Congress should direct the Secretaries of HHS, the Department of Defense (DoD), and the Department of

Veterans Affairs (VA) to incorporate incentives for the meaningful use of certified EHR technology among providers and payers for participation in HIE efforts and a Nationwide Health Information Network (NHIN). Such HIE and NHIN activities should incorporate sound business cases and strategic plans that support clinical workflow and data integration across systems. In addition, these activities should be appropriately aligned with other federal initiatives that provide financial assistance for health IT and healthcare transformation so that this nationwide initiative does not become an unfunded mandate for the states.

- 14. Conduct a Study and Develop a Roadmap for the Appropriate Uses and Disclosures of Personal Health Information:** The U.S. Congress should direct the Secretary of HHS to complete a study within one year on the current legal and regulatory environment affecting the uses and disclosures of electronic personal health information. This study should include Health Insurance Portability and Accountability Act (HIPAA), state privacy laws, and other applicable federal and state laws and regulations (e.g., financial, fair information practices, consumer protection, etc.). The study should review the work of the ONC, Health Information Security and Privacy Collaboration (HISPC), HITSP, and relevant work from other organizations. The study should result in the timely development of a pragmatic roadmap or framework concerning the appropriate uses and disclosures of personal health information and any policy recommendations necessary to support the exchange of health information between public and private sectors. The study should be facilitated by the senior health IT leader within the Administration and carried out by a balanced representation of healthcare, patient and information technology stakeholders.
- 15. Mandate Direct Deposits by 2010:** The U.S. Congress should mandate an end to the use of paper checks for reimbursement among the payers and providers of federally funded health programs by December 31, 2010. This action could serve as a tipping point for all payers and providers throughout the U.S. to use electronic direct deposits, a measure which could save \$6 billion or more a year in healthcare expenditures.
- 16. Incentivize PHR and PBHR Adoption:** The U.S. Congress should direct the Secretary of HHS to require all Medicare and Medicaid contractors or fee-for-service programs to create and make available Personal Health Records (PHRs) and Payer-based Health Records (PBHRs) for the beneficiaries of such programs. In addition, Medicare and Medicaid contractors or fee-for-service programs should provide incentives to beneficiaries to aid in adoption and utilization of PHRs and PBHRs.
- 17. Expand Definition of Eligible Professionals:** The U.S. Congress should expand the definition of eligible professionals under Medicare and Medicaid, as defined by the American Recovery and Reinvestment Act of 2009, to include healthcare

professionals not included in the legislation. Additional groups of providers should also be eligible to receive increased reimbursement for demonstrating a meaningful use of EHR technology.

- 18. Ensure that a Competitive Market is Available for Health Information Systems:** When a competitive market is available for healthcare information systems, the development and routine updating of a healthcare information system better meets the needs of patients and society. A strong partnership should be in place between the government and the private sector that will facilitate the implementation and on-going operation of health IT systems through strategic planning, resource management, and both public and private investments. Government should seek all opportunities to benefit from the innovation that comes from the private sector, while the private sector shall have access and be encouraged to leverage discoveries that come from the public sector.
- 19. Provide Appropriate Resources for Work Force Development:** The Provider and Health IT industry will require an informed and skilled work force to assist in the adoption of health IT and EHR systems under the ARRA requirements. HIMSS supports federal, state and private programs that provide assistance to train the work force with the selection, implementation, and management of healthcare information systems to improve quality, safety and health outcomes. We encourage scholarship, matching grant funding and loan repayment programs to support this effort.
- 20. Ensure the Further Development and Adoption of Standards, Implementation Specifications, and Operating Rules for the Electronic Exchange and Use of Health IT for Purposes of Financial and Administrative Simplification:** The U.S. Congress should direct HHS to regularly update standards, implementation specifications, and operating rules for the electronic exchange and use of health IT for purposes of financial and administrative simplification. Any requirements surrounding administrative simplification should not impede a provider's workflow. Therefore, it is essential that implementation specification and operating rules are clearly defined for both vendors and providers. Finally, administrative simplification efforts should not undermine the standards development process; they should be transparent and predictable for the healthcare and information technology communities.
- 21. Leverage Health IT in Efforts to Foster Care Coordination:** The U.S. Congress should direct federal programs to incentivize and make available care coordination activities among healthcare providers that serve those patients that are most costly and in need of quality healthcare, such as patients suffering from more than one chronic condition, are located in remote locations, receive care from multiple providers, or require long-term care services. Care coordination activities should

entail the use of health IT and telehealth and promote the development of best practices in such activities.

- 22. Ensure that the Executive Branch Meets the Timelines, Requirements, and Needs of Your Congressional Constituents for the Health IT Components Included in ARRA:** The effective transformation of healthcare depends upon successful implementation of the health IT components included in the ARRA. With over \$30 billion appropriated for health IT, Congress should effectively leverage its oversight of the Executive Branch through the following activities: 1) Call upon the Government Accountability Office (GAO) to conduct periodic studies to ensure that the healthcare industry is appropriately engaged with carrying out the health IT components of ARRA, and that federal funds are appropriately being applied to those components; 2) as needed, Congressional Committees can convene oversight hearings to ensure that ARRA's health IT components are being carried out in a transparent, accountable, and effective manner; and 3) Members of Congress should stay engaged with their constituencies concerning ramifications of the health IT components and share feedback with relevant Congressional leaders on a timely basis.

Conclusion

HIMSS believes that by linking these health IT recommendations to reform, our nation can successfully transform healthcare. Questions on this position statement should be addressed to [Meredith Taylor](#), HIMSS Director for Congressional Affairs at 703-562-8847.

ⁱ According to the American Telehealth Association, the term telehealth “is often used to encompass a broad application of technologies to distance education, consumer outreach, and other applications wherein electronic communications and information technologies are used to support healthcare services.” In addition, the ATA states that “videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.”
(http://www.americantelemed.org/files/public/policy/HIT_Paper.pdf)