Transforming Health Care with Health IT

Meaningful Use Stage 2 and Beyond

Mat Kendall, Director of the Office of Provider Adoption Support (OPAS)
March 19th 2014
The Big Picture

Better Healthcare  Better Health  Reduced Costs

HITECH Act 2009
Gives ONC authority to launch REC, HIE, Beacon & Workforce programs

EHRs & HIE 2014
Widespread adoption & meaningful use of EHRs

Payment Reform 2014+
Health IT Enabled Reform Models

Better Healthcare

Better Health

Reduced Costs

Payment Reform

Health IT Enabled Reform Models
It’s a Marathon, not a Sprint

Monster Mash Marathon
Meaningful Use Is An Ever Growing Foundation

Stage 1 MU
- Basic EHR functionality, structured data
- Connect to Public Health
- Privacy & security protections
- Structured data utilized for Quality Improvement

Stage 2 MU
- Care coordination
- Patient engaged
- Connect to Public Health
- Privacy & security protections
- Structured data utilized for Quality Improvement

Stage 2 MU 3-Part Aim
- Exchange
- Care coordination
- Privacy & security protections
- Connect to Public Health
- Structured data utilized for Quality Improvement

Stage 3 MU
- Enhanced access and continuity
- Data utilized to improve delivery and outcomes
- Patient self management
- Patient engaged, community resources
- Patient centered care coordination
- Team based care, case management
- Registries for disease management
- Privacy & security protections
- Connect to Public Health
- Registries to manage patient populations
- Privacy & security protections
- Connect to Public Health
- Privacy & security protections
- Connect to Public Health

Improve Outcomes
Where Are We Now?
Eligible Professionals - Progress to Achieve

Meaningful Use Update:

Eligible Professionals Registered Under the Meaningful Use EHR Incentive Program

Total Eligible Professionals = 527,200

- Medicare: 296,528 (56%)
- Medicaid: 147,520 (28%)
- Unregistered: 83,152 (16%)

Note: Estimates for the total numbers of eligible professionals under Medicare and Medicaid were obtained from the Stage 1 Meaningful Use Final Ruling. There are 527,200 total eligible professionals under Medicaid and Medicare.

Source: CMS EHR Incentive Program
Data as of 01/31/2014
Meaningful Use Update:

Eligible Hospitals Registered Under the Meaningful Use EHR Incentive Program

Total Eligible Hospitals = 5,011

- Medicare: 4,277 (85%)
- Medicaid: 155 (3%)
- Medicare/Medicaid: 270 (6%)
- Unregistered: 309 (6%)

Data as of 01/31/2014

Source: CMS EHR Incentive Program

Office of the National Coordinator for Health Information Technology

3/20/2014
Unique Eligible Providers Successfully Demonstrating MU by Month

All Eligible Professionals and Hospitals
Receiving Payments Under the Medicare or Medicaid EHR Incentive Program

Cumulative Providers Paid
347,230

Note: Payments for May 2012 and June 2013 include payments to Medicare Advantage providers.
Source: CMS EHR Incentive Program
Data as of 01/31/2014
Network of Support for Every Provider: Regional Extension Centers (RECs)

Paper-Based Practice

Support Network
- Regional Extension Center
- Community College Workforce
- Communities of Practice
- Health Information Technology Research Center (HITRC)

REC-Provider Partnership

Fully Functional EHR

Education and Outreach • Workforce • Vendor Relations • Implementation • Workflow Redesign • Functional Interoperability • Privacy and Security • Meaningful Use

Population Health
Health Care Efficiency
Patient Health
Outcomes
Comprehensive Support Beyond the EHR Implementation

**Primary goal:**
Give providers as much support as possible

**Plan:**
- Conduct readiness assessment
- Identify tools needed for change (i.e. EHR system, workflow changes, etc)

**Transition:**
- Redesign practice workflow
- Perform HIT education & training

**Implement:**
- Provide technical assistance
- Partner with local stakeholders, HIEs

**Operate & Maintain:**
- Continuous quality improvement
- MU Stages 1,2,3

**Improve Care Quality:**
- Assess ACO, PCMH models
- Prepare for future pay for performance
- Empower patients in their own health care

3/20/2014
Office of the National Coordinator for Health Information Technology
REC Performance as of November 2013

Cumulative Number and Proportion of REC Priority Primary Care Providers
Enrolled, Live on an EHR, and Demonstrating Meaningful Use (MU) Over Time

SOURCE: Customer Relationship Management (CRM) Tool, maintained by Health and Human Services, Office of the National Coordinator for Health IT, data as of November 12, 2013.
Where We Are Now
Stage 2 Builds on Stage 1 Meaningful Use

Each stage has its own set of requirements for meaningful use. Stage 2 focuses on advanced clinical procedures, including:

- Measures focused on more rigorous health information exchange (HIE);
- Additional requirements for e-prescribing and incorporating lab results;
- Electronic transmission of patient care summaries across multiple settings; and
- Increased patient and family engagement.

The meaningful use of health IT is already leading to widespread quality improvements, but we are just beginning to realize the exciting potential of health IT in tomorrow’s health care.
Stage 2 Follows Same Format as Stage 1

**STAGE 1**
- Eligible Professionals
  - 13 core objectives
  - 5 of 10 menu objectives
  - 18 total objectives

**STAGE 2**
- Eligible Professionals
  - 17 core objectives
  - 3 of 6 menu objectives
  - 20 total objectives

- Eligible professionals must report on all core objectives, but can choose menu objectives that pertain to their practice.¹
Stage 2: More of the Same with a Handful of Brand New Objectives

Core Objective Changes from Stage 1 to Stage 2

The number of core objectives increased from 13 to 17
4 of the 17 core objectives were menu objectives in Stage 1
9 of the 17 have increased measures
3 remain unchanged
Only one core objective is new

Menu Objective Changes from Stage 1 to Stage 2

The number of total menu objectives decreased from 10 to 6
1 of the 6 has an increased measure
5 of the 6 menu objectives are new
Core Objectives

Increases for CPOE and eRx

Objective 1: Use computerized provider order entry (CPOE) for medication orders

- Stage 1 requires more than 30% of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE

- Stage 2 requires more than 60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE

Excluded if you write fewer than 100 medication, radiology, or laboratory orders during the reporting period.

Objective 2: Generate and transmit permissible prescriptions electronically (eRx)

- Stage 1 requires more than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT

- Stage 2 requires more than 50% of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using CEHRT

Excluded if you write fewer than 100 prescriptions during the reporting period OR if you do not have a pharmacy in your organization nor a pharmacy that can accept electronic prescriptions within 10 miles of your practice location.
Core Objectives

Increases for Demographics and Vital Signs

Objective 3: Record patient demographics: preferred language, age, gender, race, ethnicity, DOB

Stage 1 requires more than 50% of all unique patients seen by the EP have demographics recorded as structured data

Stage 2 requires more than 80% of all unique patients seen by the EP have demographics recorded as structured data

No exclusions

Objective 4: Record and chart changes in vital signs (height, weight, BP, BMI, growth charts)

Stage 1 requires more than 50% of all unique patients age 2 and over seen by the EP, blood pressure, height and weight are recorded as structured data

Stage 2 requires more than 80% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data

Excluded if you can be excluded from recording all three vital signs if you don’t believe these vital signs are relevant to your scope of practice.
Core Objectives

Increases for Smoking Status and Clinical Decision Support

Objective 5: Record smoking status for patients 13 years old or older

Stage 1 requires more than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

Stage 2 requires more than 80% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

Excluded if you do not see any patients 13 years old or older.

Objective 6: Use one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule

Stage 1 requires implement one clinical decision support rule.

Stage 2 requires 1) implement 5 clinical decision support interventions related to 4 or more clinical quality measures, if applicable, at a relevant point in patient care for the entire EHR reporting period; 2) the EP, eligible hospital, or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Excluded if you write fewer than 100 medication orders during the reporting period.
Core Objectives

Increases for Patient Access to Health Information and Clinical Summaries

Objective 7: Provide patients with an **electronic copy of their health information** upon request

- Stage 1 requires patients are provided with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request

- Stage 2 still requires more than 1) **50% of all unique patients** seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information 2) **more than 5%** of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information

Objective 8: Provide **clinical summaries** for patients for each office visit

- Stage 1 requires clinical summaries provided to patients for more than 50% of all office visits within 3 business days

- Stage 2 requires clinical summaries provided to patients within **one business day for more than 50% of office visits**

Excluded if you do not order or create any of the required information, except for “Patient name” and “Provider name” and office contact information or if your practice is in an area with low broadband availability.

Excluded if you do not conduct any office visits
Objective 9: **Protect electronic health information** created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities

Stage 1 requires one conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.²

Stage 2 requires one conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308 (a)(1), including addressing the encryption/security of data at rest and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.²

No exclusions.¹
Core Objectives

Lab Test Results and Follow-up Reminders
Move from Menu to Core in Stage 2

Objective 10: Incorporate **clinical lab test results** into CEHRT as structured data

- Stage 1 requires more than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

- Stage 2 requires **more than 55%** of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.

Objective 12: Send **reminders to patients** per patient preference for preventive/follow up care

- Stage 1 requires more than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

- Stage 2 requires use EHR to identify and provide reminders for preventive/follow-up care for more than 10% of patients with two or more office visits in the last 2 years.

Excluded if you did not order any lab tests during the reporting period or if none of the results from the tests you ordered came back as a number or as a positive/negative response.¹

Excluded if you had no office visits in the 24 months before the reporting period.¹
Core Objectives

No Change in Patient Lists for Quality Improvement, Education Resources, Medication Reconciliation

Objective 11: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach

Stage 1 requires generating at least one report listing patients of the EP with a specific condition

No change

No exclusions

Objective 13: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate

Stage 1 requires more than 10% of all unique patients seen by the EP are provided patient-specific education resources

Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period

Excluded if no office visits during the reporting period

No change

Objective 14: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation

Stage 1 requires The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP

Excluded if you did not see any patients after they received care from another provider

No change
Objective 15: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Stage 1 requires the EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

Stage 2 requires:
1) The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals;
2) The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record either a) electronically transmitted to a recipient using CEHRT or b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or is validated through an ONC-established governance mechanism to facilitate exchange for 10% of transitions and referrals;
3) The EP who transitions or refers their patient to another setting of care or provider of care must either a) conduct one or more successful electronic exchanges of a summary of care record with a recipient using technology that was designed by a different EHR developer than the sender's, or b) conduct one or more successful tests with the CMS-designated test EHR during the EHR reporting period.

Excluded from all three measures if you transfer a patient to another setting or refer a patient to another provider less than 100 times during the reporting period.
Core Objectives

Immunization Registries Move From Menu to Core in Stage 2

Objective 16: Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission except where prohibited and in accordance with applicable law and practice

Stage 1 requires performance of at least one test of certified EHR technology’s capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)²

Stage 2 requires successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period²

Excluded if: 1) You do not administer immunizations to any of the populations for which data is collected by your jurisdiction’s immunization registry. 2) You operate in a jurisdiction where no immunization registry is capable of accepting the specific standards required for your EHR. 3) You operate in a jurisdiction where no immunization registry provides timely information on capability to receive immunization data. 4) You operate in a jurisdiction for which no immunization registry that is capable of accepting the specific standards required by your EHR can enroll additional EPs.¹
The final objective in Stage 2, Objective 17, is the only new core objective in Stage 2.

Objective 17: Use **secure electronic messaging** to communicate with patients on relevant health information

In Stage 2 a secure message was sent using the electronic messaging function of Certified EHR Technology by more than 5% of unique patients seen during the EHR reporting period.

Excluded if you have no office visits during the reporting period. You can also be excluded if you practice in an area with low broadband availability.
Menu Objectives

Electronic Surveillance and Electronic Notes

**Menu Objective 1: Capability to submit electronic syndromic surveillance data** to public health agencies and actual submission except where prohibited and in accordance with applicable law and practice.

Stage 1 requires the performance of at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)

Stage 2 requires **successful ongoing submission** of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.

Excluded if 1) you are not in a category of providers that collect ambulatory syndromic surveillance information on patients during the reporting period; 2) you operate in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by your EHR; 3) you operate in a jurisdiction where no public health agency provides timely information on the capability to receive syndromic surveillance data; 4) you operate in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by your EHR can enroll additional EPs.

**NEW**

**Menu Objective 2: Record electronic notes** in patient records.

Stage 2 requires that providers enter **at least one** electronic progress note created, edited and signed by an EP for more than 30% of unique patients.

No exclusions.
Menu Objectives

Access to Imaging Results and Family History

*NEW*
Menu Objective 3: **Imaging results** consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT

Stage 2 requires **more than 10%** of all scans and tests whose result is an image ordered by the EP for patients seen during the EHR reporting period are incorporated into or accessible through Certified EHR Technology

Excluded if you order less than 100 tests that yield an image during the reporting period. You can also be excluded if you don’t have access to electronic imaging results at the start of the reporting period.

*NEW*
Menu Objective 4: **Record patient family health history** as structured data

Stage 2 requires **more than 20%** of all patients seen by the EP have a structured data entry for one or more first-degree relatives or an indication that family health history has been reviewed

Excluded if no office visits during the reporting period
Menu Objectives

Reporting to Public Health

*NEW*

Menu Objective 5: **Capability to identify and report cancer cases to a State cancer registry**, except where prohibited, and in accordance with applicable law and practice.

Stage 2 **requires successful ongoing submission** of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period.

Excluded if:
1) You do not diagnose or directly treat cancer;
2) You operate in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for your EHR;
3) You operate in a jurisdiction where no public health agency for which you are eligible provides timely information on the capability to receive electronic cancer case information;
4) You operate in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for your EHR can enroll additional EPs.
Menu Objectives

Reporting to Specialized Registries

*NEW*

Menu Objective 6: **Capability to identify and report specific cases to a specialized registry** (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.

Stage 2 requires **successful ongoing submission** of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period.

Excluded if:
1) you do not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society or the public health agencies in your jurisdiction;
2) you operate in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which you are eligible is capable of receiving electronic specific case information in the specific standards required by your EHR;
3) you operate in a jurisdiction where no public health agency or national specialty society for which you are eligible provides timely information on the capability to receive information into specialized registries;
4) you operate in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which you are eligible is capable of receiving electronic specific case information in the specific standards required by your EHR can enroll additional EPs.
Despite your best efforts, there may be some measure you can’t get. Hardship exemptions may apply in this case.
Hardship Exemptions

EPs can apply for hardship exceptions in the following categories:

- **Infrastructure** — EPs must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g., lack of broadband).

- **New EPs** — Newly practicing EPs who would not have had time to become meaningful users can apply for a 2-year limited exception to payment adjustments. Thus EPs who begin practice in calendar year 2015 would receive an exception to the penalties in 2015 and 2016, but would have to begin demonstrating meaningful use in calendar year 2016 to avoid payment adjustments in 2017.

- **Unforeseen Circumstances** — Examples may include a natural disaster or other unforeseeable barrier.

- **Patient Interaction** — 1) Lack of face-to-face or telemedicine interaction with patients; 2) Lack of follow-up need with patients.

- **Practice at Multiple Locations** — Lack of control over availability of CEHRT for more than 50% of patient encounters.
Q. What if none of the menu objectives are relevant?

A. It’s rare, but it’s possible that none of the menu objectives are applicable to your scope of practice. If that is the case for you and you qualify for all of the exclusions for each of the menu objectives, then you can select 3 menu objectives and claim the exclusion for each. However, if you do not qualify for all of the exclusions to the menu objectives, you must go back and select menu objectives on which you can report.
2014 EHR Standards and Certification Criteria

- Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers.

**Beginning In 2014, all providers will be required to use an EHR system that meets new 2014 certification criteria in order to participate in the EHR Incentive Program.**

This remains unchanged despite recently updated timelines for Stage 2 and Stage 3 meaningful use.

- EHR technology that has been certified to the 2014 standards and capabilities will contain new CQM criteria, and eligible professionals will report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the EHR Incentive Programs.

- To learn more about the 2014 standards and certification criteria, please visit ONC’s 2014 Certification Programs and Policy page at HealthIT.gov.
Special Reporting Period for 2014 ONLY¹

- Because all providers must upgrade or adopt newly certified EHRs in 2014, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a **three-month (or 90-day)** EHR reporting period in 2014:
- The Special Reporting Period is required regardless of the meaningful use stage EPs need to meet.

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**Medicare**

- Medicare eligible professionals **beyond their first year** of meaningful use must select a three-month reporting period fixed to the quarter of the calendar year for eligible professionals.
- Providers must attest to these reporting periods no later than February 28 at 12am ET.
- Medicare eligible professionals **in their first year** of meaningful use may select any 90 day reporting period.

**Medicaid**

- Medicaid eligible professionals can select **any 90-day reporting period** that falls within the 2014 calendar year.
Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers.

EHR technology that has been certified to the 2014 standards and capabilities will contain **new** CQM criteria, and eligible professionals will report using the new 2014 criteria **regardless of whether they are participating in Stage 1 or Stage 2 of the EHR Incentive Programs.**

Beginning in 2014, eligible professionals must select and report on 9 of a possible list of 64 approved CQMs for the EHR Incentive Programs.

- 9 CQMs for adult populations that meet all of the program requirements
- 9 CQMs for pediatric populations that meet all of the program requirements
- Quality measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains

Visit [http://go.cms.gov/PUG4N7](http://go.cms.gov/PUG4N7) to see a list of CMS recommended core CQMs.
How are you feeling?
Online Tools for More Information
Visit HealthIT.gov

Certified Health IT Product List

Stage 2 Meaningful Use Guide
http://go.cms.gov/18aHac5

Stage 1 vs. Stage 2 Comparison for EPs
http://go.cms.gov/SxNLqF

2014 Clinical Quality Measure Tip Sheet
http://go.cms.gov/OpyQdZ

Stage 2 Meaningful Use Leave Behind
http://bit.ly/1bH6VS7
How to Get Customized Local Assistance

- Contact Delaware REC regardless of your stage of Meaningful use
- Delaware REC will work with you to determine needs for upgrading to and/or adhering to a 2014 EHR Certification Standards
- Delaware REC will support you in achieving and attesting to MU objectives

Guided by practical expertise in health care and health IT Delaware REC support will help you achieve your near- and long-term goals.
RECs Engaged in Practice Transformation and Enabling the Three-Part Aim

The national network of RECs are currently working on over 300 different programs to help providers transform their practices and demonstrate meet Three-Part Aim goals.

* As reported by 56 out of 62 RECs. Many REC are working on several initiatives within each category.
Ways that Health IT can be Meaningfully Optimized to Improve Patient Health

Health Information Technology

New Payment Models

New/ Improved Ways of Delivering Care

Population Health Awareness

Improved Care
Public-Private Alignment for Care Delivery Transformation

Care Delivery Improvement Through Medical Home

New Payment Model Through Accountable Care

- Commercial Payer
- Medicare and Medicaid Pilots
- Accreditation Bodies

Population Health Awareness
- Million Hearts
- Medicare and Medicaid EHR Incentive Programs
- State Innovation Models

- Medicare
- Medicaid
- Commercial ACOs

Medicare and Medicaid Pilots

Public-Private Alignment for Care Delivery Transformation

Office of the National Coordinator for Health Information Technology
Skill Demands to Support Care Delivery Transformation

**Care Delivery**
- Health Information Exchange
- Privacy and Security

**Payment Models**
- Consumer Engagement
- Data Aggregation, Analysis, and Reporting

**Population Health**
- Risk Stratification
- Practice Workflow Redesign
The Blue Button Connector
Health information resides in various locations

- Provider/Hospital
- Pharmacy
- Diagnostic Labs
- Health Insurance
- State Vaccine Registry
- HIE
Blue Button Connector

Connector is an ONC sponsored, open source tool that:

- Builds awareness for organizations making health data available.
- Highlights 3rd party apps/services
- Market transparency
- Open API for developers
Introducing Blue Button:
Online access to your health records

Get Started
What is Blue Button?

Blue Button is a way to get your health records electronically so you can...

- **Be Secure**
  that your records are protected under HIPAA. We do not store or collect your records but send you to organizations do.

- **Reference**
  your health records to be reminded when you had your last shot, or the exact date of a procedure.

- **Check**
  the accuracy of your records, monitor changes, and stay aware of your health status.

- **Share**
  with your doctor or someone else you trust, when traveling, seeking a second opinion, moving, switching insurance, or in case of emergency.
Blue Button helped us.
Read and watch how Blue Button can help you.

Use the VA Blue Button to Access Your Personal Health Information

Health IT For You Giving You Access to Your Medical Records

The Right to Access and Correct Your Health Information

Beth Schindele, caregiver and advocate for her father

WHAT'S NEW FOR CONSUMERS

The HIPAA Omnibus Rule

Has Blue Button helped you?
Share your story → SHARE
Get my health records

Select a source
Tip: You may have records in more than one source. One in three Americans has data available in their health insurance.

- Health Insurance
  start here
- Physician or Hospital
- Pharmacy or Lab
- Immunization Registry
Get my health records

Select a source

- Health Insurance
  start here
- Physician or Hospital
- Pharmacy or Lab
- Immunization Registry

Select your insurance provider

- Aetna
  Blue Cross Blue Shield of Louisiana
  Harbor Health Services, Inc.
  Kaiser Permanente
  Regence BlueCross BlueShield
  UHA (University Health Alliance)

What you can expect

- View your claims and benefits statements online
- View your Personal Health Record
- Track health care costs

Get My Data
Aetna

www.aetna.com

We help people live healthier lives
With tools and apps like DocFind®, iThings, CareFiler and more, Aetna fits into your life. Anytime. Anywhere.
Explore Aetna Tools

GET YOUR HEALTH RECORDS

About Aetna
We’ve been there for you in the past, providing health care for more than 60 years. We’re here for you today and in days to come, with our ongoing commitment to quality. And we share this tradition and commitment by reaching out to your community, and promoting health and wellness for all.

Features

- Displays Blue Button Logo on website
- View your records online
- Download your records
- Securely send your records to your preferred application
- Automatically receive updates to your health records

Additional features
- Pay your bills online
- Manage your family’s health
- Act some other cool way
- Be excited about our features

Ask your organization to participate!
If some features are not available, ask them why and request it now.

Request
Use my health records

Take your records with you. Plug them into apps and other services that help you reach your health goals and receive recommendations to keep you at your best.

Microsoft HealthVault  Humetrix iBlueButton  FollowMyHealth

Quest Gazelle  NoMoreClipboard  Geanie MD

The apps and services above contain just a fraction of the resources available today. The Department of Health and Human Services or the U.S. Government does not endorse any product, service or general policies of any non-Federal entity nor is responsible for the content of any individual organization's material or web pages found at those links.
If your organization:

- Provides health records to patients, members or consumers, we want to highlight your organization on the Connector!

- Consumes structured health data, we want to highlight your app/service on the Connector!

- Email us: BlueButton@hhs.gov
Stay Connected, Communicate, and Collaborate

• Browse the ONC website at: HealthIT.gov
  click the “Like” button to add us to your network

• Signup for email updates: public.govdelivery.com/accounts/USHHSONC/subscriber/new?

• Visit the Health IT Dashboard: dashboard.healthit.gov

• Request a speaker at: healthit.gov/requestspeaker

• Subscribe, watch, and share:
  ➤ @ONC_HealthIT
  ➤ HHSONC
  ➤ HHS Office of the National Coordinator
  ➤ Health IT and Electronic Health Record
  ➤ Health IT

• Contact us at: onc.request@hhs.gov