

Update on HITECH & Other Recovery Act HIT Provisions

March 18, 2010
Conference Call

Sponsored by:

- **Minnesota e-Health Initiative**
- **Minnesota Department of Health**
- **Minnesota Department of Human Services**



Monthly Update Calls

- Purpose of the Calls:
 - Brief update on issues important to Minnesota Stakeholders
 - Provide a Q & A opportunity
 - Compliment other communications activities
- Monthly Timing of the Calls
 - Usually Third Thursday of the Month from 4:00 - 4:45 p.m.
 - Next Call Scheduled for April 22 (4th Thursday)
- E-mail feedback & suggestions for improvement to bob.b.johnson@state.mn.us

Plan for Receiving Questions From Conference Call Participants

- All lines will be muted during the call
- E-mail questions to bob.b.johnson@state.mn.us at any time during the presentation
- Questions will be addressed following the final presentation

*Following the call:
Questions will be reviewed and staff will identify future
resource materials to be posted.*

Reminder

- We don't have all the answers but we are very interested in hearing your questions and your perspectives.

Meeting Agenda

- **Overview of Statewide Response to the Proposed Rules for Meaningful Use**
- **Overview of Statewide Response to the Standards Interim Final Rule**
- **Minnesota e-Health Summit June 16-17, 2010**
- **Comments and Questions**

Our Speakers & Panel Members

- **Dr. Paul Kleeberg, Co-Chair**
Minnesota e-Health Exchange and Meaningful Use Workgroup
- **Mike Ubl, Co-Chair**
Minnesota e-Health Standards Workgroup
- **Priya Rajamani, Staff**
Office of Health Information Technology MDH
- **Marty LaVenture, Director**
Office of Health Information Technology MDH



Download Responses to Proposed Rules

- Download Full Response Documents:
 - Meaningful Use NPRM
 - Standards IFR

<http://www.health.state.mn.us/e-health/hitech/hitechmn.html>

Overview of Statewide Response to the Proposed Rules for Meaningful Use

Dr. Paul Kleeberg, Co-Chair
Exchange and Meaningful Use Workgroup



Highlights from Coordinated Response to Meaningful Use NPRM

Agreements

- Encouraged by the fact that **meaningful use criteria places emphasis on availability of patient information at point of care and promotes effective utilization of electronic health records** by using power of this tool to positively impact care and improve health outcomes.
- **Committed to utilizing the opportunity provided by EHR incentive program** to build upon our previous five year efforts to accelerate the adoption and use of health information technology.

Comments, Expressed Concerns and Recommendations

- Advocate for changes in few critical areas in order to **allow the federal incentive money to be accessed by more professionals and care settings** as intended by Congress and to make achievability of these requirements a reality.
- Recommend that **meaningful use not defined as an “all or none” end point, but phased in with components.**
- Advocate strongly for **revising the definition of hospital-based professionals** to be more inclusive of providers and for **inclusion of critical access hospitals** among those eligible to receive Medicaid incentives.

Recommendations on Proposed Definition of Hospital-Based Physicians

(Page 3 of Response)

- **Recommend that hospital-based provider be re-defined**, and that CMS narrow its definition of hospital-based eligible professional, consistent with Congressional intent.
 - Specifically, recommend that CMS make a determination of provider eligibility based upon the use of a certified ambulatory EHR system or module in addition to the Place of Service code.
- **Endorse the approach recommended by HIMSS** that hospital-based eligible professionals be defined as those who provide 90% of their services (defined as encounters and not as charges in a hospital setting) using the hospital in-patient certified EHR to support the care they are providing in this setting.
 - This approach would ensure that those with the primary liability and responsibility for the clinic EHR would be able to access the incentive payments.
- Another alternative is to **use additional criteria along with current one or substitute the Place of Service code now recommended**. CPT codes that are submitted could be an option

Recommendations on Proposed Definition of Hospitals Eligible for Medicaid Incentives

(Page 4 of response)

- Recommend that **Critical Access Hospitals be included** in the definition of eligible hospitals to receive Medicaid EHR incentives
- CMS should revise the definition to **include CCN ranges (1300-1399)** into its definition of “Acute Care Hospital”

Recommendations Related to Meaningful Use: Definitions and Requirements

(Page 5 of response)

- **Support all the recommendations of the HIT Policy Committee** – allowing limited flexibility, allowing deferment of up to three Stage 1 objectives from the first Health Outcomes Policy Priority area and up to one objective from the second, third and fourth.
- Advocate for above approach and **agree that security requirements must be mandatory.**
- **Support use of CPOE for at least 80% of all orders for eligible providers and 10% of all orders for hospitals.**
- **Recommend that the methodology used for computing the percentages of eligible orders be based on data that can be produced by a report in the EHR.**
 - Request for following approach be considered for calculation of percentage thresholds for orders
 - The denominator should include the billable orders (such as hearing screen, vision screen, stress test) as well as medication and internal radiographic and lab orders.
 - The numerator should include only those entered by the physician.
 - This builds off data in EHRs and those that can easily be extracted from ancillary systems and decreases administrative burden of information collection and reporting.
- Recommend that **criteria for certification of EHRs should be defined in ways which support tracking and reporting of these orders.**

Recommendations Related to Proposed Stage 1 Criteria and Information Exchange Requirements

(Pages 6 -12 of response)

Comments and Recommendations on Stage 1 Criteria

- Attestation in short term and **Proving Meaningful Use in long-term**
- **Revisit Reporting Requirements and Measures Calculations to Ease Administrative Burden** and to Effectively Use Data in EHRs
- Emphasis on Select Set of **Clinical Quality Measures and Alignment with Existing Initiatives**

Recommendations Related to Proposed Stage 1 Criteria and Information Exchange Requirements *(cont.)*

- **Guidelines/Clarification and proposed criteria revisions on:**

- Clinical decision support rules
- Engaging Patients by Providing Meaningful Information
- Requirements for information exchange
- Criteria related to public health
- Medication reconciliation
- Maintaining Active Medication List
- Recording Demographics
- Providing Patient with Electronic Copy of their Discharge Instructions and Procedures
- Capability to Submit Electronic Data to Immunization Registries
- Provide Summary of Care Record for each Transition of Care and Referral.
- Generate Report on Specific Conditions
- Providing Patients with Electronic Copy of Health Information

Necessity to Connect Meaningful Use Exchange Requirements with 3013 HIE Cooperative Program



Overview of Statewide Response to the Standards Interim Final Rule

*Mike Ubl, Co-Chair
Standards Workgroup*

*Priya Rajamani
Office of Health Information Technology*



Highlights from Coordinated Response to Standards IFR

Agreements

- Encouraged by the fact that **standards are closely aligned with meaningful use** and are viewed as an integral component.
- **Support the various standards being recommended** to implement “meaningful use”
- **Agreement with phased-in approach** to standards recommendations based on maturity of standards and the industry readiness to adopt and implement these standards.

Comments and Recommendations

- **Advocate for select versions of standards to be adopted as a floor** and recommend that processes be in place for ongoing revisions of these standards with well documented timelines for stakeholder community
- Request for **additional clarity in certain definitions** proposed in the interim rule
- Underscore the necessity for **much needed implementation support** to promote the adoption and implementation of these standards
- Mechanisms be established for **on-going evaluation and create a feedback loop** on implementation and utility of these standards.

Recommendations on Versions of Recommended Standards

(Page 3 of response)

- Advocate for **select major versions of standards to be adopted as a floor** (e.g. HL7 2.x) and that the stage one version used (e.g. 2.5) be aligned with other regulatory requirements (e.g., HIPAA) and reporting (e.g., CMS)
- Recommend that processes representing a **road map and transition cycle** for adoption be established, maintained and published so a predictable transition framework and schedule is known and put in place for ongoing versions of these standards with well documented timelines for the stakeholder community
- Recommend that this **standards roadmap be in coordinated with other key standards conversions of priority** such as ICD 9 to ICD 10 conversion and HIPAA 2.0. The consensus privacy policies should also be in place prior to the requirement for security standards

Recommendations

Technical Assistance for Standards Implementation

(Page 3 of response)

- Recommend that **detailed implementation guidance be released along with final rule**. This should be delivered and available in multiple forms such as guidance letters, implementation guides, and supported by testing and certification programs
- Recommend that **implementation guides, tools and other resources** be comprehensive and made more freely available and accessible to implementers
- Mechanisms be established for **on-going evaluation of standards** and the process for deployment and use
- Recommend establishment of an independent effort to improve the **feedback loop for standards** as real-life input can enhance the evolution of revisions

Recommendations on Approach to Interoperability

(Page 4 of response)

- Recommend that the **standards use be required for external exchange** but use can be optional inside the organizational network
- Recommend that “**process interoperability**” element be considered as a key tenet of interoperability
- Request **Stage 2 meaningful use criteria include process interoperability for select objectives**
- Recommend that **standard compliance and minimum vocabulary subset requirements for interfaces/interoperability to be mandated in certification and/or testing process**

Recommendations Related to Adopted Standards, Certification Criteria and Implementation Specifications (Pages 4 - 10 of response)

- Requesting **Clarity on definition of EHR modules** and its impact on product certification and interoperability
- **Adopted certification criteria related to meaningful use objectives**
 - “Provide patients with an electronic copy of their health information upon request”
Recommend that the rule clarify and distinguish between the electronic medium carrying the information and the content enclosed.
 - “Perform medication reconciliation at relevant encounters and each transition of care”
recommend that medication reconciliation for Stage 1 be intra-organizational and the requirement to perform medication reconciliation across organizational boundaries be moved to 2013 (Stage 2).
- Comments and recommendations on
 - Adopted context exchange and vocabulary standards
 - Adopted privacy and security standards
 - Adopted transport standards
- **Addresses specific questions from standards IFR**
 - Industry’s ability to implement proposed stage 2 standards
 - Movement towards single standard for clinical exchange
 - Additional functions and services as capabilities for certified EHR technology
 - industry’s experience using CAQH CORE Phase 1 with adopted HIPAA transactions standards
 - Adopted standard for quality reporting
 - Technical feasibility of recording other elements of information about a disclosure

Minnesota e-Health Summit 2010

Save the Date! – June 16 & 17

MN e-Health Summit 2010

Date: Thursday, June 17, 2010
Time: 8:15 a.m. – 4:30 p.m.
Location: Northland Inn
Theme: Leveraging Meaningful Use

**Two Pre-Summit Workshops by
Key Health Alliance and TIGER Collaborative**

Date: Wednesday, June 16, 2010
Time: 1:00 – 5:00 p.m.



Save the Date! – June 16 – 17, 2010



Upcoming Minnesota e-Health Workgroup Meetings

- **Standards & Interoperability**
 - Next Meeting: March 26, 2:00 – 4:00pm
 - Staff Contact: priya.rajamani@state.mn.us
- **Outreach & Communications**
 - Next Meeting: March 30, 10:00am – 12:00pm
 - Staff Contact: bob.b.johnson@state.mn.us
- **Exchange & Meaningful Use**
 - Next Meeting: April 2, 1:00 – 3:30pm
 - Staff Contact: jennifer.fritz@state.mn.us
- **Minnesota Privacy & Security**
 - Next Meeting: April 9, 9:00 – 11:00am
 - Staff Contact: liz.cinqueonce@state.mn.us

For More Information

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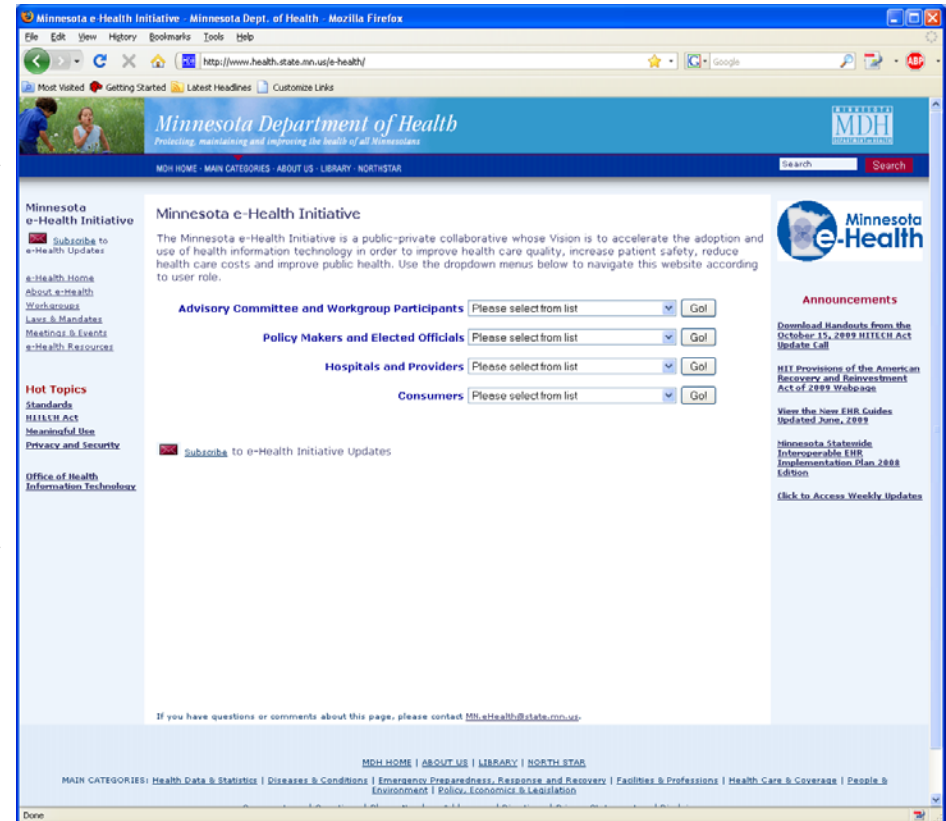
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Questions?

e-mail questions to
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