

Update on HITECH & Other Recovery Act HIT Provisions

July 23, 2009
Conference Call

Sponsored by:

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



Introduction to Monthly Update Calls

- Requests Following March & May Public Meetings
- Monthly Update Calls
 - Third Thursday of the Month
 - 4:00-4:45 p.m.
 - 45 Minute Update on Latest Topics
- Next Call is August 20, 2009: 4:00-4:45 p.m.
- 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 presentation

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



Meeting Agenda

- Revised Recommendations on Meaningful Use
- Certification & Adoption Workgroup Recommendations
- Questions from Conference Call Participants
- Future HITECH Update Opportunities

Revised Recommendations on Meaningful Use Definition

As presented to the
National HIT Policy Committee
on July 16, 2009



Improve Quality, Safety, Efficiency; Reduce Disparities

Timing Feedback & Recommendations

- “You want it when?”
- 2011 is only 18 months away
- If an organization cannot meet 2012, the 2013 criteria sets an even higher bar (“rising tide”)

⇒ *Work group recommends use of “adoption year” timeframe*

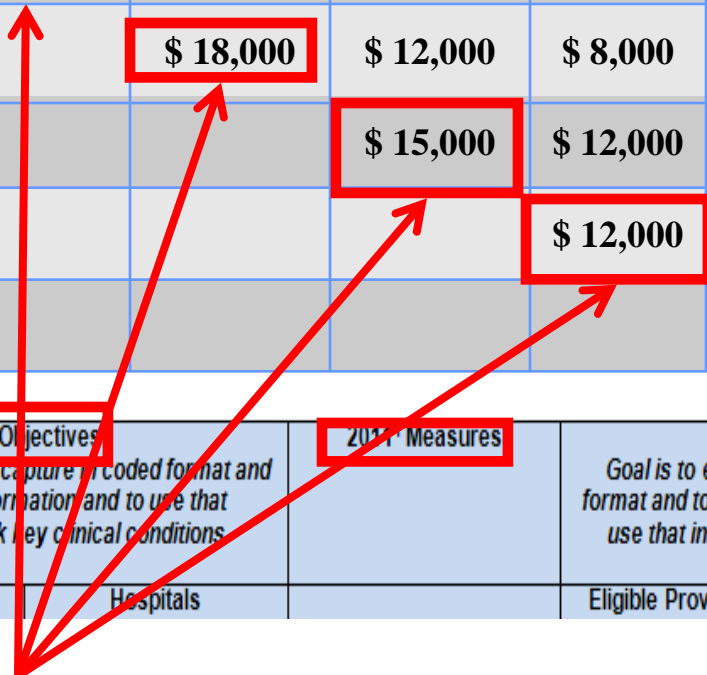
⇒ *(e.g., “2011 measures” applies to first adoption year (even if HIT adopted in 2013); “2013 measures” applies to 3rd adoption year)*

Meaningful Use Incentives by Adoption Year

Meaningful User	2009	2010	2011	2012	2013	2014	2015	2016	Total Incentive
2011			\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000		\$ 44,000
2012				\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000	\$ 44,000
2013					\$ 15,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 39,000
2014						\$ 12,000	\$ 8,000	\$ 4,000	\$ 24,000
2015 +									\$ Penalties

Health Outcomes Policy Priority	Care Goals	2011 ¹ Objectives	2011 ¹ Measures	2013 Objectives	2013 Measures
		Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions		Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions	
		Eligible Providers	Hospitals	Eligible Providers	Hospitals

Health Outcomes Policy Priority	Care Goals	Adoption Year 1 ¹ Objectives	Adoption Year 1 Measures	Adoption Year 2 Objectives	Adoption Year 2 Measures
		Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions		Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions	
		Eligible Providers	Hospitals	Eligible Providers	Hospitals



Timing (Cont.)

Feedback & Recommendations

- CPOE too fast (primarily hospitals)
 - Unintended consequence of trying to implement faster than feasible, considering workflow redesign pre-work

⇒ **Recommendation to Establish 10% threshold of CPOE orders for hospitals**

 - **Accommodates pilots, implementations in-progress**
- Start clinical decision support earlier
 - It's the payoff (faster)
 - Need to implement EHR before turning on rules; also need to populate the database (slower)

⇒ **Recommendation to start with one rule; make it important: "Implement one clinical decision rule relevant to high clinical priority"**

Patient and Family Engagement

Feedback & Recommendations

- Provide access to electronic health information (in addition to electronic copy)

⇒ *Recommendation to include in 2011*

⇒ *Recommendation to move up real-time access to patient information in PHR from 2015 to 2013*

Efficiency Measures

Feedback & Recommendations

- Dearth of measures focused on efficiency
- A National Priorities Partnership and health reform goal is to improve efficiency and reduce waste
- ***Recommend an initial starter set of measures such as:***
 - ⇒ ***% of all medications entered into EHR as generic, when generic options exist in the relevant drug class***
 - ⇒ ***% of orders for high-cost imaging services with specific structured indications recorded***
 - ⇒ ***Claims submitted electronically to both public and private payers***
 - ⇒ ***Eligibility checks performed electronically***

Specialists

Feedback & Recommendations

- “What about me?”
 - General approaches discussed
 - “500 criteria” model of something for everyone (yet, very few NQF-endorsed measures)
 - “Critical few” model of build and prove out the necessary capabilities using exemplar measures
- ⇒ ***Recommendation for use of exemplar measures that would “exercise” the EHR capabilities and meaningful use of the capabilities to measure and improve care***
- ⇒ ***Recommendation to require specialists’ participation in electronic registries (approved by CMS) as relevant and available***

Improve Care Coordination

Feedback & Recommendations

- Need better outcomes measures for care coordination
 - ⇒ *NQF has a call for measures in care coordination (NPP priority)*
 - ⇒ *Propose 2013 measure of 10% reduction in 30-day readmission compared to 2012*
 - ⇒ *Improvement in NQF-endorsed measures of care coordination*
- How to meet health information exchange in 2011 when HIE organizations do not currently exist or do not connect all clinical trading partners
 - ⇒ *2015 should include required participation in nationwide HIE*
 - ⇒ *Require capability and exchange where possible in 2011*
 - ⇒ *Defer to HIE workgroup for specific requirements and roadmap*

Privacy and Security

Feedback & Recommendations

- Clarify “under investigation”; could any complaint trigger “investigation”?
 - Length of investigation could also potentially cause a missed payment (even if found “not guilty”)
 - ⇒ Intent was to disallow participation in HIT incentives if confirmed HIPAA violation goes unresolved
 - ⇒ ***Recommendation for revised wording: “...recommend that CMS withhold meaningful use payment for any entity until any confirmed HIPAA privacy or security violation has been resolved”***
- How can federal program “enforce” compliance with state privacy laws?
 - ⇒ ***Shift to Medicaid section: “...recommend that state Medicaid administrators withhold meaningful use payment for any entity until any confirmed state privacy or security violation has been resolved”***

HIT Policy Committee Reaction & Modification of Workgroup Recommendations

- Adoption Year – consensus
 - Comment that revised recommendations delay the pain, but do not eliminate it
 - By 2015 all criteria still must be met.
- CPOE
 - Clarification on what is included in “all orders” to meet the 10%
 - “Computerized *Provider* Order Entry”
- Quality Measures
 - Core set that all providers would have to meet +
 - Measures appropriate to the specialty
- Efficiency Measures
 - More work on needed on measure related to generic prescribing
- Definitions
 - “real time”, “diabetes”, “all orders”

Next Steps in Process to Define Meaningful Use

- Policy Committee feedback will be incorporated
- Recommendations forwarded to CMS for consideration
- CMS and ONC will work together to develop proposed rules
 - Additional questions may be raised at August HIT Policy Committee Meeting
- **Proposed rules published in December 2009**
 - **60-day official comment period (Jan/Feb 2010)**
- ***Minnesota e-Health Advisory Committee & workgroups to monitor & respond as definition evolves***

Certification & Adoption Workgroup Recommendations

- 1. Focus Certification on Meaningful Use**
- 2. Leverage Certification process to improve progress on Security, Privacy, and Interoperability**
- 3. Improve objectivity and transparency of the certification process**
- 4. Expand Certification to include a range of software sources: Open source, self-developed, etc.**
- 5. Develop a Short-Term Transition plan**
 - CCHIT to perform certifications against ONC defined criteria until HHS process is established.

Certification & Adoption Workgroup

Additional Detail & Next Steps

- Present initial recommendations (7-16)
- **Open for Public Comment**
- Review Public Comment, Refine recommendations
- Deliver Certification recommendations to HIT Policy Committee

- Additional Detail on HIT Policy Committee Site:

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=9&mode=2&in_hi_userid=10741&cached=true



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

For More Information

www.health.state.mn.us/e-health/hitech.html

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The screenshot shows the Minnesota Department of Health website for the e-Health Initiative. The header includes the MDH logo and navigation links. The main content area features a sidebar with a list of links, a central section titled "Minnesota e-Health Initiative" with descriptive text and bullet points, and a right sidebar with "Announcements" and "Funding Opportunities & Awards".

Minnesota Department of Health
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Minnesota e-Health Initiative

- Home
- Vision
- Annual Summit
- EHR Mandate/Statewide Plan
- Standards
- Privacy
- Population Health/Public Health
- Communications & Education/Training
- Advisory Committee
- MN Reports and Recommendations
- Laws & Legislation
- Consumers & Personal Health Records (PHRs)
- e-Health Resources & Activities

Minnesota e-Health Initiative

The Minnesota e-Health Initiative is a public-private collaborative whose Vision is to accelerate the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs and improve public health.

It is guided by a statewide advisory committee with 26 representatives from interested and affected stakeholders in health information technology (HIT).

The purpose of the initiative is to:

- **Empower Consumers** with information to make informed health and medical decisions.
- **Inform and Connect Healthcare Providers** by promoting the adoption and use of interoperable Electronic Health Records and electronic health information exchange.
- **Protect Communities and Improve Public Health** by advancing efforts to make public health systems interoperable and modernized.

Enhance the Infrastructure through:

- Adoption of standards for health information exchange.
- Policies for strong privacy and security protection of health information.
- Funding and other resources for implementation.
- Assessing and monitoring progress on adoption, use and interoperability.

Subscribe to e-Health Initiative Updates

Quick Links:

For more information about e-Health Contact Bill.Brand@health.state.mn.us or 651-201-5508

If you have questions or comments about this page, please contact MN@health@health.state.mn.us.

Announcements

[Register Here for the 2008 MN e-Health Summit!](#)

2008 MN e-Health Summit Brochure
June 25, 2008

2008 MN e-Health Legislative Report

Grants awarded to MN health care providers to support interconnected EHRs
[Award List](#)

