

**Minnesota e-Health Initiative**  
**Conference Call Update on the HITECH Act**  
**Thursday, July 23, 2009, 4:00 p.m. to 4:45 p.m.**

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**Focus Today:**

Overview of Revised Definition of Meaningful Use & Minnesota Reaction  
Update on Certification & Adoption Workgroup Recommendations

**Conference Call Information:**

Dial In: 1-218-486-8700  
Pass Code: 331725

**Access Slides at:**

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

**To Ask a Question:**

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

**Agenda**

- I. Welcome, Purpose & Introduction** *Martin LaVenture – [5 Min]*
- II. Overview of Revised Recommendation for Defining Meaningful Use** *Liz Carpenter & Jim Golden [20 min]*
- Content of Revised Definition & Consistency with Minnesota Statewide Response
  - Process for Rulemaking & Additional Opportunities to Weigh In on Final Rule
- III. Certification & Adoption Workgroup Recommendations** *Martin LaVenture [5 min]*
- IV. Questions from Conference Call Participants** *[15 min]*
- V. Closing Comments & Future HITECH Update Opportunities**

Starting in August, the Minnesota e-Health Initiative will be holding HITECH update calls the third Thursday of every month at 4pm. Additional details on each call will be announced through our weekly e-Health Update e-mails. The dates for the rest of this fiscal year will be as follows:

August 20, 2009	December 17, 2009	April 15, 2010
September 17, 2009	January 21, 2010	May 20, 2010
October 15, 2009	February 18, 2010	
November 19, 2009	March 18, 2010	

***To receive notice of future updates on HITECH:***  
***Please subscribe to the Minnesota e-Health gov delivery e-mail list:***  
***<http://www.health.state.mn.us/ehealth/>***



## 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](mailto:bob.b.johnson@state.mn.us)



## Plan for Receiving Questions From Conference Call Participants


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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 3<sup>rd</sup> 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 Objectives	2011 Measures	2013 Objectives	2013 Measures
		Goal is to electronically capture 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 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](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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## For More Information

**[www.health.state.mn.us/e-health/hitech.html](http://www.health.state.mn.us/e-health/hitech.html)**

**Marty LaVenture**  
MDH  
Center for Health Informatics  
[martin.laventure@state.mn.us](mailto:martin.laventure@state.mn.us)  
651-201-5950

**Liz Carpenter**  
MDH  
Center for Health Informatics  
[liz.carpenter@state.mn.us](mailto:liz.carpenter@state.mn.us)  
651-201-5979

