

**Minnesota e-Health Initiative  
Conference Call Update on the HITECH Act  
Thursday, August 20, 2009, 4:00 p.m. to 4:45 p.m.**

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**Focus Today:**

News: Funding Opportunity Announcements  
Updates on Meaningful Use Definition and Timeline  
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. **News: Funding Opportunity Announcements Released Today** *Martin LaVenture – [10 Min]*
  - HITECH 3012 HIT Extension Program: Regional Centers Cooperative Agreement Program
  - HITECH 3013 State Health Information Exchange Cooperative Agreement Program
- III. **Review Status, Next Steps, and Timeline for Defining Meaningful Use** *Liz Carpenter [5 min]*
  - Timeline for next 12 months
  - Process for Rulemaking & Additional Opportunities to Weigh In
- IV. **National HIT Policy Committee and Standards Committee Updates** *Martin LaVenture [15 min]*
  - Certification & Adoption Workgroup update
  - Information Exchange Workgroup update
  - Standards Committee Status
- V. **Questions from Conference Call Participants** *[15 min]*
- VI. **Closing Comments & Future HITECH Update Opportunities**

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:

September 17, 2009	December 17, 2009	March 18, 2010
October 15, 2009	January 21, 2010	April 15, 2010
November 19, 2009	February 18, 2010	May 20, 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/chealth/>*





## Update on HITECH & Other Recovery Act HIT Provisions

**August 20, 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 September 17, 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


- 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 the brief presentation

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



## Reminder

- Key guidance is not yet final on meaningful use and other areas
- We are happy to gather the questions, answer what we can and try and find answers for discussion on future calls
- We don't have all the answers but we are very interested in hearing your questions and your perspectives.



## Topics for Discussion

- Funding Opportunity Announcements
- Meaningful Use: Status & Next Steps
- Certification & Adoption Workgroup update
- Information Exchange Workgroup update
- Standards Committee Status
- Questions from Conference Call Participants
- Future HITECH Update Opportunities



## Today's News: Funding Opportunity Announcements

### HITECH 3012 HIT Extension Program: Regional Centers Cooperative Agreement Program

- \$598 million in FY 2010
- 70 HIT Regional Extension Centers
- Average award of \$8.5 million.
- Award range:\$1 - \$30 million over four years.



## Today's News: Funding Opportunity Announcements

### HITECH 3013 State HIE Cooperative Agreement Program

- \$564 million to support state-level planning and implementation projects
- Focus: advance health information exchange across the country.
- Award range: \$4 - \$40 million over four years.



## Meaningful Use Definition: Status & Next Steps

**As presented to the  
National HIT Policy Committee  
on August 14th, 2009**



## Timeline for the Next 12 Months

- 3Q-09: Develop process for updating meaningful use objectives and measures
  - Tag 2011 measures relevant to specialties
- 4Q-09: Conduct informational hearings to inform 2013 and 2015 criteria development
- 1Q-10: Update 2013 and 2015 criteria
- 2Q-10: Work with HIT Standards committee to ascertain availability of relevant standards
- 3Q10: Refine 2013 meaningful use criteria
- 4Q10: Assess industry preparedness for meeting 2011 and initial 2013 meaningful use criteria



## Informational Hearing on MU criteria for 2013-15 - October 2009

- Address gaps in appropriate measures for assessing meaningful use
- Criteria for specialists
  - Use of measures relevant to specialists
  - Participation in national registries
  - Development of new measures
- Feedback and new ideas from provider organizations for MU criteria for 2013, 2015
  - Spectrum of physician practices
  - Spectrum of hospitals
  - Safety-net providers



## Initial Recommendations by the Certification and Adoption Workgroup

**As presented to the  
National HIT Policy Committee  
on August 14th, 2009**





## 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 Certification Transition plan



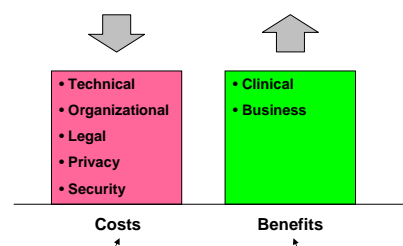
## Health Information Exchange Workgroup Update

As presented to the  
National HIT Policy Committee  
on August 14th, 2009

### If implemented judiciously, ARRA funding can help create a value proposition for health exchange


Need to either lower the technical, organization, and/or legal costs... and/or ...raise the clinical and business imperative for more exchange



**Costs**      **Benefits**


Certification, grants to states, RHITECs, and NHIN governance authority can all help to lower the difficulty of health exchange...

...whereas incentive payments (and penalties) tied to Meaningful Use can create a business imperative for more information exchange



### Strength of health exchange objectives in current version of MU rises substantially by 2013

**Meaningful Use objectives requiring health exchange**

<p><b>2011</b></p> <ul style="list-style-type: none"> <li>• Lab results delivery</li> <li>• Prescribing</li> <li>• Claims and eligibility checking</li> <li>• Quality &amp; immunization reporting, if available</li> </ul>	▶	<p>Increases volume of transactions that are most commonly happening today</p> <ul style="list-style-type: none"> <li>- Lab to provider</li> <li>- Provider to pharmacy</li> </ul>
<p><b>2013</b></p> <ul style="list-style-type: none"> <li>• Registry reporting and reporting to public health</li> <li>• Electronic ordering</li> <li>• Health summaries for continuity of care</li> <li>• Receive public health alerts</li> <li>• Home monitoring</li> <li>• Populate PHRs</li> </ul>	▶	<p>Substantially steps up exchange</p> <ul style="list-style-type: none"> <li>- Provider to lab</li> <li>- Pharmacy to provider</li> <li>- Office to hospital &amp; vice versa</li> <li>- Office to office</li> <li>- Hospital/office to public health &amp; vice versa</li> <li>- Hospital to patient</li> <li>- Office to patient &amp; vice versa</li> <li>- Hospital/office to reporting entities</li> </ul>
<p><b>2015</b></p> <ul style="list-style-type: none"> <li>• Access comprehensive data from all available sources</li> <li>• Experience of care reporting</li> <li>• Medical device interoperability</li> </ul>	▶	<p>Starts to envision routine availability of relatively rich exchange transactions</p> <ul style="list-style-type: none"> <li>- "Anyone to anyone"</li> <li>- Patient to reporting entities</li> </ul> 

### How much intervention should be applied to facilitate achievement of these MU objectives?

**Spectrum of government intervention**

Increasing government requirements →

Require specific transactions


What to exchange, from whom, to whom

Also require specific functions and standards

For each transaction, standards for communication, content, privacy, security

Also require specific technologies, architectures, & organization forms (or organizations)

For each transaction, legal, business, and governance requirements

- Want to strike balance
  - Too little structure would do nothing to resolve some of the significant barriers that exist today
  - Too much structure would stifle innovation by locking in what exists today and artificially channeling product development toward specific technologies or architectures

<b>Recommendations</b>	
<b>Information exchange requirements</b>	<ul style="list-style-type: none"> <li>• Have core information exchange requirements that are technology- and architecture-neutral</li> <li>• Should apply to all participants seeking to demonstrate meaningful use to CMS</li> </ul>
<b>Core Requirements</b>	<ul style="list-style-type: none"> <li>• Consistent with the recommendations of the Certification Workgroup</li> <li>• Requirements should be focused on the capability to achieve meaningful use and include interoperability, privacy, and security</li> </ul>
<b>Certification of interoperability components</b>	Federal government should certify EHR and health information exchange components on these core requirements to ease burden on eligible professionals and hospitals for meeting and demonstrating adherence with meaningful use requirements
<b>Align federal and state efforts and bringing existing efforts into alignment</b>	Federal and state-government approaches should be complementary, and grants to states should require alignment with federal meaningful use objectives and measures



<b>Additional Points – Federal/State Interplay</b>
<ul style="list-style-type: none"> <li>• States may impose state-level requirements on information exchange to satisfy state-level meaningful use definitions. Such requirements should be complementary to federal efforts</li> <li>• To qualify for meaningful use, information exchange in a state must meet federal requirements to qualify for Medicare meaningful use payments, and may also be required by a state to meet state-level requirements for receipt of Medicaid meaningful use payments</li> <li>• The federal definitions and requirements of meaningful use should be a “floor” for state-level Medicaid meaningful use requirements</li> </ul>



<b>Clinical Quality Workgroup: Progress Report</b>
<p><b>As presented to the National HIT Policy Committee on August 14th, 2009</b></p>



<b>Measure Set</b>
<p>Recommended Set of 30 Performance Measures</p>
<ul style="list-style-type: none"> <li>• NQF-endorsed measures (23)                             <ul style="list-style-type: none"> <li>– can be retooled for EHR (18)</li> <li>– attestation (5)</li> </ul> </li> </ul>



## Guidance for Measure Retooling: Diagnoses/Problem lists

- Multiple versions of measures to provide options
  - 2011 – ICD 9 or SNOMED CT
  - 2013 – ICD10 or SNOMED CT
  - 2015 – SNOMED CT
- Can use internal codes using SNOMED CT expertise to map to SNOMED CT
- EHR certification should require problem list



## Guidance for Measure Retooling: Staging of Measures

Consider Staging of Measures to reflect evolving HIT capacity:

e.g., BMI

- 2011 - documentation of BMI
- 2013 – BMI percentile plus counseling

e.g., asthma medications

- 2011 – appropriate meds for asthma
- 2013 – appropriate meds by stage

e.g., readmissions

- 2011 – own facility
- 2013 – more than one facility
- 2015 – community-wide



## Guidance for Measure Retooling: Patient Engagement

Begin developing measures of patient engagement now

- Understanding of treatment options
- “comfort care” measure: need methods of capturing DNR/DNI



## Report From Clinical Operations Workgroup

**As presented to the  
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## Summary of Content Exchange Recommendations

- Primary content exchange standards:
  - Structured electronic documents: HL7 v.3 CDA, e.g. relevant CDA profiles for historical lab results, or CCD for summary records
  - Most other messaging: HL7 v.2.5.1, e.g. encounters, or lab results
  - Immunization queries and vaccination updates (only): HL7 v.2.3.1
  - Prescriptions: NCPDP Script v.10.x
  - Eligibility, benefits, and referrals: X12 v.4010A1



## Summary of Vocabulary Recommendations

- Primary vocabulary standards:
  - Clinical problems and procedures: SNOMED CT
  - Drugs: RxNorm
  - Ingredient allergies: UNII
  - Lab tests: LOINC
  - Units of measure: UCUM
  - Administrative terminology: CAQH CORE and HIPAA



## Key Concept: 2013 Standards for 2011 Measures

- Clinical Operations is recommending standards for definitive 2013 implementation of the 2011 measures
- Standards for 2011 include certain limited alternatives
- Standards allowable during transition to the recommended standards **not allowable for 2013 and beyond** include:
  - Unstructured electronic documents with HL7 CDA header, e.g. free text, PDF, or images of documents
  - Alternative legacy messaging implementations in some cases, e.g. alternative HL7 v2.x lab messaging
  - ICD-9; CPT-4; other legacy, local and proprietary coding systems



## Remaining Issues and Next Steps

- Some key standards are not ready to be recommended
  - QRDA for quality measure submissions
  - GIPSE for public health data exchange
- Next steps with the Standards Committee
  - Revised documentation of WG recommendations based on input
  - Standards recommended for specific quality data elements in MU
  - Clarification of high level certification criteria



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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

