

**E**HEALTH INITIATIVE  
**G**OVERNMENT **A**FFAIRS **R**ETREAT

**W**EDNESDAY, **M**ARCH **13**

**2013**



**eHEALTH INITIATIVE**

**Real Solutions. Better Health.**

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# Overview of Government Affairs Retreat

Over 60 participants attended eHealth Initiative's (eHI) annual 2013 Government Affairs Retreat on Wednesday, March 13 at the Hall of the States Building located in Washington, DC. Attendees included Executives, Vice Presidents and Directors of Federal Government Affairs and Health Policy from multiple health IT industries, including vendors, trade associations, lobbying firms, pharma, providers, and consulting firms. Participants were primarily from organizations that are eHI members, though a few non-members paid a nominal registration fee to attend.

Members of eHI's Policy Steering Committee (PSC) and Advocacy Group (AG) convened on a weekly basis leading up to the event to facilitate planning, and offer feedback on keynote speakers, panels, and the agenda. Members of the AG assisted in outreach to members of Congress, to offer remarks during the event. Outreach for the Congressional staff panel was done to health policy leaders on multiple committees, including the Senate Health Education Labor Pension (HELP) and Finance Committees, and the House HELP, Energy and Commerce, and Ways and Means Committees. Panel planning was done through discussion with PSC and AG members on the weekly planning calls.

The summary below captures remarks from keynote speakers, comments from the panel discussions, and event feedback from attendees.

# Keynote Speakers

**Rahul Rajkumar, MD, JD**, Senior Advisor for the Center for Medicare and Medicaid Innovation (the Innovation Center) presented an update on the work and mission of The Innovation Center.

- The idea behind the Innovation Center is that how we pay for care signals to the marketplace what is valued. The Fee-For-Service model means that we pay for healthcare “by the yard”.
- There is a need for doctors and support staff trained to do new things, and for health IT to support new care delivery functions, including:
  - Identify at-risk patients (through data analytics)
  - Access all of the relevant info at the Point of Care
  - Communicate with the rest of the providers responsible for the patient’s care
- The Innovation Center’s mission is to “identify, test, evaluate, and scale” in order to reduce programmatic costs for CMS and improve quality for CMS beneficiaries. The three main Innovation Center programs include:
  - Accountable Care Organizations (ACOs)
  - The Comprehensive Primary Care Initiative
  - Bundled payments

Questions from participants focused on Pioneer ACO Model’s success in making risk-based arrangements with other payers, and the role of specialty care within the Innovation Center. Dr. Rajkumar responded that success for Pioneer ACOs in making such arrangements varies market to market, but overall it has been successful because this is something that they need to do in order to manage costs, and that ACOs are total-cost models, which means they must control specialty care costs as well.

# Keynote Speakers

**Doug Fridsma, MD, PhD**, Chief Science Officer & Director, Office of Science & Technology, Office of the National Coordinator for Health Information Technology (ONC) gave remarks on ONC's Interoperability Strategy.

- The role of the Office of Science and Technology within ONC is to create the technical infrastructure that supports the objectives of policy developers by:
  - Bringing communities together to create common solutions to shared problems
  - Creating a portfolio of standards, support for standards users
  - Supporting innovation through grants/funding, towards a "path of least regret"
  - Collaborating with federal agencies that use IT infrastructure, and integrating federal standards with the private sector

Questions from the audience addressed pacing of regulation, state-level efforts, and the Nationwide Health Information Network infrastructure. Dr. Fridsma replied that true interoperability will be driven by business needs, and implementation and testing should drive standards development.

# Congressional Staff Panel

A panel of select health policy leaders from both sides of the Hill convened to discuss health IT topics. Policy leaders from Congressional offices and Congressional committees discussed the broader legislative landscape for health policy in 2013, and what eHI members can do to engage members of Congress and bring attention to health IT issues.

- Members of Congress and other stakeholders generally agree that the Meaningful Use Electronic Health Record (EHR) incentive program is increasing quality of care and lowering health care costs. Creating a true learning health care system is the end goal, and the momentum to achieving this is high.
- Concerns surrounding health IT must be addressed in a bipartisan way. The recent trends in increased costs and billing need to be addressed, to determine whether or not upcoding is occurring.
- Despite challenges, health IT is a bipartisan issue. Focus needs to be on regulatory side, and Congress needs to ask more questions of the regulatory and implementing agencies. While there is a role for regulation, but must be careful to not stifle innovation. It is critical to get people invested in using technology advances for healthcare.

*There needs to be a true interoperability focus that looks beyond the Meaningful Use program and works towards advancing interoperability, and not just EHR adoption*

## What can eHI do?

- Visit with members of Congress and health policy advisors. Pay attention to what is going on around the Hill. Many members came into office in a post Affordable Care Act world. Visit later in the day, after 3:30, and look for times of the year that are less busy for constituent groups, like Fridays or recess days.
- Bring constituents from the field in to speak with policy advisors.

# Group Session 1: Regulation of Health IT and Patient Safety

**Julie Cantor-Weinberg, MPP**, Director of Public Health and Scientific Affairs, College of American Pathologists, moderated the panel and asked panelists what eHI and members can do to further health IT regulation and patient safety efforts.

**Chantal Worzala, PhD**, Director of Policy, American Hospital Association, suggested the idea that safety is costly isn't necessarily true, as it results in improvements in outcomes and costs. Real safety gains are upstream (prevention, mitigation, planning) rather than downstream (reporting). Usability's goal is to make the "right thing to do" the "easy thing to do." It is better to incorporate safety into existing institutions and programs.

**Meg Marshall, JD**, Director, Government Health Policy, Cerner Corporation, remarked that product development reflects the objectives of federal device safety act. There should be a shared responsibility across the industry, and a focus on functional requirements, with feedback from those implementing workflows.

**Aaron Goldmuntz**, Senior Director of Business Development and Strategy, West Health, explained that devices are the next wave of connectivity, following the EHR's wave of connectivity. Food and Drug Administration processes for approval of devices do not necessarily align with the path forward to interoperability and connectivity. Siloed processes and data without a comprehensive structure burden healthcare delivery reform.

*Devices are the next wave of connectivity, following the EHR wave of connectivity.*

# Group Session 1: Regulation of Health IT and Patient Safety

**Michael L. Snitman**, Vice President, Health Solutions Policy, LexisNexis, discussed how to use big data in this context. Big data is defined in measures of vast (high volume), varied, and velocity (constantly changing). Collaboration is essential for growth and prosperity. One key challenge in this area is linking patient data to the patient. Technology is unreliable on its own; a series of people, processes, and technology and contingent systems must be in place for when one aspect fails.

## *What can eHI do?*

- Espouse how much work is already being done; demonstrate that safety is measurable and that health IT is contributing, and there is room for innovation.
- Discussion often centers on EHRs, but there are a lot more data sources than EHRs which must be accounted for, and there is a need to articulate how complex the health IT environment really is.



## Group Session 2: Health IT Interoperability

**Charlene Underwood**, Senior Director of Government and Industry Affairs, Siemens Health Services, moderated the panel, and gave a brief overview of interoperability. Standards are the basis to enable Meaningful Use Stage 3 to move us to a model of patient-centeredness. The vision of interoperability is a tool to transform care to a patient-centered collaborative model of care, with shared responsibility and accountability among care providers in achieving the patient's wishes and facilitating communication.

**Donald Mon, PhD**, Senior Director, Center for the Advancement of Health IT Director, Standards & Interoperability, RTI International, explained that data standards work like an envelope. Data can be put in and exchanged, but the information inside the envelope is not necessarily easy to use. The data use aspect hasn't been solved even if the transport aspect has.

**Walter Suarez, MD**, Director, Health IT Strategy & Policy, Kaiser Permanente, remarked that we are trying to achieve an ecosystem that promotes health and wellness in the community and patient-centered, coordinated, effective, quality care. This happens in 3 stages: EHR adoption and digitization of data, sharing electronic data, and sharing interoperable data. The 3 critical challenges to achieving interoperability from a policy/process standpoint are:

- Identity management
- Consent/privacy management
- Provenance – source of the data and authentication

*The vision of interoperability is a tool to transform care to a patient-centered collaborative model of care, with shared responsibility and accountability among care providers in achieving the patient's wishes and facilitating communication*

# Group Session 2: Health IT Interoperability

**Susan Matney**, Vocabulary Facilitator for Patient Care Technical Committee at Health Level 7 (HL7) Standards, 3M, discussed the clinical information modeling initiative. Modeling is a means of standardizing codes such that key elements (e.g. systolic blood pressure) can be modified (e.g. location in body, body state, etc.) vs. organizational codes which might lump elements with modifiers (e.g. individual codes for sitting systolic blood pressure).

**Elliot Sloane**, Founder, President, and Executive Director, Center for Healthcare Information Research and Policy, explained that next steps revolve around interoperability of large sophisticated systems more than interoperability at scale. Technical aspects of interoperability are converging, and certification is becoming prominent, as systems are more likely to be modular and interoperable.

## *What can eHI do?*

- Focus on the data standards, and the need for capturing discrete, defined, computable data elements.
- Voice the need for testing and innovation of the tools and technology being implemented. Overregulation of the industry is an issue because it is not easy to change care processes once they have been pushed in a certain direction by regulations.

## Group Session 3: Health IT in Broader Landscape of Health Care Reform

**Marcia Cheadle, RN**, Director of Advanced Clinical Applications for Inland Northwest Health System (INHS), moderated the panel and provided background remarks on the role of health IT within health care reform. Health IT is critical to reform; definitions around data and terminology offer a platform to exploit. Meaningful Use has been successful in driving health IT adoption, and we are at a tipping point in the industry. Given the variability in how health IT is being deployed, it is better to take a non-prescriptive approach with standards and regulations.

**Mark Segal, PhD**, Vice President, Government and Industry Affairs, GE Healthcare IT, argued that Health IT is foundational, as models of healthcare reform are immature and evolving. Healthcare reform drives demand and the business case for the use of health IT and interoperability, but it also increases variability in the types of solutions used. It is important to let market forces determine the types of health IT functionalities that are needed.

**Hank Fanburg**, Technology Advocacy, CHRISTUS Health, Executive Director of the Health Information Network of South Texas (HINSTX), stated that Health Information Exchanges (HIEs) can handle many of the functions that individual hospitals do. ONC's prescription for what HIEs do is not a path to sustainability, and there is an ecosystem around aspects other than data. Communication is a big issue in capturing and moving data. Patients are not always aware of what they need to do to improve their health, and need access to their providers to learn.

*It is important to let market forces determine the types of health IT functionalities that are needed*

## Group Session 3: Health IT in Broader Landscape of Health Care Reform

**Michelle Drozd**, Director of Policy and Research, Pharmaceutical Research and Manufacturers of America (PhRMA), explained that health IT has supported electronic tracking of medication use. Medication use needs to be improved in order to improve care and prevent unnecessary healthcare encounters.

**Robert Dieterle**, Chief Executive Officer, EnableCare, LLC, noted a lack of ability to roll out standards rapidly. This has been a slow process historically, though in the past 6 years there has been a huge acceleration. It is essential to educate the young Congress and their staff on health IT and financing care.

### *What can eHI do?*

- eHI should continue with successful processes around gaining consensus from multi-stakeholders, and take a balanced approach to regulatory world.
- Help agencies communicate with people on the Hill about these issues, to help people understand the promise of the foundational elements of Meaningful Use Stage 2 as well as the length of time that will be needed for the system to adopt and understand changes.
- Frame the practical things that need to be done to go from standards to interoperability happening in places like the Care Connectivity Consortium and CommonWell Alliance.

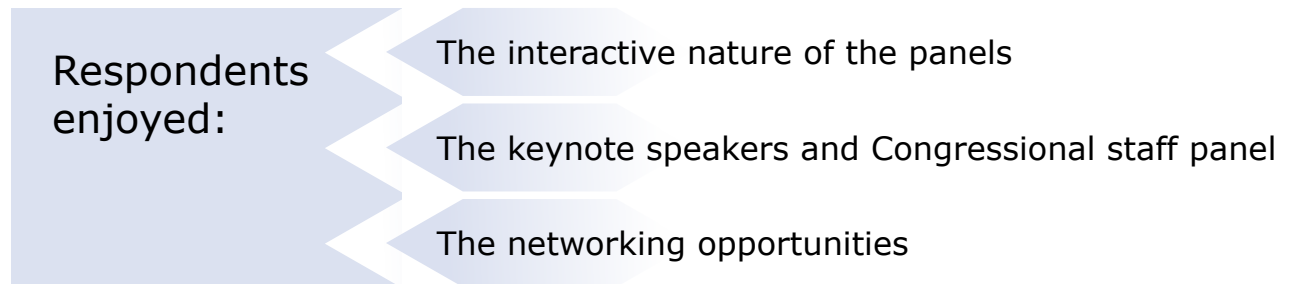
# Event Feedback

Following the Government Affairs Retreat, a survey was submitted via Survey Monkey, requesting attendees provide comments and feedback on the event.



The majority of respondents (81%) felt the event was relevant to their work in policy and government affairs

A strong majority (94%) felt the panels were very well balanced in terms of represented stakeholders



# Key Takeaways

Discussion from the 2013 GAR focused on key health IT policy priorities, including patient safety and regulation of health IT, Meaningful Use and health care reform, and interoperability.

Keynote speeches from the Innovation Center and ONC identified innovation being done in healthcare on alternative payment models and interoperability. Panel discussions highlighted the need for continued advocacy for health IT initiatives, data standards for interoperability, collaboration across health IT stakeholders, and a balanced approach to regulation.

Great progress has been made in health IT, at an accelerated rate. While innovation and collaboration are occurring among stakeholders, challenges persist. Discussion from the 2013 GAR points to the need for continued work in standards development, a strong business case for information exchange, and Congressional advocacy and education on health IT issues.

## Presenters *in Alphabetical Order*

**Julie Cantor-Weinberg, MPP**, Director of Public Health and Scientific Affairs, College of American Pathologists

**Marcia Cheadle, RN**, Director of Advanced Clinical Applications, Inland Northwest Health System (INHS)

**Robert Dieterle**, Chief Executive Officer, EnableCare, LLC

**Michelle Drozd**, Director of Policy and Research, Pharmaceutical Research and Manufacturers of America (PhRMA)

**Hank Fanburg**, Technology Advocacy, CHRISTUS Health, Executive Director of the Health Information Network of South Texas (HINSTX)

**Doug Fridsma, MD, PhD**, Chief Science Officer & Director, Office of Science & Technology, Office of the National Coordinator for Health Information Technology (ONC)

**Aaron Goldmuntz**, Senior Director of Business Development and Strategy for West Health

**Meg Marshall, JD**, Director, of Government Health Policy, Cerner Corporation

**Susan Matney**, Vocabulary Facilitator for Patient Care Technical Committee at Health Level 7 (HL7) Standards, 3M

**Donald Mon, PhD**, Senior Director, Center for the Advancement of Health IT Director, Standards & Interoperability, RTI International

**Rahul Rajkumar, MD, JD**, Senior Advisor, the Center for Medicare and Medicaid Innovation (The Innovation Center)

**Mark Segal, PhD**, Vice President, Government and Industry Affairs, GE Healthcare IT

**Elliot Sloane**, Founder, President, and Executive Director, Center for Healthcare Information Research and Policy

**Michael L. Snitman**, Vice President, Health Solutions Policy for LexisNexis

**Walter Suarez, MD**, Director, Health IT Strategy & Policy, Kaiser Permanente

**Charlene Underwood**, Senior Director of Government and Industry Affairs, Siemens Health Services

**Chantal Worzala, PhD**, Director of Policy, American Hospital Association