

Briefing Summary

Monday, December 9, 2013



Health IT: Supporting the Movement towards Outcomes-Driven Medicine



eHEALTH INITIATIVE

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Overview

On December 9, 2013, eHealth Initiative (eHI) held a Capitol Hill Briefing for health policy staffers and leaders in the health information technology community. The briefing, titled “**Health IT: Supporting the Movement towards Outcomes-Driven Medicine,**” allowed presenters from various healthcare positions to provide an overview on the direction of healthcare as the industry moves towards implementing (IT) tools to improve the quality of care. Allison Viola, eHI’s Vice President of Policy and Government Affairs, welcomed the attendees including Hill staffers, policy fellows, representatives from the Office of the National Coordinator for Health IT (ONC), and eHI members. The panelists shared their views on the benefits and challenges of using health IT tools on the ground, and what the future will look like for an IT powered healthcare system. The goal of the briefing was to provide an opportunity for discussion among the policy experts and public attendees. The summary below captures remarks from the panel and questions posed to the panelists by attendees.

Panelists



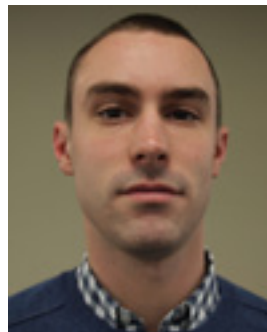
Chantal Worzala, PhD
Director of Policy
*American Hospital
Association*



Michael C. Tietjen
Management Analyst
Health Information
Exchange, *DC Department
of Health Care Finance*



Mitch Parker, MS
Chief Security Officer
*Temple University
Health System*



Alex Kontur
Research Analyst
eHealth Initiative

Discussion

Chantal Worzala, Ph.D., Director of Policy, *American Hospital Association*, presented on the benefits and challenges of deploying health IT within hospitals.

A few examples of the benefits include:

- 1) Clinical Decision Support (CDS):** CDS software can provide numerous benefits to providers in administering care and reducing errors. For example, CDS can notify physicians if the medicine administered to a patient will provide an unintentional interaction.
- 2) Predictive Modeling:** Health IT tools can identify which patients will need more intensive intervention and which patients are at a higher risk for readmission. Hospital staff can then prepare for the needs of these patients before they are admitted into the hospital.
- 3) Enhanced Care Coordination:** Health IT tools can allow providers to send an Admit, Discharge, or Transfer (ADT) message to other providers when his or her patient is admitted, discharged, or transferred from another hospital.
- 4) Patient Engagement:** Tablet computers can be provided to patients as a way to engage with nurses and physicians on their needs and serve as a resource for their treatment.

Challenges hospitals are facing:

- 1) Meaningful Use (MU):** MU is a federally funded, 3 stage incentive program to allow providers to adopt and use electronic health records (EHRs) effectively. In the current transition from Stage 1 to Stage 2, providers are concerned that the pace and scope of the program is too aggressive to ensure that the digital transformation is safe and orderly.
- 2) ICD-10:** The International Statistical Classification of Diseases (ICD), 9th edition, is currently used by providers to code for diseases, signs, symptoms, and other categories. The 10th edition will create vast new codes for providers to use in diagnosing patients, making the transition from ICD-9 to ICD-10 in 2014 an extensive task.
- 3) Interoperability:** Interoperability, the seamless flow of healthcare information that will follow the patient and provide physicians with information at the point of care, has not been reached thus far. Providers are looking into the maturing initiatives in standards-based exchange where healthcare providers in all areas of care can exchange and understand the health information received.

“The challenge in health IT policy is in the heavy regulatory burdens necessary to ensure that IT tools are used safely, however it hinders the pace of IT adoption in healthcare”

Mitch Parker, CISSP, Chief Security Officer, *Temple University Health System*, presented on the three communication channel dimensions to understand health IT:

- 1) Provider to Provider:** This channel involves healthcare data exchange from one organization to the other.
- 2) Provider to Consumer:** This channel involves providing patients with access to their medical records. The challenge for policy makers and providers is to make sure the consumer is safe from cyber threats and identity theft when accessing his or her health information. Healthcare professionals need to educate patients about safe access and software protection.
- 3) Provider to Medical Professionals:** This channel involves physicians using tablets or smartphones to request tests, health records, or lab results. This allows for providers to work remotely and frees up their staff duties.

Michael C. Tietjen, Management Analyst of Health Information Exchange, *DC Department of Health Care Finance*, presented his views from the DC Health Information Exchange (HIE). The HIE secured a \$5.1 million grant from ONC to work on achieving the interoperable exchange of electronic health information in DC and the surrounding areas. Mr. Tietjen elaborated on two projects the HIE is working on:

- 1) Direct Secure Messaging:** Direct Messaging is a point-to-point messaging service that is compliant with the healthcare privacy and security rules. The DC HIE is working to connect with the state HIE of Maryland, the Chesapeake Regional Information System for our Patients (CRISP), to share patient encounter notification and query portal requests. Thereby, medical professionals in DC and Maryland can send messages to each other when a patient enters a hospital in opposing states.
- 2) Upgrading the Public Health Infrastructure:** The DC HIE is investing in public health data acquisition through the use of direct secure messaging. This will enable more interfaces for providers to use when reporting population health data and to achieve the requirements in Stage 2 of MU. The challenge for a state HIE, Mr. Tietjen pointed out, is in sustainability, both programmatic and financially. Since the ONC grant will finish in February 2014, the DC HIE is working to acquire hospitals and others involved in healthcare to continue to support these programs through user fees.

eHI Survey Results

Alex Kontur, Research Analyst, *eHI*, spoke on the results of the **annual eHI survey on national trends in health information exchange (HIE)**. As Mr. Kontur pointed out, early conversations about HIE often questioned whether HIEs would survive and what their purpose would be. Today, HIEs are growing and have made significant progress toward sustainability. The key results from the survey are:

- 1) Stability:** HIEs have coalesced around relatively standard service offerings, such as results delivery, electronic health records, connectivity, and care summary exchange.
- 2) Sustainability:** The common sustainability model for HIEs is based on subscription fees. HIEs will also likely begin incorporating payers as participating stakeholders to generate more revenue by offering specific services geared toward local needs for a fee.
- 3) Future Outlook:** HIEs will continue their work toward achieving interoperability and constructing a consistent, standard-based infrastructure for information exchange.

Key Takeaways

A major challenge in information protection is in educating patients on how to avoid cyber threats and identity theft when he or she accesses their health information online.

Health IT tools will provide huge gains to providers in delivering higher quality of care; however, regulatory burdens in Meaningful Use, ICD-10, and standards development weigh heavily on healthcare providers.

The health IT community voices the need for a single national plan for patient identification matching and widely used standards-based exchange to achieve interoperability.

HIEs are beginning to move past the barrier of sustainability as they transition to a subscription fee business model and focus on patient matching activities and standard-based exchange.