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Health Information Technology Policy Committee
January 14, 2014

Overview
The Health Information Technology Policy Committee (HITPC) held a virtual meeting on January 14 with the following presentations:
1. Data Analytics update from the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC)
2. Public Health Update
3. Patient Matching Update
4. Quality Measures Workgroup
5. Accountable Care Workgroup
6. ONC Policy and Programs Update
7. ONC Standards Update

Background
The HITECH Act, as part of the American Recovery and Reinvestment Act of 2009, was passed to help promote the adoption of health information technology (health IT) for a better health care system. HITECH established two federal advisory committees, one them being the HITPC, to assist ONC in implementing provisions of the act. The HITPC itself is composed of many workgroups, including meaningful use, information exchange, privacy & security, quality measures, and others.

Opening Remarks (Karen DeSalvo, National Coordinator, ONC)
In her first opening remarks as the National Coordinator of the ONC, Dr. DeSalvo provided a background of her time at Tulane Medical School and her physician experience in Louisiana. The catastrophe of Hurricane Katrina in 2005 changed her perception of healthcare as portions of Louisiana were flooded for more than 30 days. The natural disaster allowed for the medical professionals in Louisiana to collaborate and build a new healthcare system built on the foundation of primary care and new payment models. Electronic health records (EHRs) has become an integral part to Louisiana's new healthcare infrastructure.

Dr. DeSalvo's goal, she explained, is to see that the American people experience the promise of health IT and to provide the opportunity for health IT to become incorporated into the leading mix of the US health care system. Her focus is to keep people healthy and secure, especially in the face of disasters. "This is my motivation and this is why I am here," Dr. DeSalvo concluded.

Presentations:

1. Data Update from CMS and ONC

CMS Update (Robert Anthony, Deputy Director, Office of e-Health Standards and Services, CMS)

The following are a few highlights from Robert Anthony's presentation:
1. As of November 2013, there are a total of 436,189 active Meaningful Use (MU) registrations with a total of $17,774,398,736 in delivered incentive payments. This includes:
    o 289,852 Medicare Eligible Professionals (EPs) with $4,028,346,433 paid

- 141,665 Medicaid EPs with $2,499,075,551 paid
- 4,672 Eligible Hospitals (EHs) with $10,931,271,967 paid

Meaningful Use Program Trends:
2. Approximately 86% of all eligible hospitals have received an EHR incentive payment for either MU or Adopt, Implement, or Update (AIU)
3. More than 8 out of 10 eligible hospitals have made a financial commitment to an EHR
4. Approximately 60% or 3 out of every 5 Medicare EPs are meaningful users of EHRs
5. Approximately 76% or nearly 3 out of every 4 Medicaid EPs of have received an EHR incentive payment
6. 17% of Medicaid EPs are meaningful users
7. Over 63% or 3 out of every 5 Medicare and Medicaid EPs have made a financial commitment to an EHR
8. Over 330,000 Medicare and Medicaid EPs have received an EHR incentive payment

CMS expects to see higher numbers for the months of January and February 2014 as new participants join the Meaningful Use program.

[ONC Data Update](#) (Jennifer King, Research and Evaluation Branch Chief, ONC)

Jennifer King provided data on the hospitals' progress to MU and an update on the 2014 EHR certification progress.

For Hospitals attesting to MU:
1. About 90% of large, medium, and small rural hospitals have attested
2. Approximately 65% of critical access hospitals (CAHs) and small urban hospitals have attested.

Looking at the 2014 Certification data:
1. Hospitals: 89% of EHs that have attested to Stage 1 used a primary vendor that had any 2014 Edition product. For vendors, 86% (10 vendors) has a 2014 Edition product meeting the Base EHR definition.
2. Professionals: 75% of EPs that have attested to Stage 1 used a primary vendor that had any 2014 Edition product. For vendors, 70% (34 vendors) has a 2014 edition product meeting Base EHR definition.

Ms. King also provided an overview of three study findings on health IT:
1. "Health Information Technology: An Updated Systematic Review with a focus on Meaningful Use." *Annals of Internal Medicine.*
   a. Reviewed 490 studies on health IT and found: (1) Meaningful Use functionalities have predominately positive effects on quality, safety, and efficiency outcomes, and (2) Health IT effects varied by type of outcome but were mostly positive overall.
2. "Clinical Benefits of Electronic Health Record Use: National Findings" *Health Services Research &* "Physician Experience with Electronic Health Record Systems that Meet Meaningful Use Criteria: National Ambulatory Medical Care Survey (NAMCS) Physician Workflow Survey, 2011"
   a. Performed an analysis of a survey on office-based physicians that found: (1) the majority of physicians report EHR let to clinical, efficiency, and financial benefits and (2) Physicians using MU EHRs are more likely to report benefits, especially those with longer EHR experience.

2. **Public Health Update** (Jim Daniel, Public Health Coordinator, ONC & Arthur Davidson, Director of Public Health Informatics, Denver Public Health)

Arthur Davidson [presented](#) on three items:

1. A review of public/population measures from Stage 1 Meaningful Use.
   a. Hospitals and providers have been successful in reporting at least 1 public health measure.
2. A review of public health efforts from the Standards and Interoperability (S&I) Framework
   a. Public health measures are incorporated in these S&I initiatives: Transition of Care, Query Health, Health eDecisions, Structured Data Capture, and Data Access Framework.
   b. The S&I Initiatives are adopting and testing public health measures with significant progress
3. A review of readiness on public health measures for Stage 3 of Meaningful Use.
   a. Cancer reporting is new in Stage 2 and will transition into Stage 3.
   b. Only pilots have been performed. Need to complete end-to-end testing for comprehensive guide development

3. **Patient Matching Update** (Lee Stevens, Program Director, State HIE Program, ONC & Kate Black, Health Privacy Attorney, ONC)

Lee Stevens and Kate Black presented on ONC's patient matching initial findings. ONC contracted with Audacious Inquiry in 2013 to perform a 3-month environmental scan to find out what patient matching activities are providers using throughout the country. The goal, Mr. Stevens explained, is to democratize patient matching and get everyone on the same page. ONC recognizes that patient matching is a complex problem and therefore, developing improvements to this issue will be multifaceted and incremental with no single solution or step that is final.

The 8 initial findings from the study are:
1. Standardization of Data attributes
   a. Standardized patient identifiers should be used in the relevant exchange transactions.
2. Capturing Data Attributes
   a. Certification criteria could be introduced that would enable certified EHR technology to capture the data attributes that would be needed in the standardized patient identifier content.
3. Data Attributes Requiring Further Study
   a. Study the ability of additional, non-traditional data attributes to improve patient matching.
4. Patient Matching Algorithms:
   a. Develop or support an open source algorithm that could be utilized by vendors to test the accuracy of their patient matching algorithms or be utilized by vendors that do not currently have patient matching capabilities.
5. Identifying Duplicates
   a. Consider adding certification criteria to demonstrate the ability of a system to generate and provide to end users reports that detail potential duplicate patient records
6. Data Governance Policies and Best Practices
   a. Build on the initial best practices that emerged during the environmental scan by convening industry stakeholders to consider a more formal structure for establishing best practices for the matching process and data governance.
7. Consumer Engagement Policies and Best Practices
   a. Develop best practices and policies to encourage consumers to keep their information current and accurate
8. Data Quality Policies and Best Practices
   a. Work with healthcare professional associations and the Safety Assurance factors for EHR Resilience (SAFER) Guide initiative to develop and disseminate

educational and training materials detailing best practices for accurately capturing and consistently verifying patient data attributes.

ONC is looking to make improvements in patient matching with Meaningful Use Stage 3 rules, 2014 EHR certification criteria, and consumer engagement.

4. **Quality Measure Update** (Helen Burstin, Senior VP for Performance Measures, National Quality Forum, Chair of Quality Measures Workgroup & Terry Cullen, Director of Informatics, Veterans Health Administration, Co-Chair of Quality Measures Workgroup)

The presenters shared the Quality Measures workgroup recommendations for the next generations of e-measure constructs. The presenters began by listing the identified measure domains/gap areas where further work is needed for future measurement development.

In terms of innovation pathways, the Quality Measure workgroup recommends ONC and CMS to consider an optional "innovation pathway" whereby MU participants would be able to wave one or more objectives by demonstrating that they are collecting data for measures used for internal quality improvement.

For patient-reported outcome measurements, the workgroup recommends that ONC and CMS should continue to include patient-reported outcomes as MU objectives and place into standards that include non-traditional determinants of health.

5. **Accountable Care Workgroup & Accountable Care Hearing Update** (Charles Kennedy, CEO, Accountable Care Solutions, Aetna/Wellpoint, Chair of Accountable Care Workgroup & Grace Terrell, CEO, Cornerstone Health Care, Co-Chair Accountable Care Workgroup)

The Accountable Care workgroup is charged with making recommendations on how the Department of Health and Human Services (HHS) policies and programs can advance health IT to improve population health care while reducing costs under accountable care arrangements.

The workgroup held a hearing on December 5, 2013 to discuss public policy issue areas in accountable care arrangements. The key messages from the hearing were discussed during the presentation. A few of the recommendations agreed upon by the members are shown below:
   1. Data integration across EHR systems and with population health platforms is a major challenge for providers collaborating under accountable care arrangements.
   2. Technical, strategic, and financial considerations continue to inhibit providers from exchanging information to support care coordination.
   3. While providers in accountable care arrangements are acutely experiencing these challenges today, they do not have the leverage to drive solutions alone.
   4. HIEs are facilitating exchange for accountable care in select markets, but sustainability and spread are still a major concern.
   5. There is lack of clarity and consensus around the key quality measures that are needed to effectively drive care improvement within ACOs. Office of the National Coordinator for Health Information Technology 4 Key Challenges/Messages.

6. **ONC Policy and Programs Update** (Jodi Daniel, Director of the Office of Policy Planning, ONC)

Jodi Daniel reviewed a few ONC publications and ONC's plans ahead.

1. Health IT Safety Documents:
   a. [SAFER Guides](#) are risk assessment tools developed to help providers assess the safe use of EHRs in critical areas.
   b. [Guide to Identifying and Addressing Unsafe Conditions Associated with Health IT](#). The purpose is to help healthcare organizations and PSOs improve reporting of unsafe conditions associated with health IT.
   c. [Guidance](#) on Safety-focused Surveillance of Certified EHR Technology
2. Patient-Generated Health Data (PGHD):
   a. ONC partnered with the National eHealth Collaborative (NeHC) to develop a final report on Patient Generated Health Data (PGHD) with input from a Technical Expert Panel (TEP). ONC will release a guidance soon.
3. EHR Stark Exception and the Anti-Kickback Safe Harbor *statue* has been expanded until December 21, 2021. Click here for the [OIG final rule](#) and [CMS final rule](#).
4. 2015 Edition of Certified EHR Technology.
   a. This edition will mark a new approach to certification, whereby the 2015 certification criteria will be issued at the pace of developing technology, rather than being tied into Meaningful Use.
   b. More information will be presented in the proposed rule.
   c. This will be voluntary for Stage 2 of Meaningful Use.
5. Issue Briefs posted:
   a. [Medication Adherence](#)
   b. [Using Health IT to Put the Person at the Center](#)
6. The Federal Health IT Strategic Plan will be reviewed at the next HITPC meeting on February 4, 2014.

7. **ONC Standards Update** (Doug Fridsma, Chief Science Officer & Director of the Office of Science and Technology, ONC)

Doug Fridsma [presented](#) an overview of the Standards and Interoperability (S&I) Framework. There are a total of 17 initiatives. The S&I members are looking into consolidating many initiatives. For a list of the initiatives and detailed explanation of the Structured Data Capture (SDC) and Data Access Framework (DAF), view the slides.

Meeting Materials
Click [here](#) to download the presentations and a recording of the meeting.

Next Meeting
The [next HITPC meeting](#) will be held on February 4, 2014 at 9:30am ET.