Government Affairs Retreat

February 12, 2014

Health IT: Setting The Foundation To Transform Our Future

eHEALTH INITIATIVE

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Overview

Over 60 participants attended **eHealth Initiative's (eHI)** annual **Government Affairs Retreat** on February 12, 2014 at the Reserve Officers Club located in Washington, DC. This event brought together eHI members with officials from Congress and Government agencies. The retreat included a panel of congressional health legislative aids and breakout discussion sessions highlighting five major issue areas for 2014 including Meaningful Use, Interoperability, Payment and Care Delivery Reform, Health Information Exchange (HIE), and Patient Identification and Matching. The retreat provided an opportunity for members to further understand eHI's 2014 policy agenda and provide input on key steps for moving the policy agenda forward.

The summary captures remarks from keynote speakers, comments from the panel discussions and key action items resulting from the Government Affairs Retreat.

Keynote Speakers

Karen DeSalvo, MD
National Coordinator for
Health Information Technology
*Office of the National
Coordinator (ONC)*

David R. Thomas
Partner
*Mehlman Vogel
Castagnetti, Inc.*

**Congressman
Scott H. Peters**
(D-CA)
California's 52nd

Alex N. Vogel
Partner
*Mehlman Vogel
Castagnetti, Inc.*

Congressman Scott H. Peters, (D-CA) from **California's 52ⁿᵈ Congressional District,** provided an overview of the Washington, DC government culture and background on his efforts to promote health IT. Congressman Peters highlighted the following information:

- The current culture may present challenges for innovation promotion; however, we must keep in mind that innovation is an important factor in lowering costs. Although the initial cost of innovation may be high, the future cost savings and value should be recognized.

- Congressman Peters has been a strong proponent for health information technology use and has introduced related bills:
    - **Health Savings Through Technology Act** (H.R. 3577): seeks to identify the potential for healthcare cost savings through wireless technology.
    - **21st Century Care for Military and Veterans Act** (H.R. 3507): seeks to provide Veterans with access to the medical care they need.

- We cannot continue to view health care as an accounting problem that can be solved by raising fees or lowering reimbursements. Rather, solutions lie in developing new ways of thinking about care delivery.

> *"We need to view every dollar as an investment instead of as spending"*

David R. Thomas & Alex N. Vogel, Partners at **Mehlman Vogel Castagnetti, Inc.,** presented a macro-level overview of the current Washington, DC healthcare political landscape. Presentation highlights include the following:

- Politically, 2013 has been a challenging year due to confidentiality leaks (e.g. Edward Snowden), the Patient Protection and Affordable Care Act (ACA) passage, and lower presidential approval ratings.

- The political landscape for the Republican and Democratic Party constituent demographics are changing. Districts are becoming more racially homogenous and rurally based in some instances while in other instances constituents have more heterogeneity and are more urban based.

- There has been a shift towards executive order use to accomplish tasks. Congress needs more compromise across party lines to make progress in the Legislative process.

- In 2014, it is anticipated that the budget crisis will leave center stage allowing for increased focus on other issues such as immigration, the Sustainable Growth Rate (SGR) doc fix, climate control, and cyber security.

- The SGR doc fix is likely to resume progress after midterm elections. At this time, the doc fix has a 1 in 3 chance of getting through Congress.

Congressional Panel Speakers

Congressional Staff Panel members representing the **Senate House, Education, Labor, and Pensions (HELP) Committee and the House Ways and Means Committee** participated in a panel discussion. The panel discussed the following points:

■ The 2014 Congressional Healthcare agenda includes:
- Focus on the U.S. Food and Drug Administration (FDA) portfolio (e.g.user fee reauthorization, drug supply changes, drug oversight)
- Emphasis on mental healthcare improvement
- ACA Hearings
- Entitlement reform (e.g. combining Medicare A & B)
- SGR repeal and reform
- Meaningful Use program consolidation and focus on interoperability.
- Payment model reforms

■ There are plans to convene bipartisan health IT issue roundtables with stakeholders and Congressinal staff members to discuss important issues such as:
- Achieving interoperability
- Analyzing Meaningful Use Program movement from Stage 2 to Stage 3
- Consolidation of quality reporting programs

■ On the topic of Meaningful Use, a hardship exemption exists but it has not been well communicated and is not well known among healthcare providers and vendors. The exemption is likely best communicated via Medicare.

■ February 17, 2014, marked the 5 year anniversary of the HITECH Act. The panel expressed mixed views on the progress of health IT adoption and use since the HITECH's passage. The lack of a clear path towards interoperability, the increased costs for health IT tools, and the privacy risks for patients remain major concerns for Congress. However, the panelists noted positive developments from HITECH including significant, national adoption rates and the impressive degree of innovation in payment and care delivery methods.

Breakout Sessions:

Interoperability – Addressing the Needs and Challenges to Move Forward:

Facilitator: Leigh Burchell, Vice President, Government Affairs, *Allscripts*

Issue Statement

As key stakeholders in the health care system, eHI members have a "birds-eye" view of the impact of interoperability among health IT systems. To assess a strategy for progressing interoperability, we asked our members the following question:

■ How can the needs and challenges associated with interoperability most effectively be addressed to accelerate health information exchange and use?

Group Discussion Points:

- The meaning of interoperability is different based on stakeholder group. Therefore, we should have use cases for specific exchange channels between providers, patients, public health entities, pharmaceutical companies, and researchers.
- The healthcare community lacks a single standard interface for health IT devices. As a result, healthcare entities have to work with a multitude of interfaces, causing confusion and burden among healthcare administrators.
- There is a need to identify what data needs to be shared and the importance of sharing such data. A major road block towards achieving interoperability continues to be the need for an accurate patient identification and matching mechanism to ensure patient safety when exchanging digital health information.

What can eHI do to Address Interoperability?

- Develop a message to policy makers indicating the need to assess the value for each use case. In doing so, pertinent factors to address for each use case include costs, benefits, feasibility, and stakeholders that bear the cost burden.
- Analyze Meaningful Use Stage 2 components to recognize what provided the most benefit towards interoperability and leverage this information to move forward with Stage 3.

Patient Identification and Matching:

Facilitator: Beth Just, MBA, RHIA, FAHIMA, President & CEO, *Just Associates, Inc.*

Issue Statement

Accurate patient matching has been identified as a significant challenge for the past decade. To assess a strategy for progressing patient identification and matching, we asked our members for insight on solutions to patient matching and comments on ONC's patient matching study. In particular, we asked:

- What should eHI's priorities be to support the achievement of patient identification and matching?
- What role should eHI play in educating and supporting various health data stakeholders about the importance and current efforts in patient matching?

Group Discussion Points:

- The healthcare industry can leverage financial sector experience in individual identification (e.g. credit card chips) when assessing patient matching solutions.
- Security concerns exist regarding the use of advanced IT tools for patient matching (e.g. biometrics, iris scanners, palm scanners).
- The public perspective is an ongoing roadblock. Currently, patient engagement and consent for using identifiers will be a challenge moving forward. A priority should be placed on patient education on how and why identifiers will improve patient safety.
- The healthcare community can develop mechanisms to certify the patient identification algorithms and move towards an open-source model.

What can eHI do to Address Patient Identification and Matching?

- Identify best practices to address patient identification and matching.
- Generate discussion around a unique patient identifier (UPI) to break down policy and education roadblocks.
- Increase advocacy and education efforts to develop relevant literature for the public.
- Work with partners to survey the general population and develop a more comprehensive wperspective of opinions pertinent to patient identifiers.

Health Information Exchange (HIE) Strategies for Accelerating Widespread Data Sharing:

Facilitator: Mary Brown, Director Of External Affairs, *Quality Health Network*

Issue Statement

HIE entities are rapidly evolving with maturing standards and public-private HIE initiatives focused on advancing interoperable health information exchange.

During the Government Affairs Retreat, we asked eHI members for their insight on:

- Identifying challenges to interoperable health information exchange.
- Setting a framework for strategies to overcome these challenges to enable bidirectional exchange.

Group Discussion Points:

- Members discussed the imbalance in data push and pull from Electronic Health Records. Entering data into EHR is easier than extracting data from EHRs.
- There is a need for consensus on what exact data needs to be standardized. The community needs answers regarding who should produce the data, manage it, and/or change it. The community should also have specific examples that people can debate and agree upon.
- Patient preference on how to obtain their health information differs from either (1) a single, dedicated patient portal or (2) from separate portals run by individual providers. A possible solution is to push data from the HIE to an individual provider-patient portal.
- The healthcare community may see a change in the doctor's recorded patient information. Because patients will be able to view the notes directly, doctors would be more cognizant of what information they record.

What can eHI do to Improve Health Information Exchange?

- Advocate to Congress and other stakeholders on the high importance of data standards to advance HIE capabilities.
- Continue to advocate for the need of accurate patient identification and matching.
- Provide resources for consumers to engage in taking an active role in their health.

Meaningful Use – Looking Ahead to Stage 3 and Beyond:

Facilitator: Lynda Rowe, Senior Associate, *Booz Allen Hamilton*

Issue Statement

As stakeholders in the health care system, eHI members have key involvement and experience with Meaningful Use requirements. Meaningful Use Stage 3 final rules are expected in late 2014. The primary focus will be on improving health outcomes. In anticipation of the Meaningful Use Stage 3 rollout, we asked our members the following questions:

- What is your feedback on the draft MU Stage 3 recommendations? Where do you see eHI being most effective?
- How should the MU Program change to provide an "effective glide path" to more fully leverage IT to support emerging reimbursement and care delivery models?

Group Discussion Points:

- Stage 3 rules should include the following recommendations:
  - Include a high emphasis on improving usability with health IT tools for end-users.
  - Be more prescriptive on having consistent standards for data capture and exchange.
  - Be less prescriptive on how to achieve MU for vendors and physicians:
    - Include flexibility for vendors to design their systems to achieve the desired outcomes.
    - Let physicians have the choice to choose which IT tools to use and how to use them in order to achieve the desired outcome.
    - There is a substantial need for evaluating the current measurements used in the field. Results of the analysis should be used to influence decisions on Stage 3 rules.
    - eHI's comment letter for the Stage 3 rules is still relevant and appropriate as noted by eHI members.

What can eHI do to Influence Meaningful Use Stage 3?

- Advocate for the need of an evaluation program for Stage 1 and Stage 2 to inform Stage 3 and beyond.
- Survey constituents across the health IT adoption spectrum to rate whether the current measurements captured are useful. The information gathered from this survey can be useful to assess whether the Stage 3 rules are on the right path.

Payment & Care Delivery Reform Integration Quality of Care with Health IT:

Facilitator: Neal Neuberger, CISSP, Executive Director, *Institute for eHealth Policy*

Issue Statement

With the adoption, implementation, and use EHRs and quality measurement reporting, numerous payment reform and alternative payment methods (APMs) have emerged that are dependent on health IT capabilities. To prepare for payment and care delivery reforms, we asked our members for their insight and comments in three parts:

- Where can health IT play an important role in APMs (e.g. Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMHs), bundled payments)?
- What are your reflections on expected payment reform and health IT legislation (e.g. SGR and telehealth bills)?
- Where can eHI focus its efforts to support these upcoming changes?

Group Discussion Points:

- The focus of payment and care delivery reforms should be on practice settings. Any upcoming legislation should define what the necessary tools, technology, and workflow changes are needed for providers to easily transition into new models.
- With multiple reforms overlapping, the community needs a current snapshot of where healthcare reforms are now and a look of possible paths in future payment and development.
- It is imperative to bridge the gap between the ONC and Capitol Hill. There needs to be more conversation to leverage both ends of understanding health IT issues and how it ties into payment reform.
- Patient matching standards are necessary to ensure that new data to facilitate payment and care delivery reforms will not become a patient safety issue.

What can eHI do to Address Payment and Care Delivery Reform?

- Provide stakeholders with an environmental snapshot of payment and care delivery reforms.
- Provide education and opportunities for patients and consumers to take action and become involved in the policy making of payment and care delivery in order to make this subject culturally relevant.
- Facilitate stakeholder roundtable discussions on this issue to develop solutions and projections as payment and care delivery reforms mature.
- Use the information developed in the above scenarios to advocate a clear eHI community direction on Capitol Hill.

Summary of eHI Action Steps

Interoperability – Addressing the Needs and Challenges to Move Forward

- Develop messages to policy makers emphasizing the need to assess the value of each use case.
- Review Meaningful Use Stage 2 requirements with the Department of Health and Human Services and encourage policy makers to decide whether to reconsider specific requirements based on benefits, cost, and feasibility.

Patient Identification and Matching

- Identify best practices to address patient identification and matching.
- Generate discussions around Universal Patient Identifiers (UPIs) to break down policy and educational roadblocks.
- Increase advocacy and education efforts to develop relevant literature for the public.
- Work with partners to survey the general population and develop a more comprehensive perspective of opinions pertinent to patient identifiers.

Health Information Exchange (HIE) – Strategies for Accelerating Widespread Data Sharing

- Advocate to Congress and other stakeholders on the high importance of data standards to advance HIE capabilities.
- Continue to advocate for the need of accurate patient identification and matching.
- Provide resources for consumers to engage in taking an active role in their health.

Meaningful Use – Looking Ahead to Stage 3 and Beyond

- Advocate for the need of an evaluation program for Stage 1 and Stage 2 to inform Stage 3 and beyond.
- Survey constituents across the health IT adoption spectrum to rate whether the current captured measurements are useful. The resulting information can be useful to assess whether the Stage 3 rules are on the right path.

Payment and Care Delivery Reform - Integration Quality of Care with Health IT

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Presenters & Discussion Facilitators

Elina Alterman, MSW, MPH
Health IT Policy and Outreach Coordinator
National Partnership for Women & Families

Marcy Cheadle, RN
Senior Director Clinical Applications
Inland Northwest Health Services
Vice-Chair, eHI Policy Steering Committee

Jennifer Covich Bordenick
Chief Executive Officer
eHealth Initiative & eHealth Initiative Foundation

Mary Brown
Director of External Affairs
Quality Health Network

Leigh Burchell
Vice President, Government Affairs
Allscripts

Karen DeSalvo, MD
National Coordinator for
Health Information Technology
*Office of the National Coordinator
for Health Information Technology (ONC)*

Beth Just, MBA, RHIA, FAHIMA
President & CEO
Just Associates, Inc.

Neal Neuberger, CISSP
Executive Director
Institute for eHealth Policy

Lynda Rowe
Senior Associate
Booz Allen Hamilton

Mark Segal, PhD
Vice President, Government
and Industry Affairs, GE Healthcare IT
Chair, eHI Policy Steering Committee

David R. Thomas
Partner
Mehlman Vogel Castagnetti Inc.

Allison Viola, MBA, RHIA
Vice President for Policy
and Government Affairs
eHealth Initiative

Alex N. Vogel
Partner
Mehlman Vogel Castagnetti, Inc.

Congressman Scott H. Peters (D-CA)
Member, House Committee on Science,
Space, & Technology
*U.S. Representative
for California's 52nd District*

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