Health Information Technology Policy Committee
Summary
March 11, 2014

Overview
The [Health Information Technology Policy Committee](#) (HITPC) held a [meeting](#) on March 11, 2014 at the Washington Plaza Hotel in Washington DC, with the following presentations:
1. Meaningful Use (MU) Update
2. Data Review update from the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC)
3. Health IT Workforce Update
4. Long-term and Post-acute Care (LTPAC) and Behavioral Health Certification Update

Background
The HITECH Act, as part of the American Recovery and Reinvestment Act of 2009, was passed to help promote health information technology (health IT) adoption 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 (MU), information exchange, privacy & security, quality measures, and others.

Presentations
Opening remarks were provided by Karen DeSalvo, MD, MPH, MSc, National Coordinator for ONC who noted recent ONC organizational changes. Dr. Jacob Ryder, who previously held the title of Acting National Coordinator for Health IT, is now the Acting Principle Deputy National Coordinator. Josh Brimmer, the former Special Assistant to the National Coordinator for Health IT, is now the Active Chief of Staff. Dr. DeSalvo welcomed a new member to the ONC team, Ayame Dinkler, who will be the Special Assistant to the National Coordinator for Health IT.

1. **Meaningful Use Update** (Meaningful Use Workgroup: Paul Tang, Chair & George Hripcsak, Co-Chair)

Paul Tang, Chair, and George Hripcsak, Co-Chair, [presented](#) on the MU Workgroup's (MUWG) process to revise the draft MU recommendations and reviewed the revised MU Stage 3 [recommendations](#). Key presentation points included the following:
- Recommendations and feedback from the last HITPC meeting were incorporated into the revised MU Stage 3 recommendations.
- Interoperability remains a top priority, as information exchange is a vital component to achieving improved patient care.
- The MUWG focused on four emphasis areas approved during the last meeting: (1) clinical decision support, (2) patient engagement, (3) care coordination, and (4) population management.
- The charge of the MUWG was to revise the draft recommendations to reduce the total number of recommendations, tighten the focus of the recommendations, reduce provider burden, and rely on more mature requirements standards.
- Requirements determination is a balancing act, as the MUWG must be sensitive to the impact of requirements for providers and remain cognizant to ensure providers are not unnecessarily burdened.

- 8 out of 26 recommendations were removed to focus on the four identified key areas and reduce provider burden.
- The Final Rule for MU Stage 3 is expected in the first half of 2015. More review and comment periods are forthcoming.

During the MU update, Dr. DeSalvo reminded attendees that MU is one of the many available tools that can be used to advance the agenda of providing health information to consumers. She noted that MU Stage 3 is not the final chapter nor is it the only tool for health IT promotion.

Several comments were made regarding MU Stage 2 requirements, noting the importance of assessing the impact of these requirements prior to moving forward with MU Stage 3 rollout.

A vote was proposed to add patient reminders back into the WG recommendations; however, attendees noted that many electronic health records (EHRs) currently have reminder systems in place that might create an undue burden if changed. The vote was not sustained by HITPC attendees. Additionally, a motion to vote for use of the Department of Health and Human Services (HHS) standards instead of OMB standards for race/ethnicity data was withdrawn. A vote to advance the revised MU Stage 3 recommendations to CMS and ONC was approved.

2. Data Update from CMS and ONC

CMS Update (Elisabeth Myers, CMS)

Elisabeth Myers, CMS, the new policy and outreach lead for the CMS HITECH program, presented data trends for MU registrations and general MU program trends. More information on individual measures will be available during the next update, as CMS is currently in an attestation period.

As of to date, there are a total of 448,750 active MU registrations. This includes:
- 296,528 Medicare Eligible Professionals (EPs)
- 147,520 Medicaid EPs
- 4,702 Eligible Hospitals (EHs)

MU Program Trends:
1. Approximately 89% of all eligible hospitals have received an EHR incentive payment for either MU or AIU.
2. Nearly 9 out of 10 eligible hospitals have made a financial commitment to an EHR.
3. Approximately 60% or 3 out of every 5 Medicare EPs are meaningful users of EHRs.
4. Approximately 79% or nearly 4 out of every 5 Medicaid EPs of have received an EHR incentive payment.
5. 21% of Medicaid EPs are meaningful users.
6. More than 65%, 2 out of every 3 Medicare and Medicaid EPs, have made a financial commitment to an EHR.
7. Over 347,000 Medicare and Medicaid EPs have received an EHR incentive payment.

Ms. Myers noted the new CMS policy for hardship exceptions indicates the exceptions will be available for providers that have been unable to obtain or implement 2014 certified software. CMS has published guidance with additional information and deadlines.

ONC Data Update (Jennifer King, ONC)

Jennifer King, ONC, provided an update on possible ways to measure progress towards the following HITECH goal: "The utilization of an EHR for each person in the US by 2014." Many

different perspectives can be taken to measure progress towards this goal. The ONC has assessed possibilities, compiled data, and condensed the data into three possible perspectives to measure the aforementioned goal:

- ***Provider perspective****: What share of US providers is using EHRs?*
  - o A strong majority of physicians and hospitals had adopted some type of EHR.
  - o In 2013, 78% of physicians had adopted some type of EHR.
  - o In 2012, 93% of hospitals had adopted some type of EHR.
- ***Encounter perspective****: What share of health care encounters takes place at providers using EHRs?*
  - o In 2010, 53% of all visits took place at a physician with some type of EHR. Future projections for 2013 indicate 78% of visits will take place at a physician's office with some type of EHR.
  - o In 2012, 97% of hospital admissions were at providers with an EHR.
- ***Person perspective****: What share of people has their medical record in an EHR?*
  - o In a 2012 ONC survey, 65% of adults reported that any of their medical providers maintain their information in an EHR.
  - o In a 2012-2013 Health Information National Trends Survey (HINTS), 88% of adults reported that any of their medical providers maintained their information in an EHR.

3. **Health IT Workforce Update: Certification/Adoption Workgroup** (Larry Wolf, Co-Chair and Norma Morganti, Sub-Chair)

Larry Wolf, Co-Chair, and Norma Morganti, Sub-Chair, provided a Health IT Workforce Update. The workgroup is diverse, representing providers, patients, academia, and government. Presentation highlights include the following:

   1) Description of the Standard Occupational Classification (SOC)
   - The SOC is a federal, statistical standard set required by the Office of Management and Budget (OMB). It is applicable to federal agencies that publish occupational data for statistical purposes.
   - The occupational information gathered is used for estimating supply and demand, making decisions on education and training, assisting with job search and placement, and to make employer decisions on compensation, training, and business location.
   - The SOC Policy Committee (SOCPC) makes policy recommendations for SOC changes to OMB. Currently, OMB is ready to ask for SOC input for final decisions.
   - The SOC code is a four level hierarchy with are major and minor groups.
   - The SOC structure is reassessed every 8 years. The next scheduled update cycle begins in 2018.
   - Currently, the ONC is recommending a new major occupational group be created for Health Care Practitioners and Technical Occupations and a minor occupation group be created for health IT. Additionally, a broad occupation listing will be included as a subset of the Minor Occupation Group.
   - ONC has solicited input and the workgroup has tried to bring in professional associations and other stakeholders to determine appropriate classifications.
   - ONC will bring recommendations to the HITPC once the Federal Register notice occurs (expected in early 2014).
   2) Evaluation of ONC Funded Workforce Programs: Key Findings
   - A workforce development program was funded by the ONC. It consisted of a University based training program, a community college consortia program, and curriculum development.
   - Key findings include:

- Communication and clarity of purpose at the outset are critical and would have created more initial momentum.
- ONC developed flexibility in the workforce development program was an asset, providing an opportunity to develop best practices.
- The connection with the employer community was paramount to graduates. Some graduates believed this is an area that needs additional work.
- Sustainability plans:
  - Continued health IT education offerings
    - 63 of the original consortiums are continuing to offer HIT training; the current curriculum is still being used.
    - Many colleges are moving training into other areas of the university.
  - Education and training need to adapt continuously to the changing health IT landscape.

3) *Tools Training, and Transformation: Health IT training needs and competencies for practice transformation*

- How do we help a staff utilize health IT? A roadmap to success is important, and on the job success likely stems from a work environment with a consistent understanding of the transformation process, visible leadership and support, and established outcomes that can be measured against contextual factors during care delivery.
- On the journey to MU Stage 1, a substantial amount of work has been done and there has been a broad range of reference material available to implement and attest to MU Stage 1.
- At higher levels of the roadmap to success, it is important to understand workforce resource and training needs.
- To support field-based transformation, the presenters provided an example of an e-learning module that used broad competency frameworks that were broken down into discrete learning levels.
- In workforce development, it is important to point people to resources already in place.
- The HITPC continues to focus on continued support of a diverse healthcare workforce, different modalities of training, training needs for new initiatives, innovative education, and innovative training.

4. **Long-term and Post-acute care (LTPAC and Behavioral Health Certification Update: Certification/Adoption Workgroup** (Larry Wolf, Co-Chair and Mark Probst, Co-Chair)

Prior to the presentation, Steve Posnack, Director of the Federal Policy Division, ONC mentioned the proposed 2015 EHR certification criteria and the following key points:

- A May 6, 2014 target date was provided for Certification Adoption Workgroup (CAWG) input.
- The proposed criteria created a new regulatory structure pathway in the EHR Certification Program. Currently, certification is a 2 step process that involves: (1) a functional capability assessment, AND (2) determination whether the assessed functional capability supports a performance based measure. If the prior 2 steps are met, the EHR product also needs to include functionality to calculate percentages. Proposed rule is to put an OR after step 1 creating two certification pathways. One path would be used for MU while the other path would be used for non-MU purposes. In doing so, the proposed rule would remove the current regulatory burden for products designed to support other health care settings and allow for more flexibility in the certification program.?

The presenters, Larry Wolf, Co-Chair, and Mark Probst, Co-Chair, spoke about current work in the area of long-term care (LTC) and behavioral health (BH), two fields that are not included in the MU program. ONC is considering a voluntary certification process for these fields. Key presentation points included the following:

- The CAWG is tasked to recommend a process for prioritizing health IT capabilities for EHR certification that would improve interoperability across a greater number of care settings. In doing so, the CAWG developed a two step process:
  o *Step 1*: Draft a process to identify and prioritize HIT certification criteria for providers outside the MU program.
    ▪ For this step, ONC should consider whether a proposed certification program would satisfy the 5 Factor Framework (reference slides for additional detail).
  o *Step 2:* Recommend a specific application for EHRs in long-term/post-acute care (LTPAC) and BH settings.
    ▪ Work is currently in progress towards Step 2.
- Health IT Landscape for LTPAC and BH:
  o EHR Adoption rates for LTPAC providers such as Home Health Agencies (HHAs) and Hospice are approximately 43%.
  o The functionality covered by EHR systems in LTPAC varies widely; therefore, the CAWG recommends ONC work with surveyors to provide consistent definitions.
  o Currently, there are existing EHR certifications for 11 products. The EHRs cover a mix of attributes and there is a shift towards increased modularity.
- Certification Criteria Principles:
  o Overall, 10 different principles have been identified for certification criteria, which have been organized into three categories for recommendations:
    ▪ Principles for all providers
    ▪ LTPAC/BH Setting Specific Principles
    ▪ Principles applicable for some LTPAC and BH Providers
  o Key principles highlighted include leveraging existing certification programs, interoperability, privacy and security, alignment across state and federal programs, and burden reduction.
- The presenters provided detail on the Transitions of Care certification criteria. For additional certification criteria and CAWG recommendations, please reference the presentation slides.

Meeting Materials
Click here to download the presentations and a recording of the meeting.

Next Meeting
The next HITPC meeting will be virtual and will be held on April 8, 2014 at 9:30 AM ET.