**Health Information Technology Policy Committee
Summary
April 8, 2014**

Overview
The Health Information Technology Policy Committee (HITPC) held a virtual meeting on March 8, 2014 with the following presentations:
1. Privacy & Security Tiger Team – Family, Friends, and Personal Representative Update
2. Information Exchange Workgroup - Update from Listening Sessions
3. Data Review: CMS & ONC
4. HITPC Workplan Review
5. Accountable Care Workgroup – Accountable Care 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 Dr. Karen DeSalvo, National Coordinator for the Office of the National Coordinator for Health IT (ONC). Dr. DeSalvo welcomed the attendees and thanked the committee for releasing the Meaningful Use (MU) stage 3 recommendations to the ONC.

Jodi Daniel, Director of Policy at the ONC, gave a quick review of the Food and Drug Administration (FDA) Safety and Innovation Act (FDASIA) draft report released earlier. The report authors, ONC, FDA, and the Federal Communications Commission (FCC), will hold an in-person meeting in May to solicit public responses.

1. **Family, Friends & Personal Representative Access Recommendations** (Privacy & Security Tiger Team: Deven McGraw, Chair & Micky Tripathi, Co-Chair

Deven McGraw presented on the best practice recommendations for the view, download, and transmit (VDT) of patient health information (PHI) to a patient's family, friends, and personal representatives via portal or email. The recommendations refer only to adult patients.

Background of regulations:
- HIPAA has always allowed for covered entities to share PHI except in events where individuals refuse to share information.
- The HIPAA Privacy rule permits (but does not require) covered entities to share PHI with family members or other persons who are involved in the individual's care. Individuals have the right to object to PHI disclosure.
- By law, patients can expressly authorize the sharing of their PHI with others through VDT.

- However, there are issues that need to be resolved before VDT access is granted:
  - A common, secure identification and authentication of an individual to grant access for exchanging heath information.
  - Education for patients and providers on rights and responsibilities.
  - Patients currently exchange health information by sharing user names and passwords. This is not advisable.

Proposed Recommendations:
1. Authorization of Friends/Family:
   a. Easiest case: patients makes request for VDT access for friend or family member over the phone, email, or portal.
   b. Harder case: friend or family members makes request. Authorization must be confirmed by the patient. If patient is incapacitated, HIPAA permits sharing of information limited only to information relevant to treatment.
2. Authorization of Personal Representative: Providers should consider how they can adapt the processes they currently use for VDT to grant personal representative access to records.
3. Identify Proofing and Authentication: Patient can provide credentials or directly authorize the access. Also need process to cut off VDT access to others if patient changes preferences.
4. Scope of VDT Access:
   a. VDT accounts may offer more than "all or nothing" access for proxies.
   b. For personal representatives, need to determine whether VDT access is limited.
5. Education of Providers & Patients: ONC should disseminate best practices to providers. Providers should also educate their patients on the risk and benefits of VDT

Members discussed the recommendations more in depth following Ms. McGraw's remarks. Afterwards, the committee approved of the best practice recommendations.

2. **Transitions of Care (ToC)/ VDT Listening Sessions Findings** (Information Exchange Workgroup: Micky Tripathi, Chair & Deven McGraw, Co-Chair)

Micky Tripathi reviewed the findings from the Workgroup listening sessions held in February. The goals of the sessions were to determine any current gaps in vendor and provider readiness for Stage 2 Toc and VDT requirements and identify any readiness issues to present to the HITPC.

Overall Findings:
- Vendors and Providers identified two main challenges:
  - 1) *Ecosystem Maturity*: The healthcare ecosystem requires maturity in coordination and trust across players.
  - 2) *Workflow:* Implementing electronic sending and receiving of information will require workflow retraining.
- Technology was not a major issue in meeting the ToC/VDT requirements.

ToC Findings:
- Difficulty finding trading partners for ToC.
  - Providers worry they won't have sufficient numbers of trading partners to meet the 10% electronic exchange requirement.

- o Challenges in identifying whether their trading partner has a Direct address and their electronic address information.
- o Unique challenges for rural providers and health systems with only one EHR.
- Health Information Service Provider (HISP)-to-HISP Interoperability: Lack of common widely deployed provider directory standards or infrastructure makes it difficult to find addressing information.
- There was confusion over what counts as a valid transition of care for measurement.
- Workflow retraining was held as one of the most significant items to address for ToC.

VDT Findings:
- View and download are well understood by providers and vendors. The transmit requirement is the biggest challenge.
- Currently there is little demand to transmit to 3rd parties leading the panel to rank VDT measure as not a significant challenge.
- Challenges:
  - o HISP-to-HISP Interoperability: Need standards to find a provider's Direct address. Need trust between two HISPs.

3. Data Update from CMS and ONC

CMS Update (Elisabeth Myers, CMS)

Elizabeth Myers, CMS, provided data on estimates for February attestation and payments made and reviewed MU attestation data over 2011, 2012, and 2013. The attestation numbers for February are reportedly low; however CMS expects a spike in the numbers towards the end of the MU reporting year.

As of February 2014:
- 458,137 eligible hospitals and providers are participating in MU as of the end of February 2014.
- $13 million in incentive payments have been made.
- 9,387 eligible providers since February have joined the MU program. This includes:
  - o 5,716 Medicare providers
  - o 3,662 Medicaid providers
  - o 9 hospitals

For previous years, Myers presented flow charts of 2011 and 2012 cohorts to show who went in what direction.

The data shows that:
- 114,000 providers who successfully attested in 2012 returned to attest in 2013.
- 14,000 Medicare MU participates did not return to attest in 2012.
  - o Of this number, 57% returned to attest in 2013
- In total, 85% of Medicare early adopters have successfully re-attested for all l2011, 2012, and 2013.

ONC Data Update (Jennifer King, ONC)

Jennifer King presented graphics on the Stage 1 MU experience. Below are a few key highlights of her presentation:

- The majority of eligible providers have attested to stage 1, especially on the hospital and provider side.
- Both eligible professionals and eligible hospitals were successfully able to meet objectives for stage 1.
- Critical Access Hospitals and Small Urban Hospitals have continued to lag in EHR adoption rates compared to others.
- Most MU attestations are likely in 3rd and 4th quarters.

In addition, Ms. King shared an ONC timeline of upcoming data publications on health IT implementation and impacts, including the Hospital and physician survey data, physician workflow survey, and others. ONC will consider this data on proposed and final rules coming out this year. ONC does not yet have data out on MU stage 2.

4. HITPC Workplan Review (HITPC: Karen DeSalvo, MD, Chair)

Karen DeSalvo, MD, proposed a new workgroup structure for the HITPC. The purpose is to enhance the communication and priorities of the workgroups to make sure the groups reduce redundancy and the potential for reactive work. A draft of the plan is expected to be available for public comment in July.

The four restructured groups will focus on:
1. Health IT Strategic Planning.
2. Advanced Health Models and Meaningful Use.
3. Health IT Implementation, Usability and Safety.
4. Interoperability & Health Information Exchange.

In addition, the Privacy & Security group and the Consumer group will fall into each of the 4 groups listed above. The committee members agreed with Dr. DeSalvo's suggestions.

5. Accountable Care Update (Accountable Care Workgroup: Charles Kennedy, Chair & Grace Terrel, Co-Chair)

Charles Kennedy and Grace Terrell gave a presentation on the draft recommendations produced by the Accountable Care Workgroup to guide ACOs to be successful. Below are the highlights of the recommendations. See the slides for more detailed explanations.

1. Health IT adoption and infrastructure
- Strengthen requirements around the adoption of health IT for participants in more robust accountable care models.
- Elicit additional detail around health IT infrastructure.
- Expand the advance payment model.
- Provide additional shared savings incentives, including partners who are not eligible for EHR incentives.

2. Access to administrative and encounter data
- Encourage the development of state-level all-payer claims databases.
- Explore mechanisms for facilitating the flow of behavioral health claims data and other sensitive data subjected to privacy protections.
- Make Medicare patients' eligibility and benefit data available.
- Disseminate a scalable model for delivering timely electronic patient event notifications.
- Drive progress on standardization and capture of social determinants of health data.

3. Exchanging data across the healthcare community

- Set the expectation that hospitals and health systems participating in ACOs must participate in health information exchange (HIE).
- Specify within hospital certification standards that institutions must electronically transfer discharge summaries.
- Increase public transparency around health systems' performance on HIE measures.
- Issue additional guidance around sharing of information under 42 CFR Part 2.

4. Data portability for accountable care

- Pursue greater specificity in federal interoperability standards.
- Strengthen data portability elements in certification criteria.
- Develop future certification criteria to promote access to EHR data.
- Increase availability of data from remote monitoring devices for patient engagement.

5. Clinician use of data and information to improve care

- Create a task force to accelerate the development and adoption of standards-based electronic shared care plans.
- Develop pilots to test different shared care plan models.
- Improve the impact of clinical decision support (CDS) tools by measuring effectiveness.
- Increase the sensitivity and specificity of CDS algorithm tools by encouraging standards supporting incorporating data from multiple sources.

6. Streamlining the administration of value-based programs.

- Align quality measures.
- Articulate HHS' future strategy around integrating claims and clinical data.
- Develop a standardized methodology to attributing ACO patients across all payers and providers.
- Develop standards for administrative procedures to reduce variation in provision of care.
- Conduct a review of current regulatory burden on providers.

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

Next Meeting
The next HITPC meeting will be held on May 6, 2014 at 9:30 AM ET.