Health Information Technology Policy Committee
Summary
May 6, 2014

Overview

The Health Information Technology Policy Committee (HITPC) held a virtual meeting on May 6, 2014 with the following presentations:

1. Data Review: Office of the National Coordinator of Health IT (ONC) and the Centers on Medicare and Medicaid Services (CMS)
2. Voluntary 2015 Edition EHR Certification Notice of Proposed Rulemaking (2015 Edition NPRM) Comments – Certification and Adoption Workgroup
3. Food and Drug Administration (FDA) Safety and Innovation Act (FDASIA) Report Update
4. Remarks from the U.S. Department of Health and Human Services (HHS) Behavioral Health Coordinating Committee
5. Behavioral Health (BH) Segmentation Update – Privacy and Security Tiger Team
6. Long-term Post-Acute Care (LTPAC) and BH Update – Certification and Adoption Workgroup
7. LTPAC/BH Measures – Quality Measure Workgroup

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 announced that the HITPC will continue to work on evolving the workgroups. Dr. DeSalvo announced three members leaving the committee:

- Judy Faulkner, Chief Executive Officer, Epic
- Neil Calman, MD, President and Chief Executive Officer, Institute for Family Health
- Art Davidson, MD, Director of Public Health Informatics, Denver Public Health

1. Data Rpdate from CMS and ONC

ONC Data Update (Jennifer King, PhD, ONC)

Jennifer King, PhD, ONC, presented on findings on how hospitals have adopted health IT functions from the Hospital survey data collected in late 2013. Below are the key highlights from her presentation:

- Data shows that hospital EHR adoption has increased more than five-fold since 2008.

- Looking at Meaningful Use implementation, most Stage 2 functionalities have high adoption rates. The most notable lowest functionality is for having View, Download, and Transmit (VDT) function. When separated, the data shows that the Transmit function has the lowest hospital adoption.
- The majority of hospitals have adopted most of Stage 2 core functionalities; few have adopted all. Most need just 1 or 2 more functionality to meet Stage 2.
- For Critical Access Hospitals (CAHs) and Small Rural Hospitals, at least 20% have adopted a majority of the Stage 2 core functionalities.

Dr. King also presented an update on the 2014 Edition EHR Certification. The data illustrations show that:

- For hospitals, a strong majority (95%) would be able to upgrade to a 2014 edition base EHR. There are a few differences 2014 edition certification status by hospital characteristics
- For professionals, most (83%) would be able to upgrade to a 2014 edition base EHR. Looking at differences by professional type, non-physicians are lagging behind in this regard.
- 147 in-patient EHR vendors had 2014 edition certified products as of April 2014
- 245 ambulatory EHR vendors had 2014 edition certified products as of April 2014.

Dr. King mentioned that she will present a comprehensive analysis of three years of EHR incentive programs during the next HITPC meeting on June 10.

CMS Data Update (Elisabeth Myers, CMS)

Elisabeth Myers, CMS, presented on Meaningful Use (MU) registration and CMS' hardship exception participation. Below are the key points:

- ***Active Registrations for March 2014:***
  - 310,605 Medicare Eligible Professionals (EPs)
  - 155,282 Medicaid EPs
  - 4,714 Eligible Hospitals (EHs)
- ***2014 Attestations through May 1:***
  - 225 EPs attested for the 2014 Reporting year
    - 61 are new participants
    - 50 attested to Stage 2
  - 30 EHs have attested for 2014 Reporting Year
    - 8 are new participants
    - 4 attested to Stage 2
- ***Hardship Exception Applications:***
  - 72 EHs have applied
    - 66 applications granted
    - 6 applications dismissed
  - Deadline for EPs is July 1, 2014
    - 600 EPs have applied to date

2. **2015 Edition NPRM Comments -- Certification/Adoption Workgroup:** (Larry Wolf, co-chair)

Larry Wolf, co-chair of the Certification/Adoption Workgroup (CAWG) presented on the workgroup's recommendations to ONC's Voluntary 2015 Edition EHR Certification Criteria.

CAWG's overarching comments:

- The CAWG is supportive of ONC's intention to ease the burden of regulations and have a more incremental process. However, many of the proposals do not seem to achieve that goal.
- Overall, the CAWG did not think certification was the appropriate avenue to explore innovations. Certification is often prescriptive and overly burdensome. It will not incline technology developers to enter the field.
- In order to support and stimulate development of health IT, ONC could, for example, provide a roadmap, continue its efforts with the Standards and Interoperability (S&I) Framework, support pilot programs and build on innovations in the marketplace.
- When considering costs, ONC should include
  - Software development and certification costs
  - Provider implementation, training and rollout costs
  - On-going use, maintenance, support and service/subscription costs

CAWG made detailed comments on the following sections:

1. ***Incremental Rule Making***
   a. CAWG did not support ONC's model of incremental rule making and did not believe incremental rules would achieve the stated goals. Certification involves long time periods and significant testing costs.
2. ***Discontinuation of Complete EHR Definition***
   a. The CAWG did not achieve consensus and identified specific items of ONC's consideration.
3. ***Certification Packages***
   a. CAWG did not support this proposal.
4. ***ONC Certification Mark***
   a. CAWG commented that a singular certification mark would be beneficial for consumers. Vendor members expressed need for more clairity from ONC.
5. ***Non-MU Certification***
   a. CAWG believes this proposal creates a binary certification program. Instead, CAWG recommends conceptualizing the expansions to non-MU certification as multi-factor.
6. ***Non-MU HIT Certification***
   a. CAWG sees value in voluntary certification program for other types of health IT and encourages ONC to work with other agencies to develop programs and funding.
7. ***Additional Patient Data Collection***
   a. CAWG agreed that there was value in collecting disability, sexual orientation and gender identity, occupational, and military data about patients. However, this raised privacy and workflow concerns.
8. ***Blue Button + (BB+)***

a. CAWG sees potential in BB+ but thought it was premature to consider in certification.

3. FDASIA Health IT Report (Jodi Daniel, JD, Director, Office of Policy and Planning, ONC)

Jodi Daniel, ONC, presented an overview of the FDASIA draft report released in early March. See below for highlights from her presentation:

- ***Report Details***
  - The report presented three categories of health IT functionality:
    - Administrative Functionality – will have no additional oversight
    - Medical Device Functionality – will have primarily FDA oversight
    - Health Management Functionality – will be depended on this FDASIA report.
  - Focusing on regulating health management functionality, the report included conclusions and proposed actions on these 4 topics:
    1. Promote the Use of Quality Management
    2. Identify, Develop, and Adopt Standards and Best Practices
    3. Leverage Conformity Assessment Tools
    4. Create an Environment of Learning and Continual Improvement
       a. Creation of the Health IT Safety Center to focus on:
          i. Education
          ii. Engagement
          iii. Evidence
- ***Next Steps***
  - The report is open to comments within the 90-day comment period
  - A FDASIA public workshop will take place on May 13-15 at the National Institute of Standards and Technology (NIST) building.

Ms. Daniel also went into detail on answering where Clinical Decision Support (CDS) tools fall in regulatory oversight. Most CDS functionalities would be in Health Management Functionality and other functionality will be labeled as Medical Device Functionality under FDA oversight. See the slides for more information.

4. Remarks on HHS Behavioral Health Coordinating Committee (Howard Koh, MD, Assistant Secretary of Health, HHS)

Dr. Howard Koh serves as co-chair of the Behavioral Health Coordinating Committee, a new initiative started by the HHS to see that behavioral health data is integrated with health IT tools. Behavioral health professionals have been left out of the EHR incentive programs and it has been a priority of the Obama Administration to close the gap. Dr. Koh emphasized the importance of providing behavioral health professionals with certified EHR technology to fit into the interoperability initiatives.

5. Behavioral Health (BH) Data Segmentation Update – Privacy and Security Tiger Team (Deven McGraw, chair, & Micky Tripathi, co-chair)

Deven McGrawn chair of the Privacy and Security Tiger Team, presented an update on the team's charge to provide recommendations on certification of EHR technology to enable exchange of BH data. See below for highlights from her presentation:

- ***Background***
  - Ruling 42 CFR Part 2 requires federally assisted substance abuse treatment programs to receive patient authorization for disclosure of identifiable information.
  - States have similar regulations governing the disclosure of BH data, creating challenges to incorporate and exchange behavioral health data into a patient's electronic health records.
  - These enhance consent requirements for BH data are enforced to prevent individuals from their reluctance to seek behavioral health care, however, this causes these patients to have incomplete ("swiss cheese") EHR records.
- ***Current Solutions***
  - ONC's S&I Framework is currently piloting an initiative called Data Segmentation for Privacy (DS4P) to enable the disclosure of records covered by 42 CFR Part 2.
  - DS4P tags a Consolidated Clinical Document Architecture (CCDA) coming from the BH provider with an indication that the entire record is restricted and cannot be redisclosed without further authorization from the patient.
  - A provider using DS4P can only view the tagged CCDA.
- ***Tiger Team's Straw Recommendations***
  - DS4P is not a perfect solution but is on the first step to enable BH providers to take part is sharing information.
  - Recommend to incorporate a voluntary certification for both behavioral health EHRs and provider EHRs for DS4P capability.
- ***Next Steps***
  - The Tiger Team will present final proposed recommendations at the June HITPC

6. Long-term post-acute care (LTPAC)/Behavior Health (BH) Update – Certification and Adoption Workgroup (Larry Wolf, MD, co-chair)

Larry Wolf, MD, co-chair of the CAWG, presented on the workgroup's recommendations for specific application of EHRs used in LTPAC and BH settings. See below for highlights from his presentation:

- ***Certification Criteria Principles***
  - Dr. Wolf emphasized that the workgroup will focus on leveraging the existing certification program to LTPAC and BH to have consistency.
  - Additional principles include making LTPAC and BH EHR certification voluntary, modular, interoperable, and setting-specific needs.
- ***Recommendation for LTPAC and BH EHR Certification Criteria***
  - Dr. Wolf presented the workgroup's recommendation for two criteria:
    - Transitions of Care – to support the ability of all providers to receive, display, incorporate, create and transmit summary care records with a common data set in accordance with the CCDA standard

        - Privacy and Security – to support existing ONC-certified Privacy and Security requirements and support educational awareness initiatives for LTPAC and BH providers.
- ***Next Steps***
    - The Workgroup will hold a listening session on voluntary certification for LTPAC and BH on May 13, 2014.
    - HITPC recommendations will be presented during the June HITPC meeting.

7. LTPAC/BH Quality Measures – Quality Measure Workgroup (Helen Burstin, MD, chair & Terry Cullen, co-chair)

Hellen Burstin, MD, chair of the Quality Measure Workgroup (QMWG), presented on the workgroup's charge to provide recommendations on potential LTPAC and BH Clinical Quality Measure (CQM) opportunities for voluntary EHR certification. During the QMG's research on assessing LTPAC and BH settings, the group found that:

- For LTPAC settings, EHR certification should include an "LTPAC Data Submission Module" to send interoperable standardized data elements for a small number of measure domains.
- For BH settings, EHR systems should have the functionality to collect, calculate, and send a small number of clinical quality measures relevant to BH.

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

Next Meeting
The next HITPC meeting will be held on June 10, 2014 at 9:30AM ET.