Health Information Technology Policy Committee
Summary
June 8, 2014

Overview

The Health Information Technology Policy Committee (HITPC) held a virtual meeting on June 8, 2014 with the following presentations:

1. Opening Remarks
2. Data Update from the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC)
3. Meaningful Use Experience
4. Meaningful Use (MU) Listening Session Update: MU Workgroup
5. Quality Measures Update: Quality Measure Workgroup
6. Accountable Care Update: Accountable Care Workgroup
7. Safety Task Force: Food and Drug Administration Safety and Innovation Act (FDASIA) Report Review
8. Workforce Update: Certification/Adoption Workgroup
9. Announcements

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 MU, information exchange, privacy & security, quality measures, and others.

Presentations

1. Opening remarks

Opening remarks were provided by Joy Pritts, JD, who will be retiring in her position as Chief Privacy Officer. Ms. Pritts has worked with ONC and the HITPC for the past four years. Kathryn Marchesini, Attorney at the Office of the Chief Privacy Officer will be serving as Acting Chief Privacy Officer until a replacement is named. Ms. Pritts applauded the committee for its tremendous progress in advancing health IT for the nation.

2. Data Update from CMS and ONC

CMS Data Update (Elisabeth Myers, CMS)

Elizabeth Meyers, Policy and Outreach Lead at CMS, presented the Meaningful Use attestation data. Her remarks are summarized below.

Looking at the attestation data as of July 1st, the numbers show that:

- 2823 eligible professionals (EPs) have attested for the 2014 reporting year.
    - 972 of which have attest to Stage 2 out of the first quarter reporting period.

- 128 eligible hospitals (EHs) have attested for the 2014 reporting year.
    - 10 of which have attested to Stage 2 of Meaningful Use out of the first or second quarter reporting period.

Ms. Meyers also explained how the reporting year for 2014 is different from the other years, making the numbers of attestations (shown above) incapable of much assumption. The 2014 reporting year brings about 5 reporting periods: Any 90 days, quarter 1, quarter 2, quarter 3, and quarter 4. Previous years brought about fewer reporting periods. Previous years also shows that the majority of attestation numbers comes after the reporting year is over. Therefore, more time and data is needed to accurately predict Stage 2 attestation trends.

ONC Data Update (Jennifer King, PhD, ONC)

Dr. Jennifer King, Acting Director of ONC's Office of Economic Analysis, Evaluation, and Modeling, presented on what the early data can tell us about who is attesting so far. Her remarks are summarized below.

Looking at 474 EPs who have attested to Stage 2 (as of May 2014), Dr. King provided answers to the following questions:

1. ***Who has attested?***
   Comparing data from Stage 1 in 2011-2012 to Stage 2 in 2014, the data shows a slightly higher attestation numbers of physicians and EPs in urban locations, compared to their counterparts: non-physicians and EPs in rural locations.
2. ***How are they performing on Stage 2 objectives?***
   EPs are scoring well above the threshold for core objectives such as Computerized Physician Order Entry (CPOE), recording demographics, vital signs, smoking status, and providing clinical summaries for patients. EPs are scoring at the threshold for core objectives including electronically providing summary of care records and patients viewing, downloading, and transmitting records.
3. ***What vendors are they using?***
   The majority of EP attestations for Stage 2 in 2014 used Athenahealth, Inc and Epic Systems Corporation vendors. Eight vendors are currently available for Stage 2 attestation as of May 2014.

Looking at the 8 EHs who have attested to Stage 2 (as of May 2014), Dr. King provided answers to the same questions:

1. ***Who has attested?***
   Of the hospitals attesting to Stage 2 in 2014, a majority of them are small rural and medium sized hospitals.
2. ***How are they performing on Stage 2 objectives?***
   Looking at the distribution of core objective scores among EHs attesting to Stage 2, the EHs scoring on core objectives are more variable than the EPs. A similar pattern is shown where core objectives such as electronically providing summary of care records and patients viewing, downloading, and transmitting records for EHs are closer to the threshold.
3. ***What vendors are they using?***

The majority of EH attestations for Stage 2 in 2014 used Cerner Corporation, Computer Programs and Systems, Inc (CPSI), and Meditech vendors. Five vendors are currently available for Stage 2 attestation as of May 2014.

3. Meaningful Use Experience

The committee heard from two Chief Information Officers (CIOs) who have successfully attested to Stage 2.

- ***Tom Johnson, CIO, DuBois Regional Medical Center***
  Mr. Johnson explained that the hospital focused on patient engagement and health information exchange (HIE) to succeed as the first hospital to attest to Stage 2,
  - For patient engagement, the hospital hired Registered Nurses (RNs) to teach patients how to stay engaged in their healthcare through patient portals.
  - For HIE, the hospital remained well connected through their networks and developed interfaces for smaller physician offices to keep up to speed. Mr. Johnson stated the present hurdles include unclear regulations and the need for more time and flexibility in meeting Meaningful Use objectives.
- ***Paul Merrywell, CIO, Mountain States Health Alliance***
  Similar to DuBois, Mr. Merrywell said his hospital network struggled to keep up with the rate of change for the multiple reporting programs. From Mr. Merrywell's perspective, the other barriers include:
  - The lack of a proper motive for the healthcare environment to embrace the change.
  - Practioners feel like victims.
  - The vendor community lacks the necessary readiness to easily attest.
  - The lack of standards continues to prevent interoperability.
  - There is no clear return of investment for the enormous expense of many health IT products.
  - There seems to be multiple government agencies working towards the same goal that are not on the same page.

4. Meaningful Use Listening Session Update: MU Workgroup (MUWG) (Paul Tang, Chair; George Hripcsak, Co-chair)

The MUWG held two listening sessions to hear perspectives from EPs, EHs, and Vendors on the transition from Meaningful Use Stage 1 to Stage 2. Paul Tang, Chair of the MUWG, presented a summary of the overall findings and suggestions for improvement from the three groups.

A few of the overall findings from the sessions include:

- Transitions of Care (ToC) is the most challenging objective. Mr. Tang stated that the requirements for ToC are not well defined and the Direct exchange does not work well enough.
- The certification process is overly rigid and complex, and impacts usability.
- Providers and vendors are overwhelmed by the current pace and scope.

A few of the suggestions on how to improve include:

- Focus on the challenges only government can solve: interoperability infrastructure and policy interoperability.
- Focus on the what, not how: 'what' functions to include for certification.

- Create a coordinated, aligned end-to-end certification process and provide the required 18 month timeline.

The committee debated the benefits and challenges of Direct and questioned whether Direct was the right mechanism for Stage 2. The committee decided that the MUWG needs to measure and find out more details regarding the private sector efforts.

5. **Quality Measures for Meaningful Use Stage 3 Recommendations: Quality Measures Workgroup (QMWG)** (Helen Burstin, Chair; Terry Cullen, Co-chair)

Helen Burstin, Chair of the QMWG, presented a package of final recommendations for the overall context of Stage 3 quality measures and beyond. The recommendations are structured to fulfill two tracks:

- Track 1: the QMWG sought to continue the traditional electronic Clinical Quality Measure (eCQM) reporting pathway, which will include aligning measures, moving to e-specified measures, and adhering to standards. Refer to slides 10-17 for more details.
- Track 2: the QMWG sought to promote innovative measurement and build a health IT infrastructure for advanced care models and multi-source measures. Refer to slides 19-22 for more details.

The committee voted to approve the QMWG's final recommendations.

6. **Accountable Care Update: Accountable Care Workgroup (ACWG)** (Charles Kennedy, Chair; Grace Terrell, Co-chair)

Charles Kennedy, Chair of the ACWG, presented the final recommendations on how ONC and the Department for Health and Human Services (HHS) can advance health IT capabilities in accountable care arrangements (draft recommendations were presented during the April HITPC meeting).

A few of the final recommendations include:

- ***Exchanging information across the healthcare community:***
  - CMS should encourage hospitals to make admission, discharge, and transfer (ADT) feeds available to any appropriate recipient entity to improve exchange across care settings.
  - CMS should provide additional shared savings incentives to Accountable Care Organizations (ACOs) that include partners who are not eligible for the Meaningful Use program.
- ***Data Portability for Accountable Care:***
  - Require certified products to publish APIs to allow increased access to data residing in electronic health records (EHRs) by other types of health IT systems to support population health management for ACOs.
- ***Clinical Use of Data and Information to Improve Care:***
  - Convene a group to accelerate clinical consensus around standards-based electronic shared care planning.
- ***Leveraging Existing Sources of Information to Support a Data Infrastructure for Value-Based Programs:***
  - Need a federated, scalable data infrastructure model to meet the data and reporting needs of ACOs.
  - Support the development of state-level, all-payer claims databases (APCDs).
  - Standardize the capture of social determinants of health to monitor chronic cases.

The committee voted to approve the final recommendations after they are subjected to a few editorial comments.

7. Safety Task Force: FDASIA Report Review (David Bates, Chair)

The Safety Task Force is charged to provide recommendations on the Health IT Safety Center announced in the FDASIA Report. David Bates, Chair of the Task Force, presented how the Center will serve as a central point for a learning environment and promote the transparent sharing of adverse events and lessons learned. Mr. Bates provided a few functions and focus of the Center:

- The governance structure of the Health IT Safety Center should be a public/private partnership starting with a small group of vendors and providers.
- The Board could be a large group with 10-12 members which would do decision-making.
- The Safety Center will address challenges such as: the need to have incentives for reporting events, and the need to be able to identify health IT related safety events.
- The Safety Center will function to provide:
    - An analysis hazard reports and near-misses with the aggregate data streams.
    - Convene to identify best practices.
    - Disseminate education materials for vendors, providers, and front-line reporters.
    - Engage and establish a two-way learning stream between the Safety Center and the certification program.

The Task Force is currently working to define which health IT tools will be addressed in the Safety Center. During the discussion, the committee members suggested having consumers involved in the governance structure of the center. Additional comments include questions on the Center's funding and role in cooperation with other entities that function to address healthcare related safety events.

The committee voted to approve the recommendations.

8. Workforce Update: Certification/Adoption Workgroup (CAWG) (Larry Wolf, Chair)

Larry Wolf, Chair of the CQWG, presented to the committee two items; (1) the status of the recommendations previously presented during the May 2013 HITPC meeting and (2) the new recommendations for supporting a skilled health IT workforce.

The CAWG recommends that ONC continue and expand its work in these areas:
- A comprehensive Health IT/Informatics Career Framework.
- A centralized health IT workforce development resource to curate, update, and amplify investments.
- Maintain and update the competencies model.
- Include new training models, such as Apprenticeships and CMS Innovation Best Practices.
- Support family caregivers as an extension of the workforce.

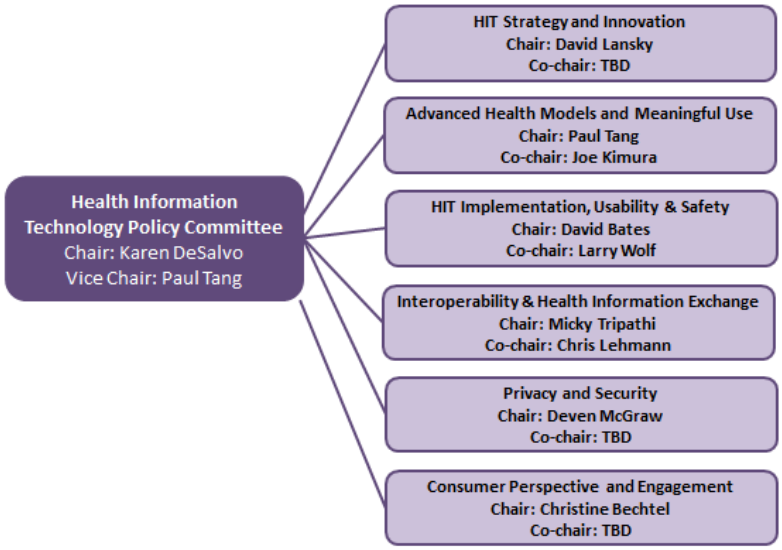
The committee discussion focused on funding. Mr. Wolf explained that there is a financial limit and potential funding can come from the Departmental of Labor in cooperation with

other agencies. Dr. DeSalvo explained ONC's ongoing commitment as a coordinator role to advance a curriculum for health IT workforce education.

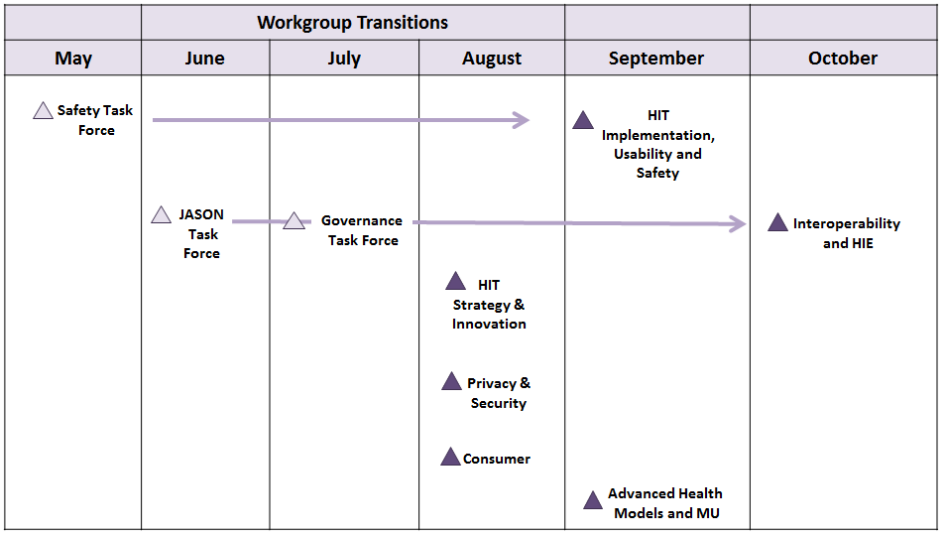
The committee voted to approve the recommendations.

9. Announcements

Dr. Karen DeSalvo presented the HITPC transition into 6 new workgroup structures. The workgroups are:



In addition, Dr. DeSalvo shared a flow chart of the workgroup transitions shown below:



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

Next Meeting
The next HITPC meeting will be a virtual meeting held on August 6, 2014 at 9:00AM EDT.