HITECH Update: Feet on the Ground and Head in the Clouds

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Office of the National Coordinator for Health IT
Department of Health & Human Services
Washington DC

NENIC 10th Annual Symposium
05-11-12
Opportunities & Challenges
An Update from the ONC

• The Time is Now for Health IT
• Health IT as the Means, not the End
• Meaningful Use Stage 1 Attestation Update
• HITECH Program Updates
• Putting the “I” in Health IT Campaign
• Consumer eHealth
• Challenges and Prizes program
• Meaningful Use of Meaningful Use
• Dialog
President Bush’s goal in 2004

“... an Electronic Health Record for every American by the year 2014. By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care.”

- State of the Union address, Jan. 20, 2004

Executive order established the Office of the National Coordinator for Health Information Technology (ONCHIT) as part of the Dept of Health & Human Services (HHS)
- Dr. David Brailer appointed the first National Coordinator
President Obama’s goal in 2009

“To lower health care cost, cut medical errors, and improve care, we’ll computerize the nation’s health records in five years, saving billions of dollars in health care costs and countless lives.”

- First Weekly Address
  Jan. 24, 2009

February 17, 2009 – the American Reinvestment and Recovery Act (ARRA – Stimulus Bill) is signed into law

- HITECH component of ARRA provides an incentive program to stimulate the adoption and use of HIT, especially EHR’s
- Dr. David Bluementhal appointed the new National Coordinator
American Recovery & Reinvestment Act of 2009 (Stimulus Bill)

• HR 1 -- 111th Congress
• $787 Billion
• Highly partisan vote
• Healthcare gets $147.7 Billion
  • $87B for Medicaid
  • $25B for support for extending COBRA
  • $10B for NIH
  • $19B directly for HIT

HITECH = Health Information Technology for Economic and Clinical Health
Increasing public & government attention on Safety & Quality
We’ve come a long way ...
HITECH Framework for MU of EHRs

Taken from: Blumenthal, D. “Launching HITECH,” posted by the NEJM on 12-30-2009.
Dr. David Blumenthal, previous National Coordinator of HIT, emphasizes

“HIT is the means, but not the end. Getting an EHR up and running in health care is not the main objective behind the incentives provided by the federal government under ARRA. Improving health is. Promoting health care reform is.”

- At the National HIPAA Summit in Washington, D.C. on September 16, 2009
Meaningful Use
2012: The Year of Meaningful Use

March 28, 2012, 5:00 pm / Dr. Farzad Mostashari / National Coordinator for Health Information Technology

Health IT plays a central role in building a 21st Century health care system—where care is safer, better coordinated, and patient-centered, where we pay for the right care, not just more care. Increasing the adoption and use of health IT is crucial, so we’ve set an ambitious goal for 2012: get 100,000 health care providers paid under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs by year’s end. For us to succeed, we need you—the states and our many other health IT partners—to join us in this effort.

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Audience Response Question #1
Number of EHR Incentive Payments Made to Eligible Professionals as of March 31, 2012

Note: Medicaid payments are for adopting, implementing, or upgrading EHR technology. Medicare payments are for the meaningful use of certified EHR technology.
Audience Response Question #2
Number of EHR Incentive Payments Made to Eligible Hospitals as of March 31, 2012

Note: Medicaid payments are for adopting, implementing, or upgrading EHR technology. Medicare payments are for the meaningful use of certified EHR technology. 566 hospitals have received payments under both Medicare and Medicaid.  

Source: CMS EHR Incentive Program
Key points – in one year, from 2010 to 2011:
• Hospitals increased their use of Basic EHRs from 19% to 35% (84%)
• Hospitals doubled their use of Comprehensive EHRs from 4% to 9% (125%)
## Changes to HIMSS EMRAM

### United States EMR Adoption Model

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<th>Stage</th>
<th>Cumulative Capabilities</th>
<th>2011 Q3</th>
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<td>Stage 7</td>
<td>Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP</td>
<td>1.1%</td>
<td>1.2%</td>
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<td>Stage 6</td>
<td>Physician documentation (structured templates), full CDSS (variance &amp; compliance), full R-PACS</td>
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<td>Stage 5</td>
<td>Closed loop medication administration</td>
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<td>Stage 4</td>
<td>CPOE, Clinical Decision Support (clinical protocols)</td>
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<td>Stage 3</td>
<td>Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology</td>
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<td>Stage 2</td>
<td>CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable</td>
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<td>Stage 1</td>
<td>Ancillaries - Lab, Rad, Pharmacy - All Installed</td>
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<td>Stage 0</td>
<td>All Three Ancillaries Not Installed</td>
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Data from the HIMSS Analytics™ Database © 2012

n=5,299  n=5,337
Update on Other ONC Initiatives

- Regional Extension Centers - 62 to support physician adoption
- Health Information Exchange - 56 state programs
  - Standards & Certification interoperability specifications
  - Privacy and Security
- Beacon Communities – 17 demonstration projects of EHR value
- SHARP Research Projects – 4 HIT adoption breakthrough advances
  - Security – University of Illinois at Urbana
  - Patient-Centered Cognitive Support – University of Texas
  - Application & Network Design - Harvard
  - Secondary Use of EHR Data – Mayo Clinic
- Workforce Training Programs to support HIT education
  - University Based Programs – 9 universities Consumer eHealth
  - Community College Consortiums – 5 regions
  - Curriculum Development & Competency Exam
- Consumer eHealth
Regional Extension Centers (RECs)

Over 132,000 primary care providers are working with a Regional Extension Center to achieve Meaningful Use

This includes

• Over 40% of all primary care providers in the nation

• Over half of all primary care providers working in rural locations

• Small providers are having successes at getting on EHR systems

• Working with 963 Critical Access Hospitals (CAHs) and 85 rural hospitals, all of whom have 25 beds or less
Health IT Resource Center

Work with REC community and shares knowledge

- Tools
- Resources
- Communities of Practice (CoPs)

Work with external communities and shares knowledge

National Learning Consortium

HealthIT.gov
State HIE Program

**FOCUS**
Give providers viable options to meet MU exchange requirements for Stage 1 and 2 MU

- E-prescribing
- Care summary exchange
- Lab results exchange
- Public health reporting
- Patient engagement

**APPROACH**
- Make rapid progress
- Build on existing assets and private sector investments
- Every state different, cannot take a cookie cutter approach
- Leverage full portfolio of national standards
Number of e-Prescribers in US by Method of Prescribing

We need to see this Curve for other types of data - Transition of Care Summaries and Lab Results Data
17 communities each funded ~$12-15M over 3 yrs to...

• **Build and strengthen** health IT infrastructure and exchange capabilities - *positioning each community to pursue a new level of sustainable health care quality and efficiency over the coming years.*

• **Demonstrate improvement** in cost, quality, and population health - *translating investments in health IT in the short run to measureable improvements in the 3-part aim.*

• **Test innovative technologies** - *accelerating evidence generation for new approaches in care delivery, performance measurement, technology integration and the like.*
17 Beacon Communities

- Inland Northwest Health Services, Spokane, WA
- HealthInsight, Salt Lake City, UT
- Mayo Center Clinic, Rochester, MN
- Southeastern Michigan Health Association, Detroit, MI
- Rhode Island Quality Institute, Providence, RI
- Western NY Clinical Information Exchange, Buffalo, NY
- Geisinger Clinic, Danville, PA
- Indiana HIE, Indianapolis, IN
- HealthBridge, Cincinnati, OH
- Eastern Maine Healthcare Systems, Brewer, ME
- Rocky Mountain HMO, Grand Junction, CO
- Southern Piedmont Community Care Plan, Concord, NC
- Delta Health Alliance, Stoneville, MS
- Community Services Council of Tulsa, Tulsa, OK
- Mayo Clinic, Rochester, MN
- University of Hawaii at Hilo
- Louisiana Public Health Institute, New Orleans, LA
- The Regents of the University of California, San Diego, CA
- Indiana HIE, Indianapolis, IN
- HealthBridge, Cincinnati, OH
- Eastern Maine Healthcare Systems, Brewer, ME
- Western NY Clinical Information Exchange, Buffalo, NY
- Rhode Island Quality Institute, Providence, RI
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One Beacon Story from San Diego

LINK: http://www.sandiegobeacon.org/overview-video
Security of Health IT - Innovations in security and privacy required to build public trust in health IT systems

Patient-Centered Cognitive Support – Innovations in health IT usability and clinical decision support

Automated complex decisions around health record exchange, assuring regulation compliance

Developed techniques to analyze health records access logs to catch policy violations

Piloted Rapid Usability Assessment Protocol for EHRs

Comparing usability across EHR systems via Usability Lab
**Healthcare Applications** – New health IT architectures enabling substitutable applications

- Created **SMART platform** – a test-bed for the substitutable app development
- SMART-enabled i2b2, a data analytics platform, and Indivo, a PHR

**Secondary Use of EHR Data** – Enabling exchange through creating tools, services for large-scale data sharing

- Conversion and normalization of lab messages & medication orders
- Extraction of medication from narrative clinical documents
Audience Response Question #3
Community College Consortia
Workforce Training

Students Enrolled and Students Completed
(Cumulative)

- Enrolled: 25,738
- Completed: 12,082
University-Based Workforce Training
as of 3/31/12: 571 graduates (34%)
Online Job Postings Have Grown Substantially

**Number of Health IT Job Postings per Month**

Health IT Implementation & Support Jobs
Health IT Clinical User Jobs

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**SOURCE:** ONC analysis of data from O’Reilly Job Data Mart
HealthIT.gov website (for providers)

Providers & Professionals

Providers & Professionals

I have the information I need at my fingertips with health IT

Find out how health IT can help you improve patient care, lower costs, and save time.

Learn More

Take the First Step Toward EHR Implementation

Whether you're just starting to think about implementing an EHR, or you're adding additional modules to one you already have, you can start with our implementation guidance.

Achieve Meaningful Use

Already have an EHR System? Learn about the meaningful use objectives that drive the adoption of health information technology.

Get Local Technical Help

The EHR adoption process can be overwhelming. But you don't have to do it alone. There is a wealth of local help available.
HealthIT.gov website (for patients)

"I beat cancer so I could dance with my daughter at her wedding."
— Dave deBronkart, Stage IV Kidney Cancer Survivor

Benefits of Health IT
Over the past 20 years, our nation has undergone an extraordinary transformation due to information technology (IT). Until now, relatively
Stage 2 Meaningful Use

The U.S. Department of Health and Human Services (HHS) announced the release of proposed rules for meaningful use Stage 2.

Learn More
“I am the future of health care.”

Putting the “I” in Health IT Campaign

Providers & Professionals  
Patients & Families  
Policy Researchers & Innovators
“I found cancer earlier.”

Jennifer Brull, M.D., Prairie Star Family Practice, Plainville, KS
Member, Meaningful Use Vanguard Program for leadership in electronic health record adoption

Regularly scheduled screenings can make the difference in catching colon cancer early, before it becomes invasive. Electronic health records showed me where there were gaps in my preventive care and let me set up automatic reminders for colon cancer screenings. As a result, screening rates for my patients went from 37% to 81%.

You can pursue Dr. Brull’s path to meaningful use of electronic health records by:

- Scheduling a consultation with your local Regional Extension Center. www.healthit.gov/rec
- Registering for the Medicare and Medicaid Electronic Health Record Incentive Programs. www.cms.gov/EHRIncentivePrograms

"I’ll never go back to paper records."

Larry Garber, M.D., Faxon Clinic, Worcester, MA
Member, Meaningful Use Vanguard Program for leadership in electronic health record adoption

Doctors can’t make good decisions if they don’t have the right information. With an electronic health record, I can see all the information I need, in a meaningful way, when I have to make a decision about my patient’s care.


You can pursue Dr. Garber’s path to meaningful use of electronic health records by:

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- Registering for the Medicare and Medicaid Electronic Health Record Incentive Programs. www.cms.gov/EHRIncentivePrograms
“I BEAT CANCER SO I COULD DANCE AT MY DAUGHTER’S WEDDING.”

Dave deBronkart
Cancer Survivor / Health IT Advocate

Putting the I in Health IT
www.HealthIT.gov

ePatient Dave
Cancer Survivor and Proud Father
“I’m advocating coordinated care.”

Nikolai “Kolya” Kirienko
Crohn’s Disease Patient / Health IT Advocate

Nikolai “Koyla” Kirienko
Crohn’s Disease Patient and Trailblazer
“I WANT MY KIDS TO HAVE THE BEST CARE.”

Lillianne Smith
Diabetic Wife & Mother / Health IT Advocate

Putting the I in Health IT
www.HealthIT.gov

Lillianne Smith
Diabetes Patient and Loving Mother
250+ organizations have Pledged to provide access to personal health information for 100 million (1/3) of Americans...
Alliance for Nursing Informatics
Pledge to Support the Consumer eHealth Program
September 12, 2011

Bonnie Westra, PhD, RN, FAAN, ANI Co-chair (AMIA Representative)
Judy Murphy, BSN, RN, FACMI, FHIMSS, ANI Co-Chair (HIMSS Representative)

The Alliance for Nursing Informatics (ANI) advances NI leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and health care through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 5,000 nurse informaticists and brings together 28 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the nearly 3 million nurses in practice today. Nurses touch the lives of patients in every setting, estimated to be about 18 million patients annually.

In order to effectively achieve health outcome improvements, patients and families will
ANI Pledge on Facebook

NEW! ANI Pledge to Support Consumer eHealth

I’m an RN and use a patient portal. Do you?
I’m an RN and use a PHR. Do you?

Nurses are the most-trusted health professionals and have a long history of patient advocacy. We expect nurses to have a significant impact on consumer participation in Health IT to increase use of Personal Health Records and Patient Portals from 10% today to over 25% in the next 2 years.

Explore our new Consumer Engagement tab
Take the ANI Pledge to use eHealth on Facebook now

ANI Pledge to Support the Consumer eHealth Program

Non-Profit Organization
ANI encourages you to start a PHR and post your experience. As nurses, we are in a unique position to effectively encourage patients to use PHRs and similar health IT tools to engage more fully in their health and health care.
ONC’s Challenges and Prizes program spurring private-sector innovation and engaging developers to address health problems that touch every person in America:

- Care Transitions
- Cancer Research
- Heart Disease
- Population Health
- Sexual Abuse
- Disabilities

- Over 100 new applications developed
- Winners have received $195,000 in prizes
- Over 25 new challenges planned
As a Health Care Provider

- **TREAT** high blood pressure and cholesterol in your patients.
- **TREAT** appropriate patients with Aspirin.
- **ESTABLISH** and **DISCUSS** with patients their specific goals for treatment and the most effective ways that they can help control their risk factors for heart disease and stroke.
- **COACH** your patients to develop heart-healthy habits, such as regular exercise and a diet rich in fresh fruits and vegetables, and stress reduction techniques. Provide tools to show their progress and access to team members to help them succeed.
- **ASK** your patients about their smoking status and provide cessation support and medication when appropriate.
- **ASK** about barriers to medication adherence and help find solutions.
- **USE** health information technology, such as electronic health records and decision support tools, to improve the delivery of care and control of the **ABCS**.
ONC/Million Hearts/American Heart Association Beat Down Blood Pressure Video Challenge

April 6, 2012, 11:36 am
Erin Poetter

Share Your Story and Enter to Win by May 2, 2012! Also Follow Our Twitter Handle (#HealthIT4UBP)

One in three adults in the United States has high blood pressure (a.k.a., “hypertension”) – Do You? Many people who have high blood pressure don’t know it, which is why it’s often referred to as the “silent killer.” High blood pressure damages the brain, heart, eyes, and kidneys while causing no symptoms. Fortunately, there are steps that each of us can take to prevent or manage high blood pressure, and technology can help!

Beat Down Blood Pressure Video Contest

To raise awareness about this silent killer and crowd source inspirational stories about how people are using consumer e-health tools and other health IT to partner with their physician to manage this disease, the Office of the National Coordinator for Health Information Technology (ONC) in partnership with Million Hearts, an HHS initiative to prevent a million heart attacks and strokes in five years, and the American Heart Association announce announce the Beat Down Blood Pressure Video Challenge (#HealthIT4UBP).

This is the second in a series of 2012 health IT video contests through which members of the public are incentivized to create a short, but impactful video sharing how they use health IT or consumer e-health tools to manage high blood pressure. This contest features cash prizes for the best patient/consumer stories that demonstrate use of consumer e-health tools to:

• Routinely monitor blood pressure,
• Take medication as prescribed, and/or
• Make lifestyle changes that reduce risks and enhance heart health.
Beat Down Blood Pressure
Video Challenge

Share how you use technology to help “know your numbers” and achieve blood pressure control.

Accept this challenge
Get notified of important changes and opportunities for participants.

Get started: explore resources from ONC, Million Hearts, and the American Heart Association!
The Year I’ll Lose 5% Body Fat by Sharon Terry
http://healthynewyear.challenge.gov/submissions/6359-2012-the-year-i-ll-lose-5-body-fat

1-Minute Funky Style Resolution Rap
http://healthynewyear.challenge.gov/submissions/6043-1-minute-resolution-funky-style
Audience Response Question #4
Health IT: Helping to Drive the 3-Part Aim

Better healthcare
Improving patients’ experience of care within the Institute of Medicine’s 6 domains of quality: Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.

Better health
Keeping patients well so they can do what they want to do. Increasing the overall health of populations: address behavioral risk factors; focus on preventive care.

Reduced costs
Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries.
### Stage 3
- Promote improvements in quality, safety and efficiency
- Decision support for national high-priority conditions
- Patient access to self-management tools
- Access to comprehensive patient data
- Improving population health

### Stage 2
- Expand upon the Stage 1 criteria to encourage the use of health IT for continuous quality improvement at the point of care and the exchange of information in the most structured format possible
- Applying the criteria more broadly to both the inpatient and outpatient hospital settings

### Stage 1
- Electronically capture health information in a structured format
- Use captured information to communicate that information for care coordination
- Implement clinical decision support tools
- Report clinical quality measures and public health information
How Health IT helps

• “Hard-wiring” evidence-based best practice
  – Order Sets
  – Care Plans
  – Clinical Decision Support (CDS)
  – Documentation Templates
  – Collection and Reporting of Clinical Quality Measures (CQM’s)
  – Data aggregation for new knowledge generation

• Facilitating access to information during encounters, between encounters and across care venues
  – Collect once, use many times
  – Anytime, anywhere access to patient information
  – Easy access to clinical reference data
  – Health information exchange (HIE)

• Patient / Consumer involvement
  – Patient as partner - Empowered
  – Participation in care – Compliance with care
Stay Connected.
Communicate and Collaborate.

• **Browse the ONC website at:** [HealthIT.gov](http://HealthIT.gov)
click the Facebook “Like” button to add us to your network

• **Contact us at:** [onc.request@hhs.gov](mailto:onc.request@hhs.gov)

• **Subscribe, watch, and share:**
  
  - [@ONC_HealthIT](https://twitter.com/ONC_HealthIT)
  - [http://www.youtube.com/user/HHSONC](http://www.youtube.com/user/HHSONC)
  - [Health IT and Electronic Health Records](http://www.scribd.com/HealthIT/)
  - [http://www.flickr.com/photos/healthit](http://www.flickr.com/photos/healthit)

  **Health IT Buzz Blog**
Look at our past
See what we’ve done
Yet we’ve only just begun

We’ve broken new ground
Set out new frontiers
Yes, this is our year

This is our time
This is our place
Together we can innovate

Sharing ideas
With open minds
There’s no other place of its kind

Working together
Tearing down walls
Shaping the future for all

THE FUTURE IS NOW
THIS IS OUR TIME.
Thank you!

For more information, contact: judy.murphy@hhs.gov
Dialog

- Patient
- Clinical Transformation
- Improve
- Meaningful Use
- Care coordination
- Leadership
- Health disparities
- Build and strengthen HIT
- Broadband
- CCD/HL7
- Clinical decision support
- NwHIN
- Quality
- Post-acute care
- Actionable Data
- Testing innovation
- Efficiency
- Mobile Health
- The Care Team