

HIMSS Public Policy Initiatives in 2015: Using Health IT to Enable Healthcare Transformation

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HIMSS
transforming health through IT™



Agenda

- Meaningful Use Stage 3 NPRM
 - 2015 Program Changes
- Interoperability Initiatives
 - A Shared Nationwide Interoperability Roadmap – DRAFT Version 1.0
 - SGR Fix
- Health IT in Value-Based Care
 - HIMSS Value Suite

Background on HIMSS

- HIMSS is a cause-based, global enterprise producing health IT thought leadership, education, events, market research and media services around the world
 - Focused on health IT enabling healthcare transformation
 - Founded in 1961
- HIMSS encompasses more than 57,000 individuals, of which more than two-thirds work in healthcare provider, governmental and not-for-profit organizations across the globe
 - 640 corporations
 - 400 not-for-profit partner organizations
- HIMSS15 in Chicago, April 12-16, 2015

Meaningful Use Stage 3 NPRM

Stage 3 NPRM Released Friday, March 20

- Stage 3 is expected to be the final stage of meaningful use
 - Certain parts of Stages 1 and 2 will be incorporated into this stage
- Under the proposed rule, all providers would be reporting at the Stage 3 level by 2018 regardless of their progress in previous levels
 - The proposed rules allow providers to choose whether or not to attest to the new Stage 3 objectives and measures in 2017, but all providers would report on a calendar year starting in 2017
 - There is an exception for this and several other provisions in the proposed rules for Medicaid providers in their first year
- The NPRM is noteworthy in that (generally) EPs, eligible hospitals, and CAHs have aligned objectives and timelines

A Provider's MU Stage Depends on When They Entered the Program

First Year as a Meaningful EHR User	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021 and future years
2011	1	1	1	2	2	2	2 or 3	3	3	3	3
2012		1	1	2	2	2	2 or 3	3	3	3	3
2013			1	1	2	2	2 or 3	3	3	3	3
2014				1	1	2	2 or 3	3	3	3	3
2015					1	1	1, 2 or 3	3	3	3	3
2016						1	1, 2 or 3	3	3	3	3
2017							1, 2 or 3	3	3	3	3
2018 and future years								3	3	3	3

Clinical Quality Measurement in Stage 3

- CMS intends to support alignment between the EHR Incentive Programs and CMS quality reporting programs, such as PQRS and Hospital IQR
 - Reporting requirements for CQMs will be included in future PFS and IPPS rulemakings
- Providers are encouraged to submit CQM data through electronic means in 2017 and CMS proposes to require electronic submission where feasible starting in 2018 for Medicare providers
- The proposed CQM reporting period for EPs, eligible hospitals and CAHs, starting in 2017, is on the calendar year (January thru December)

Objectives and Measures for Meaningful Use in 2017 and Subsequent Years

Program Goal/Objective	Delivery System Reform Goal Alignment
Protect Patient Health Information	Foundational to Meaningful Use and Certified EHR Technology Recommended by HIT Policy Committee
Electronic Prescribing (eRx)	Foundational to Meaningful Use National Quality Strategy Alignment
Clinical Decision Support (CDS)	Foundational to Certified EHR Technology Recommended by HIT Policy Committee National Quality Strategy Alignment
Computerized Provider Order Entry (CPOE)	Foundational to Certified EHR Technology National Quality Strategy Alignment
Patient Electronic Access to Health Information	Recommended by HIT Policy Committee National Quality Strategy Alignment
Coordination of Care through Patient Engagement	Recommended by HIT Policy Committee National Quality Strategy Alignment
Health Information Exchange (HIE)	Foundational to Meaningful Use and Certified EHR Technology Recommended by HIT Policy Committee National Quality Strategy Alignment
Public Health and Clinical Data Registry Reporting	Recommended by HIT Policy Committee National Quality Strategy Alignment

ONC 2015 Edition Health IT Certification NPRM

- The ONC Rule is focused on enabling interoperability as well as a more flexible certification program that supports developer innovation
 - The rule tries to improve interoperability for specific purposes by adopting new and updated vocabulary and content standards for the structured recording and exchange of health information
 - Includes a Common Clinical Data Set composed primarily of data expressed using adopted standards
 - Rigorously tests an identified content exchange standard Consolidated Clinical Document Architecture (C-CDA)
- The rule also intends to facilitate the accessibility and exchange of electronic health information by including enhanced data portability, transitions of care, and application programming interface (API) capabilities
- ONC's rule also adopts new and updated vocabulary and content standards for the structured recording and exchange of electronic health information.

CMS to Release New Regulation This Spring on MU in 2015

- The new rule, expected this spring, is intended to be responsive to provider concerns about software implementation, information exchange readiness, and other related concerns in 2015
 - It is also intended to propose changes reflective of developments in the industry and progress toward program goals achieved since the program began in 2011
- CMS noted that they are considering proposals to:
 - Shorten the EHR reporting period in 2015 to 90 days to accommodate these changes
 - Realign hospital EHR reporting periods to the calendar year to allow eligible hospitals more time to incorporate 2014 Edition software into their workflows and to better align with other CMS quality programs
 - Modify other aspects of the program to match long-term goals, reduce complexity, and lessen providers' reporting burdens

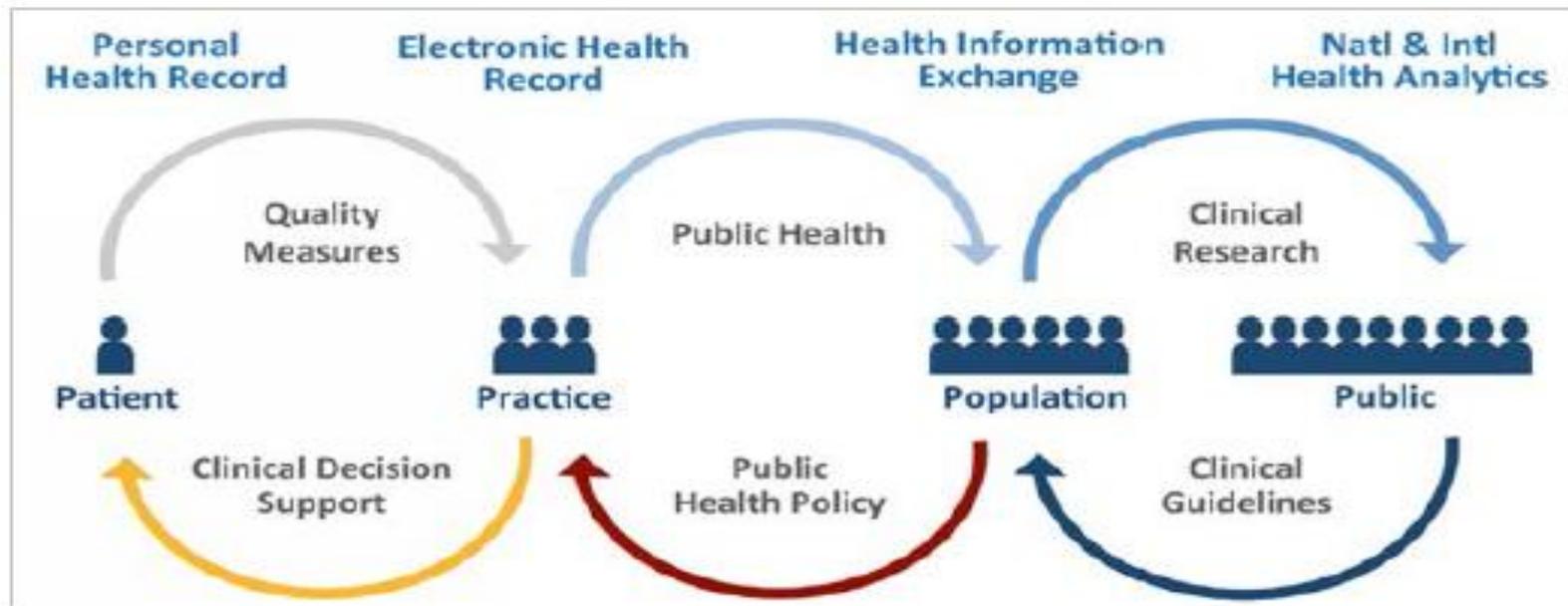
A Shared Nationwide Interoperability Roadmap – DRAFT Version 1.0

ONC Released Shared Interoperability Roadmap on January 30

- ONC released two documents for review
 - Draft Interoperability Roadmap, Version 1.0
 - Draft Interoperability Standards Advisory
- ONC sees health IT as an important contributor to improving health outcomes, improving health care quality, and lowering health care costs
 - Health IT should facilitate the secure, efficient and effective sharing and use of electronic health information when and where it is needed
- ONC posits that the community must expand its focus beyond institutional care delivery and health care providers, to a broad view of person-centered health
 - Health care is being transformed to deliver care and services in a person-centered manner and is increasingly provided through community and home-based services that are less costly and more convenient for individuals and caregivers
 - Most determinants of health status are social and are influenced by actions and encounters that occur outside traditional institutional health care delivery settings, such as in employment, retail, education and other settings

Interoperability Efforts Support the Shift to a Learning Health System

- This shift requires a high degree of information sharing between individuals, providers and organizations and therefore a high degree of interoperability between many different types of health IT, such that systems can exchange and use electronic health information without special effort
 - The goal of this shift is to a nationwide learning health system



The Vision Supporting the Roadmap

2015 - 2017

Nationwide ability to send, receive, find, use a common clinical data set

2018 - 2020

Expand interoperable data, users, sophistication, scale

2021 - 2024

Broad-scale learning health system

Core technical standards and functions

Certification to support adoption and optimization of health IT products & services

Privacy and security protections for health information

Supportive business, clinical, cultural, and regulatory environments

Rules of engagement and governance

Interoperability Principles from the Roadmap



BUILD UPON EXISTING
HEALTH IT INFRASTRUCTURE



MAINTAIN
MODULARITY



ONE SIZE DOES
NOT FIT ALL



CONSIDER THE CURRENT
ENVIRONMENT AND SUPPORT
MULTIPLE LEVELS OF ADVANCEMENT



EMPOWER
INDIVIDUALS



SIMPLIFY



PROTECT PRIVACY AND SECURITY IN
ALL ASPECTS OF INTEROPERABILITY



LEVERAGE
THE MARKET



FOCUS
ON VALUE



SCALABILITY AND
UNIVERSAL ACCESS

Roadmap Strives to Enable Interoperability Functions on a Nationwide Level by the End of 2017

- ONC discusses how the Roadmap focuses on actions that will enable a majority of individuals and providers across the care continuum to send, receive, find and use a common set of electronic clinical information at the nationwide level by the end of 2017
- Although this near-term target focuses on individuals and care providers, interoperability of this core set of electronic health information will also be useful to community-based services, social services, public health and the research community
 - This includes standardized data elements, such as demographics, that will enable better matching and linking of electronic health information across all systems and platforms

Roadmap Identifies Four Critical Near-Term Actions for Enabling Interoperability

- The four most important actions for public and private sector stakeholders to take to enable nationwide interoperability of electronic health information through health IT are:
 - Establish a coordinated governance framework and process for nationwide health IT interoperability
 - Improve technical standards and implementation guidance for sharing and using a common clinical data set
 - Enhance incentives for sharing electronic health information according to common technical standards, starting with a common clinical data set
 - Clarify privacy and security requirements that enable interoperability

Interoperability Provisions in the SGR Legislation

- New physician payment fix repeals the SGR to provide long-term stability to the Medicare physician fee schedule.
 - It provides stable updates for five years and ensures no changes are made to the current payment system for four years
- In 2019, it establishes a streamlined and improved incentive payment program that will focus the fee-for-service system on providing value and quality
 - The incentive payment program, referred to as the Merit-Based Incentive Payment System (MIPS), consolidates the three existing incentive programs, continuing the focus on quality, resource use, and meaningful electronic health record (EHR) use
- Has a provision requiring that EHRs be interoperable by 2018 and prohibits providers from deliberately blocking information sharing with other EHR vendor products
- Has a provision Requires GAO to report on barriers to expanded use of telemedicine and remote patient monitoring

Health IT in Value-Based Care

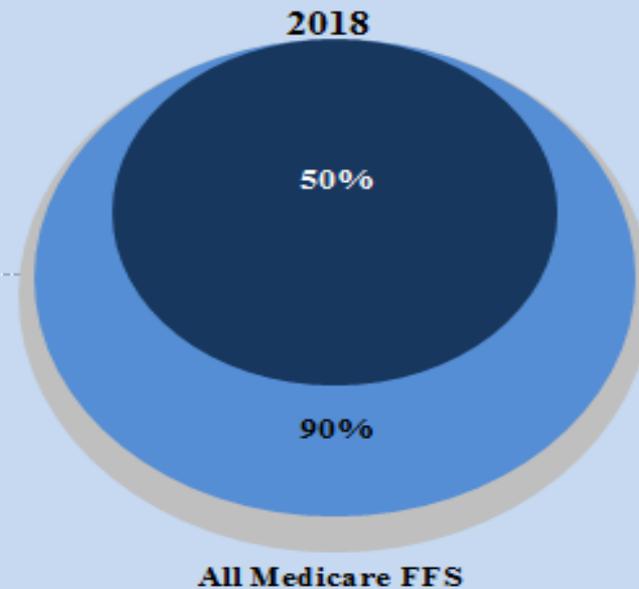
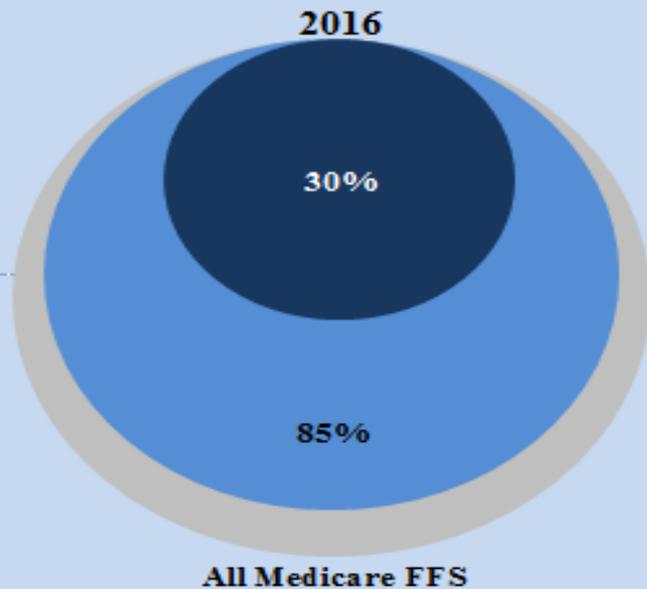
Driving Our Healthcare System to Greater Value-Based Purchasing

- HHS has adopted a framework that categorizes health care payment according to how providers receive payment to provide care
 - Category 1—fee-for-service with no link of payment to quality
 - Category 2—fee-for-service with a link of payment to quality
 - Category 3—alternative payment models built on fee-for-service architecture
 - Category 4—population-based payment
- HHS created a Health Care Payment Learning and Action Network
 - It will foster collaboration and serve as a convening body to facilitate joint implementation and expansion of new models of payment and care delivery

HHS Set Firm Goals for the Move to Value-Based Care

Target percentage of Medicare FFS payments linked to quality and alternative payment models in 2016 and 2018

- All Medicare FFS (Categories 1-4)
- FFS linked to quality (Categories 2-4)
- Alternative payment models (Categories 3-4)



HIMSS Health IT Value Suite is a Library and a Framework

The HIMSS Health IT Value Suite is a robust library of value-focused, evidence-based examples **framed by HIMSS' multifaceted Health IT Value STEPS™**. Encompassing thought leadership, education tools and opportunities for knowledge sharing among peers, this growing resource classifies health IT value in terms of:

- **S**atisfaction
- **T**reatment/Clinical
- **E**lectronic Data/Information
- **P**revention and Patient Education
- **S**avings

Value Suite is available online at: <http://www.himss.org/library/value-of-health-it>

HIMSS Health IT Value Suite

- Collection representing over 1,000 unique organizations that have realized HIT value
- 10,500 specific examples of value identified
- Examples identify:
 - Over 80 specific types of value in the HIMSS Value STEPS™
 - Methods to achieve benefits realization
 - Lessons learned
- HIMSS HIT Value STEPS™ model classifies hierarchy of value

STEPS™, Subtypes, Examples

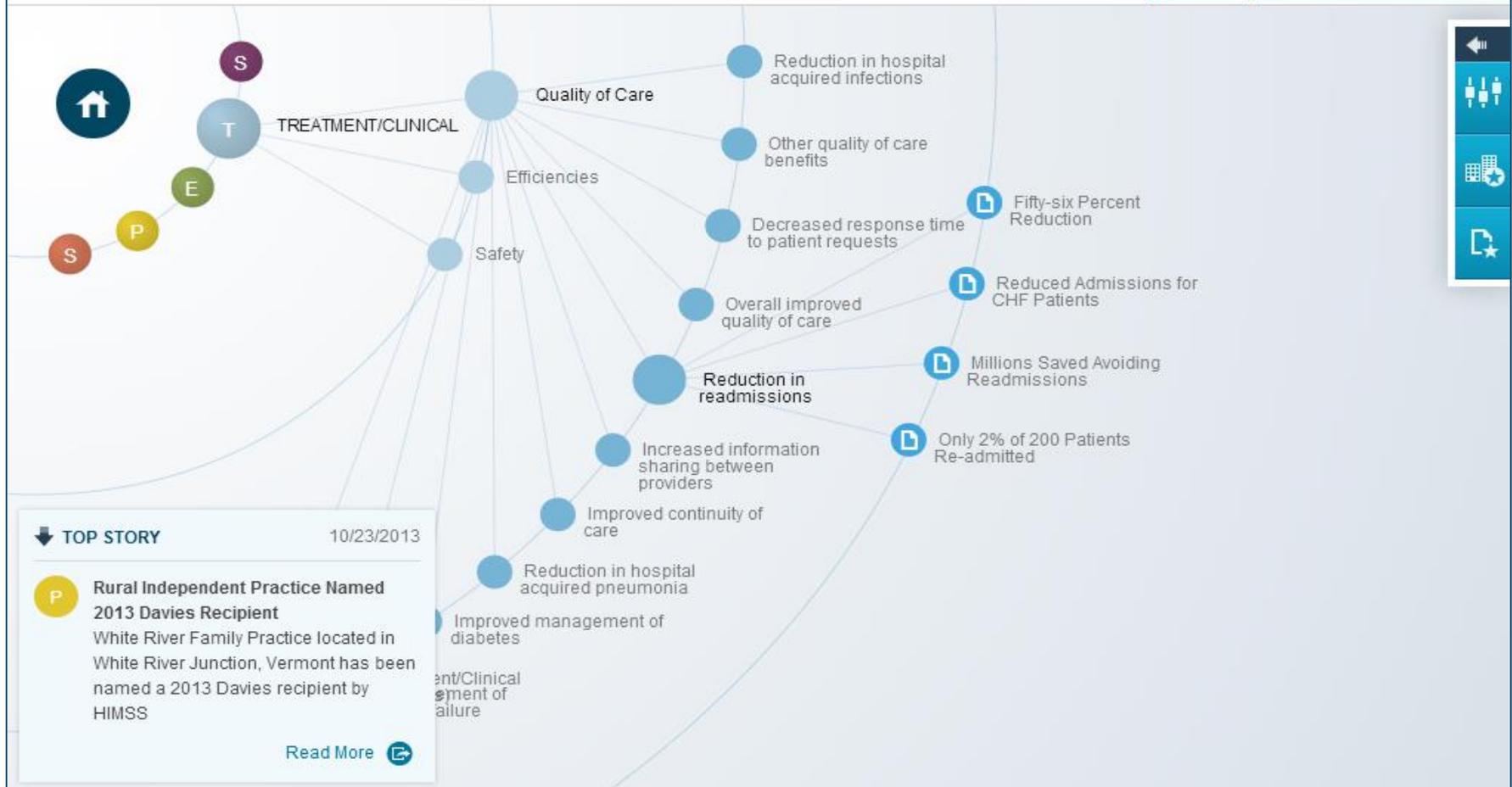
	Value Category (STEPS™) and Subtypes	Documented Examples
S	Satisfaction: Patient; Provider; Staff; Other	<ul style="list-style-type: none"> • Improved communication with patients • Improved patient satisfaction score • Improved internal communication
T	Treatment / Clinical: Safety; Quality of Care; Efficiency	<ul style="list-style-type: none"> • Improved patient safety • Reduction in medical errors • Reduced readmissions • Improved scheduling
E	Electronic information / Data: Evidence Based Medicine; Data Sharing and Reporting	<ul style="list-style-type: none"> • Increased use of evidence-based guidelines • Increased population health reporting • Improved quality measures reporting
P	Prevention and Patient Education: Prevention; Patient Education	<ul style="list-style-type: none"> • Improved disease surveillance • Increased immunizations • Longitudinal patient analysis • Improved patient compliance
S	Savings: Financial / Business; Efficiency Savings; Operational Savings	<ul style="list-style-type: none"> • Increased volume • Reduction in days in accounts receivable • Reduced patient wait times

HIMSS Value STEPS™ Model

Value STEPS > TREATMENT/CLINICAL > Quality of Care > Reduction in readmissions

Help

Share Your Story



Questions?

Thank You

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