

**HIMSS**

*transforming healthcare through IT*

architects of change

# The Landscape for Meaningful Use

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**Director, HIMSS Congressional Affairs**  
**August 27, 2009**

# HIMSS

- Non-profit membership association with over 23,000 Health IT professionals, physicians, nurses, other healthcare executive members
- 73% of HIMSS individual members work in an end-user setting
- Primary source of education, professional development, tools and resources
- Recognizes best practices, leading hospitals, clinical practices, public health, life sciences, and payer adoption and use of Health IT and management systems
- More information available at [www.himss.org](http://www.himss.org)

# Agenda

- Healthcare Landscape
- Background on the ARRA
- ARRA and Meaningful Use
- Next Steps with Healthcare Reform

# Healthcare in the U.S.

- 2008 total healthcare spending in the U.S. is expected to reach \$2.4 trillion, 16.6% of the GDP
- By 2016, CMS projects that healthcare spending will be over \$4.1 trillion, accounting for 19.6% of GDP
- About 45% of American suffer from one or more chronic diseases, accounting for 75% of all healthcare spending and 70% of deaths

\*Kaiser Family Foundation

# What's Happening and Why?

- The Federal Government recognizes a problem
- Solution: Transform healthcare through health IT

# ARRA: The American Recovery and Reinvestment Act of 2009



## A Big Day...

*"Because we know that spiraling healthcare costs are crushing families and businesses alike, we're taking the most meaningful step in years towards modernizing our healthcare system. It's an investment that will take the long overdue step of computerizing America's medical records, to reduce the duplication and waste that costs billions of healthcare dollars and medical errors that cost thousands of lives each year. ... We have done more in 30 days to advance the cause of healthcare reform than this country has done in an entire decade."*

**President Barack Obama**  
February 17, 2009

# ARRA

- February 17, 2009, President signs into law the **American Recovery and Reinvestment Act of 2009 (ARRA) or PL 111-5**, providing over \$30 billion for health IT, referred to by many as a **“foundation for healthcare reform”**
  - \$2 billion for the Office of the National Coordinator (ONC)
  - Over \$30 billion in incentives through Medicare and Medicaid
  - Codification of the ONC
  - Establishment of 2 Federal Advisory Committees
  - Grants and Loans to Foster the Use of Health IT
  - New privacy and security provisions
  - ARRA viewed as the first step towards healthcare reform

# Understanding \$2B in HHS Funds

- Secretary of HHS has 90 days to develop plan to allocate \$2B
- Core areas of focus:
  - Standards requirements due before the end of this year
  - HIE Infrastructure, National Health Information Network (NHIN)
  - Regional Health IT Resource Centers
  - Federal grants through AHRQ, HRSA, CMS
  - Grants to the states in 2010
  - Promote advanced EHR – disease mgmt., quality care measures

# Understanding Physician Incentives

- Incentives Require Proof of "Meaningful Use"
  - The EHR must be a certified product and include ePrescribing
  - The EHR must be connected
  - The provider must comply with submission of reports on clinical quality measures
- Those That Adopt First Will Benefit The Most (Declining Incentives)
  - Physicians can earn between \$44,000 to \$64,000 over five years from Medicare / Medicaid if they are utilizing an EHR in 2011
  - Late adopters will receive significantly less
  - Providers may receive incentives under only one of the programs
  - Those in Provider Shortage Areas can earn even 10% more
  - 2015: reductions in Medicare fees for non-EHR users

# Understanding Hospital Incentives

- Beginning FY11, Medicare incentives offered for hospitals who demonstrate “meaningful use” of EHR technology; CY11 non-hospital providers
- Beginning in FY15, hospitals who cannot demonstrate “meaningful use” will see a Medicare payment reduction
- Medicaid incentive for non-hospital providers w/Medicaid patient volume at 20-30%+
- Children’s Hospitals and acute hospitals w/Medicaid patient volume 10%+
- Medicare amount will likely total \$35B+ over 5 years

# ARRA: Outcomes

- Reduced utilization (Reduce rate of growth)
  - Eliminate unnecessary medical procedures
  - Reduction in errors = reduction in need for care (fewer complications)
- Reduced overhead
  - Operational efficiencies
- Next is the linkage to healthcare reform and payment reform

# Defining “Meaningful Use”

- Basic requirements for meaningful EHR use:
  - Use of certified EHR technology
  - In a meaningful manner
  - Information exchange
  - Reporting
  - Demonstration
- HHS is required to seek to improve the use of EHRs and health care quality by requiring more stringent measures of meaningful use over time
- HHS will seek public comment on a definition for meaningful use

# “Meaningful Use” Activities

**STEP 1 – June 16-26<sup>th</sup>:** Public Comment on HIT Policy Committee Draft Definition

**STEP 2 – July 16:** HIT Policy Committee submits recommendations to HHS (CMS and ONC)

**STEP 3 – December 2009:** CMS publishes Notice of Proposed Rulemaking – Proposed Rule on Meaningful Use

**STEP 4 – 30 to 60 days after Step 3 Initiated:** Public Comment on Proposed Rule. Submit to CMS

**STEP 5 – Winter/Spring 2010:** CMS Posts Final Rule on Meaningful Use

# “Meaningful Use” Activities

## **STEP 1 – June 16-26<sup>th</sup>: Public Comment on HIT Policy Committee Draft Definition**

- Objectives released by the Policy Committee:
  - Allow patients to access clinical information;
  - Comply with state and federal privacy, security and data sharing regulations;
  - Document patient progress and provide clinical summaries;
  - Exchange critical information with other care providers;
  - Implement drug interaction safeguards;
  - Send patient reminders about follow-up and preventive care;
  - Submit immunization and laboratory data to relevant public health registries; and
  - Use computerized physician order entry systems to transmit prescriptions.

# “Meaningful Use” Activities

## **STEP 1 – June 16-26<sup>th</sup>: Public Comment on HIT Policy Committee Draft Definition**

- HIMSS response:
  - HIMSS concern that the Committee does not distinguish clearly enough between hospitals and physician practices
  - HIMSS definitions include a progression of measures for each setting – hospitals and physician practices.

# “Meaningful Use” Activities

## STEP 1 – June 16-26<sup>th</sup>: Public Comment on HIT Policy Committee Draft Definition

- HIMSS Response:
  - Recognize CCHIT as the certifying body of EHRs.
  - Adopt metrics that can be reasonably captured and reported beginning in FY11/2011,\* and then made increasingly stringent using intervals of not less than two years.
  - Coordinate with HITSP and IHE to create new harmonized standards and implementation guides.
  - Reconcile the gap between “certified EHR technologies,” “best of breed,” and “open source” technologies.

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# “Meaningful Use” Activities

## **STEP 2 – July 16:** HIT Policy Committee submits recommendations to HHS (CMS and ONC)

- Enabling health reform, focusing on outcomes instead of technology, balancing timelines and capabilities, and ARRA requirements
- Shift away from a year-based requirement to an adoption-year
- Refer to handout

# “Meaningful Use” Activities

## **STEP 2 – July 16:** HIT Policy Committee submits recommendations to HHS (CMS and ONC)

- Meaningful Use criteria is organized into adoption years
- Health Outcomes Policy Priorities include:
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families
  - Improve care coordination
  - Improve population and public health
  - Ensure adequate privacy and security protections for personal health information

# “Meaningful Use” Activities

## **STEP 2 – July 16:** HIT Policy Committee submits recommendations to HHS (CMS and ONC)

- 2011 Objectives: Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions
- 2013 Objectives: Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions
- 2015 Objectives: Goal is to achieve and improve performance and support care processes and on key health system outcomes

# “Meaningful Use” Activities

**STEP 2 – July 16:** HIT Policy Committee submits recommendations to HHS (CMS and ONC)

- HIT Policy Committee accepted the recommendations and transmitted them to the **National Coordinator**.
- ONC worked to edit recommendations and forwarded them to the **Centers for Medicare and Medicaid Services**

# “Meaningful Use” Activities

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# “Meaningful Use” Activities

**STEP 3 – December 2009:** CMS publishes Notice of Proposed Rulemaking – Proposed Rule on Meaningful Use

- HIMSS members can anticipate an opportunity to offer public comments on the Meaningful Use Proposed Rule by **December, 2009**, with a Final Rule established in early 2010.

# “Meaningful Use” Activities

## Roadmap

- Develop process for updating meaningful use objectives and measures
  - Tag 2011 measures relevant to specialties
- Conduct informational hearings to inform 2013 and 2015 criteria development
- Update 2013 and 2015 criteria
- Work with HIT Standards Committee to ascertain availability of relevant standards
- Refine 2013 meaningful use criteria
- Assess industry preparedness for meeting 2011 and initial 2013 meaningful use criteria

# Defining “Certified” EHR Technology

- Includes patient demographic and clinical health information, such as medical history and problem lists, and has the capacity to:
  - Provide clinical decision support
  - Support physician order entry
  - Capture and query information relevant to health care quality
  - Exchange electronic health information with, and integrate such information from, other sources
- Certified as meeting specified standards
- **Anticipate “certified” and interim final standards by December 2009**

# Privacy and Security Provisions

- Breach Notification
  - establishes a federal security breach notification requirement for breaches of health information that has not been made unusable, unreadable, or indecipherable
  - requires that an individual be notified if there is an unauthorized access, disclosure or use of their health information
  - requires notification to Sec HHS if more than 500 records
- Accounting of Disclosures
  - gives patients the right to request an accounting of disclosures of their health information made through an electronic health record
- Business Associates
  - HIPAA BAs (specifically including PHR vendors, RHIOs, HIEs) are now *directly* covered by HIPAA and are subject to the same privacy and security rules as providers and health insurers

The logo for HIMSS, consisting of the letters 'HIMSS' in a bold, white, sans-serif font. The 'H' and 'I' are connected, and the 'M' is a single block letter. A small registered trademark symbol (®) is located to the upper right of the 'S'.

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A background image showing a close-up of a modern building's facade, characterized by a grid of glass and metal panels. The perspective is looking up and slightly to the side, creating a sense of depth and architectural complexity.

architects of change

# Next Steps with Healthcare Reform

# Overview of Current Healthcare Reform Legislation

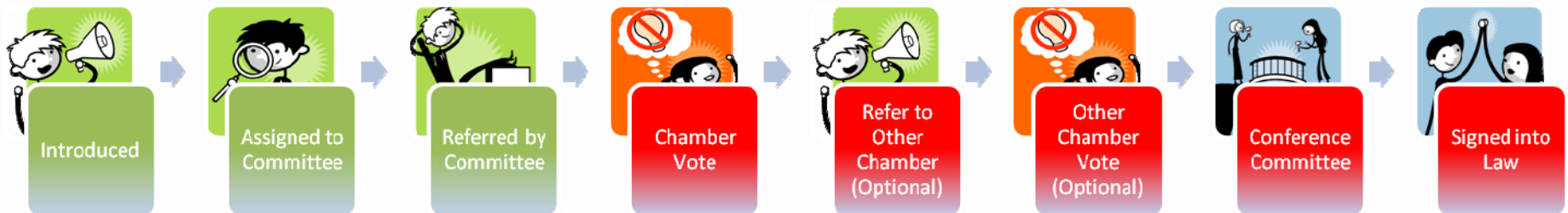
- Currently there are two leading healthcare reform bills in the House and Senate
- Awaiting the release of a 3<sup>rd</sup> bill in September



# Affordable Health Choices Act of 2009, H.R. 3200

- Legislation would:
  - Establish a public health insurance option and a health insurance exchange
  - Establish many provisions that aim to leverage health IT to improve the efficiency of healthcare
- Health IT related provisions address such issues as administrative simplification, testing incentive models that reduce the growth of healthcare spending and improve health outcomes, and a new Bureau of Health Information

# Affordable Health Choices Act of 2009, H.R. 3200

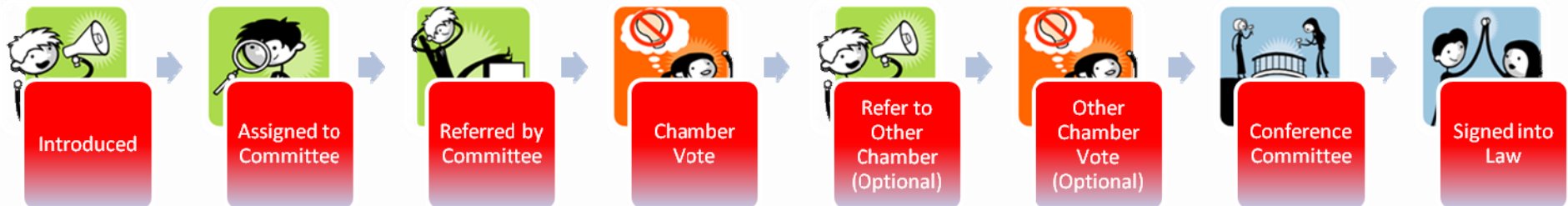


- Introduced as legislation on July 14<sup>th</sup> in the House
- Referred to three committees: Energy and Commerce, Ways and Means, and Education and Labor.
- Committees held mark-ups to add additional amendments to the legislation.
- The mark-ups have been finalized and the bill was reported by the committees on July 31<sup>st</sup>.
- Expected that a floor vote in the House will take place after the August recess

# Affordable Health Choices Act, Senate HELP Committee

- Senate HELP Committee's Legislation, the Affordable Health Choices Act, would:
  - Establish state-based health insurance exchanges through which individuals and small businesses could purchase coverage
  - Build upon health IT provisions included in the ARRA and leverage health IT to improve healthcare delivery and outcomes
- Provisions related to health IT surround such issues as administrative simplification, a national strategy for quality improvement, and primary care training

# Affordable Health Choices Act, Senate HELP Committee



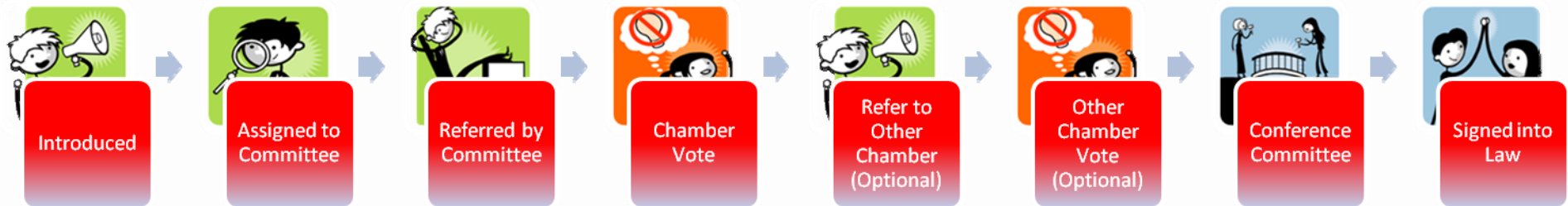
- July 15, 2009, the Senate Health, Education, Labor, and Pensions (HELP) Committee approved the Affordable Health Choices Act
- The Committee aims to merge the legislation with legislation to be released and marked-up by the Senate Finance Committee

# Legislation, Senate Finance Committee

- Legislation has yet to be released by the Senate Finance Committee
- Through the release of the Senate Finance Committee's "Policy Options for Healthcare Reform" this spring, we gained insight on some of the policy proposals that the Committee was exploring in relation to health IT ([www.finance.senate.gov](http://www.finance.senate.gov))

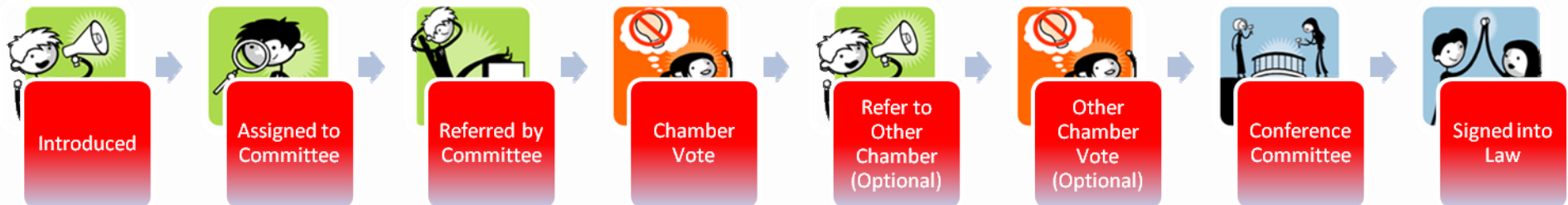


# Legislation, Senate Finance Committee



- Chairman Max Baucus (D-MT) aims to conclude bi-partisan talks concerning the developing legislation by September 15, 2009
- Following a mark-up of the legislation, the legislation is expected to be merged with the Senate HELP Committee's legislation and be considered for a vote by the Senate

# What's Next?



- Two Senate bills will likely be merged into one bill to compliment its counterpart in the House (H.R. 3200)
- Congressional leaders hope to vote on healthcare reform legislation this fall
- The chambers can send their perspective bills to the other chamber for a vote or they can go straight to a Conference Committee.
- Following passage by Congress, a bill would then be sent to the President for his signature

# Questions/Discussion

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