The Journey Towards Meaningful Use

How far have we gotten?

Nancy Peterson, Deputy Director
March 10, 2011
Agenda

This session will provide an update on:

- The Office of the National Coordinator’s (ONC) activities related to the various funding streams
- New England RECs and Beacon Update
- Electronic Health Record (EHR) adoption and Provider Incentive Payments related to the adoption of (EHRs)
- New England collaborative activities related to HITECH, Health Information Technology (HIT) and Health Information Exchange (HIE)
- Challenges as we move towards meaningful use (MU)
- Role of the information professional to meet the challenges (discussion)
ARRA /HITECH Act

- American Recovery and Reinvestment Act (ARRA) signed into law 2/17/09
- Two sections (known as HITECH) codifies the Office of the National Coordinator (ONC), creates standards and provides incentives for providers to use HIT
  - Substantial investment to modernize our healthcare IT infrastructure
  - $25 billion earmarked for provider incentives for adoption implementation and use of EHRs *in a meaningful way*
- Adopting EHRs to support improvement of quality
So Where Are We Now?

- ONC has funded various programs related to achieving MU including:
  - **Cooperative Agreements** with the States to develop HIT programs and build capacity for exchanging HIT across states (all of the NE states have a cooperative agreement)
  - **Regional Extensions Centers (RECs)**
    - Provide training and support services to assist doctors and other providers in adopting EHRs
    - Offer information and guidance to help with EHR implementation
      - eHealth Connecticut
      - Massachusetts eHealth Collaborative-(serving MA and NH)
      - HealthInfoNet (ME)
      - Rhode Island Quality Institute
      - Vermont Information Technology Leaders (VITL)
So Where Are We Now?

- ONC has funded various programs related to achieving MU continued...
  - **Beacon Programs**
    - Funding to 17 selected communities throughout the United States that have already made inroads to develop secure, private, and accurate systems of EHR adoption and HIE
    - Focus on specific and measurable improvement goals in the three vital areas for health systems improvement: quality, cost-efficiency, and population health, to demonstrate the ability of health IT to transform local health care systems
      - Bangor Beacon Community (helping to expand the # providers using the exchange (HIN) in Eastern Maine Healthcare Systems
      - RI Beacon Community, Providence RI
So Where Are We Now?

- HHS has issued “Meaningful Use” Final Rule (7/13/10)
  - Final Rule creates “Core Objectives and Measures as well as “Menu” Objectives and Measures
    - Core measures reflect the key elements of promoting electronic health information exchange (recording and exchanging such elements as patient demographics, prescription data, medication allergy lists, current and active diagnoses)
    - Menu measures may be chosen by those providers who participate
      - Select from a “menu” of measures that align with organizations’ priorities
Meaningful Use: Why It Matters

- Standard that doctors and hospitals must achieve to qualify for Medicare and Medicaid incentive payments;
- Links HIT and HIE to healthcare delivery system improvements;
- Organizing principle for the work of ONC, the HIT Policy Committee, and the HIT Standards Committee;
- Driving state-level e-health programs; and
- Dominant force for EHR vendors as they upgrade their products.*

*Ray Campbell, Executive Director, Massachusetts Health Data Consortium
The Three Components of Meaningful Use

- Meaningful Use
- EHR Certification Criteria
- HIT Standards

*Ray Campbell, Executive Director, Massachusetts Health Data Consortium*
The Meaningful Use Escalator

2009  2011  2013  2015

- Data capture and sharing
- Advanced clinical processes
- Improved outcomes
What is NESCSO Doing?

- Established a multistate (New England and NY) Workgroup which meets monthly (webinar or in person) to discuss various aspects of HIT/HIE
- Performed a survey of the region to identify synergies in states’ planning and hardware and software procurement needs
- Developed a relationship with the Southeast Regional Collaboration on HIT-HIE (SERCH) Workgroup to share information across our memberships
  - Potential to share our survey and develop a longitudinal database of the results
- Working with NE states to create a learning collaborative to share information with MA as they prepare their Health Insurance Exchange for Health Care Reform in 2014 (Early Innovator Cooperative Agreement awarded 2/16 : ~ $36M over 2 years-NESCSO is the lead on the interstate work of this agreement
Challenges Ahead

- 34,000 physicians have signed up for the incentive programs
  - Is the pace on target?
- Barriers for physicians
  - $
  - Time and Workflow
  - EHR Products
- Perception
  - Recent Stanford study citing no measurable benefit from having an EHR
  - Study refuted on March 8 by *Health Affairs*:
Late Breaking News...

- David Blumenthal, Director of ONC will be stepping down (a replacement has not been named)
- ONC has asked for comments for Stage 2 MU
  - Industry feels the infrastructure is not there to support Stage 2 Objective
  - Some practices are not yet collecting the information needed
  - Proposed timelines are just too aggressive
- Recent studies on the value of EHRs
Role of the Information Professional as We Move Towards MU

“Innovation”

“Here is a microcosm of robust innovation in a market created by the new federal program.” David Blumenthal, March 8, 2011
Resources

- NESCSO (www.nescso.org)
- Office of the National Coordinator (http://healthit.hhs.gov/portal/server.pt)
- National Association of State Health Policy (NASHP) (www.nashp.org)
- Massachusetts eHealth Institute (http://www.maehi.org/)
- HealthInfoNet (http://www.hinfonet.org/)
- Rhode Island Quality Institute (http://www.riqi.org/matriarch/default.asp)
- eHealth Connecticut (http://www.ehealthconnecticut.org/)
- Health IT Buzz (http://healthit.hhs.gov/blog/onc/)
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