MONITORING NATIONAL IMPLEMENTATION OF HITECH: STATUS AND KEY ACTIVITY QUARTERLY SUMMARY

JANUARY TO MARCH 2013

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Prepared by:
Mathematica Policy Research Inc
600 Alexander Park
Princeton, NJ 08540

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Prepared by Mynti Hossain and Marsha Gold of Mathematica Policy Research under Contract with the ONC Evaluation Office for a Global Assessment of HITECH

This summary supports the global assessment by synthesizing in one place selected statistics and activity reports relating to implementation of HITECH. It is developed quarterly and reflects information made available between January 1, 2013 and March 31, 2013. The list is not meant to be exhaustive, but to reflect a subset of reports and activities that have been reported on elsewhere—on the ONC or CMS websites, or in a few other sources that have come to our attention. The report now relies less than in the past on the ONC and HHS News Briefings to identify activities because the scope of those briefings has been reduced in intensity. Quarterly reports are posted by ONC and are publicly available under the Evaluations of HITECH Programs section on the Health IT Dashboard.

MEANINGFUL USE INCENTIVE PAYMENTS—STAGE 1

- The number of eligible professionals and hospitals registered for meaningful use payments, as well as the amount paid to them, continues to increase. The CMS incentive program report for February 2013 shows that program-to-date active registrations included 264,292 Medicare eligible professionals, 120,002 Medicaid eligible professionals, and 4,299 hospitals, yielding a total of 388,593 active registrations that were fully completed by February 2013. Additionally, at the Health IT Policy Committee meeting on March 14, 2013, CMS presented Medicare and Medicaid EHR incentive program data.
    - Medicare breakdown
        - Medicare program-to-date payment totals are $2.6 billion to eligible professionals ($1.6 billion paid during the 2012 program year) and $347 million to hospitals ($8 million paid, to date, during the 2013 program year).
    - Medicaid breakdown
        - According to the CMS incentive program report, as of February 2013, 49 states were open for registration. The "Medicaid State Information" webpage on the CMS website lists 47 states that have active Medicaid EHR Incentive programs. The two states not listed with active programs are Minnesota and Hawaii. The District of Columbia participates in the incentive program as well and will launch their program in July 2013. First payments are expected to be disbursed in August and meaningful use attestations will be collected in October.

    - Medicaid program-to-date payment totals are $1.7 billion to eligible professionals ($9 million paid, to date, during the 2013 program year) and $220 million to hospitals ($4 million paid, to date, during the 2013 program year).

    - Program-to-date payments to eligible professionals include 82,786 physicians, 22,214 nurse practitioners, 10,577 dentists, 2,495 certified nurse-midwives, and 1,930 physician assistants.

- CMS announced that physicians who are were excluded from the meaningful use program by way of their billing Medicare under the Method 2 approach are now eligible for the program. (Method 2 physicians are physicians who are documented as "hospital-based" though they are not. This is because the critical access hospitals they work with bill Medicare on their behalf.) The American Hospital Association (AHA) sent CMS a letter on January 9, 2013 in which they expressed concern for these excluded physicians. The letter followed up on an earlier letter the AHA sent in December 2011, which led CMS to say that they would resolve the issue in the year 2014. In AHA's most recent letter, the AHA requested CMS to either resolve this issue sooner or to identify other ways in which Method 2 physicians can participate in the program before 2014. The AHA is concerned that waiting for a 2014 resolution would only give Method 2 physicians one year to participate in the program before being subjected to penalty fees. *Wolters Kluwer, January 11, 2013*

- In "Early Results of the Meaningful Use Program for Electronic Health Records," a letter published in the *The New England Journal of Medicine* on February 21, 2013, researchers say that their analysis indicates that , as of May 2012, 12.2% of eligible physicians in the country attested to the meaningful use program (62,226 out of 509,328 eligible physicians). Approximately 23% of physicians who attested were family practitioners—and this physician type had the highest number of attestations. Significant state variation was also found: Alaska had the lowest rate of attestation (1.9%) while North Dakota had the highest (24.2%).

- CMS is offering webinars that outline how eligible professionals can earn incentive payments in 2013. Six webinars were offered in March and three, to date, are being offered for April. *AHA News, March 19, 2013*

- In March, Representative Diane Black (TN-R) introduced HR 1309, Electronic Health Records Improvement Act. Representative Black's office released a summary of the bill which lists the bill's main propositions. Among the propositions are to establish a hardship exemption for physicians near retirement and for small practices; include rural health clinics under the definition of "eligible professional;" and for CMS, before administrating penalties to providers, to create a formal appeals process.

STAGE 2 MEANINGFUL USE INCENTIVE AND CERTIFICATION REQUIREMENTS

- The American Hospital Association (AHA) submitted a letter to CMS and ONC on January 29, 2013 in response to the Stage 2 interim final rule. The organization is concerned that the Stage 2 timeline requires the publication of technical changes needed to implement the regulations too soon after final rule publication.

- On January 31, 2013, ONC posted the 2014 Edition draft test scenarios for evaluating EHR data usability. The test scenarios are designed to support consistent and replicable testing across the approved voluntary testing sites used for product certification, and to enhance the value and efficiency of the testing.

DEVELOPMENT OF STAGE 3 MEANINGFUL USE REQUIREMENTS

- Several stakeholders publicly submitted comments to ONC on Stage 3 (see below). At the February 6, 2013 Health IT Policy Committee meeting, the Health IT Standards Committee presented comments on a number of meaningful use objectives. *iHealthBeat* reports that the vice chair of the Health IT Standards Committee, John Halamka, said that the Committee questioned whether or not the Stage 3 proposed regulations are realistic given that interoperability is not yet fully developed. At the March Healthcare Information and Management Systems Society (HIMSS) annual conference, CMS announced that they will delay Stage 3 rulemaking until 2014 in order to assess current stages of the meaningful use program. *AHA News, March 6, 2013*
    - The American Medical Association (AMA), the American Hospital Association (AHA), the College of Healthcare Information Management Executives (CHIME), and the American Academy of Family Physicians (AAFP) expressed a need for a comprehensive evaluation of Stage 1 and/or Stage 2 in order to make informed decisions in the development and definition of Stage 3.
    - The AHA, eHealth Initiative, and the HIMSS Electronic Health Record Association (EHRA) asked ONC and CMS to prioritize interoperability.
    - Both CHIME and the Federation of American Hospitals (FAH) discussed financial costs to providers participating in the program. CHIME cited that, as incentive payments are scheduled to decrease over time, providers' health IT costs will continue to increase as they upgrade and maintain their tools. The FAH recommend that ONC, before adding proposed requirements to the program, pilot-test the specific requirements that will increase costs for providers.
    - Other comments include:
        - CHIME submitted comments that included expressing their belief that stakeholders were not given enough time to develop and submit comments for Stage 3. They also call attention to factors in the vendor market that require providers to switch EHR vendors (market consolidation, a vendor's decision not to seek certification, etc.). They say that a number of providers face a challenge in switching vendors while they are simultaneously expected to move from one stage of the program to the next. CHIME recommends that the Health IT Policy Committee explore possible solutions for providers in this situation.
        - FAH submitted a letter in which they recommend that time periods for each stage to be increased from two to three years in order to give providers more time to work with eMeasures, population health, and patient identification and matching features of their EHRs. The HIMSS EHRA also recommended that Stage 3 start three years after the Stage 2 start date.

- The AMA included in their letter a call for either the elimination of information exchange measures from Stage 3 or the delay of the Stage 3 until a nationwide interoperable network for exchange is operating. The AAFP also asked for Stage 3 to be delayed, specifically till 2017 and in the effort of giving physicians more time to achieve Stages 1 and 2.

- The Agency for Healthcare Research and Quality (AHRQ) published a notice (NOT-HS-13-006) soliciting applications for grants that they are offering stakeholders to study and evaluate health IT development. These studies are anticipated to evaluate and inform the development of Stage 3 meaningful use objectives. AHRQ has a strong preference for work that begins by September 2013 and that can be disseminated before June 2014.

REGIONAL EXTENSION CENTERS

- In February, ONC published a new data brief: "Supporting Health Information Technology Adoption in Federally Qualified Health Centers." The brief reviews the use of RECs across professionals in different settings. The analysis finds high levels of REC sign-up (83%) among FQHCs. REC registrants that are in FQHCs are more significantly likely to have a live EHR than REC registrants in other practice settings, though fewer REC registrants in FQHCs currently meet meaningful use requirements. The authors attribute high adoption rates to the support (including technical and financial) that HRSA has long been offering FQHC providers.

AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- In January, the Certification Commission for Health Information Technology (CCHIT) issued a press release announcing that it has been authorized by ONC to certify EHRs for the ONC 2014 program. CCHIT had such authority in the temporary program and already has been approved as a voluntary testing site for 2014. This means that CCHIT will be able to test and approve products meeting Stage 1 (2011) and Stage 2 (2014) requirements.

- *iHealthBeat* reported that an ONC January 24, 2013 memo to the authorized Certification Bodies and Accredited Testing Laboratories indicated that it is facing technical difficulties with a software testing tool for the Stage 2 process. The Director of the Office of Certification at ONC, Carol Bean, said that ONC would work to repair a downloadable version of the tool by February 15. The issue appears to have been resolved, with the, ONC's "2014 Testing and Certification" webpage on www.healthit.gov showing that the downloadable version of The Transport Test Tool was updated on February 15th and again on March 1st.

  CMS jointly issued a press release announcing a new EHR format for children's healthcare that includes functionalities for child-specific data such as vaccinations and documentation of growth and development.

- A new report finds that health IT venture capital funding reached $1.2 billion in 2012, which is more than double the $480 million funding total in 2011. According to the report, there were 163 health IT venture funding deals last year, compared with 49 deals in 2011 and 22 deals in 2010. The report credits the HITECH Act with encouraging investment in the sector. *iHealthBeat, January 30, 2013*

- The market appears to be responding competitively to the demand for greater data exchange and interoperability. In March, Cerner, McKesson, athenahealth, Allscripts, Greenway Medical Technologies, and RelayHealth announced that they are forming CommonWell Health Alliance—a nonprofit group that will work to set standards for data exchange and interoperability. Epic CEO, Judy Faulkner, said that her company was not invited to join the Alliance and that the nonprofit collaboration between vendors "appears on the surface to be used as a competitive weapon [against Epic]." *Bloomberg, March 5, 2013*

- A *Modern Healthcare* Analysis used ONC and CMS data to identify the most popular EHR vendors for ambulatory and inpatient care settings, as well as for complete and modular EHR systems. *iHealthBeat*, reporting on the analysis, lists Epic as the most popular vendor for complete EHR systems among eligible professionals in ambulatory and inpatient care settings. Cerner is the most popular for modular EHR systems in ambulatory care while Allscripts is the most popular for modular EHR systems in inpatient care. The analysis covers the time period between the start of the meaningful use program and December 31, 2012.

- Representative Jim McDermott (WA-D) sent a letter to the HHS Office of the Inspector General calling for the renewal of the "EHR safe harbor" provision. The provision, which will expire December 31, 2013, facilitates health IT adoption among physicians by allowing hospitals to donate EHR software to its referring physicians (under certain circumstances.)

PRIVACY AND SECURITY

- At the January 8, 2013 meeting of the Health IT Policy Committee, ONC's Kathryn Marchesini, JD shared the results from a patient survey administered through the eConsent Trial Project. High-level findings indicate that patients, when considering participation in an HIE, want to know how their health information will be used, if their information will be shared with insurance companies, what regulations are in place to protect against the misuse of information, and if they can change their opt-in/opt-out decisions in the future. A pilot analysis is now underway in four sites and the complete results of it, surveys, and focus groups should be released in Spring 2013. *Fierce Health IT, January 11, 2013*

- HHS is starting to receive comments and letters, as solicited, from the publication of ONC's December 2012 "Health IT Patient Safety Action and Surveillance Plan." The AHA's February 4, 2013 letter commended the agency for their efforts on this important issue and urged that ONC coordinate actions to avoid duplications. It endorsed the concept of shared responsibility and a voluntary code for vendors. AHA also encourages ONC to devote more time and resources to the development of a national plan for patient-medical record matching and, in the future, expand attention to supporting health information exchange, two issues that received limited attention in the report. The organization CHIME, in their submitted comments, also stressed the importance of partnership. Their preference was for a larger role for voluntary consensus bodies. CHIME also encouraged accurate and efficient patient-medical record matching. The Texas Medical Association, in its letter, expressed concern that the draft plan does not delineate which entities or parties are responsible

for what. They suggest creating the position of "HIT Safety Czar" in which a person can supervise, coordinate, and market patient safety.

- The ECRI Institute published a report in which they identify potential unintended consequences of health IT that may affect patient safety: 1) system-to-system data transfer that is inaccurate; 2) data entry in the wrong patient record; 3) incorrect data entry in the correct patient record; 4) system failure to function as intended; and 5) system configuration that leads to errors.

- In February, the Bipartisan Policy Center released "An Oversight Framework for Assuring Patient Safety in Health Information Technology." The framework developed by the Center builds on existing quality and patient safety systems and promotes innovation through the call for government and existing stakeholders to collaborate with health IT developers. Also in February, the Center hosted a discussion of the report that included Former Senator Tom Daschle, National Coordinator for Health Information Technology Farzad Mostashari, senior executives from Siemens, athenahealth, McKesson, and the American Academy of Family Physicians, and other stakeholders.

HEALTH INFORMATION EXCHANGE

- In January, the Missouri Health Connection announced that Missouri, Kansas, and Nebraska can now exchange clinical messages through the Direct Project.

- The newest version of CONNECT, an open source platform for health information exchange, was announced in a February 11, 2013 blog post on www.healthit.gov. CONNECT 4.0 supports Stage 2 of the meaningful use program through its support of the Direct project and Nationwide Health Information Network specifications.

- In February, HIMSS announced that they will open the HIMSS Innovation Center for Interoperability Testing in October 2013. The Innovation Center will facilitate the development of interoperability standards via physical and virtual testing and demonstrations.

- In February, ONC released a report of survey findings prepared for them by the National Opinion Research Center (NORC) at the University of Chicago. "Evaluation of the State Health Information Exchange Program: Physician Experiences and Perception of Health Information Exchange" shows significant variation between small and large practices in physician perceptions, experiences, and priorities for HIEs. NORC conducted focus groups in Maine, Nebraska, Texas, Washington, and Wisconsin and found that awareness of and participation in HIEs is greater among larger practices. This is likely due to smaller practices focusing more on implementing and adopting EHRs for efficiency improvements within their own practices rather than focusing on data exchange with multiple healthcare facilities.

- On February 14, 2013, Farzad Mostashari was one of the speakers for a Town Hall webinar hosted by the National eHealth Collaborative. Mostashari and other ONC representatives spoke about ONC's HIE governance plans. Additionally, several weeks later, ONC and the National eHealth Collaborative encouraged organizations to apply to participate in their National HIE Governance Forum. The goal of the forum is for stakeholders to share information and ideas on overcoming challenges in HIE

governance. The application deadline was March 15 and organizations identified as participants will be notified several weeks following the deadline.

- The HIMSS annual conference was held March 3-7, 2013 and was attended by approximately 34,696 individuals. Former President Bill Clinton was the keynote speaker, and spoke about the importance of health information sharing. He cited the Department of Veterans Affairs' Blue Button personal health record feature as an example of successful information sharing. *InfoWorld, March 7, 2013*

- On March 5, 2013, Verizon started a new service that allows providers to securely exchange medical data, e-mails and other information with each other, no matter the computer system. Verizon believes this is a "game changer," and that it will be the first national service of its kind. *Bloomberg, March 4, 2013*

- On March 6, 2013 CMS and ONC announced that, as part of their 2013 agenda, they are accelerating health information exchange. This includes working toward having 50% of physician offices in the country using EHRs and 80% of eligible hospitals receiving meaningful use payments by the end of the calendar year. It also includes expanding the use of Blue Button and requiring more work from the Department of Health and Human Services to ensure interoperability. The day following the announcement, CMS published in the Federal Register a request for information for advancing interoperability and health information exchange.

- ONC will grant $200,000 to $400,000 to an unspecified number of private and public sector organizations that are addressing interoperability issues and developing governance standards for health information exchange. Applications were due February 4, 2013.

- The National Rural Health Resource Center released an HIE Toolkit. Included in the toolkit is a guide to using the Direct Project and a spreadsheet that calculates the return on investment of adopting an EHR system and an HIE.

WORKFORCE PROGRAMS

- "Primary Care Physician Shortages Could Be Eliminated Through Use Of Teams, Nonphysicians, And Electronic Communication," published in *Health Affairs*, states that the projected primary care physician shortage may be overestimated because the use of EHRs and allowing them to be accessed by non-physician providers as part of care team allows practices to increase panel size.

- The Health Resources and Services Administration (HRSA) is accepting applications for the Rural Health Information Technology Workforce Program, which will provide grants to rural health networks to support them in recruiting, training, and retaining health IT specialists.

- PricewaterhouseCoopers' Health Research Institute released a chart pack that outlines their research findings on the shortage of qualified health IT staff. As part of the study, providers were asked to describe their experience staffing qualified health IT staff: 67% reported experiencing a health IT shortage and 59% said that this shortage will be a barrier for them in meeting the requirements for the meaningful use program.

- The American Health Information Management Association (AHIMA) and the Healthcare Information and Management Systems Society (HIMSS) published "Trends in Health Information Exchange Organizational Staffing," which is likely the first in-depth study conducted on Health Information Organization (HIO) staffing. The report makes several recommendations to both HIOs and health information exchange (HIE) staff, including the recommendation for HIOs to employ social media to recruit staff and the recommendation for HIE staff to seek health IT certifications.

PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES

- On February 5, 2013 the Departments of Defense (DOD) and Veterans Affairs (VA) announced that they will cease their efforts to create a single, joint EHR system by 2017 and instead, by 2014, develop a simpler way for the Departments to share health data with each other and enable their beneficiaries to download personal health information. The decision was criticized by some on Capitol Hill (see bullet points below). On February 27, the House Veterans Affairs Committee held a hearing to discuss the issue. The discussion included the question of whether the Department of Defense could adopt the Veterans Affairs' VistA EHR and enable a joint system in that way. The Assistant Secretary of Defense for Health Affairs, Dr. Jonathan Woodson, said that the DOD is considering VistA and will complete an evaluation of it by the end of March 2013. *Government Health IT, February 27, 2013* Also during the hearing, the Government Accountability Office (GAO) released "Electronic Health Records: Long History of Management Challenges Raises Concerns about VA's and DOD's New Approach to Sharing Health Information," which says that many of DOD's and VA's efforts to achieve interoperability over the past 15 years have failed because of poor management and a lack of accountability. Additionally, a recent Institute of Medicine report outlines how an integrated EHR system between the DOD and VA will better assist troops returning from Afghanistan and Iraq.
    - Jeff Miller (FL-R), Chairman of the House Committee on Veterans' Affairs, said "The need for a record system integrated across all DOD and VA components has been universally accepted for years…both agencies have given us nothing but assurances they were working toward that goal…When DOD and VA take shortcuts, the veterans and service members under their care will be shortchanged."
    - Both Senator Patty Murray (WA-D) and Representative Mike Michaud (ME-D) expressed concern over the amount of money that has already been spent on developing a joint EHR system. Murray estimates that $1 billion has been spent on the joint EHR system while Michaud said, "We have just witnessed hundreds of millions of dollars go down the drain." *House Committee on Veterans' Affairs, February 26, 2013*; *Reuters, February 5, 2013*

- Several activities surrounding telehealth services occurred this quarter:
    - Representative Mike Thompson (CA-D) introduced HR 6719, Telehealth Promotion Act of 2012, which seeks to expand telehealth and mobile services in Medicaid, Medicare, CHIP, TRICARE, and other government programs. American Telemedicine Association CEO Jonathan Linkous stated that the bill, if passed, "would extend the benefits of telehealth and mHealth to nearly 75

million Americans." *Healthcare IT News, January 3, 2013*; *PRWeb, December 31, 2012*

- Originally introduced by Senators John Thune (SD-R) and Al Franken (MN-D), Thune and Senator Amy Klobuchar (MN-D) reintroduced S. 596, Fostering Independence Through Technology Act. The Act seeks to increase Medicare telehealth services through pilot programs that incentivize home health agencies to use this technology. *Echo Press, March 19, 2013* The AHA submitted a letter supporting the Act.

- "Scaling Telehealth Programs: Lessons from Early Adopters" is a brief published by Commonwealth Fund that includes case studies of telehealth services implementation at the Veterans Health Administration, Partners HealthCare, and Centura Health at Home. Among the lessons learned from the three organizations are employing a multidisciplinary (technical, clinical, and business) team during the implementation process and providing free or very affordable telehealth services to patients.

- The state of Georgia is expanding its telehealth program by purchasing and allocating the appropriate technology to each of its county health departments. In 2012, the Georgia Department of Health implemented telehealth technology in a number of rural areas and saw a rapid increase in the use of telehealth services—an average of 15 sites in early 2012 to an average of 45 sites by the end of the year. The expansion of telehealth services is likely in response to the poor distribution of physicians across the state. The Georgia Board for Physician Workforce says that 52% of the state's physicians are concentrated in an area that serves 38% of Georgians. *Georgia Department of Public Health, 2013*

- The Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) deadline for applications for the Telehealth Resource Center Grant Program was February 25, 2013. The grant program will distribute funding to nonprofits across the nation for the development of five regional telehealth resource centers and one national center. Regional centers will be responsible for advancing telehealth in their specified geographic areas while the national center will address telehealth policy issues, in addition to providing support to the regional centers.

- In January, the Department of Veterans Affairs announced the award of 32 different grants to a number of projects that will expand their telehealth services for female veterans in rural areas.

- "The Rise of Electronic Health Record Adoption Among Family Physicians," published in the *Annals of Family Medicine*, finds that, while there is significant variation across states, nearly 70% of the nation's family physicians have adopted EHRs. The study's authors also state that family physicians are adopting EHRs at a faster rate than other office-based physicians.

- HIMSS Analytics released an analysis of Electronic Medical Record Adoption Model (EMRAM) data that shows that acute care hospitals are adopting EHR technology at a faster rate and at levels of advanced use. Executive Vice President of HIMSS Analytics said, "This data suggests that the HITECH portion of the 2009 stimulus law is

achieving its intended result of encouraging increased implementation and meaningful use of electronic health records among hospitals."

- As EHRs become more common, analysts are looking at using these systems to submit quality indicators:
    - On January 28, 2013, the College of Healthcare Information Management Executives (CHIME) sent a letter to CMS in response to a January 3rd Request for Information (RFI) in the *Federal Register* in which CMS asked for comments on hospital and vendor readiness for EHR-generated hospital inpatient quality data reporting. CHIME expressed concern that current technology, as well as 2014 Edition Certified EHR Technology, will not produce accurate reports.
    - In "Accuracy of Electronically Reported "Meaningful Use" Clinical Quality Measures: A Cross-sectional Study," an *Annals of Internal Medicine* journal article, researchers find variation in the accuracy of clinical quality measure numerators that are electronically reported when compared to manual review. Kern et al. state that variation in the quality measures can be misleading, possibly resulting in incentive payments for high quality being given to providers who do not truly meet the criteria.
- CMS launched the eHealth program, which combines and streamlines quality reporting measures for several CMS programs, making it easier for providers participating in multiple programs to report their information and data at once. *Bloomberg, March 6, 2013*
- At the Health IT Policy Committee's February 13, 2013 hearing, AHIMA gave testimony that there is a need for improvement in the quality and integrity of clinical documentation and warned that inadequate attention to this issue could de-value the use of EHRs. Among the organization's recommendations is the call for the establishment of records management standards.
- On March 1, 2013, Secretary Sebelius announced the names of new and continuing members of the two major Federal Advisory Committees to ONC, the Health IT Policy Committee and the Health IT Standards Committees.
- At the White House Summit on Achieving eHealth Equity in February "Equity in the Digital Age: How Health Information Technology Can Reduce Disparities" was released (the meeting was hosted by ONC, Office of Minority Health, and the nonprofit ZeroDivide.) The report emphasizes ways in which health IT can be implemented so that it does not widen the technology gap that exists for communities of color, immigrants, and for individuals who are not proficient in English. Among the recommendations listed in the report are calls to further develop ways in which mobile technologies can increase minorities' access to health information and to minimize barriers in online medical insurance enrollment via the design of web portals that account for differences in language, culture, and health literacy.
- During a February hearing to a panel of policy experts, convened to discuss the issue of a potential link between EHR use and Medicare overbilling, ONC head Farzad Mostashari said, "We don't know if the shift (in higher billing) reflects appropriate coding or inappropriate coding." ONC, policy experts, and other stakeholders will continue to review and investigate this issue. *The Center for Public Integrity, February 14, 2013*

- In a March 2013 article in *Health Affairs* ("A Survey Analysis Suggests that Electronic Health Records Will Yield Revenue Gains for Some Practices and Losses for Many") Adler-Milstein et al. analyzed findings from 49 practices participating in the Massachusetts eHealth Collaborative. In projecting five-year returns on investment for these practices, they find that the average practice would lose a total of $43,743, 27% would have a positive return, and an additional 14% would have a positive return with federal meaningful use incentives. Practice setting and size also impact a practice's EHR return on investment. The authors conclude that, while meaningful use incentives are valuable in offsetting losses, additional support to practices is important to help them organize and deliver care differently after adoption and in accordance with their new EHRs.

- Fred Upton, Tim Murphy, Joseph Pitts, Greg Walden, Joe Barton, Marsha Blackburn, and Michael Burgess (all members of the House Energy and Commerce Committee) sent a March 1, 2013 letter to the FDA asking when it will issue guidance on the use of medical applications on smartphones, tablets, and other mobile devices. On March 19-21, 2013, the Committee held a three-day hearing to discuss potential regulation of mobile devices. *iHealthBeat* reports that, during the hearing, the FDA said that they will release final guidance on mobile health applications regulation by October 1, 2013.

- ONC published two data briefs on hospital adoption of EHRs in March:
    - "Adoption of Electronic Health Record Systems among U.S. Non-federal Acute Care Hospitals: 2008-2012" finds that adoption of basic EHRs among non-federal acute care hospitals has more than tripled since 2009, going from 12.2% to 44%. Many Midwestern states were among the states that had basic EHR adoption rates well above the national average.
    - "Hospital Adoption of Electronic Health Record Technology to Meet Meaningful Use Objectives: 2008-2012" identifies trends in hospital adoption of EHRs to meet Meaningful Use (MU) objectives. For example, from 2011 to 2012, hospital adoption for 13 MU objectives increased by 20% or more.

- ONC also published "Health IT in Long-term and Post Acute Care," which finds that long-term post acute care providers, when compared to acute care providers, are slower to adopt EHRs and other health IT tools. The issue brief includes some possible reasons for this gap, such as: 1) long-term post acute care providers do not qualify for the meaningful use program and are, therefore, ineligible to receive incentive payments; 2) long-term post acute care facilities may have a lack of qualified staff to obtain and implement health IT; and 3) long-term post acute care facilities generally focus on payment and quality reporting versus health information exchange with other healthcare providers. The brief also makes recommendations to long-term post acute care providers to increase health IT adoption. Recommendations include: 1) work with large hospital systems to identify ways to share data (for instance, creating a set-up that allows long-term post acute care providers to see certain parts of hospitals' EHR portals); 2) work with accountable care organizations to develop an interoperable infrastructure in a specific service area; and 3) utilize EHR software donation programs.

- An article in the March 2013 *Joint Commission Journal on Quality and Patient Safety* ("Enhancing Electronic Health Record Usability in Pediatric Patient Care: A Scenario-Based Approach") reviews recommendations from a panel convened by the National Institute of Standards and Technology (NIST) to adapt EHR guidance for pediatric settings. The article lists recommendations to make EHRs more usable and appropriate for pediatrics. Among those emphasized in *iHealthBeat* were recommendations to avoid truncating medication dosage to whole numbers in the EHR and for child growth and development charts to be "one-click" away.

- ONC introduced new webpages designed for small, rural hospitals and critical access hospitals to help them achieve meaningful use.

- ONC continues to promote the use and development of health IT tools through contests. In January, the winners of the Health Design Challenge were announced. The challenge was for developers to design a patient health record interface that was not only was visually inviting but also enabled patients to easily navigate, understand, and use the health information on the record. In February, ONC announced the Marshfield Clinic Research Foundation as the winner of the "Million Hearts Risk Check Challenge," which called for the development of an innovative mobile application that would facilitate health disease prevention.

PATIENT ENGAGEMENT

- In February, ONC released the Blue Button+ Implementation Guide, which was developed through ONC's Standards and Interoperability Framework initiative. While Blue Button allowed consumers to download their personal health information, Blue Button+ allows consumers to not only print their personal health information but to send it to third parties if they choose to do so.

- "A National Action Plan To Support Consumer Engagement Via E-Health," written by ONC leaders Lygeia Ricciardi, Farzad Mostashari, Judy Murphy, Jodi Daniel, and Erin Siminerio, outlines the three-prong federal strategy for advancing patient engagement: 1) increase patient access to electronic health information; 2) enable patients to take action with their health information via tools and applications; and 3) shift patient and provider attitudes to encourage partnership of both parties in managing health information and using health IT.

- The new Consumer Empowerment Workgroup under the Health IT Policy Committee had its first meeting on March 19, 2013. The workgroup aims to improve ways in which consumers can manage their own healthcare. At the top of the workgroup's list of priorities is to look at how health IT affects patient care plans.

- ONC introduced http://planningroom.org/, a new website that welcomes public comments on the Federal Health IT Strategic Plan, the government's plan to promote and facilitate health IT adoption across the nation. The website, until May 9, 2013, is asking for comments on Consumer eHealth.

- eHealth Initiative (eHI) published a guide for cancer patients to access and use health IT tools in understanding, treating, and coping with the disease.

HEALTH IT AND HEALTH DELIVERY REFORM

- The deadline for member applications for the Health IT Policy Committee's new Accountable Care Workgroup was February 15, 2013. The workgroup will focus on health IT policies and programs for Accountable Care Organizations (ACOs).
- "Confronting Costs: Stabilizing U.S. Health Spending While Moving Toward a High Performance Health Care System," a Commonwealth Fund report, lists ten policies that they propose will slow health care spending at the federal level. Among the ten policies is the acceleration of "meaningful use" in order to compare clinical outcomes and encourage high-value choices by consumers.
- CMS' Center for Medicare and Medicaid Innovation started a three-year "medical neighborhood" pilot project in January. The pilot includes the participation of three vendors, TransforMED, VHA Inc., and Phytel, who will work with providers in up to 15 states (including Nebraska, Mississippi and Connecticut) to implement health IT tools in their practices and treatment settings. *Government Health IT, January 10, 2013*

EFFECTIVENESS OF HEALTH IT

- "What It Will Take To Achieve The As-Yet-Unfulfilled Promises Of Health Information Technology," by Arthur Kellermann and Spencer Jones of RAND, looks at the 2005 *Health Affairs* article "Can Electronic Medical Record Systems Transform Health Care? Potential Health Benefits, Savings, and Costs" in which Richard Hillestad and other RAND researchers estimated that the nation could save $81 billion per year via rapid health IT adoption. Kellermann and Jones list factors as to why this annual saving has not yet been realized: 1) a lack of "interoperable, patient-centered, and easy-to-use" health IT systems on the part of government and health IT vendors; and 2) a lack of reengineering of care processes (e.g. redesigning payment models to be value-based rather than volume-based) on the part of providers. The 2005 Hillestad article is also referenced in *The Washington Post's* January editorial "The Rush to Digitize Patient Records Has Not Cut Costs." In response to *The Washington Post* article, Representative David Camp (MI-R), chairman of the House Ways and Means Committee, wrote "Getting Our Money's Worth from Health Records," an opinion piece in which he says "Last fall, I called on Health and Human Services Secretary Kathleen Sebelius to stop spending money on incentives until interoperability standards are put in place. Unfortunately, the Obama administration remains more committed to spending than being accountable to taxpayers." At a session at the 2013 National Health Policy Conference held in Washington, DC on February 4-5, 2013, Farzad Mostashari explained that the recent RAND study is not saying that EHRs and other health IT tools raise the costs of care but, rather, that the reductions in costs cited in the earlier RAND study have not materialized yet. He stressed the importance of understanding the distinction between what research is showing versus what a news report says.
- "Separate may not be equal: A preliminary investigation of clinical correlates of electronic psychiatric record accessibility in academic medical centers," published in the *International Journal of Medical Informatics*, finds that hospital readmission rates for psychiatric patients are lower when these patients' electronic health records are available to non-psychiatric physicians in addition to psychiatric physicians.

- "Small Physician Practices in New York Needed Sustained Help to Realize Gains in Quality from Use of Electronic Health Records" is a study that investigated whether primary care physicians participating in the Primary Care Information Project (an REC since 2011) achieved increased quality in outpatient care on particular measures (breast cancer screening and Chlamydia screening for women, retinal exam and urine testing for diabetic patients, and colorectal cancer screening), and whether the physicians who received technical assistance from the Project (troubleshooting EHR implementation, interfacing with patient registries, generating reports, etc.) were more likely to realize increased care quality than the physicians who did not receive technical assistance. The authors find a correlation between technical assistance and improved quality of care, concluding that EHR implementation alone does not improve quality. The authors add that RECs have a significant role to play in the health IT environment this regard.

- "Health Information Technology Capacity at Federally Qualified Health Centers: A Mechanism for Improving Quality of Care" is a study published in *BMC Health Services Research* that finds, in federally qualified health centers, a positive correlation between quality of care improvements and the use of health IT. Health IT in the study was limited to the use of discharge summaries, patient notification systems for preventive and follow-up care, and timely appointment for specialty care.

- In an opinion piece in the *Annals of Internal Medicine*, former National Coordinator for Health IT David Blumenthal says that it is too early to understand the meaningful use program's impact because the program is only two years old. He writes that the program "deserves the benefit of the doubt for a few years until…[it] has a chance to show what it can do" (*iHealthBeat* reports).

RELATED FEDERAL POLICY INITIATIVES

- AHRQ published "Findings and Lessons from the Enabling Patient-Centered Care Through Health IT Grant Initiative," a report that summarizes findings from an evaluation of the 16 projects participating in AHRQ's Enabling Patient-Centered Care Through Health IT initiative. The initiative looks at ways health IT may enhance patient-centered care and is part of a larger AHRQ program that is working to improve ambulatory healthcare. The evaluation finds that the use of health IT to support patient-centered care has a positive impact on outcomes across various settings and populations.

OTHER (CONTEXTUAL ETC)

- In January, HHS renamed the Affordable Health Act's health insurance exchanges "marketplaces." *The Hill, January 20, 2013*

- On February 15, 2013, Veteran Affairs Assistant Secretary for Information and Technology Roger Baker said that he will be resigning. Baker has held this position since May 2009.

- "Making Connections: A Transatlantic Exchange to Support the Adoption of Digital Health Between the US VHA and England's NHS" is a March 2013 report that outlines a three-year partnership between the US Veteran Health Administration and England's National Health Service to share ideas and best practices on the adoption of digital health technologies. The partnership starts this year.