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

JANUARY TO MARCH 2014

Contract Number:
HHSP23337009T

Prepared for:
The Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Washington, D.C.

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

This report was prepared by Mathematica Policy Research Inc under contract to the Office of the National Coordinator for Health IT (ONC). The findings and conclusions of this report are those of the authors and do not necessarily represent the views of ONC or the U.S. Department of Health and Human Services.

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

JANUARY – MARCH 2014

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 2, 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 January 2014 CMS incentive program report summarizes active registrations and provider payments under the Meaningful Use program. Through January 2014, active registrations include 296,528 Medicare eligible professionals, 147,520 Medicaid eligible professionals, and 4,702 hospitals (4,277 hospitals are eligible for both Medicare and Medicaid incentives). This totals to 448,850 active registrations. Almost all had previously been registered, with 7,762 new registrations in January 2014 (7,753 eligible professionals and nine hospitals).
    - Eligible professionals
        - Total program-to-date payments were $4.15 billion through the Medicare program and $2.63 billion through the Medicaid program, totaling to approximately $6.78 billion across the two programs.
    - Hospitals
        - Total program-to-date payments were $13.84 billion, with $12.98 billion to hospitals that were jointly eligible for Medicare and Medicaid incentives. (The program requirements for eligible hospitals differ from those for eligible professionals in that eligible hospitals can receive incentives for both Medicare and Medicaid while eligible professionals must choose between the two programs if they qualify for both).
    - **Note to readers**:
        - In previous "Monitoring National Implementation of HITECH: Status and Key Activity Quarterly Summary" reports, the data on hospitals that was reported did not take into account hospitals paid under both Medicare and Medicaid programs. Annual program payments to hospitals totaled $3.15 billion in 2011, $5.50 billion in 2012, and $5.19

billion in 2013. As of January 2014, payments for the 2014 year are $1,920,891.

- Annual program payments across eligible professionals and hospitals were $5.37 billion in 2011, $9.67 billion in 2012, and $5.90 billion in 2013.
- As of January 2014, payments for the 2014 year are $1,942,141. In total, the amount paid program-to-date for both eligible professionals and eligible hospitals is $20.94 billion. (The totals include a small amount paid to Medicaid Advantage organizations for eligible professionals).

  - According to the CMS incentive program report, all 50 states, the District of Columbia and five territories are open for Medicaid registration. A CMS matrix (last updated in August 2013) provides links to states' websites and additional detail on the dates states started different functions (e.g. disbursements and attestations).

- The Department of Health and Human Services' (HHS) Office of Inspector General (OIG) released "Progress in Electronic Health Record Implementation through HRSA Grants to Health Center Controlled Networks." The report summarizes results from a survey of health centers that received Health Resources and Services Administration (HRSA) American Recovery and Reinvestment Act (ARRA)-funded health information grants to use toward EHR adoption. Results indicate that 14% of health centers established the capability for all required Stage 1 objectives. Among the recommendations that HHS OIG presents to HRSA in its report is for HRSA to provide health information technology technical assistance to health centers.
- The Healthcare Information and Management Systems Society (HIMSS) marked the five-year anniversary of the HITECH Act with a post that provides some history of the American Recovery and Reinvestment Act of 2009, which includes the HITECH Act. It highlights some of the progress made since the bill was signed to law, including the progress made through the Meaningful Use program.
- "Health Information Technology: An Updated Systematic Review with a Focus on Meaningful Use Functionalities" is a literature review that updates previous literature reviews done by RAND Corporation on the impacts of health IT on quality of care, safety, and efficiency. This review identified 236 eligible studies, finding that about 77% reported positive or mixed-positive findings, with results sensitive to the IT system itself, the implementation process, and context of the system. Studies of efficiency were less likely to report positive results than studies of safety or quality, and there also were other differences across study types. More broadly, the authors found that the body of published health IT literature is expanding rapidly but there remain methodological issues in a number of studies and reports that limit conclusions and the ability to generalize to other contexts. The findings from this review were also discussed at the January 14, 2014 Health IT Policy Committee meeting.
- In March, the Government Accountability Office (GAO) released "Electronic Health Record Programs: Participation has Increased, but Action Needed to Achieve Goals, Including Improved Quality of Care." The report summarizes GAO's evaluation of: 1) participation in EHR programs; 2) provider-reported information used to measure meaningful use in EHR programs; 3) HHS efforts to ensure reliability of EHR data in

measuring quality of care; and 4) HHS efforts to assess EHR programs' impact on programs' goals. Among GAO's findings is that CMS and ONC need to develop a comprehensive strategy that ensures the reliability of core quality measures data that is collected via EHRs. Without this, GAO says CMS and ONC will not be able to reliably compare quality across providers and measure performance.

- *iHealthBeat* reports that CMS's original deadline of February 28, 2014 for eligible professionals to attest to Meaningful Use under Medicare for the 2013 reporting year has been pushed to March 31, 2014. CMS is also offering some eligible hospitals a chance to attest retroactively if they were unable to do so by November 30, 2013 (the initial deadline). Hospitals must contact CMS by March 15, 2014 if they intend to retroactively attest.

- In February, a proposal to repeal and replace Medicare's sustainable growth rate formula was introduced. The proposal would consolidate the Meaningful Use program, the Physician Quality Reporting System, and the Value-Based Payment Modifier into a new merit-based incentive payment system (MIPS). The proposal has garnered support from former National Coordinator for Health IT Farzad Mostashari and the American Academy of Family Physicians (AAFP). *iHealthBeat, February 10, 2014*

STAGE 2 MEANINGFUL USE INCENTIVE AND CERTIFICATION REQUIREMENTS

- On March 10, 2014, CMS posted updated hardship exemptions for both eligible professionals and eligible hospitals to the 2014 Edition of Certified EHR Technology guidance. This follows a few days after a March 6, 2014 letter to CMS Administrator Marilyn Tavenner from Senators Lamar Alexander (R-TN), John Thune (R-SD), Richard Burr (R-NC), Tom Coburn (R-OK), Mike Enzi (R-WY), and Pat Roberts (R-KS) in which the senators requested details on how CMS planned to give hardship exemptions to providers and expressed disappointment in CMS' decision not to delay the effective date of Stage 2 requirements for all (as opposed to providing limited hardship exemptions). *Fierce Health IT, March 11, 2014*

- "Use and Characteristics of Electronic Health Record Systems Among Office-based Physician Practices: United States, 2001-2013," by Chun-Ju Hsiao and Esther Hing, is a Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) data brief that finds that only 13% of all office-based physicians surveyed have EHRs that will meet Stage 2 requirements. However, the findings do show that 78% of office-based physicians are using EHRs, up 60% from 2001. National Coordinator for Health IT Karen DeSalvo wrote about the survey findings in a January 17, 2014 Health IT Buzz Blog post, saying that the NCHS findings show that adoption of EHRs is growing steadily.

- *iHealthBeat* reports that, following the indictment of a hospital CFO for theft of Meaningful Use payments, the House Energy and Commerce Committee will investigate the process by which HHS handles EHR incentive program awards.

- In February, CMS and ONC introduced the National Institute of Standards and Technology (NIST) EHR-Randomizer application. This tool allows providers to exchange data with a test EHR in order to meet one of the measures in the Stage 2 transitions of care requirement. *EHR Intelligence, February 10, 2014*

- In February, the American Academy of Family Physicians (AAFP) hosted "Meaningful Use Stage 2; Understanding Key Changes," a free webinar that discussed issues family physicians may want to consider as they transition from Stage 1 to Stage 2.

- "Meaningful Use and the Patient Portal: Patient Enrollment, Use, and Satisfaction With Patient Portals at a Later-Adopting Center" is a study, published in the *American Journal of Medical Quality*, that finds that the likelihood of providers meeting the requirements for patient portals and e-mail communication under Stage 2 varies by physician type. Joan Neuner et al. find that primary care physicians are more likely than specialists to meet these requirements.

DEVELOPMENT OF STAGE 3 MEANINGFUL USE REQUIREMENTS

- At the February 4, 2014 Health IT Policy Committee meeting, the Meaningful Use Workgroup presented draft recommendations for Stage 3. At the March 11, 2014 Health IT Policy Committee meeting, the Committee approved some, but not all of the recommendations. *iHealthBeat, March 11, 2014*

- A group of 24 members of Congress sent a letter to CMS's Marilyn Tavenner and ONC's new National Coordinator for Health IT Karen DeSalvo expressing support of the use of the Meaningful Use program to reduce health disparities. The letter includes a number of recommendations, including the call for the Meaningful Use program to capture more specific data on consumers, similar to what the Census captures.

- The Agency for Healthcare Research and Quality (AHRQ), ONC, and CMS awarded grants for 12 new health IT projects. The projects include an evaluation of Meaningful Use objectives as well as a study that looks at primary care Meaningful Use exemplars. The findings from these projects will contribute to the development of Stage 3 Meaningful Use. *Healthcare IT News, March 24, 2014*

REGIONAL EXTENSION CENTERS

- In January, "A National Study of Challenges to Electronic Health Record Adoption and Meaningful Use," the first national assessment of challenges to EHR adoption, implementation, and Meaningful Use achievement, was published in *Medical Care*. The evaluation uses data from 55 RECs to summarize challenges reported by 43,000+ providers. Authors Dawn Heisey-Grove et al. find that provider engagement and administrative issues were often reported as challenges but that challenges to EHR adoption and Meaningful Use vary depending on both practice setting and stage of the adoption process.

- "The Health IT Regional Extension Center Program: Evolution and Lessons for Health Care Transformation," by Kimberly Lynch et al., was published in a special ONC-

funded issue of Health Services Research. The study finds that the REC program has worked with 44% of the country's primary care providers in achieving Meaningful Use of EHRs, with nearly half (48%) having demonstrated Meaningful Use.

AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- In January, the Certification Commission for Health IT (CCHIT) announced that it will terminate its ONC-authorized testing and certification services for the Meaningful Use program, but will continue to offer its subscription-based ONC testing and certification preparation service. Explaining the motivation behind this change, CCHIT's Executive Director Alisa Ray said, "It's apparent to both providers and vendors that the pace of ONC 2014 Edition certification has been slowed by the challenges of more rigorous criteria and testing, and the timing and nature of future federal health IT program requirements remain uncertain. With these changes, we can provide a greater level of support and counsel to providers and vendors, something we could not undertake as a government authorized certification body."

- This quarter, vendors, including GE Healthcare and e-MDs, had EHRs certified for the 2014 Edition and added to the Certified Health IT Product List. *Health Data Management, January 3, 2014*

- CMS and ONC selected McKesson and Meditech products as the first designated test EHRs. Designated test EHRs are one option for eligible providers and hospitals seeking to meet the transition-of-care objective in Stage 2 to demonstrate adherence to the requirement.

- In January, KLAS released "2013 Best in KLAS Awards: Software and Services," which ranks health IT vendors. For the 2013 year, athenahealth has been identified as the best overall vendor for health care software. In previous reports from 2005 to 2012, Epic had been named the best overall vendor each year, as reported by *iHealthBeat*.

- In January, ONC released "The Role of Health IT Developers in Improving Patient Safety in High Reliability Organizations," a guide that offers developers a variety of ideas to promote patient safety in their EHR systems. The guide was developed by Raj Ratwani et al. at the National Center for Human Factors in Healthcare.

- In a February 11, 2014 Health IT Buzz Blog post, ONC's Steven Posnack introduces two new requirements to the 2014 Edition EHR Certification Criteria. Made in response to stakeholder feedback, the requirements ensure transparency: 1) EHR certification test results will be publicly accessible; and 2) EHR developers will notify providers and hospitals of additional costs to meet Meaningful use requirements that may arise during EHR implementation.

- In February, the Gary and Mary West Health Institute and ONC hosted the HCI-DC 2014: Igniting an Interoperable Healthcare System conference in Washington, DC. A the conference, the Food and Drug Administration (FDA) said that they will release draft guidance for medical device developers on interoperability. The West Health Institute conducted an analysis that finds that medical device interoperability can potentially save the health care system $30 billion a year. In March, the West Health

Institute and ONC issued a press release for a white paper summarizing other major events and activities at the conference.

- In February, ONC released a proposed rule for the 2015 Edition of EHR Certification criteria. The proposed rule is in response to the changed timeline for Stage 3 Meaningful Use. The voluntary changes it proposes for 2015 aim to make visible potential future changes in requirements and allow vendors more time, on a voluntary basis, to adapt their products.

PRIVACY AND SECURITY

- The HHS OIG released their work plan for fiscal year 2014. *iHealthBeat* reports that OIG plans to review security issues around medical devices that network with EHRs as well as audit EHR protection by providers in the Meaningful Use program.

- The American Health Information Management Association (AHIMA) released a statement warning providers against the practice of coping and pasting information in EHRs. AHIMA also included recommendations in this statement, such as the call for industry stakeholders to develop best practice standards for coping and pasting information and for these standards to include alternatives to copying and pasting (e.g. linking to the source document).

HEALTH INFORMATION EXCHANGE

- In January, the Institute of Medicine (IOM) published "Social Networking Sites and the Continuously Learning Health System: A Survey." In the discussion paper, Francisco Grajales et al. find that 94% of Americans who use social media believe that sharing their personal health data will help providers improve health care delivery and quality. However, many Americans (76%) are also concerned about privacy and security issues if their personal health data is shared.

- "Does Health Information Exchange Reduce Redundant Imaging? Evidence from Emergency Departments, by Eric Lammers et al., finds that emergency departments connected to health information exchanges repeat medical imaging tests less often than those emergency departments that are not connected to health information exchanges.

- In January, ONC published a notice in the *Federal Register* of their plan to extend its information collection on state HIEs beyond the scheduled March 31, 2014 end date. After March 31, 2014, states must submit to ONC annual updates to their state HIE plans. *Fierce Health IT, January 30, 2014*

- In January, Healtheway, a nonprofit organization that is working to advance health information exchange, published a press release sharing the results of a survey they conducted on participation in the eHealth Exchange (formerly the Nationwide Health Information Network Exchange). Results show that participation in the eHealth Exchange has increased significantly. Healtheway anticipates that there will be 100+ participations in the eHealth Exchange in the near future. Additionally, in February,

Healtheway announced the start of Carequality, an initiative that will convene various stakeholders in the effort to develop a standards-based interoperability framework.

- In January, the Department of Defense (DOD) released an RFP to seek input from the private sector on how to achieve interoperability between DOD's EHR and Department of Veterans Affairs' (VA) EHR. *US Department of Defense, January 30, 2014* Later, in February, the GAO released "Electronic Health Records: VA and DOD Need to Support Cost and Schedule Claims, Develop Interoperability Plans, and Improve Collaboration." This report says that the VA and DOD have not provided any evidence that having two separate EHR systems that are interoperable will be more cost-effective and less time-intensive than developing a single, integrated EHR system. Among GAO's recommendations in the report is for the VA and DOD to develop a cost and time schedule of their intended work. The report includes a response from the VA and DOD stating that they agree with this recommendation.

- In February, the Mid-States Consortium of Health Information Organizations was formed by 16 health information organizations (HIOs) located in the Midwest and Rocky Mountain states. Through this collaboration, these HIOs will address challenges in health information exchange across states. *Digital Journal, February 19, 2014*

- HHS Secretary Kathleen Sebelius and the UK's Secretary of State for Health Jeremy Hunt signed an agreement to work together and share health IT information and tools. One of the areas the US and UK will collaborate on is promoting and advancing health data exchange.

- In February, ONC released the data brief "Health Information Exchange among Clinical Laboratories" by Matthew Swain and Vaishali Patel. The paper examines clinical laboratories' exchange of patient test results with practitioners via EHRs. The study finds that EHRs are the dominant way that clinical laboratories exchange this information with practitioners. The lack of industry standards for this type of exchange as well as high subscription rates for exchange services are among some of the barriers to this type of exchange. In the same month, the authors released a related data brief: "Patient Access to Test Results among Clinical Laboratories," finding that only 17% of clinical laboratories share test results electronically with patients. The dominant tool for this sharing is through EHRs that have a patient access feature.

- A March 18, 2014 Health IT Buzz Blog post introduced the Assistant Secretary for Preparedness and Response (ASPR) Collaboration Community campaign on IdeaScale—a public forum for stakeholders to discuss issues related to medical emergency preparedness. The community's first campaign is Health Information Technology and EMS. This campaign will facilitate dialogue between the EMS and health IT communities in the effort to promote health information exchange.

- The March 2014 GAO report "Electronic Health Records: HHS Strategy to Address Information Exchange Challenges Lacks Specific Prioritized Actions and Milestones" finds that the HHS strategy to advance health information exchange does not include specific, prioritized actions. GAO recommends that CMS and ONC develop prioritized actions and timeframes outlining when various actions need to be accomplished by.

HHS (including CMS and ONC) responded to this report and said that these prioritized actions and timeframes are in development.

WORKFORCE PROGRAMS

- In March, ONC published the final report from the Evaluation of the Information Technology Professionals in Health Care Program, and related documents, on www.healthit.gov. The National Opinion Research Center (NORC) at the University of Chicago conducted the evaluation and, among many findings, found that students believed the workforce program positively contributed to them finding employment. A March 10, 2014 Health IT Buzz Blog post was written to highlight the program and the evaluation findings.

PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES

- The Commonwealth Fund's "Where Are We on the Diffusion Curve? Trends and Drivers of Primary Care Physicians' Use of Health Information Technology," by Anne-Marie J. Audet et al. finds that 69% of primary care physicians adopted EHRs in 2012, compared to 46% in 2009, but that physicians in practices with 20+ physicians were substantially more likely to do so than those in solo practices.

- CMS released the fiscal year 2013 annual report of the Electronic Submission of Medical Documentation System (esMD). esMD allows providers to send medical documentation to federal auditors and review contractors electronically versus mail or fax. During fiscal year 2013, 30,000+ Medicare providers, which includes both physicians and hospitals among other health care providers, used esMD to respond to medical record requests. For the 2014 fiscal year, CMS plans to add to the system by allowing providers to also send discussion requests via PDF files to auditors.

- In January, the HHS OIG released "CMS and its Contractors have Adopted Few Program Integrity Practices to Address Vulnerabilities in EHRs." Based on responses from CMS contractors via an online questionnaire as well as a document review of CMS' EHR policies, the report says that CMS and its contractors have not satisfactorily updated their procedures to focus on the issue of overbilling and other types of fraud and abuse through EHRs. The report provides two recommendations for CMS: 1) identify best practices and provide guidance and tools for contractors for detecting EHR-related fraud; and 2) have contractors use provider audit logs to identify data inconsistencies in EHRs (audit logs a keep historical record of every update made in an EHR). CMS agreed with the recommendation to develop guidance but disagreed on the use of audit logs, stating that audit log data may not be fitting for every situation and that the use of audit log data will require special trainings. CMS said that it is currently collaborating with a number of stakeholders—its contractors, EHR experts, and ONC-sponsored workgroups—to address fraud and abuse challenges.

- In January, the Institute of Medicine released "Return on Information: A Standard Model for Assessing Institutional Return on Electronic Health Records," by Julia Adler-Milstein et al., which introduces a framework for health care providers to calculate the costs and benefits of EHR investments. Jonathan Perlin, one of the authors of the

discussion paper, also wrote a *Health Affairs* blog post in which he says that having a standard framework to measure costs and benefits provides credibility and comparability for providers when considering EHR investments, as well as takes the burden off of them to develop their own analyses about every EHR investment. He also says that the authors hope that policymakers, product vendors, and researchers also find the framework useful.

- ONC delayed deployment of the Blue Button Connector, a website that would serve as a hub for all of the organizations, payers, and providers that use Blue Button. The website was scheduled to be launched in mid-January but was postponed for late February. The October 2013 government shutdown, the Obama Administration's moratorium on new federal websites pending improvements to www.healthit.gov, and staffing changes at the HHS Office of Civil Rights are all factors that led to the delay. *Mobi Health News, January 15, 2014* The Connector was introduced at the HIMSS Annual Conference, and a subsequent February 24, 2014 Health IT Buzz Blog post highlights the launch of the Connector as well. In regard to the Blue Button initiative, a February 7, 2014 Health IT Buzz Blog post announced that a number of the largest pharmacies in the country—Walgreens, Kroger, CVS Caremark, Rite Aid, and Safeway—will be supporting Blue Button.

- In January, ONC published the Safety Assurance Factors for EHR Resilience (SAFER) Guides to help health care organizations use EHRs safely. A January 15, 2014 Health IT Buzz Blog post outlines the nine guides on: 1) high priority practices; 2) organizational responsibilities; 3) patient identification; 4) CPOE with decision support; 5) test results review and follow-up; 6) clinician communication; 7) contingency planning; 8) system interfaces; and 9) system configuration.

- In February, the Alliance for Connected Care was formed to advance the use and compensation of telehealth. Former Senate Majority Leaders Tom Daschle and Trent Lott, along with senior Senate Finance Committee member Senator John Breaux, lead the organization.

- In February, HIMSS released its 25th Annual HIMSS Leadership Survey. The survey gathers data from health IT leaders on IT priorities, challenges to IT adoption, IT security, and IT staffing and budgeting. Among the findings are that, even though about 65% of respondents say that their organization's budget increased in the last year, the percentage of respondents who say that financial sustainability is a key business objective has increased from 25% in 2013 to 15% in 2012.

- In February, CMS introduced eHealth University, a website that helps providers and stakeholders connect and align the various federal health IT initiatives and requirements.

- In February, Hillary Rodham Clinton spoke at the HIMSS Annual Conference. She spoke of the important role EHRs can play, especially during natural disasters such as Hurricane Katrina. *Healthcare IT News, February 27, 2014*

- In February, KLAS issued a press release announcing a new report: "Acute Care EMR 2014: The Next Buying Wave." The study summarizes feedback from providers on their EHR vendor selection. Author Colin Buckley said, "Where the last round of EMR purchases was fueled by meaningful use requirements and enticing reimbursements, this next round is being fueled by concerns about outdated technology and health system consolidation. This shift in focus will play a major factor in which EMRs are being considered."

- A NIST report, titled "Integrating Electronic Health Records into Clinical Workflow: An Application of Human Factors Modeling Methods to Ambulatory Care," provides recommendations for improved EHR workflow integration for physicians. In general, Sventlana Z. Lowry et al. promote shifting the focus of EHRs from billing to care provision.

- In "Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy," RAND authors Mark W. Friedberg et al. find that physicians report satisfaction with EHRs for such things as ensuring compliance with guidelines and accessing patient information remotely, but express dissatisfaction with such things as EHR workflow integration and data entry. A March 11, 2014 *Health Affairs* blog post describes the study. It also highlights actions the American Medical Association (AMA) is taking to increase physician satisfaction with EHRs.

- In February, ONC released the data brief "Health Care Providers' Role in Protecting EHRs: Implications for Consumer Support of EHRs, HIE and Patient-Provider Communication" by Penelope Hughes et al. The study finds that 84% of individuals believe that providers protect patients' EHR information, and that these people are more likely to support EHRs and health information exchange. Of the 16% who do not believe that providers have protections in place for EHR information, they are less likely to support EHRs and health information exchange.

- In January, the Centers for Disease Control and Prevention (CDC) published a data brief titled "Use and Characteristics of Electronic Health Record Systems Among Office-based Physician Practices: United States, 2001-2013" by Chun-Ju Hsiao and Esther Hing. Among the findings are that more office-based physicians (78%) used EHRs in 2013 compared to 2001 (18%). Also, EHR adoption ranged from 21% in New Jersey to 83% in North Dakota.

- "Why Doctors Still Use Pen and Paper" is an interview, published in *The Atlantic*, with former national coordinator for health IT David Blumenthal. He says, "We are only three years into the process of making digital information widely available in health care" and that health IT "needs time to realize its potential."

- In March, the eHealth Initiative issued a press release introducing the eHealth Initiative 2020 Roadmap, a multi-stakeholder collaborative that will develop recommendations for Meaningful Use, interoperability, care delivery, privacy, and innovation for both the government and private sectors.

PATIENT ENGAGEMENT

- A January 10th, 2013 Health IT Buzz blog post is the first in a series of posts on the topic of how health IT can facilitate "person-centric" care. ONC created a related webpage and also released an issue brief: "Using Health IT to Put the Person at the Center of Their Health and Care by 2020." ONC has set three goals to reach by 2020: 1) increased self-management and prevention; 2) seamless interaction with the health care system; and 3) shared management of health care.

- In February, ONC published its final report on patient identification and matching as part of its Patient Matching Initiative. A February 21, 2014 Health IT Buzz Blog post highlights the major findings.

HEALTH IT AND HEALTH DELIVERY REFORM

- In January, IDC Health Insights released "Improving Accountable Care: Requirements for Population Health Management," which talks about how many stakeholders thought that EHRs were the only type of health IT necessary to meet accountable care goals. The report says that, to meet these goals, additional technology (e.g. workflow tools), integrated claims and clinical data, and organizational transformation is necessary.

EFFECTIVENESS OF HEALTH IT

- In February, *Health Affairs* published "Telehealth Among US Hospitals: Several Factors, Including State Reimbursement and Licensure Policies, Influence Adoption" by Julia Adler-Milstein et al. The paper reviewed national data from the Information Technology (IT) Supplement to the American Hospital Association (AHA) 2012 Annual Survey of Hospitals to examine the use of telehealth tools by hospitals. Among the findings, Julia Adler-Milstein et al. note that state policies, such as those around reimbursement and licensure of telehealth services, affect whether or not hospitals use telehealth tools.

- In "Racial Differences in Cancer Screening with Electronic Health Records and Electronic Preventive Care Reminders," published in the *Journal of the American Medical Informatics Association*, Rebecca G. Mishuris and Jeffrey A. Linder find that EHRs and e-reminders have no affect on racial differences in cancer screening order rates.

RELATED FEDERAL POLICY INITIATIVES

- No information to report.

OTHER (CONTEXTUAL ETC)

- On January 23-24, 2014, ONC held its Annual Meeting in Washington, DC. The Annual Meeting was among the first public speaking engagements for the new National Coordinator for Health IT Karen DeSalvo who started in the position on January 13, 2014. *iHealthBeat, January 15, 2014*

- In March, President Obama released a budget proposal for fiscal year 2015. *iHealthBeat* reports that, compared to the budget for fiscal year 2014, the proposal outlines a $14 million increase in budget allocation for ONC.