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

JANUARY TO MARCH 2015

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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 2, 2015 and March 31, 2015. 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. 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 February 2015 CMS incentive program report summarizes active registrations and provider payments under the Meaningful Use program. Through February 2015, active registrations include 350,175 Medicare eligible professionals, 173,844 Medicaid eligible professionals, and 4,810 hospitals (of whom 4.412 are eligible for both Medicare and Medicaid incentives). This totals to 528,829 active registrations as of February 2015 program-to-date. Almost all had previously been registered, with 8,863 new registrations in February 2015 (6,289 Medicare eligible professionals, 2,572 Medicaid eligible professionals, and 2 hospitals).
    - Eligible professionals
        - Total program-to-date payments were $7.2 billion through the Medicare program and $3.5 billion through the Medicaid program.
    - Hospitals
        - Total program-to-date payments were $18.5 billion, with $17.4 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).
    - According to the CMS incentive program report, all 50 states and five territories are open for Medicaid registration. A CMS matrix (last updated in August 2013) also lists the District of Columbia as open for registration, and provides links to states' websites and additional detail on the dates states started different functions (e.g. disbursements and attestations).
    - As of February 2015, there were 283,530 Medicare eligible professionals under Stage 1 and 20,738 under Stage 2. Medicare/Medicaid hospitals totaled 4,381 under Stage 1, and 1,415 under Stage 2. So far, payments for Medicare eligible

professionals under Stage 2 is $138 million and $1.1 billion for Medicare/Medicaid hospitals.

- While this monitoring report covers the January to March 2015 time period, it is important to note that a data analytics presentation at the April 7, 2015 Health IT Policy Committee meeting summarized findings from an analysis of February 2015 CMS EHR incentive program data. Findings include: more eligible professionals registered with the Medicaid program than expected, Medicare eligible professionals had higher rates of Meaningful Use attestation than Medicaid eligible professionals, and that eligible professionals' progress from Stage 1 to Stage 2 differed depending on whether they were registered in the Medicaid or Medicare program.

- In February, the House Ways and Means Committee approved HR 887, Electronic Health Fairness Act of 2015. *iHealthBeat* reports that the bill would exempt ambulatory surgical centers from the Meaningful Use program.
- "Stage 1 of the Meaningful Use Incentive Program for Electronic Health Records: A Study of Readiness for Change in Ambulatory Practice Settings in One Integrated Delivery System," published in *BMC Medical Informatics and Decision Making*, includes survey results from 400 providers and staff of ambulatory practices in the University of North Carolina Health Care System. Authors Christopher M. Shea et al. find that physicians, as opposed to advanced practice providers and nursing staff, are less likely to believe that their department will address any issues around implementation of Meaningful Use. They are also less willing to change their work practices for Meaningful Use. The authors say these findings are consistent with the theory that a provider or staff member's opinion about the appropriateness of Meaningful Use as well as their opinion about the Meaningful Use support from management they feel they are or are not receiving may correspond with their willingness to change work practices for Meaningful Use.
- "Impact of the Meaningful Use Incentive Program on Electronic Health Record Adoption by US Children's Hospitals" is a study by Mari M. Nakamura et al. that was published in the *Journal of the American Medical Informatics Association*. The authors report on findings from a survey of Children's Hospital Association members from May 2011 to May 2012 on their adoption of EHR features and perceptions on whether commercial products included 19 features optimal to good pediatric care. The authors find that adoption rates vary by feature, and that 57% of reporting hospitals said that existing commercial systems do not have all the features important for pediatric care. While many systems had adopted EHRs, few said that it was because of the Meaningful Use program. Twenty-six percent of reporting hospitals said that they delayed or decided not to implement features because of Meaningful Use. The authors suggest that policymakers work to ensure that Meaningful Use helps children's hospitals implement EHR features that will lead to improved pediatric care.

STAGE 2 MEANINGFUL USE INCENTIVE AND CERTIFICATION REQUIREMENTS

- In January, Representative Renee Ellmers (R-NC) reintroduced HR 270, Flexibility in Health IT Reporting, which was first introduced in September 2014. The reintroduced

bill would shorten the 2015 meaningful use reporting period to 90 days, and would allow providers to choose any three-month quarter to report on during the year. A number of groups expressed support of the bill through a College of Healthcare Information Management Executives (CHIME) press release, including the American Academy of Family Physicians and the Healthcare Information Management Systems Society (HIMSS).

- In January, Patrick Conway of CMS announced via a CMS blog post that CMS intends to issue a new rule to update the Meaningful Use program. CMS is currently considering proposals to 1) realign hospital EHR reporting periods; 2) modify the program to match long-term goals, reduce complexity, and lessen provider reporting burden; and 3) shorten the EHR reporting period in 2015 to 90 days. The new rule is anticipated for Spring 2015. The American Medical Association (AMA) issued a press release expressing support of CMS' plans to update the program.

- In February, CMS extended the 2014 Medicare Meaningful Use attestation deadline for eligible professionals to March 20, 2015. The AMA, via a press release, supported the extension but says that more changes to the program are necessary for success.

- "Hospital Reporting on Meaningful Use Public Health Measures in 2014" is an ONC data brief by Dawn Heisey-Grove et al. that discusses the differences between Stage 1 and Stage 2 reporting of three public health measures by eligible hospitals. For Stage 1, hospitals were required to report on one of the three public health measures while in Stage 2 reporting on all three measures was required. The authors find that 72% of eligible hospitals reported on three public health measures for Stage 2 as opposed to the 5% of eligible hospitals that reported on the same measures for Stage 1.

DEVELOPMENT OF STAGE 3 MEANINGFUL USE REQUIREMENTS

- In March, HHS and ONC announced the release of the proposed rules for Stage 3 and the 2015 Edition Health IT Certification Criteria. *iHealthBeat* reported that, among the various changes in Meaningful Use criteria, the proposed rule would allow eligible professionals to report on Stage 3 even if they did not participate in Stages 1 or 2, starting in 2018. Stakeholder comments on Stage 3 and 2015 Edition proposed rules will be accepted until May 29, 2015.

- In January, 10 health care groups, including Geisinger Health System, Intermountain Healthcare, and The Pew Charitable Trusts, sent a letter to Department of Health and Human Services Secretary Sylvia Mathews Burwell. The groups are asking for EHRs to include data on medical devices that are implanted in patients in the effort to improve patient care.

- "High Value Health IT: Policy Reforms for Better Care and Lower Costs" is a Brookings Institution health policy brief by Peter Basch et al. that outlines a variety of recommendations to shift federal health IT policy to better achieve goals related to cost and value of health care. It reviews what is right and wrong with current policies around Meaningful Use (including interoperability) and makes two major recommendations. The first is to "modify Meaningful Use payment incentives to focus on value and

outcomes rather than mandated health IT processes." The second is to "support value-based payment reform by shifting federal efforts to promote interoperability from process-oriented mandates to real business cases for data exchange that increase value."

REGIONAL EXTENSION CENTERS

- "Sustaining 'Meaningful Use' of Health Information Technology in Low-Resource Practices," by Lee A. Green et al. was published in the *Annals of Family Medicine*. The study finds that low-resource practices, and practices in rural areas especially, may have difficulty sustaining "meaningful use" of health IT after assistance from Regional Extension Centers is no longer available.

AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- Thirty-five organizations sent a letter to National Coordinator for Health IT Karen DeSalvo calling for changes to the EHR certification program, including separating it from the Meaningful Use program and calling for more and continuous feedback from stakeholders to improve the program.

PRIVACY AND SECURITY

- HHS Office of the Inspector General released a report that includes 25 recommendations for both CMS and ONC. Among the recommendations is the call for CMS and ONC to develop a plan to address fraud vulnerabilities in EHRs. *iHealthBeat, March 20, 2015*

HEALTH INFORMATION EXCHANGE

- In January, ONC released a draft of "Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap." The roadmap outlines the goal to achieve interoperability by 2017 for the majority of individuals and providers. The four short-term actions to achieve this goal are: 1) establish a coordinated governance framework and process for nationwide interoperability based on stakeholder consensus; 2) improve technical standards and implementation guidance for sharing data; 3) enhance incentives for achieving interoperability and data sharing goals that are based on a common clinical data set; and 4) clarify privacy and security requirements needed to guarantee secure transmission, access, and use of sensitive patient data. The draft plan also outlines 10 guiding principles in this work, including understanding that "one size does not fit all" in health IT and considering the current environment and supporting multiple levels of advancement to account for different paces and capabilities of adoption. A January 30, 2015 Health IT Buzz Blog post introduced the roadmap and encourages stakeholders to comment on the draft.

- *iHealthBeat* reports that Lamar Alexander (R-TN), Mike Enzi (R-WY), and Richard Burr (R-NC) requested that the Government Accountability Office (GAO) conduct a review of ONC's state health information exchange program, and that the GAO confirmed that a review is in progress.

- HIMSS sent a letter to Congress with four main recommendations for promoting interoperability: 1) facilitate core interoperability through development and implementation of nationwide agreed-upon data and transmissions standards; 2) harmonize quality reporting standards; 3) enhance privacy and security; and 4) improve patient safety.

- A February 3, 2015 Health IT Buzz Blog post announced that HHS and ONC are investing $28 million in health information exchange grants to promote adoption of interoperable health IT tools.

WORKFORCE PROGRAMS

- In a February 3, 2015 Health IT Buzz Blog post, ONC announced that they are issuing $6.4 million in new funding opportunities to continue to train the health IT workforce. Workforce activities will focus on four areas: 1) population health; 2) care coordination; 3) new care delivery and payment models; and 4) value based care.

PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES

- This quarter, several organizations commented on the Federal Health IT Strategic Plan 2015-2020, including:

    - The American Academy of Family Physicians sent a letter to National Coordinator DeSalvo with recommendations for the Federal Health IT Strategic Plan 2015-2020. Among the recommendations is to focus on population health management, care coordination, and patient engagement.

    - The American Hospital Association (AHA) sent a letter to National Coordinator DeSalvo requesting that the Federal Health IT Strategic Plan 2015-2020 include more detail on how goals will be met. AHA also recommended that ONC create a public website that shares their progress in achieving the strategic plan goals.

- "Progress with Electronic Health Record Adoption Among Emergency and Outpatient Departments: United States, 2006-2011" is a Centers for Disease Control and Prevention's National Center for Health Statistics data brief by Eric Jamoom and Esther Hing. Among the key findings are that adoption of a basic EHR system with a specific set of functionalities by emergency departments increased from 19% in 2007 to 54% in 2011 while adoption by outpatient departments increased from 9% in 2007 to 57% in 2011. The data is from the 2006-2011 National Hospital Ambulatory Medical Survey.
- ONC created "A Prescription for e-Prescribers: Getting the Most Out of Electronic Prescribing," an e-prescribing guide for providers.

PATIENT ENGAGEMENT

- TechnologyAdvice Research released survey findings that show that approximately 61% of patients say that physicians' digital tools affect their choice of physician; less than 33% of patients say that their physician offered digital services to them; almost 69% of

patients say that they feel it is important for their physician to follow up with them after an appointment; about 41% of 25-34 year olds say they would like their physician to offer online scheduling; and almost 33% of patients say they would like to receive their lab results and other information online.

- Chilmark Research's 2014-2015 Clinical Patient Engagement Market Trends Report finds that patient portals, as part of EHRs, is the most common form of patient engagement offered by providers. The report discussed the range of patient engagement activities, from providers who have not yet adopted patient portals to providers who have started using more advanced tools. Overall, the report authors say that work to advance patient engagement is low priority compared to work in other areas such as building analytic capacity and population health management.

- Accenture released 2014 survey findings that show that 67% of seniors (individuals age 65+) want to use digital tools to access their health information at home. Respondents include consumers (n=10,730) from ten countries. A total of 354 US seniors receiving Medicare benefits were surveyed.

- "Patient Access to Electronic Health Records During Hospitalization," a study published in *JAMA Internal Medicine*, finds that giving patients access to their EHRs during hospitalization did not lead to increases in workload for nurses or clinicians. Also, it did not lead to greater confusion or worry from patients. Authors Jonathan Michael Pell et al. state that this study is the first to examine a large sample of inpatients and their frontline providers with real-time EHR access.

- The Workgroup for Electronic Data Interchange (WEDI) surveyed 274 providers, health plans, vendors, and clearinghouses and found that number of respondents who reported that they did not know about Blue Button increased from 32% in 2013 to 49% in 2014. *iHealthBeat, March 16, 2015*

HEALTH IT AND HEALTH DELIVERY REFORM

- No new information to report.

EFFECTIVENESS OF HEALTH IT

- "The Role of Health Information Technology in Care Coordination in the United States," by Chun-Ju Hsiao et al., was published in *Medical Care*. The authors find that, in their sample, a higher percentage of office-based physicians who use health IT receive patient information necessary for care coordination compared to those physicians who do not use health IT. However, more than one-third of physicians who use health IT did not receive any patient information for care coordination.

- "Electronic Health Records and Support for Primary Care Teamwork," published in the *Journal of the American Medical Informatics Association*, is a qualitative study that includes interviews with providers and staff at 27 primary care practices with National Committee for Quality Assurance medical home recognition. Ann S. O'Malley et al. find that EHRs supported teamwork through functions such as instant messaging and the

use of evidence-based templates However, EHRs also potentially served as barriers to teamwork via lack of functionality, such as the inability to integrate care plans in EHRs and lack of interoperability. The authors suggest that EHR vendors work closer with primary care practice teams to support teamwork functions in medical homes.

- "Despite the Spread of Health Information Exchange, There is Little Evidence of its Impact on Cost, Use, and Quality of Care," published in Health Affairs, is an analysis of 27 scientific studies on health information exchange. Saurabh Rahurkar et al. find that "little generalizable evidence currently exists regarding benefits attributable to HIE."

- "The Value of Health Information Technology: Filling the Knowledge Gap" is a commentary published in the *American Journal of Managed Care*. Authors Robert S. Rudin et al. say that most studies of health IT adoption do not effectively measure the value of health IT or report on implementation characteristics. The authors outline a conceptual framework they developed for measuring value in health IT.

RELATED FEDERAL POLICY INITIATIVES

- No new information to report.

OTHER (CONTEXTUAL ETC)

- In January, *iHealthBeat* reported that CMS Administrator Marilyn Tavenner resigned from her post and that CMS Principal Deputy Administrator Andy Slavitt would be acting CMS Administrator until the new CMS Administrator was confirmed.