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

OCTOBER TO DECEMBER 2013

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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 October 1, 2013 and December 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](#).

NOTE: The federal government shut down from October 1-16, 2013. *[iHealthBeat](#)* reports that during this shutdown, ONC furloughed 180 of its employees, keeping only four employees to work during the 16-day period. Meetings for the Health IT Policy and Health IT Standards Committees and their workgroups were cancelled, and work on standards and interoperability; privacy and security policy activities; clinical quality measure development; and maintenance of the Certified Health IT Product List was put on hold. *[iHealthBeat, October 22, 2013](#)* However, Meaningful Use incentive payments continued to be disbursed because these payments do not come from federal annual appropriations. *[Government Health IT, September 30, 2013](#)*

MEANINGFUL USE INCENTIVE PAYMENTS—STAGE 1

- The [October 2013 CMS incentive program report](#) shows that program-to-date active registration included 286,771 Medicare eligible professionals, 139,490 Medicaid eligible professionals, and 4,642 hospitals, yielding a total of 430,903 active registrations that were fully completed by October 2013.

  o Medicare breakdown

    ▪ Medicare program-to-date payment totals are nearly $4 billion to eligible professionals (nearly $137 million paid in the 2013 program year, as of October 2013) and $388 million to hospitals (nearly $48 million paid in the 2013 program year, as of October 2013).

  o Medicaid breakdown

    ▪ According to the CMS incentive program report, all 50 states, the District of Columbia and four territories (Guam, Mariana Island, Puerto Rico, and American Samoa) are open for Medicaid registration. A [CMS matrix](#) provides links to states' websites and additional detail on the dates states started different functions (e.g. disbursements and

attestations). Hawaii, a state that has lagged, is listed as open but the matrix lists "unknown" as the dates when disbursements of the first payments and attestations will start. Some of the smaller territories are in a similar situation.

- Medicaid program-to-date payment totals are $2.4 billion to eligible professionals ($237 million paid in the 2013 program year, as of October 2013) and $272 million to hospitals (nearly $38 million paid in the 2013 program year, as of October 2013).

- Program-to-date payments to eligible professionals include 94,443 physicians, 26,446 nurse practitioners, 13,514 dentists, 2,859 certified nurse-midwives, and 2,228 physician assistants.

- On October 24, 2013, the GAO released "Electronic Health Records: Number and Characteristics of Providers Awarded Medicare Incentive Payments for 2011-2012," which finds that Medicare Meaningful Use incentive payments to eligible professionals and hospitals more than doubled from 2011 to 2012 ($2.3 billion to $6.3 billion). The report also finds that:

  o In 2012, 48% of eligible hospitals received Medicare incentive payments, up from 16% in 2011. Acute care hospitals, compared to critical access hospitals, were twice as likely to be awarded incentive payments.

  o Among eligible professionals, 31% received incentive payments in 2012, up from 10% in 2011. General practice physicians, compared to specialty practice physicians, were more than 1.5 times as likely to receive incentive payments. Those signing up with an REC were 1.9 times as likely to have been awarded incentive payments. Eligible professionals in the top third of Part B encounters, compared to those in the bottom third, were 2.5 times more likely to receive incentive payments.

- An October 15th *Health Affairs* blog post by King and Adler-Milstein differ with conclusions in the August 2013 *Health Affairs* article "Some Hospitals are Falling Behind in Meeting 'Meaningful Use' Criteria and could be Vulnerable to Penalties in 2015." The August 2013 article indicates that hospital participation in the Medicare and Medicaid EHR Incentive Programs is lagging. King and Adler-Milstein analyze program data through July 2013 and find that almost 67% of eligible hospitals achieved Stage 1 Meaningful Use and that an additional 16% received Medicaid Meaningful Use payments for EHR adoption. More than half of the rest either registered for the Medicare or Medicaid incentive programs or enrolled with an REC. Meaningful Use also grew across hospitals of different sizes (though smaller ones continued to lag). King and Adler-Milstein's analysis also find no difference in Meaningful Use achievement by hospitals that serve a large number of low-income patients.

- On October 11, 2013, nine specialty physician groups sent a letter to Representative Diane Black (R-TN) in support of the *Electronic Health Record Improvement Act*, which was introduced in March 2013. The bill aims to limit the application of upcoming Meaningful Use penalties for specified subgroups of physicians. For example, solo physician practices would have a hardship exemption from the penalties and physicians eligible for Social Security in 2015 would have a retirement exemption from the

penalties. The nine specialty physician groups wrote in particular support of the provision providing a waiver of penalties for specialty physicians participating in their society's disease or practice registry program if it is approved by HHS. The nine specialty physician groups say that the bill should be modified to offer full Meaningful Use credit for registry participation. *Bloomberg BNA, March 27, 2013*

- On November 12, 2013, Senator Rob Portman (R-OH) introduced S. 1685, *Behavioral Health Information Technology Coordination Act of 2013* which would allow behavioral health providers to participate in the Meaningful Use program.

- In November, CMS announced via a final rule in the Federal Register that Method 2 physicians are now eligible professionals in the Meaningful Use 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.

STAGE 2 MEANINGFUL USE INCENTIVE AND CERTIFICATION REQUIREMENTS

- A new webpage on www.healthit.gov explains the process for how developers' EHRs can become CMS designated test EHRs. CMS is looking to designate test EHRs for those eligible providers and hospitals that, in meeting the transition-of-care objective in Stage 2, choose to use a test EHR.

DEVELOPMENT OF STAGE 3 MEANINGFUL USE REQUIREMENTS

- In December, Robert Tagalicod of CMS and Jacob Reider, ONC's Acting National Coordinator for Health IT, published a post on CMS's website with a proposed new timeline for the Meaningful Use program. Under the proposed timeline, Stage 2 will go through 2016 and Stage 3 will begin in 2017 for providers who meet certain criteria. The post outlines a number of benefits to the revised timeline, including more time for CMS and ONC to focus on interoperability, health information exchange, and patient engagement requirements in Stage 2, more time for analysis of feedback on Stage 2, and more time for EHR vendors to develop certified EHR technology for Stage 3 that incorporates feedback from Stage 2. A number of stakeholders have released statements in response to the revised timeline, including the Healthcare Information and Management Systems Society (HIMSS): in a statement dated December 6, 2013, HIMSS expressed their support of the Stage 2 extension but is also calling for an extension of the Stage 2 attestation period.

- The American Telemedicine Association and three other industry groups sent a joint letter to the Committee on Finance and the Committee on Ways and Means asking that Congress work to ensure that HHS incentives for EHR adoption include remote patient monitoring systems. The industry groups said that this is necessary as HHS moves towards Meaningful Use Stage 3. Otherwise, EHR systems may not include such data. Additionally, these four industry groups, joined by four other groups (including HIMSS) sent a joint letter to the Health IT Policy Committee on November 22nd asking them to consider including patient-generated health data from remote monitoring tools in their Stage 3 recommendations for Meaningful Use requirements.

- In December, ONC released an <u>issue brief on patient-generated health data and health IT</u>. The report describes how capturing data generated by patients and family members outside of clinic settings can improve care and reduce costs. At its <u>December 4th meeting</u>, the Health IT Policy Committee agreed that Stage 3 should include patients being able to submit patient-generated health information electronically. The Committee will finalize this recommendation, along with its other Stage 3 recommendations, in February 2014.

REGIONAL EXTENSION CENTERS

- No information to report.

AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- After the government shutdown, the Health IT Policy Committee resumed operations at the <u>November 6th Committee meeting</u> and the Health IT Standards Committee resumed operations at the <u>November 13th Health IT Standards Committee meeting</u>. At both Committee meetings an ONC representative presented a vendor-level analysis of the <u>ONC Health IT Certification Program</u> for both hospitals and eligible professionals. The presentations included a listing of the vendors with 1% or more of penetration: Meditech (20%); Cerner (14%); Epic (14%); Computer Programs and Systems (11%); and McKesson (10%). Additionally, three new members of the Health IT Policy Committee were introduced: David Kotz (expert in privacy and security); Devin Mann (researcher); and Troy Seagondollar (health care labor organization representative).

- On November 6, 2013, <u>HIMSS</u> and HIMSS <u>Electronic Health Record Association (EHRA)</u> sent separate letters to HHS Secretary Kathleen Sebelius in response to the Food and Drug Administration Safety and Innovation Act (FDASIA). The Act requires the Federal Drug Administration (FDA), ONC, and the Federal Communications Commission (FCC) to propose a regulatory framework for health IT. Both HIMSS and EHRA say that most EHRs and Clinical Decision Support (CDS) systems do not fit the current definition of medical device and therefore the regulatory framework should not apply to these systems.

- On November 4, 2013, ONC published an <u>interim final rule in the *Federal Register*</u> that would allow EHR vendors that are developing products for dentists to test these products only using Current Dental Terminology (CDT) versus the using CDT plus Systematized Nomenclature of Medicine (SNOMED) Clinical Terms, Health Care Financing Administration (HCFA), and CPT codes. *<u>Government Health IT</u>* reports that this rule would ease requirements for EHR vendors developing technology for dentists in the Meaningful Use program.

- In November, the *American Journal of Managed Care* released a <u>special issue on health information technology</u>, guest edited by Farzad Mostashari, former National Coordinator for Health IT. Among the various articles in the special issue are a few that deal with the vendor market or specific EHR vendors. "<u>Evolving Vendor Market for HITECH-Certified Ambulatory EHR Products</u>" examines the vendor market for EHR products and policy issues emerging from the market's evolution, while "<u>The Impact of</u>

[Electronic Health Record Use on Physician Productivity](#)" studied EHR use in 42 primary practices that implemented an athenahealth EHR over a three year period.

- In December, the CommonWell Health Alliance (composed of Allscripts, athenahealth, Cerner, Greenway Medical Technologies, CPSI, Sunquest, and McKesson) [announced](#) that Chicago, IL; Elkin and Henderson, NC; and Columbia, SC will be testing sites for the Alliance's EHR interoperability services. Services deployment is planned for 2014.

PRIVACY AND SECURITY

- No information to report.

HEALTH INFORMATION EXCHANGE

- In October, the Arkansas Office of Health Information Technology and the Delta Regional Authority [announced](#) that the SHARE Connectivity Program will provide small rural hospitals and critical access hospitals in the state with up to $10,000 per facility to help connect their EHRs with the state's HIE. *[SHARE, October 31, 2013](#)*

- In October, the [HIMSS Innovation Center](#) opened as part of the Global Center for Health Innovation in Cleveland, Ohio. It includes a simulation center where health IT interoperability and various product capabilities will be tested. *[Healthcare IT News, October 8, 2013](#)*

- In November, results from the eHealth Initiative's [2013 Annual Survey on Health Information Exchange](#) were released. The results indicate that interoperability is a significant issue with respect to the ability to share data.

- In a [November 14th Health IT Buzz Blog post](#), ONC announced a new Standards & Interoperability Framework Initiative. The new initiative works to address challenges in exchanging data between prescription drug monitoring programs and health IT tools.

- "[Moving Beyond the Limitations of Fragmented Solutions – Empowering Patients with Integrated, Mobile On-Demand Access to the Health Information Continuum](#)" is a Frost and Sullivan white paper that finds that interoperability is a barrier for mobile connectivity of personal health records (reported by *[iHealthBeat](#)*).

- "[Professional and Geographical Network Effects on Healthcare Information Exchange Growth: Does Proximity Really Matter?](#)," by Yaraghi and colleagues in the *Journal of the American Medical Informatics Association*, applies network analysis to look at health information exchange among physicians in western New York. Their analysis finds that both professional proximity (physicians sharing common patients) and geographical proximity are a driver of the adoption of health information exchange.

- The [2013 Workgroup for Electronic Data Interchange (WEDI) report](#) outlines 10 recommendations for leaders in the health care industry to implement health IT infrastructures. The report has four areas of focus: patient engagement, payment models, data harmonization and exchange, and innovative encounter models. The American Health Information Management Association [(AHIMA) has expressed support of the WEDI report and its recommendations](#).

- "[Health Information Exchange Improves Identification of Frequent Emergency Department Users](#)," by Shapiro and colleagues published in *Health Affairs*, finds that communitywide data from health information exchanges, compared to data from single sites, more accurately identifies patients with high rates of emergency department use.

- During a December 16th webinar, ONC released a report summarizing initial findings from their [Patient Matching Initiative](#). The initiative's goals are to identify the attributes that lead to high match rates across systems (e.g. name, date of birth, gender, and historical addresses), and to identify best practices for using these attributes. [Health Data Management](#) indicates that the report is not publicly available because these are initial findings that require more study. Among the initial findings are that there is little standardization of data attributes. The report includes a recommendation that standardization of these attributes be mandated. Among the other recommendations in the report is for an open source algorithm to be developed that would allow vendors to test their patient matching capabilities.

WORKFORCE PROGRAMS

- "[Tracking Labor Demand with Online Job Postings: The Case of Health IT Workers and the HITECH Act](#)," by Schwartz and colleagues in *Industrial Relations: A Journal of Economy and Society*, finds that online health IT job postings significantly increased after the introduction of the HITECH Act. *[iHealthBeat](#)* reports that the study's lead author said that the HITECH Act led to an 86% rise each month in job listings relating to EHRs or clinical informatics. It is also reported that 2.5% of the job postings from 2007 to 2011 dealt with EHRs and other health IT.

PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES

- In October, the Department of Defense (DoD) [announced](#) that it looking for EHRs and that it planned to host demonstrations for EHR products October 21-25 in Washington, DC. The announcement lists various characteristics of EHRs that the DoD is considering, such as if the EHR product is listed on the ONC [Certified Health IT Product List](#) and if it has achieved any of the Meaningful Use stages. In December, the [National Defense Authorization Act for Fiscal Year 2014](#) stated that the DoD and the Department of Veterans Affairs must present to Congress, by January 31, 2014, their plans for either a joint EHR or an interoperable EHR system. *[Nextgov, December 12, 2013](#)*

- Several new or recent bills on telehealth had activity this quarter:

    o In response to the [TELE-MED Act of 2013](#), introduced in September 2013, AHIMA and 60+ other organizations sent a [joint letter](#) expressing their support to the lawmakers who introduced the bill. If the bill is passed, Medicare providers would be able to offer telehealth services in multiple states without needing licensure in each individual state.

    o In October, Representatives Gregg Harper (R-MS), Mike Thompson (D-CA), Devin Nunes (R-CA), and Peter Welch (D-VT) [introduced the Telehealth Enhancement Act of 2013](#). The bill would increase telehealth coverage for patients through Medicare and Medicaid.

- In December, Representative Doris Matsui (D-CA) issued a press release on her website summarizing a bill that she and Representative Bill Johnson (R-OH) introduced: the "Telehealth Modernization Act of 2013." The bill would create a standard definition of telehealth for the nation. *iHealthBeat* reports that the bill was written to work with and add to other telehealth bills like the "TELE-MED Act of 2013" and the "Telehealth Enhancement Act of 2013."

- HR 3577, To establish the Commission on Health Care Savings through Innovative Wireless Technologies was introduced in November by Representative Scott Peters (D-CA). The bill calls for the creation of a 19-member commission to examine how digital technologies (e.g. telehealth) can be used in federal health programs like Medicare and Medicaid, as well as how they may reduce health care costs.

- In November, various stakeholders testified at a House Energy and Commerce Committee's subcommittee meeting on HR 3303, Sensible Oversight for Technology which Advances Regulatory Efficiency Act of 2013. *iHealthBeat* reports that the bill would regulate clinical, health, and medical software. Among some of the testimonies, a representative from the FDA advocated for federal regulatory guidance rather than legislation to regulate mobile medical applications. Similarly, an American Cancer Society representative said that small policy changes may be more effective than legislation that broadly combines mobile medical applications with different software types.

- At its 85th Annual Convention and Exhibit in October, AHIMA announced a new initiative to encourage its associations and members to use Blue Button in their EHR systems. The "Blue Button" feature allows patients to download and exchange their health information with family and physicians. *Government Health IT, October 28, 2013*

- The National Science Foundation awarded $892,587 in grants to The University of Texas at Arlington, Southern Methodist University, and the University of Texas Southwest Medical Center at Dallas to fund research in EHR data mining.

- On November 12, CMS announced a new data sharing tool that will allow registered researchers to access CMS data from their desktop computers as opposed to waiting for CMS to prepare and ship encrypted data files to them. The new tool is expected to expedite the process for data requests as well as make more up-to-date information available to researchers.

- "Business Strategy: The Current State of Ambulatory EHR Buyer Satisfaction" summarizes findings from IDC Health Insights and MedData Group's EHR Satisfaction Survey. *iHealthBeat* reports that 212 ambulatory and hospital-based providers were surveyed and that more than half of the respondents reported dissatisfaction or neutrality with their EHR.

- In honor of National Rural Health Day, a November 21st Health IT Buzz Blog post outlines activities that ONC and the Health Resources and Services Administration's Office of Rural Health Policy have done to improve care in rural communities.

- The ECRI Institute, under contract with ONC, released "[How to Identify and Address Unsafe Conditions Associated with Health IT](#)." The report examines a number of challenges related to safety that healthcare organizations may face in utilizing health IT tools. The report provides guidance and strategies for these organizations in handling these safety issues.

- LeadingAge, a long-term care provider association, and Ziegler, an investment bank, conducted a poll of the largest 94 nonprofit senior living center networks (response rate of 94%). *[iHealthBeat](#)* reports that among the findings were that 83% use point-of-care digital documentation systems and 75% of the survey respondents use EHRs. Facilities also struggle with other forms of health IT: 18% use telehealth tools, 30% digitally share health information with resident's other providers, about 28% electronically prescribe and share medication orders, and 25% exchange laboratory orders and results.

- In November, the National Patient Safety Foundation offered an online course entitled, "[Health Information Technology through the Lens of Patient Safety](#)." The course is open to physicians, pharmacists, nurses, and other professionals. *[PRWeb, November 12, 2013](#)*

PATIENT ENGAGEMENT

- "[Clinical Management Apps: Creating Partnerships Between Providers and Patients](#)," by Silow-Carroll and Smith, is a Commonwealth Fund issue brief that identifies a number of barriers to adoption of clinical management applications on mobile devices. Among the barriers are 1) the lack of outcomes research on the efficacy of applications; and 2) the lack of standardization of applications. The authors say that these applications have the potential to reduce health disparities if they can be broadly adopted and utilized to expand access to care to vulnerable populations.

- *[Government Health IT](#)* reports that at the [December 4th Health IT Policy Committee meeting](#) the Committee recommended to HHS that a [proposed rule outlining HIPAA privacy and accounting disclosures](#) be trimmed down. The proposed rule would mandate HIPAA-covered organizations to give some patients access reports that identify the individuals who have looked at their personal health data. The Committee's Privacy and Security Tiger Team initially made the recommendation as several stakeholders like the AHA and the College of Health Information Management Executives (CHIME) spoke out against the proposal. Among some of their reasons for not supporting the proposed rule in its entirety is that, from their perspective, providing access reports to patients creates administrative inefficiencies. A complete summary of the December 4th meeting is expected to be posted on [www.healthIT.gov](#) in January.

HEALTH IT AND HEALTH DELIVERY REFORM

- "[Employing Health Information Technology in the Real World to Transform Delivery](#)" by Marsha Gold (in the November special issue on health IT of the *American Journal of Managed Care)* reports on key points that emerged from interviews with diverse federal and health system leaders. These points are: 1) information flow is critical to change in health care delivery; 2) health IT involves more than EHRs; 3) building infrastructure takes time; 4) providers should build on their current infrastructure; and 5) progress

comes in small steps. She concludes from the interviews that the transformation of health care delivery systems and development of the necessary infrastructure will take time and progress unevenly across the nation.

EFFECTIVENESS OF HEALTH IT

- "[Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy](#)" is a RAND study, led by Friedberg, in which researchers identify factors that influence physician professional satisfaction based on a sample of 30 physician practices across six states. They found that EHRs influence professional satisfaction. Physicians approve of EHRs given the potential the systems have to improve quality of care but they cite current issues with EHRs (e.g. lack of interoperability and time-consuming data entry) as a source of decreased satisfaction.

- "[Will Meaningful Use Electronic Medical Records Reduce Hospital Costs](#)," by Encinosa and Bae in the *American Journal of Managed Care*, looks at the five core medication criteria in Meaningful Use Stage 1 to see if there is an impact on hospital-acquired adverse drug events. Results show that the hospitals that met all five of the criteria, when compared to the hospitals that did not meet any of the criteria, have 63% less of a chance of adverse drug events.

- "[4000 Clicks: A Productivity Analysis of Electronic Medical Records in a Community Hospital ED](#)," by Hill and colleagues in the *The American Journal of Emergency Medicine*, finds that physicians in the Emergency Department of a community hospital spend more time entering data into EHRs than they do on direct patient care. The authors say that making improvements to EHR data entry will enable physicians to spend more time on direct patient care.

- "[Managing Populations, Maximizing Technology: Population Health Management in the Medical Neighborhood](#)" is an October 2013 [Patient-Centered Primary Care Collaborative](#) report that presents an overview of how health IT can deliver population health via patient-centered medical homes and medical neighborhoods.

- "[Electronic Patient Portals: Evidence on Health Outcomes, Satisfaction, Efficiency, and Attitudes: A Systematic Review](#)," by Goldzweig and colleagues in the *Annals of Internal Medicine*, is a systematic review of the (limited) literature of clinical care patient portals. The authors conclude that, while patients generally regard patient portals positively, more studies need to be done to identify the impacts on clinical care.

- The Western New York Beacon Community released a [report](#) summarizing findings from an ONC-funded project they conducted on health IT and diabetes care management. The reports says that EHRs improve both the health and care coordination of diabetic patients.

RELATED FEDERAL POLICY INITIATIVES

- "[Findings and Lessons From the Improving Management of Individuals with Complex Health Care Needs Through Health IT Grant Initiative](#)" highlights 12 Agency for Healthcare Research and Quality (AHRQ) funded projects. The Improving Management of Individuals with Complex Health Care Needs Through Health IT Grant Initiative studies various approaches for using health IT to improve the quality of

care patients with complex health care needs. The report identifies positive impacts of health IT such as improvement in the flow of information during transitions of care and increased patient engagement. It also identifies some barriers in using health IT, such as integrating health IT into existing systems and workflows.

OTHER (CONTEXTUAL ETC)

- In December, ONC announced that Dr. Karen DeSalvo will be the new National Coordinator for Health IT. *iHealthBeat* reports that DeSalvo is currently a New Orleans health commissioner and senior health policy advisor to the New Orleans mayor. On January 13, 2014 she will start her new position at ONC and current Acting National Coordinator Jacob Reider will resume his role as ONC's Chief Medical Officer.