

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

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MONITORING NATIONAL IMPLEMENTATION OF HITECH: STATUS AND KEY ACTIVITY QUARTERLY SUMMARY: APRIL - JUNE, 2011

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This summary supports the global assessment by synthesizing in one place on selected statistics and activity reports relating to implementation of HITECH. It is developed quarterly and reflects information made available between April-June 2011 (March 29, 2011 to June 28, technically). The list is not meant to be exhaustive but to reflect a subset of reports and activities on the ONC or CMS web site, in selected documents that are referenced in the reports ONC receives daily as part of its communications monitoring, and selected other activities of which we are aware. We welcome additions and clarifications from ONC.

Meaningful Use Incentive Payments—Stage 1

- In a Fact Sheet released May 26, 2011, CMS reviewed the early experience with meaningful use payments under the incentives program in its first year (2011). About 42,600 eligible professionals and hospitals were registered with either Medicare or Medicaid. <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3969&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=false&cboOrder=date>
 - In Medicare, the first round of payments totaling \$75 million was made on May 19, 2011 to providers signing up in the first two weeks of the program.
 - The payments reflect initial experiences with Medicare attestation, which began on April 18, 2011. Press reports indicate that 150 provider organizations attested on the first day they could, with 300+ signing up within two weeks. (Such attestations are not required for Medicaid incentive payments in 2011.)
<http://www.healthdatamanagement.com/news/meaningful-use-attestation-lessons-ehr-42363-1.html>
<http://www.ama-assn.org/amednews/2011/06/13/bise0615.htm>
 - The Texas Health Resources System was an early recipient of funds, with \$19.5 million in payments.
<http://www.bizjournals.com/dallas/news/2011/05/24/texas-health-gets-19m-for-ehr-upgrades.html>
 - In Medicaid, where payments could begin earlier in 2011, \$83.3 million had been distributed to providers between January 3 through April 29, 2011. These payments reflect activity in seven states that met federal and state program requirements enabling them to make incentive payments.

- 14 states were approved by CMS to operate Medicaid incentive programs by the end of May, including Alabama and Missouri which launched their programs in April and Indiana and Ohio that began in May. An additional three (Pennsylvania, Washington and one other) were approved in June and four more are expected to open on July 4 (Arizona, Connecticut, Rhode Island, and West Virginia). (CMS expects most states to begin making EHR payments later in 2011.)
http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp
- For a list of expected start dates by state (effective June 30, 2011), see:
<http://www.cms.gov/apps/files/statecontacts.pdf>
- The Montana state legislature, which had rejected accepting and distributing \$35 million in federal funds for EHR incentives four times, voted in late March to accept these monies.
http://www.informationweek.com/news/healthcare/EMR/229400669?cid=RSSfeed_IWK_All
- Some providers report holding back from Stage 1 attestation because of concern that that would lessen the time they had available to meet Stage 2 requirements (HealthsystemCIO.com's SnapSurvey of 120 chief information officers who sit on its advisory and ~~survey~~ survey panel found that about half of the CIOs who had planned to attest to complying with Stage 1 MU requirements in fiscal year 2011 were now planning to attest in 2012 because of this issue, whose implications are being discussed by the health IT Policy Committee). http://www.informationweek.com/news/healthcare/leadership/showArticle.jhtml?articleID=229400801&cid=RSSfeed_IWK_News
- CMS released new resources to assist providers with attesting/meeting MU criteria, including resources to help navigate the web-based attestation system like an attestation page, a Meaningful Use Attestation Calculator, and user guides.
http://www.cmio.net/index.php?option=com_articles&view=article&id=27381&division=cmio
 - The Meaningful Use Attestation Calculator helps determine whether a provider or hospital meets all MU objectives and measures before going through the attestation process.
<http://www.healthdatamanagement.com/news/ehr-meaningful-use-attestation-calculator-42355-1.html>
 - In May, CMS released attestation worksheets to help providers log information obtained from paper records and other means.
<http://www.healthdatamanagement.com/news/ehr-electronic-health-records-meaningful-use-attestation-42475-1.html>
- In June, ONC released popHealth, a free tool that automates the reporting of clinical quality measures in Stage 1 of MU.
<http://www.govhealthit.com/news/onc-pophealth-tool-automates-physician-quality-measure-reporting>

Regional Extension Centers

- In a May 26, 2011 update, ONC reported that 71,000 providers were enrolled with the 62 Regional Extension Centers.
- Various newsletters publicized selected reported REC successes in meeting their individual sign up goals:

More than 1,000 South Florida doctors converting to electronic medical records

<http://blogs.sun-sentinel.com/consumerblog/2011/05/02/more-than-1000-south-florida-doctors-converting-to-electronic-medical-records/>

Mass. extension center enrolls 2,500 providers to deploy EHRs

<http://www.govhealthit.com/news/mass-extension-center-enrolls-2500-providers-deploy-ehrs>

20 percent of SC doctors use electronic records

<http://www.postandcourier.com/article/20110528/PC16/305289993>

1,000 doctors sign up for electronic medical records (Maryland)

http://weblogs.baltimoresun.com/health/2011/06/1000_doctors_sign_up_for_elect.html

Miss. REC reaches membership goal

http://www.cmio.net/index.php?option=com_articles&view=article&id=28336

Update: #ONC Regional Extension Centers have signed up over 60,000 providers nationwide for REC services: <http://bit.ly/ExtnPgrm!> #HealthIT, April 8 –15, 2011

Availability of Certified Products and the Vendor Market

- As of May 26, 2011, 735 EHR products were certified from 436 vendors, 60 percent of them companies with 50 or fewer employees.
 - A complete list of certified products is on the ONC web site.
<http://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl>
- The Resource and Patient Management System, the EHR system developed by the Indian Health Service, announced in April 2011 that it was certified as capable of meeting HHS' criteria through which providers can meet meaningful-use targets and receive federal financial incentives for health IT adoption.
<http://www.modernhealthcare.com/article/20110419/NEWS/304199989>

- In June 2011, ONC approved the American National Standards Institute (ANSI) as the ONC-Approved Accreditor (AA) for the Permanent Certification Program. The ONC-AA will accredit organizations to certify electronic health record technology and perform other responsibilities under the permanent certification program. Approval of the ONC-AA is one of the initial steps in the implementation of the permanent certification program, which is anticipated to replace the temporary certification program in 2012. <http://www.healthit.gov/policy-researchers-implementers/onc-hit-certification-program#background>
- Several firms announced initiatives to develop HIT products to help physicians manage data and exchange from EHRs to support patient care though some are still at the concept stage.
 - On May 5, 2011, Medicity Inc. and UNIVAL Inc. released products with HIT platforms that support the Direct Project. <http://www.healthdatamanagement.com/news/hie-health-information-exchange-direct-project-interoperability-42425-1.html>
 - On May 26, 2011 Medical Record Bank Inc. announced it was awarded a patent for a medical record bank that can be accessed from the Internet. <http://www.masshightech.com/stories/2011/05/23/daily35-Medical-Record-Bank-awarded-US-patent.html>
 - IBM is collaborating with Nuance Communication Inc. to use IBM's Watson computer system to help providers synthesize massive amounts of EHR data and help make diagnoses. <http://www.foxbusiness.com/personal-finance/2011/06/03/ibms-watson-to-take-on-health-care/>
- On June 24, 2011, Google announced the end of its personal health record tool, Google Health, due to lack of participation. <http://www.nytimes.com/2011/06/25/technology/25health.html>
- In a proprietary report (A U.S. Healthcare IT Market Analysis report by RNCOS), analysts forecast that the health care IT industry will grow 24 percent from 2012 to 2014 and increase its spending by \$40 billion through the end of 2011. <http://www.rncos.com/Report/IM321.htm>

Health Information Exchange

- In April, the HIT Policy Committee responded to the President's Council of Advisors on Science and Technology (PCAST) HIT report stating that complete implementation of a universal exchange language by 2013 was not feasible, but it would be possible to implement the new exchange architecture in an incremental fashion. <http://www.healthdatamanagement.com/news/hie-universal-exchange-language-pcast-meaningful-use-42322-1.html>

- ONC indicated that as of June 13, 2011, 11 organizations were participating in the National Health Information Network Exchange, with a goal of 35 organizations sharing information by the end of 2011.
- On May 24, 2011, the Federal Health Architecture awarded CGI Federal a \$5.7 million contract to build, develop and support FHA's CONNECT Nationwide Health Information Exchange Gateway Solution, an open source tool that supports secure, standards-based health information exchange.
http://www.cmio.net/index.php?option=com_articles&view=article&id=27929&division=cmio
- On April 6, 2011, the New York Times reported that Five leading medical groups (Geisinger Health System, Kaiser Permanente, Mayo Clinic, Intermountain Healthcare, and Group Health Cooperative) had announced a project to share data using ONC and Nationwide Health Information Network standards.
<http://bits.blogs.nytimes.com/2011/04/06/big-medical-groups-begin-patient-data-sharing-project/?partner=rss&emc=rss>
- On April 25, 2011 Healthcare IT News reported that the American Hospital Association, the College of American Pathologists, and Surescripts began recruiting hospitals for the Lab Interoperability Cooperative, a project funded by a grant from the CDC, that will electronically connect hospital laboratories with public health agencies.
<http://www.healthcareitnews.com/news/hospital-recruitment-has-begun-lab-interoperability-project>
- In its May 26, 2012 update, ONC indicated it expected that almost all states and territories would have their strategic and operational plans approved by that month and thus move from planning to implementation of their HIE cooperative agreements. (Data on the date of approval and status by state are not available on the public web site.)
<http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3969&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=false&cboOrder=date>
- Press reports indicate specific examples of providers getting together to exchange electronic data:
 - Connecticut hospital health centers are participating in a state-run pilot program to share EHR information online.
<http://www.theday.com/article/20110424/NWS01/304249894/1044>
 - In April, the Chicago area HIE, Metropolitan Chicago Healthcare Council, announced letters of intent from 66 hospitals and major outpatient care organizations to participate in the sharing of EHRs of more than 9.4 million patients.
<http://www.informationweek.com/news/healthcare/interoperability/22940228>

- In May, a RHIO in central New York, HealthConnections, announced that four hospitals, the Laboratory Alliance of Central New York, and five physician practices are sharing EHR data.
<http://www.modernhealthcare.com/article/20110504/blogs02/305049999>
- In June, FirstNet Exchange received a grant to develop and operate a secure health information network for 37 counties in northeast Texas.
http://www.thecherokeean.com/news/2011-06-15/Health/Regional_health_information_network_under_way.html
- In May, Bayless Behavioral Health Solutions and its care partners launched a behavioral health HIE in Arizona.
<http://www.informationweek.com/news/%20healthcare/interoperability/229500697>
- A study of regional health information organizations (RHIOs) published in the *Annals of Internal Medicine* on May 16, 2011, found that of 75 RHIOs in operation, a minority were financially viable and only 13 were able to meet the exchange criteria relevant to Stage 1 meaningful use, which authors argue reflects challenges in their business model and the value of improving quality. This is the third of a series of such studies with similar findings. (Julia Adler-Milstein, et al. *A Survey of Health Information Exchange Organizations in the United States: Implications for Meaningful Use.*)
<http://www.annals.org/content/154/10/666.full.pdf+html>.

Privacy and Security

- On May 27, 2011, HHS/OCR released its proposed changes to HIPAA per the HITECH Act for public comment. The proposed rule changes include allowing patients to obtain a list of everyone who has accessed their EHR <http://www.govhealthit.com/news/access-reports-highlight-hhs-accounting-disclosures-proposed-rule>
- On April 12, 2011, the Health IT Standards Committee sent the ONC Administrator a letter with recommendations on the standards for use to issue digital certificates (Certificate Authorities) to identify users of the Direct Project exchange profile. http://www.healthit.gov/sites/default/files/standards-certification/psswg_transmittal_ltr_2011_part1.pdf
- On May 16, 2011, the HHS Office of the Inspector General finalized a report from their audit of information technology security controls included in the health information technology standards. The report found an absence of controls in the standards included in the regulation of the final rule issued in July 2010 on EHR certification. Examples included the absence of controls such as encrypting data stored on mobile devices, requiring two-factor authentication when remotely accessing a health IT system, and patching computer operating systems that process and store electronic health records. The audit found that limitations in controls led to vulnerabilities at Medicare contractors, state Medicaid agencies, and hospitals.
<http://oig.hhs.gov/oas/reports/other/180930160.pdf>

- In its appended response, ONC indicated that they are committed to security, had incorporated requirements for security into its parallel release of meaningful use requirements, were addressing security broadly in its updated Federal Health IT Strategic Plan, and were in the final stages of completing details on a comprehensive security strategic plan.
- Press reports show findings from a study by Software Advice based on federal data that found physical theft and loss accounted for more than 60 percent of all security breaches, while hacking comprised 6 percent of breaches.
<http://www.massdevice.com/news/software-security-electronic-medical-records-more-vulnerable-physical-theft-hackers>
- Modern Healthcare reports that Congressman Sterns introduced the Consumer Privacy Protection Act of 2011 in April. The proposed legislation would require covered entities to establish a privacy policy regarding the collection, sale, and use of consumer information and make that policy easily available for consumers. Legislation on privacy has also been introduced in the Senate by Senators Kerry and McCain.
<http://www.modernhealthcare.com/article/20110414/NEWS/304149989?AllowView=VW8xUmo5Q21TcWJOb1gzb0tNN3RLZ0h0MWg5SVgra3NZRzROR3l0WWRMZmJ VUHdGRWxiNUtpQzMyWmV2NW5nWUpiU28>
- State legislatures also are considering legislation relevant to privacy.
 - In May, the Texas House of Representatives passed a bill banning the for-profit sale of personal health information by setting up a process to notify patients of their medical records electronic transfer.
<http://www.texasinsider.org/?p=46978>
 - In June, the Maine legislature passed a law that requires patients be informed about the benefits and risks of participating in the state's HIE system and gives them the opportunity to opt-out.
http://www.govinfosecurity.com/articles.php?art_id=3734
- HHS statistics show a cumulative total of 265 cases of health care information breaches affecting +10.8 million people since September 2009. In 2011, 11 breaches affected 2.5 million records.
http://www.govinfosecurity.com/articles.php?art_id=3576
- HIMSS and MGMA are developing a privacy and security toolkit intended to support small physician practices. The toolkit is an interactive online source intended to allow users to share best practices and submit new tools for consideration.
<http://www.modernhealthcare.com/article/20110329/NEWS/303299988/1153>
- In a Federal Business Opportunities Notice, ONC sought to identify sources that could help it conduct a Consumer Electronic Consent Pilot as part of advancing information exchange. ONC also expanded its existing contract with Lockheed Martin Services to determine how privacy consent could be part of future MU requirements.
<http://www.govhealthit.com/news/onc-plans-efforts-develop-patient-consent-exchange>

Workforce Programs

- In its May 26, 2011 update, ONC provided information on the current output from workforce programs funded through HITECH.
 - The five consortia of 82 community colleges providing HITECH short term (six month) training had a total enrollment of 7,137, of which 1,274 had completed the program with 2,434 expected to complete the program by the end of May. (The goal is to reach a capacity to train 10,500 people per year).
 - In May, 2011, ONC announced the initial release of the competency exam that has been developed to allow individuals to assess their competency in key areas relevant to the different roles of an HIT workforce.
 - ONC expects 500 health IT student to have graduated from university-based training programs by the end of the summer.
 - Funded Curriculum Development Centers have helped support community colleges in training people for 6 workforce roles that involve 20 curriculum components. ONC reports that these curricula are expected to be available to other institutions by summer 2011. These now appear to be available.
<http://www.modernhealthcare.com/article/20110624/NEWS/306249986?AllowView=VW8xUmo5Q21TcWJOb1gzb0tNN3RLZ0h0MWg5SVgra3NZRzROR3l0WWRMZmjVdjhGRWxiNUtpQzMyWmV0NVhnWUpiU24>
 - In May, HIMSS opened a HIMSS JobMine recruitment system in collaboration with HHS with tools to help graduates from ONC workforce program and others seeking positions to find jobs.
<http://www.govhealthit.com/news/onc-himss-team-help-grads-find-it-jobs>

Provider EHR Adoption, Other Sources of Support, and Issues

- On June 8, 2011, HHS and ONC announced the introduction of a new Investing in Innovation (i2) program. The program uses prizes and developer competitions to spur the improvement of EHRs and information exchange. As part of the program roll out, ONC awarded about \$5 million to Capital Consulting Corporation (CCC) and Health 2.0, LLC to fund projects supporting innovation.
<http://www.hhs.gov/news/press/2011pres/06/20110608a.html>
- As part of its National Partnership for Action around disparities, HHS will convene an HIT disparities work group. Its focus will be on measuring IT adoption and implementation outcomes in medically underserved communities, discussing projects designed to shrink any digital divide, and establishing sustainable channels of communication between agencies.
<http://www.healthit.gov/buzz-blog/from-the-onc-desk/hhs-launch-workgroup-eliminate-health-disparities/>

- In April, Medical Group Management Association (MGMA) released results from their annual survey on HIT. The study suggests that productivity loss during implementation was the most common fear. Other concerns include insufficient capital resources to invest in an EHR system and insufficient expected return on investment. EHR owners generally said they were pleased with their systems although only a subset reported enhanced productivity. The majority said they under allocated time for training. Those with fully optimized systems were more likely to report productivity gains.
<http://blog.mgma.com/2011-ehr-study>
- A study by Rao et al. in the May/June 2011 issue of *Journal of the American Medical Informatics Association* found that doctors in the smallest physician practices were more likely to report financial barriers to EHR adoption and were more concerned about future system obsolescence than larger practices. The study noted that doctors from small practices were not more likely to report general resistance or concerns about productivity as barriers to EHR adoption.
jamia.bmj.com/content/18/3/271.full.pdf
- The National Library of Medicine launched MedlinePlus Connect in June 2011. This service links patient portals and EHRs to MedlinePlus to help identify patient-specific education resources.
<http://www.informationweek.com/news/healthcare/EMR/231000141>
- In late April, HRSA announced \$12 million for up to 40 grants through the Rural Health Information Technology Network Development program that could go toward workforce analysis, EHR strategic plan development and training, purchase of health IT equipment, finding certified equipment vendors, and installation of broadband with the goal of helping rural health care providers qualify for MU incentive payments.
<http://www.grants.gov/search/search.do;jsessionid=Lt3MN5xbxGj0tZhnxnXM41W9Vgsmwp2J2vQ0hyqLXJJBfjKtDbp5%21773961164?oppId=90039&mode=VIEW>
- Several survey results were reported in May and June on the adoption of EHRs and e-prescribing within certain states and nationally:
 - In Georgia, 44 percent of physicians have an EHR system according to the CDC and 38 percent use e-prescribing according to the Medical Association of Georgia.
<http://www.ajc.com/news/more-georgia-doctors-adopt-940632.html>
 - In California, 55 percent of primary care providers use EHRs. Twenty percent of solo providers, 39 percent of practices with two to five providers, and 64 percent of practices with six to 50 providers have adopted EHRs according to the California HealthCare Foundation.
<http://www.modernhealthcare.com/article/20110510/NEWS/305109989/1153>
 - In Vermont, 75 percent of primary care providers have adopted EHRs according to Vermont Information Technology Leaders (REC).
<http://vtdigger.org/2011/06/10/75-percent-of-vermont-primary-physicians-adopt-electronic-patient-records/>

- In Missouri, 90 percent of 145 hospitals were using EHRs for at least one of 24 functions and 60 percent said their software was certified for MU and plan to apply for incentives during the next two years according to the Missouri Hospital Association.
<http://www.bizjournals.com/kansascity/news/2011/06/15/more-missouri-hospitals-use-electronic.html?page=all>
- Surescripts reported 36 percent of office-based providers used e-prescribing at the end of 2010 with major drivers being EHR and e-prescribing incentive programs.
<http://www.healthdatamanagement.com/news/electronic-prescribing-surescripts-adoption-report-meaningful-use-42459-1.html>
- In June, Quest Diagnostics announced plans to donate 75 EHR software licenses and services to small doctor offices treating minority patients in Houston, Texas as part of HHS Office of Minority Health and ONC's efforts to bolster EHR adoption rates among health care providers in underserved, minority communities.
<http://www.informationweek.com/news/healthcare/EMR/230700067>
- In April, the Sutter Health hospital system announced it would invest \$50 million to help connect independent Northern California physicians to its EHR system by paying up to 80 percent of the cost of the software and implementation.
<http://www.bizjournals.com/sanfrancisco/news/2011/04/04/sutter-health-to-invest-more-than.html?page=all>

Development of Stage 2 Meaningful Use Requirements

- In a letter to the ONC Director dated June 16, 2011, the HIT Policy Committee made recommendations on Stage 2 MU criteria that included a one-year extension on the compliance deadline for early qualifiers.
<http://www.healthit.gov/sites/default/files/pdf/hitpc-stage-2-mu-recommendations.pdf>
 - Earlier, a letter from a coalition of health care organizations that includes HIMSS, AHA, AMA, CHIME, Association of Medical Directors of Information Systems, Electronic Health Record Association and Federation of American Hospitals to the HHS Secretary supported the recommendation to delay Stage 2.
<http://www.govhealthit.com/news/coalition-backs-hit-panels-call-meaningful-use-stage-2-delay>
- In June, AHRQ announced it will spend \$425,000 over two years on a study to identify barriers Medicaid providers face in meeting EHR MU criteria in order to make recommendations on the development of Stages 2 and 3.
<http://www.healthdatamanagement.com/news/ehr-electronic-health-records-meaningful-use-barriers-ahrq-42581-1.html>

Effectiveness of HIT

Nothing new noted.

Other (Contextual etc.)

- In April, the AMA, AAFP, ACP, MGMA, e-Health Initiative, and The Center for Improving Medication Management updated e-prescribing guidelines.
<http://www.healthleadersmedia.com/content/TEC-265466/Physician-Groups-Update-EPrescribing-Guidelines>
- In May 2011, the Consumer Partnership for eHealth released its Consumer Platform for Health IT that offers a vision for a patient-centered health care system that focuses on access to timely electronic information. Twenty-seven patient and health care organizations, including AARP and the American Heart Association, have signed the plan.
http://www.nationalpartnership.org/site/News2?page=NewsArticle&id=28602&security=2141&news_iv_ctrl=1741