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

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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 April 1, 2013 and June 28, 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: In June 2013, ONC released to the public *A Report to Congress* on "Update on the Adoption of Health Information Technology and Related Efforts to Facilitate the Electronic Use and Exchange of Health Information." The report describes progress in adoption of EHR technology and e-prescribing, Meaningful Use attainment, and health information exchange, including barriers to adoption and strategies ONC is pursing to address them. The 82 page report integrates statistics that cross a number of program areas, which is why we are noting its availability up front.

### MEANINGFUL USE INCENTIVE PAYMENTS—STAGE 1

- The CMS incentive program report for April 2013 shows that program-to-date active registrations included 263,446 Medicare eligible professionals, 127,023 Medicaid eligible professionals, and 4,371 hospitals, yielding a total of 394,840 active registrations that were fully completed by April 2013. For CMS's report to the ONC Health IT Policy Committee on this topic see: http://www.healthit.gov/sites/default/files/hitpc_dataanalyticsupdatejune2013_final.pdf.
    - Medicare breakdown
        - Medicare program-to-date payment totals are $3.7 billion to eligible professionals ($2.7 billion paid during the 2012 program year) and $351 million to hospitals ($12 million paid, to April 2013, during the 2013 program year).
    - Medicaid breakdown
        - According to the CMS incentive program report, as of April 2013, 49 states are open for registration. The "Medicaid State Information" webpage on the CMS website lists the 49 states, along with Guam, Mariana Island, and Puerto Rico, that have active Medicaid EHR Incentive programs. Hawaii is the only state not listed. In April, CMS updated a matrix that lists all states', territories', and Washington, DC's dates of program launch and disbursement of first payments. For

instance, the District of Columbia will launch their program (named Medicaid EHR Incentive Program, MEIP) in July 2013. First payments are expected to be disbursed in August and meaningful use attestations will be collected in October.

- Medicaid program-to-date payment totals are nearly $2 billion to eligible professionals ($31 million paid, as of April 2013, during the 2013 program year) and $235 million to hospitals (nearly $10 million paid, as of April 2013, during the 2013 program year).
- Program-to-date payments to eligible professionals include 87,236 physicians, 23,487 nurse practitioners, 11,631 dentists, 2,654 certified nurse-midwives, and 2,015 physician assistants.

- In his presentation at the May 7th Health IT Policy Committee meeting, Robert Anthony of CMS noted that, as in prior months, attesting providers generally exceeded all thresholds, though some were on the borderline. For eligible professionals, drug formulary, immunization registries, and patient list are the most frequently selected menu objectives. For eligible hospitals, the most frequently selected menu items are advance directives, clinical lab tests results, and drug formularies.
- In a June interview with the American Academy of Family Physicians, National Coordinator for Health IT Farzad Mostashari said that, after 2015, it is likely that incentive payments through the HITECH Act will only go to Medicaid providers up until 2021.

- On May 22, Secretary of Health and Human Services (HHS) Kathleen Sebelius announced that HHS reached its goal of having 50% of doctor offices and 80% of eligible hospitals in the country adopting EHRs by the end of 2013. This means that doctors and hospitals' use of health IT has more than doubled since 2012. *The Washington Post's* May 23rd "Wonkblog" includes an interview with National Coordinator for Health Information Technology Farzad Mostashari in which he says, "We're making really, really good progress on adoption. And it's not just people buying the systems, but beginning to use them in certain ways we think are necessary in order to achieve the goals of safety, quality and patient-centered, coordinated care."
- On April 16, Republican senators Lamar Alexander (TN), Richard Burr (NC), Tom Coburn (OK), Mike Enzi (WY), Pat Roberts (KS), and John Thune (SD) sent a letter to HHS Secretary Sebelius expressing concern over costly and slowly progress with implementation of the HITECH Act and requested that Sebelius, the Office of the National Coordinator of Health IT (ONC), and the Centers for Medicare and Medicaid Services (CMS) address the senators' concerns in writing. They also requested that deliverables submitted to HHS, ONC, and CMS by contractors performing work related to the HITECH Act be shared. In conjunction with their letter, the senators released "Reboot: Re-Examining the Strategies Needed to Successfully Adopt Health IT," a white paper detailing their policy concerns about interoperability, increased costs, potential waste and abuse, patient privacy, and sustainability. A number of other stakeholders sent response letters to the senators, including:
  - On May 6, the College of Healthcare Information Management Executives (CHIME) sent a letter stating that, while they share some of the

senators' concerns on interoperability in addition to their own concern that Stage 2 should be extended by one year, "the trajectory set by Meaningful Use is the correct one."

- On May 16, 14 consumers' organizations that are members of the Consumer Partnership for eHealth and the Campaign for Better Care sent a letter strongly disagreeing with the senators that Meaningful Use Stage 2 and Stage 3 should be delayed. They say delays in the program will stifle innovation, get in the way of progress towards achieving interoperability, and postpone cost savings.
- In their letter, dated May 24, the American Hospital Association (AHA) shares the senators' concern that the Meaningful Use incentive program is moving too quickly. However, they also say that changes in policies may cause interruptions in incentive payments, which will be unfair to those providers who have already made large investments for the program. They conclude their letter with an attachment of a previous letter they sent to CMS and ONC on April 19. In this earlier letter, they ask ONC to: 1) strengthen certification requirements for exchange to ensure that EHRs support information exchange; 2) foster effective and affordable exchange networks; 3) establish provider directories to help providers and patients to know where to send their health information; 4) support use of standards by providers; 5) establish a national approach for matching patients to their health records; and 6) reduce policy barriers to exchange.
- The Healthcare Information and Management Systems Society (HIMSS) EHR Association (EHRA) sent a letter on May 16 disagreeing with the senators' claims. They say that: 1) significant advances have been made toward interoperability via Stages 1 and 2 of the Meaningful Use program; 2) there is no data that shows that EHRs are leading to increased costs via inaccurate coding and ordering of unnecessary tests; 3) the program has adequate oversight (i.e. CMS is conducting post-payment audits and Stage 2 certification requires stricter tests of EHR capabilities than Stage 1); 4) HIPAA requirements and technical security requirements for product certification allow for patient privacy in the program; and 5) starting Stage 2 at least three years after the start of Stage 2 and not introducing new meaningful use capabilities or major EHR upgrades in Stage 3 will allow for the market to generate innovative and cost effective solutions that will not burden providers after the program is over.

- *iHealthBeat* reports that CMS plans to audit 5% of Meaningful Use program participants, according to an announcement made by CMS' Health IT Initiatives Group deputy director Robert Anthony.
- In April, CMS updated the 2014 Meaningful Use hospital clinical quality measures but says that they will still accept past versions of the measure sets, going back as far as December 2012. *Healthcare IT News, April 2, 2013* The AHA subsequently sent a letter to CMS expressing difficulty providers have in meeting multiple quality measurement and reporting requirements that they say are not aligned. AHA recommends that CMS establish a core measure set and then encourage other data registries to align to it.
- On May 30, the American Medical Association (AMA) expressed their support of HR 1331 via a letter addressed to Representative Diane Black (R-TN), who introduced the legislation titled "Electronic Health Records Improvement Act" in March. The bill

seeks to establish a hardship exemption for physicians near retirement and for small practices. The AMA said that they believe this legislation will increase participation in the Meaningful Use program and that it will also contribute to establishing a formal appeals process for providers to go through before they are issued penalties.

- On April 22, the American Society of Anesthesiologists (ASA) sent a letter encouraging ONC and CMS to maintain the anesthesiologist hardship exemption in the Meaningful Use program.

**STAGE 2 MEANINGFUL USE INCENTIVE AND CERTIFICATION REQUIREMENTS**

- On April 26, ONC released "Key Considerations for Health Information Organizations Supporting Meaningful Use Stage 2 Transition of Care Measures," which provides guidelines for Health Information Exchange Organizations (HIOs) and health information service providers (HISPs) for helping providers meet transition of care measures under Stage 2. A May 10th Health IT Buzz Blog post accompanies the release.

- On April 3, ONC announced on its Health IT Buzz Blog the start of the State Meaningful Use Acceleration Challenge 2.0, which calls for states and territories to compete with one another to accelerate the Meaningful Use program through EHR adoption. The competition is one way ONC is encouraging states and territories to expand partnerships and work with various stakeholders to increase EHR adoption.

- A May 23rd Health IT Buzz Blog post announced that five web-based Interoperability Training Modules for eligible professionals and critical access hospitals are available to help them meet the requirements for Stage 2. The Modules cover interoperability basics, transitions of care, lab exchange, patient and family engagement, and public health.

**DEVELOPMENT OF STAGE 3 MEANINGFUL USE REQUIREMENTS**

- At the April 3rd meeting of the Health IT Policy Committee, the Meaningful Use Workgroup presented on their ongoing work for recommendations for Meaningful Use Stage 3 requirements. One emphasis of their current work is to consider measure consolidation; they have now consolidated down to 25 objectives (from 43). Another focus is on an alternative path to meaningful use for high-performing providers called deeming. The Committee members agreed that the workgroup should continue with their approaches to consolidation and deeming.

- At the April 17th meeting of the Health IT Standards Committee, Doug Fridsma of ONC talked about looking beyond the American Recovery and Reinvestment Act of 2009 (ARRA) to consider standards necessary for Stage 3 and beyond. He reviewed the Committee's work on this topic and implications for workgroup assignments etc.

**REGIONAL EXTENSION CENTERS**

- In May, ONC published "Regional Extension Center Nurse Practitioners and Physician Assistants: Crucial Primary Care Providers on the Path to Meaningful Use," a data brief that examines RECs involvement with nurse practitioners and physician assistants and how they, together, are promoting EHR adoption. The brief indicates that RECs are working with about 50% of all primary care nurse practitioners and physician assistants in the country, and that these professionals who are enrolled with an REC are more

likely to receive Meaningful use incentive payments than those not enrolled with an REC.

- The Fifth Annual CMS Multi-State Medicaid HITECH Conference took place May 21-23 at the National Institutes of Health building in Bethesda, Maryland. The conference was attended by CMS officials, state Medicaid agencies, industry leaders, and other stakeholders. In a June 6th Health IT Buzz Blog post, Director of the Regional Extension Center (REC) Program Kimberly Lynch and Director of the Office of Provider Adoption Support Mat Kendall said that RECs' role in accelerating meaningful use was discussed at the conference, particularly in regard to Federally Qualified Health Centers (FQHCs), Critical Access Hospitals (CAHs), and rural hospitals. Data show that REC enrollment is higher in rural areas versus urban areas.

## AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- On April 23, CMS and ONC released a fact sheet summarizing progress made on the HITECH Act and health information technology implementation. The report indicates that a total of 941 vendors offer 1,700+ unique certified EHR products in the market.

- The President's 2014 budget proposal for ONC includes a proposal to begin charging a fee to vendors that certify their software and products through the ONC Health IT Certification Program. This fee could potentially be a stable funding source for ONC's certification program, raising up to $1 million each year. *Government Health IT, April 17, 2013* HIMSS EHRA strong opposes the idea of a certification fee. They released a statement in which they say that increases costs for EHR developers will obstruct the larger goal of nationwide health IT adoption.

- On April 25, ONC announced that it revoked certifications for EHRMagic-Ambulatory and EHRMagic-Inpatient, which no longer meet EHR certification requirements and cannot be used by providers to participate in the Meaningful Use program. In a Health IT Buzz Blog post, Director of Certification and Testing Carol Bean said, "We want to be clear, the Office of Certification's role doesn't stop after EHR certification. We are also going to monitor certified EHRs to determine whether they continue to meet our requirements."

- *iHealthBeat* summarizes an analysis done by *Modern Healthcare* using a dataset on www.healthdata.gov that contains CMS EHR Incentive program data merged with ONC's Certified Health IT Products List. The analysis finds that: out of 2,950 hospitals using complete EHRs in the inpatient setting, the majority (19.6%) use Epic; out of 3,656 hospitals using modular EHRs in the inpatient setting, the majority (24.8%) use Meditech; and out of 60 hospitals that use complete EHRs in the ambulatory setting, the majority (30%) use either Epic or CPSI. For complete EHRs in the inpatient setting, the top five vendors (Epic, Computer Programs and Systems, Meditech, Cerner, and Healthland) take 67.3% of the hospital market while, for modular EHRs in the inpatient setting, Meditech, Cerner, HCA Information and Technology Services, McKesson, and Iatric Systems take 70.9% of the market.

- On June 11, HIMSS EHRA published a code of conduct for EHR developers, which focuses on general business practices, patient safety, interoperability and data portability, clinical and billing documentation, privacy and security, and patient engagement. In response to the code, National Coordinator for Health IT Farzad Mostashari said, "The

commitment here is very much in line with our national plan. No customer will feel that they can't report a patient safety event, and the vendors will investigate them, will remediate them. It's really very positive to see the association coming together and making a statement about what we stand for. This is what we believe is the right way to treat our customers." *Healthcare IT News, June 11, 2013*

- The fourth annual Health Datapalooza national conference took place June 3-4. Speakers included US Chief Technology Officer Todd Park, HHS Secretary Kathleen Sebelius, athenahealth co-founder Jonathan Bush, CMS Administrator Marilyn Tavenner, National Coordinator for Health IT Farzad Mostashari, and others. This year's conference also included a new contest, titled Code-a-Palooza, in which teams compete to build a health IT product using Medicare claims data. An April 11th Health IT Buzz Blog post outlined the details of the new contest.

**PRIVACY AND SECURITY**

- The Food and Drug Administration Safety Innovation Act workgroup, under the Health IT Policy Committee, held its first meeting on April 29. This new workgroup will provide input to the Health IT Policy Committee in the effort to improve patient safety in health IT. They plan to build off the Institute of Medicine's "Health IT and Patient Safety: Building Safer Systems for Better Care" and ONC's "Health IT Patient Safety Action and Surveillance Plan." On June 18th, more than 100 health IT stakeholders, including CHIME and Greenway Medical Technologies, sent a joint letter to the Obama administration in support of this new workgroup and requested, before the Administration release standards, that the workgroup be given an appropriate period of time to provide input and contribute to the development of a regulatory framework. *Healthcare IT News, June 21, 2013*

**HEALTH INFORMATION EXCHANGE**

- At the April 3 Health IT Policy Committee meeting, Committee members Paul Egerman and Charles Kennedy shared findings from interviews they conducted with leaders of the CommonWell Health Alliance—a coalition created between McKesson, RelayHealth, Cerner, Allscripts, athenahealth, and Greenway in the effort of promoting interoperability. *iHealthBeat* reports that the Committee members learned that CommonWell is creating a health record locator service that will help patients and providers find out where specific health records are stored across the country. Committee members reported that CommonWell may have the service available in about 1.5 years, and encouraged the Committee, when evaluating policy-related guidelines, to consider the effects of their work on CommonWell.

- In an April 4th Health IT Buzz Blog post, ONC announced that it awarded grants of $285,000 and $205,000 to DirectTrust and the EHR/HIE Interoperability Workgroup, respectively, to develop standards for information exchange. DirectTrust is a nonprofit industry alliance that is working to build a Security and Trust Framework for Directed exchange while the EHR/HIE Interoperability Workgroup is a coalition of states, EHR vendors, and health information exchange (HIE) vendors working as part of the larger nonprofit organization New York eHealth Collaborative (NYec). NYec works with the New York State Department of Health to implement and improve the use of health IT.

- On April 15, during a hearing on the President's proposed 2014 budget for the Department of Veterans' Affairs (VA), VA Secretary Eric Shinseki said the VA is still

working with the Department of Defense (DoD) to create a joint EHR system, and that the VA will use the Veterans Health Information Systems and Technology Architecture (VistA) for its EHR core. *FCW, April 15, 2013* However, in a memo dated May 21st, DoD Secretary Chuck Hagel said that the DoD will not use VistA as their core and will continue to consider other EHR systems. Senate Budget Committee Chairman Patty Murray, at the June 12th Senate Budget Committee Hearing on the President's 2014 Defense Budget, criticized the DoD saying, "Clearly the best option would have been a single joint electronic health record system that is open-source. This would have been the most effective solution and would have revolutionized the market, but the Department has backed away from that goal. I think everyone in this room is concerned you spent hundreds of millions of tax dollars—and thousands of staff hours over the last few years—trying to create an integrated IT platform with the VA only to announce you were unable to come to a solution. Now I know there are significant questions about how to move forward, but I expect that you and Secretary Shinseki will clearly define a plan and ensure leadership remains behind this important project. The lack of seamless integration between our two largest Departments is one of the most critical areas to address in order to reduce costs, increase efficiencies, and ensure our service members and their families get the care they need and deserve." RAND Corporation also contributed to the discussion with the release of "Patient Privacy, Consent, and Identify Management in Health Information Exchange," in which they outline considerations the DoD should take as they move forward in exchanging health data with the VA. In June, the VA and DoD launched "eBenefits," a joint web portal for veterans' disability claims.

- In response to a CMS and ONC request for information (RFI) on advancing interoperability and health information exchange several organization submitted comments, including:
    - On April 18, CHIME sent a letter saying that "the work accomplished in Stage 1, continued in Stage 2, of Meaningful Use to reach consensus standards on transport, vocabulary and content is foundational to advancing interoperability and exchange…Thus, CHIME recommends HHS extends the concept toward the health information exchange market, via standard interfaces, standard methods for isolating sensitive information, standard means to securely transport patient care information (i.e. Direct), standard ways to accurately identify patients, standard protocols for tracking consent, etc.
    - The AHA, in their April 19th letter, recommends that CMS and ONC continue to implement the health information exchange requirements in Stages 1 and 2 of the Meaningful Use program and other existing payment and delivery programs rather than introducing new HIE requirements.
    - The CommonWell Health Alliance's letter included a recommendation for CMS and ONC to align quality measures for the multiple, concurrent programs the agencies have active: Meaningful Use, Medicare Shared Savings, Pioneer Accountable Care Organizations, bundled payment, and patient-centered medical homes.
    - The eHealth Initiative, in their April 22nd letter, recommended that ONC incentivize interoperability by way of the development of governance versus a regulatory approach. They also recommended that the agency take into account input from other stakeholders to develop health information exchange and

interoperability requirements, suggesting the engagement of more public/private partnerships as one vehicle to accomplish this.

- The Campaign for Better Care and the Consumer Partnership for eHealth's joint letter encouraged HHS to leverage the Direct Project to facilitate health information exchange and interoperability.
- At the request of ONC staff, the Health IT Policy Committee Information Exchange Workgroup, chaired by Micky Tripathi, also worked on recommendations. At the Committee's April 3rd meeting, recommendations were reviewed in four main areas: 1) payment policy; 2) providers ineligible for the Meaningful Use program; 3) state-level program/policy variation; and 4) leveraging HHS infrastructure. Recommendations include HHS awarding supplemental payments to capitated and fee-for-service models to motivate them to undertake more HIE activities and for the Center for Disease Control to create one standard for immunization information exchange. The Committee added a few suggestions and accepted the recommended comments. Tripathi also presented the Information Exchange Workgroup's recommendations during the Health IT Standards Committee meeting on April 17th.

- On May 3, in a Health IT Buzz Blog post, Mostashari introduced "Governance Framework for Trusted Electronic Health Information Exchange" as a guide for HIEs and other organizations doing similar work to aligning their practices with national priorities.
- On May 24, ONC released "Direct: Implementation Guidelines to Assure Security and Interoperability" for developers. An accompanying Health IT Buzz Blog post describes the guidelines as a result of an open forum held in November 2012 at which Direct Project community participants shared their ideas for ensuring that Direct is implemented in a way that promotes maximum privacy, security, and interoperability across providers, vendors, and geographic sites.
- At the June 19th Health IT Standards Committee meeting, Director of the Office of Science and Technology Doug Fridsma presented an update on the S&I Framework, which is a public-private collaboration that is working to facilitate information exchange. Currently the S&I Framework community has 34 pilots involving 42 vendors that are either active or completed. The S&I Framework presentation was also shared and discussed at the May 7th Health IT Policy Committee meeting.

**WORKFORCE PROGRAMS**

- According to a February 2013 health care IT survey of 100+ providers, 67% of health care employers experience difficulty recruiting and hiring IT professionals, and nearly 75% of employers experience difficulty finding Epic-certified workers. The survey and analysis was conducted by Towers Watson, a global professional services company that focuses on performance improvement and organizational management.

**PROVIDER HR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES**

- "Meeting Meaningful Use Criteria and Managing Patient Populations: A National Survey of Practicing Physicians," a study funded by The Commonwealth Fund and the Robert Wood Johnson Foundation, finds that, out of 1,820 primary care physicians and specialists in office-based practices surveyed in 2011-2012, 43.5% had a basic EHR but

only 9.8% met the Meaningful Use program requirements. Anne-Marie Audet of The Commonwealth Fund and former National Coordinator for Health IT David Blumenthal, in a The Commonwealth Fund Blog post, said that, given the early timing of the survey in relation to HITECH activities, the results should not be used to evaluate the Meaningful Use program's performance and impact on health IT adoption.

- *iHealthBeat* reports that the Obama administration has proposed two rules to extend the Stark Law and federal anti-kickback law exceptions that allow for hospitals to donate EHRs to the physicians who refer patients to them. The AHA sent a letter on May 13th to the HHS Inspector General encouraging the agency to remove the sunset dates for these exceptions and to make them permanent.

- On May 30, ONC, the Federal Communications Commission (FCC), and the Food and Drug Administration (FDA) issued a request for comments in the *Federal Register* on the topic of developing a regulatory framework for health IT that balances risk and innovation. They ask for comments specifically on taxonomy, risk and innovation, and regulation.

- On June 13, Representative Mike Honda (CA-D) reintroduced HR 6626, "Health Care Innovation and Marketplace Technologies Act of 2012," which was originally introduced in December 2012. The legislation calls for numerous new programs and activities: to create an Office of Wireless Health at the Food and Drug Administration (FDA), which will serve as a guiding body on wireless health activities and issues; a program to assist developers in building mobile applications that are in line with privacy and security requirements; various innovator challenge grants; a physician loan program that enables providers to invest in health technology, a physician tax incentive program that allows providers to be exempt from certain health IT costs, and the establishment of training grants to allow providers and their staff to develop expertise in health IT.

- At the HIMSS Media ICD-10 Forum on June 17, Mostashari said, in the keynote address, that the October 1, 2014 deadline for ICD-10 compliance will not be extended. *Healthcare IT News, June 17, 2013* In a June interview with *Healthcare IT News*, Mostashari said, "I don't see ICD-10 as disrupting progress toward meaningful use. If anything I'm seeing that if we can get the synergy going…people seeing if I have a meaningful use certified EHR, if I have clinical documentation, then it's easier for me to get to ICD-10."

- On May 3, CMS and ONC hosted a listening session on the topic of billing and coding with EHRs. The session was divided into three main parts: 1) impacts of EHRs and coding trends; 2) developing standards for coding with EHRs; and 3) coding challenges. The speakers included representatives from AHA, AMA, HIMSS and other organizations. Providers, health IT vendors, press, and other stakeholders attended the virtual session.

- CMS held the first of six National Provider Calls on the Meaningful Use program on May 30. The first Call focused on Stage 1 basics. Stage 2, clinical quality measures, hardship exemptions, payment adjustments, and certification are topics to be discussed during future National Provider Calls.

- On June 3, HHS announced the release of a variety of new data, which includes data on average hospital outpatient costs for 30 types of procedures that expanded on an earlier

release of similar inpatient data, Medicare spending and utilization data broken down by county, REC data on adoption of specific EHR systems by doctors, and others. In the announcement, Secretary Sebelius said, "A more data driven and transparent health care marketplace can help consumers and their families make important decisions about their care. The administration is committed to making the health system more transparent and harnessing data to empower consumers."

**PATIENT ENGAGEMENT**

- The American Health Information Management Association (AHIMA) published "Mobile Health Apps 101: A Primer for Consumers" to guide consumers in utilizing secure, safe, and effective mobile health applications.

- "The Future of Quality Measurement for Improvement and Accountability," published in *The Journal of the American Medical Association*, is an article written by Mostashari and two other HHS officials. They write that the average 3-year cycle time for measure development, endorsement, and implementation for federal programs is too long and needs to be reduced. They also say that measure development must be a more collaborative process that includes both the public and private sectors and that patient-centered e-measures should be created.

- In a June 12th Health IT Buzz Blog post titled "Crowd-sourcing, Crowd-voting, and Co-designing with Patients," the Blue Button Co-Design Challenge was announced. The Challenge encouraged patients and caregivers to submit their ideas as to what tools they would like to have to better access and use their health data. Voted on by the public, the ideas with the most votes will be built into products by developers in June and July, and products will be developed with feedback from actual patients and caregivers. In August, the products will be voted on by the public and by selected group of judges, with the winning product receiving a prize.

- mHealth Regulatory Coalition is encouraging HHS to release final guidance on mobile medical apps as soon as possible versus waiting for a comprehensive health IT strategy to be finalized. They believe that the final guidance will 1) benefit industry through deregulation; 2) enable more predictable investment in mHealth technologies; and 3) ensure patient safety. They also say that waiting for a comprehensive health IT strategy is not necessary because the strategy will not provide enough detail for the mobile medical app industry.

**HEALTH IT AND HEALTH DELIVERY REFORM**

- IDC Health Insights, a healthcare technology consulting organization, published "Accountable Care Maturity Model," which serves as a guide for accountable care organizations in making health IT decisions centered on governance, budgeting, processes, and data.

- At the 2013 Annual Research Meeting of AcademyHealth that took place in June in Baltimore, MD, a number of sessions took place that presented preliminary work on the connection between health IT and delivery reform. For instance, "Adoption of Information Technology and Its Impact on Health Care Delivery" was a panel led by Frederic Selck of Johns Hopkins Bloomberg School of Public Health. Panelists included Julia Adler-Milstein of the University of Michigan, Eric Jamoom of the National Center for Health Statistics, and Jeffrey McCullough of the University of Minnesota.

**EFFECTIVENESS OF HEALTH IT**

- "Making the Case for Continuous Learning from Routinely Collected Data" is a discussion paper published by the Institute of Medicine that uses case studies to outline a number of clinical data sources that can be used to improve disease monitoring, better educate patients and providers in their decisions during clinical visits, and improve patient safety, among other things.

- Released in May, "Understanding the Impact of Health IT in Underserved Communities and Those with Health Disparities" is report by NORC at the University of Chicago that uses case studies and existing literature to look at health IT adoption and underserved populations (e.g. rural populations, racial and ethnic minorities, immigrant groups, and individuals diagnosed with chronic illnesses). Findings show that health IT products must be customized to meet the needs of underserved populations. If not customized, the benefits associated with health IT may go to those individuals who are not underserved and already experience strong access to care and positive health outcomes. In the least, it is possible for the benefits of health IT to go to the majority of community members—both those that are underserved and those who are not—but will not contribute to reducing health disparities in the larger population. In a May 10th Health IT Buzz Blog post, ONC says that they will continue to focus on reducing health disparities through their work.

- In April, a summary of the February White House Summit on Achieving eHealth Equity and the subsequent April follow-up conversation via webinar was released. Stakeholders discussed ways that health IT can be implemented without widening the technology gap that exists for communities of color, immigrants, and for individuals who are not proficient in English. The summary lists stakeholder goals on this issue, including: continuing mobile application challenges such as the Reducing Cancer Among Women of Color app challenge; building health disparity discussions into medical school curricula; and explore ways Stage 3 can develop outcomes-focused goals for minority groups and underserved communities. An April 29th Health IT Buzz Blog post highlights other goals developed at the Summit and follow-up meeting.

- "The Impact of Electronic Health Records on Ambulatory Costs Among Medicaid Beneficiaries," published in *Medicare and Medicaid Research Review*, evaluated an EHR pilot program in Massachusetts to assess the impact of EHR adoption on short-run Medicaid costs. The study's authors looked at Medicaid ambulatory medical costs and visits in the 18 months after EHR adoption. They find that the impact of EHR implementation and use is not consistent with either an increase or decrease in Medicaid spending. The study did not account for differences in EHR functionalities, for example, and the authors say that this inconsistency is likely to due to variation in how practices use the EHRs they adopt. In their conclusion, the authors say that the Meaningful Use program may need to include criteria that directly incentivize providers to use EHRs in ways that will decrease costs.

- "Quality and Safety Implications of Emergency Department Information Systems" is a ***report*** published in the *Annals of Emergency Medicine* finds that emergency department EHR systems may have unintended consequences and contribute to medical errors. The authors offer recommendations that include each emergency department appointing an physician to lead performance improvement efforts related to their EHR system and for

each emergency department to establish a process to review and monitor patient safety issues related to their EHR.

- The authors of "Healthcare Information Technology's Relativity Problems: A Typology of How Patients' Physical Reality, Clinicians' Mental Models, and Healthcare Information Technology Differ" developed 45 scenarios of misrepresentation between patient, clinicians, and EHRs, identifying five types of patient-clinician-EHR gaps in IT data: 1) data is too narrowly focused; 2) data is too generalized; 3) data has holes and missing elements; 4) data is contradictory or confusing; and 5) data is distorted via the multiple users in the system. The authors also offer a variety of recommendations for addressing these types of misalignment.

**RELATED FEDERAL POLICY INITIATIVES**

- President Obama's proposed 2014 fiscal year budget increases funding for ONC by 28%. The "ONC Justification of Estimates for Appropriations Committee" outlines that the $77.9 million proposed by the President for FY 2014 includes $20.6 million in budget authority, $56.3 million in Public Health Service Evaluation Funds, and $1 million in proposed new user fees from certified EHR technology to support program activities (discussed previously). The proposed 2014 budget for ONC reflects an increase of $16.7 million over FY 2012 actual spending. The largest share of the increase is to enhance work on standards, interoperability, and certification as well as agency wide support. With HITECH funding ending, the increase in spending seeks to continue activities to advance health IT.

**OTHER (CONTEXTUAL ETC)**

- On May 6, ViTel Net, a telehealth provider, announced that former National Coordinator for Health IT Robert Kolodner will be their new Vice President and Chief Medical Officer.

- On May 15, that the Senate confirmed Marilyn Tavenner as CMS Administrator. The last Senate-confirmed CMS Administrator, Mark McClellan, served during the George W. Bush presidency and resigned in 2006.

- Both US Chief Technology Officer Todd Park and HHS Secretary Kathleen Sebelius, in separate White House blog posts, referenced Thomas Friedman's *New York Times* piece "Obamacare's Other Surprise" in which Friedman outlines the Obama Administration's health IT initiatives and says that the rise in health IT start-ups is an indicator of the initiatives' fueling innovation in the health care industry, innovation that will lead to not only lower costs but better outcomes as well. Park, in his post "A Data-Powered Revolution in Health Care," says that the American Recovery and Reinvestment Act of 2009 was the impetus for the fast growing rate of EHR adoption in the country. Sebelius, in "Good News on Innovation and Health Care," says the Affordable Care Act is "spurring the innovation necessary to deliver improved health care for more people at affordable prices," and that "health information technology is a critical underpinning to this larger strategy."