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

JULY TO SEPTEMBER 2013

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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 July 1, 2013 and September 30, 2013. The list is not meant to be exhaustive, but to reflect a subset of reports and activities that have been reported on elsewhere—on the ONC or CMS websites, or in a few other sources that have come to our attention. The report now relies less than in the past on the ONC and HHS News Briefings to identify activities because the scope of those briefings has been reduced in intensity. Quarterly reports are posted by ONC and are publicly available under the Evaluations of HITECH Programs section on the Health IT Dashboard.

MEANINGFUL USE INCENTIVE PAYMENTS—STAGE 1

- The August 2013 CMS incentive program report shows that program-to-date active registration included 276,292 Medicare eligible professionals, 134,729 Medicaid eligible professionals, and 4,547 hospitals, yielding a total of 415,568 active registrations that were fully completed by August 2013.
    - Medicare breakdown
        - Medicare program-to-date payment totals are $3.9 billion to eligible professionals ($2.9 billion paid during the 2012 program year) and $381 million to hospitals ($38 million paid, as of August 2013, during the 2013 program year).
    - Medicaid breakdown
        - According to the CMS incentive program report, the "Medicaid State Information" webpage on the CMS website, and a CMS matrix of all states', territories', and Washington, DC's dates of program launch and payment disbursements, 49 states, four territories, and Washington, DC are open for registration as of August 2013. Hawaii is the only state that is not open for registration. Territories that are open for registration include Guam, Mariana Island, Puerto Rico, and American Samoa.
        - Medicaid program-to-date payment totals are $2.3 billion to eligible professionals ($161 million paid, as of August 2013, during the 2013 program year) and $262 million to hospitals (nearly $27 million paid, as of August 2013, during the 2013 program year).
        - Program-to-date payments to eligible professionals include 91,689 physicians, 25,333 nurse practitioners, 12,781dentists, 2,776 certified nurse-midwives, and 2,150 physician assistants.

- An American Academy of Family Physicians (AAFP) analysis of publicly posted CMS EHR Meaningful Use attestation data on www.healthdata.gov finds a 21% decrease in participation of family physicians in the Meaningful Use program from 2011 to 2012. The AAFP's Center for Health IT found that 11,578 family physicians attested in 2011 but only 9,188 attested in 2012.

- In July, CMS released a proposed rule that will revise payment policies for Medicare Physician Fee Schedule and Medicare Part B payment. The proposed rule includes aligning reporting requirements of a number of programs such as the EHR Incentive Program and the Medicare Shared Savings Program.

- In an August 6th Health IT Buzz Blog post, ONC announced its first Health IT Fellows. Fellows are practicing health care professionals—clinicians and office staff—from 18 states that have proven to be leaders in improving patient care through health IT. These Fellows will work with other providers across the country to facilitate successful adoption of health IT.

- In July, Republican Senators Lamar Alexander (TN), Richard Burr (NC), Tom Coburn (OK), Mike Enzi (WY), Pat Roberts (KS), and John Thune (SD) released comments made in responsive to their white paper "REBOOT: Re-Examining the Strategies Needed to Successfully Adopt Health IT." Multiple stakeholders such as HIMSS and athenahealth submitted comments. HIMSS, in their letter, cited data from their previous analyses and case studies that show that the Meaningful Use program is positively affecting EHR adoption. athenahealth agreed with the Senators' concern that there are costly deficiencies in the current Meaningful Use program but said that the program is still achieving worthwhile results and should be improved and not terminated.

- "Some Hospitals Are Falling Behind In Meeting 'Meaningful Use' Criteria And Could Be Vulnerable To Penalties In 2015," published in *Health Affairs*, summarizes findings from an analysis of Medicare data to see how Meaningful Use payments are distributed across hospital types and years. Researchers found that the overall proportion of hospitals receiving incentive payments increased from 17% to 37% between 2011 and 2012 but still was low. Critical-access, small, and publicly owned or nonprofit hospitals were less likely to receive incentive payments. The researchers suggest that policymakers work to help these hospitals in meeting Meaningful Use requirements by way of grant programs and/or workforce support.

- Several bills were introduced and/or reintroduced:
    - In July, Senators Jay Rockefeller (WV), Sheldon Whitehouse (D-RI), and Al Franken introduced the Medicaid Information Technology to Enhance Community Health (MITECH) Act. This Act encourages providers and health clinics serving vulnerable populations (e.g. low-income, uninsured, and/or underinsured) to adopt EHRs. The Act would expand the Meaningful Use incentive program to these providers and clinics that have at least 30% of their patient population designated as vulnerable (current criteria are based solely on Medicaid or Medicare case load).
    - In September, Whitehouse reintroduced "Health Information Technology Extension for Behavioral Health Services Act of 2010," which would qualify

behavioral health, mental health, and substance abuse professionals for the Meaningful Use program.

- In August, during a webinar Mostashari said that ONC is going to start a voluntary certification program for testing and certifying EHRs for long-term post-acute care providers and behavioral health providers, groups that do not qualify for the current Meaningful Use program. *Modern Healthcare, August 7, 2013*

- Athenahealth's 2013 Physician Sentiment Index surveyed physicians on a number of EHR-related topics, including the Meaningful Use program. Compared to results from the 2012 Index, more physicians in 2013 reported attempting to qualify for Meaningful Use incentive payments. Less than half of the physicians surveyed (49%) attempted to qualify for incentive payments; 91% of those physicians attested successfully. This is a 9% increase in successful attestation compared to 2012. In regards to Stage 2, 79% of physicians report that they feel confident in their ability to meet Stage 2 requirements.

STAGE 2 MEANINGFUL USE INCENTIVE AND CERTIFICATION REQUIREMENTS

- In July, the Senate Committee on Finance held two hearings on health information technology.
  - At the July 17th hearing, "Health Information Technology: A Building Block to Quality Health Care," Senator Orrin Hatch (R-UT), in his testimony, said that both providers and vendors need more time to achieve the goals already set out in the program before moving on to Stage 2. Mostashari, in his testimony, highlighted "steady and deliberate" progress made towards achieving those goals. Similarly, in his testimony, Patrick Conway of CMS highlighted CMS's progress to date and work ahead.
  - At the July 24th hearing, "Health Information Technology: Using it to Improve Care," a number of stakeholders gave testimonies and offered recommendations for Stage 2 and the Meaningful Use program.
    - In her testimony, Janet Marchibroda of the Bipartisan Policy Center recommended that HHS: 1) prioritize electronic sharing of health IT in federal programs; 2) promote innovation to support the needs of new models of care and a rapidly changing health care system; 3) provide support to those who may need assistance in making the transition; and 4) improve Medicare care delivery and payment systems to promote coordinated, information-driven care.
    - John Glaser of Siemens called for: 1) the extension of Stage 2 deadlines from October 1, 2014 to October 1, 2015; 2) adjustments to Stage 2 objectives to make the Meaningful Use program more flexible for providers; 3) the creation of a grant program for rural and critical access hospitals; and 4) increasing focus on promoting interoperability.
    - Marty Fattig of Nemaha County Hospital (NE) also said that the Stage 2 requirements are not flexible enough and expressed concern for small and rural hospitals in his testimony. In addition, he recommended for HHS to give providers at Stage 1 the option of using their 2011 certified EHR for Stage 2 (versus adopted the 2014 Edition certified EHR) and

recommendations to the Committee at the September 4th Health IT Policy Committee meeting. A final summary of the meeting discussion will be available in October.

- In August, "Leveraging Meaningful Use to Reduce Health Disparities: An Action Plan" was published by the Consumer Partnership for eHealth, a coalition of consumers and labor organizations working to advance health IT. The action plan suggests a number of EHR requirements to be included in Stage 3 to help to reduce health disparities, such as the requirement for EHRs to capture patient experience data in a patient's preferred language.

REGIONAL EXTENSION CENTERS

- The first out of the 62 RECs to help 1,000 primary care providers achieve Stage 1 of the Meaningful Use program is Quality Insights of Delaware (QIDE) Regional Extension Center. *Cape Gazette, September 22, 2013*

AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- In July, ONC announced that there will be a new mark or logo on EHR products that meet the 2014 Edition Standards Certification Criteria and have been certified by an ONC-Authorized Certification Body (ONC-ACB). Mostashari says, "The use of the ONC Certified HIT mark will help to assure…[health care providers] that the EHR they have purchased will support them in meeting the Meaningful Use requirements." Additionally, a certified complete EHR (as opposed to a certified EHR module) that has the new mark indicates to providers that the EHR can be used to meet Meaningful Use requirements without making modification or adjustments.

- In July, ONC launched the Data Access Framework initiative, which is working towards creating standards for interoperability among multiple vendors' EHRs. In an interview with *MobiHealthNews*, Doug Fridsma of ONC said, "This is our call to action across the industry to get people to engage in telling us what would be helpful standards or specifications or common ways of doing things that the industry can agree on both in terms of larger EHR vendors, smaller vendors and the innovation community." He also said that this new initiative will work in a similar way to ONC's Blue Button initiative in that is will create common standards that are used and met by multiple stakeholders. Allscripts, Surescripts, GE Healthcare, and McKesson are among the participants. The initiative currently welcomes other stakeholders, such as health systems, standards development organizations, patient advocates, and the general public, to participate. *Mobi Health News, July 17, 2013*

- A Modern Healthcare analysis finds that 79 software developers have certified EHRs under Stage 2 compared to 988 under Stage 1, *iHealthBeat* reports.

PRIVACY AND SECURITY

- At the August 7th Health IT Policy Committee meeting, the Privacy and Security Tiger Team presented recommendations to strengthen security risk assessment that were agreed upon and accepted during the Committee meeting, one of the recommendations being linking attestation to specific Meaningful Use objectives (as opposed to attestation being a standalone measure). The Tiger Team says that this will help indicate that the attesting organization has complied with the necessary HIPAA Security Rule.

HEALTH INFORMATION EXCHANGE

- In July, HHS announced that 10 states (Alabama, Georgia, Louisiana, Florida, South Carolina, North Carolina, Virginia, Michigan, Wisconsin, and West Virginia) are establishing interstate connections for the exchange of health information after disasters. The states are using Direct.

- Recently introduced H.R. 2590, the 21st Century Health Care for Heroes Act, would set a 180-day timeline (from the bill's enactment) for the Departments of Defense and Veterans Affairs to make their EHRs interoperable with each other. *EHR Intelligence, July 23, 2013*

- In a July 31st *Health Affairs* blog post, Marilyn Tavenner and Niall Brennan of CMS highlight ways that CMS is moving towards greater data transparency. They plan to share Medicare data through the Blue Button Initiative and improve the Quality and Resource Use Reports and other performance reports that they give providers to make them more meaningful, among other efforts.

- During an August 7th webinar titled "ONC – CMS Principles and Strategy for Accelerating Health Information Exchange and Advancing Interoperability," ONC and CMS released "Principles and Strategy for Accelerating Health Information Exchange (HIE)," which is an plan for advancing interoperability and increasing health information exchange. The plan incorporates comments from a March 7, 2013 request for information and outlines strategies such as including health information exchange requirements in Medicaid and CHIP payment policies.

- "Large Scale Health Information Exchange: Implementation Experiences from Five States" details findings from site visits and semi-structured discussions on HIE implementation in five states. The challenges states face are to convert stakeholder support into financial commitment and to exchange health information in real-time. The authors identify lessons for other states implementing HIE as well: 1) focus on governance for HIE e.g. stakeholder involvement; 2) take advantage of provider interest in ACOs and PCMHs to explain the role and importance of exchange; and 3) communicate the need for financial commitments from stakeholders and providers early on in the process of implementation.

- The July and August 2013 issues of *Health Affairs* discussed HIEs:
  - "Hospital Electronic Health Information Exchange Grew Substantially In 2008-12" is an analysis of 2008-2012 health IT supplements to the American Hospital Association's Annual Survey of Hospitals that was conducted by ONC staff. The study finds that hospitals' health information exchanges with providers outside of their hospitals increased by 41% between 2008 and 2012, the most growth occurring in 2010. The authors associated this increase to EHR adoption and hospital participation in Health Information Organizations. They state that further participation of hospitals in initiatives like the State Health Information Exchange Cooperative Agreement Program, Stage 2 of Meaningful Use, and in new payment models may promote increased health information exchange among not only these hospitals but others as well.
  - "Operational Health Information Exchanges Show Substantial Growth, But Long-Term Funding Remains a Concern" by Adler-Milstein et al. finds that

there has been progress towards exchange of health information in that more health information exchange organizations and programs (HIEs) exist than before the HITECH Act and that more providers are participating in these HIEs than before. However, 74% of HIEs report facing difficulties in financial sustainability. The researchers suggest that exchange of health information may struggle when public funding runs out.

- In September, ONC published "Certification Guidance for EHR Technology Developers Serving Health Care Providers Ineligible for Medicare and Medicaid EHR Incentive Payments" to "serve as a building block for federal agencies and stakeholders to use as they work with different communities to achieve interoperable electronic health information exchange."
- In September, HHS launched a website that offers strategies and tools for providers, Health Information Organizations, and others to promote "meaningful consent" in health information exchange—when a patient makes an informed decision that is recorded and maintained appropriately. There are six aspects to meaningful consent: 1) the decision is made with transparency and education; 2) the decision is made after the patient has had enough time to review the material; 3) commensurate with circumstances for why health information is being exchanged; 4) not used for discriminatory purposes or as a condition for receiving medical treatment; 5) consistent with patient expectations; and 6) revocable at any time. A September 17th *Health Affairs* Blog post further details meaningful consent.
- "Sociotechnical Challenges to Developing Technologies for Patient Access to Health Information Exchange Data," published in the *Journal of the American Informatics Association*, is a study of three HIE organizations as they were developing portals for patients to access their health data. All three organizations encountered cultural, legal, and technical barriers, with technical barriers centered mostly on data standardization.

WORKFORCE PROGRAMS

- In July, HIMSS Analytics published results from its inaugural health IT workforce survey, which surveyed 224 executives from health care systems and vendor organizations. Over 85% of respondents said that their organization hired at least one employee in 2012 while 13% said that they laid employees off in 2012.
- In September, the Health Resources and Services Administration (HRSA) published a press release that said that almost $4.4 million in grants will go to organizations in 15 states to help rural hospitals and clinics attract, train, and retain its health IT workforce.

PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES

- At the September 4th Health IT Policy Committee meeting, the Committee approved final recommendations for a regulatory framework for mobile medical applications and other health IT that balances risk and innovation and avoids regulatory duplication by the Federal Communications Commission (FCC), the Food and Drug Administration (FDA), and ONC. Recommendations were developed by the Food and Drug Administration Safety Innovation Act (FDASIA) Workgroup and were categorized into three main topics: 1) taxonomy; 2) regulation; and 3) innovation. The FCC, FDA, and ONC are expected to release a proposal for public comment in early 2014. *Health Data Management, September 4, 2013; Modern Healthcare, August 7, 2013* In July, before the final

recommendations were approved, 15 patient organizations sent a joint letter to HHS, FCC, FDA, and ONC urging the Administration to give the FDASIA sufficient time to develop its recommendations and for the Administration to work collaboratively with Congress on this regulatory framework.

- The HHS Office of the Inspector General is conducting audits of a number of institutions to investigate possible EHR-related overbilling of medical services. *Modern Healthcare, July 19, 2013*

- In July, Representatives Diane Black and Mike Honda sent a letter to CMS and ONC directors Tavenner and Mostashari, respectively, recommending that CMS and ONC prohibit actions that limit the use, compatibility, or interoperability of services with health IT beyond just electronic prescribing and EHR systems.

- ONC published "EHR Contracts: Key Contract Terms for Users to Understand" as a guide for health care providers who purchase and use EHR systems to help them understand EHR vendor contracts they may enter into. Some topics discussed in the guide are confidentiality, warranties, and liability.

- In "The Savvy Tech Strategy Behind Obamacare" ONC Director Doug Fridsma says that health IT efforts should be thought of like the Internet—providing a framework and building blocks for multiple kinds of uses and values. Fridsma says that the goal is to push the health care industry towards interoperability and health information exchange. ONC is trying to create an incremental, iterative, risk-focused way of addressing health IT problems that is aligned with the Lean approaches and the agile approaches that are in software development.

- "Building a Foundation of Electronic Data to Measure and Drive Improvement" is an August 2013 Beacon Policy Brief that discusses how EHRs will better capture and report, in real-time, usable measures of care quality and how the 17 communities participating in ONC's Beacon Community Cooperative Agreement Program are shifting their relationship with their EHRs away from a documentation and billing platform to one that can generate more timely measures of their actual clinical performance. Key challenges include ensuring the relevance and usability of quality measures, aligning incentives and increasing buy-in, and establishing a framework for community-wide measurement.

- On July 2, HHS issued the final Health IT Patient Safety Action and Surveillance Plan. Building off of the Institute of Medicine's "Health IT and Patient Safety: Building Safer Systems for Better Care" report as well as public comments, the Safety Plan's objectives are to: 1) use health IT to make care safer; and 2) continuously improve the safety of health IT. Some of the Safety Plan's action items include AHRQ, CMS, and ONC working to make it easier for clinicians to report health IT-related events and hazards, and ONC encouraging the private sector (e.g. industry groups and trade associations) to fill more leadership roles in facilitating patient safety.

- A July 17th CMS press release announced that CMS released new data that demonstrates that providers are using EHRs to increase efficiency, better manage care, and provide more information to patients. For instance, since 2011, providers have used EHRs to check drug-to-drug interactions more than 40 million times.

- In September, the National Center for Health Statistics published "Use of Electronic Health Records in Residential Care Communities," a data brief that analyzes data from the 2010 National Survey of Residential Care Facilities (NSRCF). The researchers find that only 17% of residential care communities (e.g. assisted-living facilities and adult foster care) used EHRs in 2010 and those 17% tended to be communities that were larger (containing 26+ beds), nonprofit, chain-affiliated, collocated with another care setting (e.g. nursing home and hospital), and in a nonmetropolitan statistical area.
- A September 26th Health IT Buzz Blog post announced that 1,000+ critical access and small, rural hospitals met the Meaningful Use challenge, which was for 1,000 of these hospitals in the country to achieve Meaningful Use by 2014. The goal was met in July 2013, and a map on the blog post shows that the attesting hospitals are located across the nation.

PATIENT ENGAGEMENT

- In celebration of the 8th Annual National Health IT Week, which took place September 16-20, 2013, the Patient-Centered Outcomes Research Institute (PCORI) published a blog post highlighting their various health IT initiatives to advance patient-centered outcomes research.

HEALTH IT AND HEALTH DELIVERY REFORM

- No new information to report.

EFFECTIVENESS OF HEALTH IT

- Multiple articles on health IT were published in the July 2013 issue of *Health Affairs*:
    - "Adoption of Electronic Health Records Grows Rapidly, But Fewer Than Half of US Hospitals Had At Least A Basic System in 2012" is a study that uses the 2012 health IT supplement to the American Hospital Association's annual survey to track EHR adoption and use in hospitals. The results indicate that small and rural hospitals are falling behind in the movement towards EHRs adoption and use. The authors say that policymakers will have to pay more attention to small and rural hospitals to facilitate their adoption and use of EHRs in the effort to achieve the larger goal of interoperability.
    - "Office-Based Physicians Are Responding To Incentives and Assistance By Adopting And Using Electronic Health Records" uses the 2010-2012 National Ambulatory Medical Care Survey—Electronic Health Records Survey to study EHR adoption and use among office-based physicians. Results show increased adoption among physicians but there is a gap of EHR adoption and use between small and large practices, with small practices lagging behind.
- In the July 2013 issue of *Annals of Internal Medicine*, "Effect of Electronic Health Records on Health Care Costs: Longitudinal Comparative Evidence From Community Practices" finds that EHR use saved community practices approximately 3% in ambulatory costs. The authors state that the study results may represent a best-case scenario since the communities studied received EHR implementation support.
- "Effects of automated immunization registry reporting via an electronic health record deployed in community practice settings" is a study published in *Applied Clinical*

Informatics that finds that that automatic reporting via EHRs led to significant improvements in immunization registry use and efficiency of reporting.

- In August, AHRQ released "Findings and Lessons from the Improving Quality Through Clinician Use of Health IT Grant Initiative." The report provides details on 24 health IT projects conducted with various groups of clinicians. Several projects led to improvements on intermediate outcomes like chronic disease control and clinician perceptions of health IT usefulness.

- "Early Results From the Hospital Electronic Health Record Incentive Programs," in the *American Journal of Managed Care*, is a retrospective study in which researchers examined the participation of hospitals in the first 18 months of the Meaningful Use program. There was a lower rate of participation among small and critical-access hospitals.

- "Public Preferences About Secondary Uses of Electronic Health Information" is a study in which investigators examined public attitudes about sharing personal health information. The survey found that participants cared most about the specific purpose for using their health information. The user of the information was of secondary importance, and the sensitivity of the health information was not a significant factor.

- Researchers at the Robert Wood Johnson Foundation, Mathematica Policy Research, and Harvard School of Public Health published "Health Information Technology in the United States: Better Information systems for Better Care, 2013." The reports tracks progress made so far on health IT adoption, covering five main topic areas: 1) progress on adoption of EHRs; 2) mitigating disparities in EHR adoption; 3) comparing health IT adoption in the US to other countries; 4) progress and challenges of health information exchange under the HITECH Act; and 5) improving patient education with EHRs.

RELATED FEDERAL POLICY INITIATIVES

- The Government Accountability Office (GAO) released two reports on federal health IT programs:
    - "Information Technology: OMB and Agencies Need to More Effectively Implement Major Initiatives to Save Billions of Dollars" discusses the federal government's health IT programs and provides recommendations for more efficient management of these information technology investments. Recommendations include improving the accuracy of information on the Health IT Dashboard to provide greater transparency and for federal agencies to conduct more reviews on health IT projects to subsequently focus more management attention on troubled projects to either turn them around or terminate them.
    - In "Information Technology: Key Federal Agencies Need to Address Potentially Duplicative Investments" the GAO identifies potentially duplicative IT investments at the Departments of Homeland Security (DHS), Defense (DOD), and Health and Human Services (HHS). They also provide recommendations for the agencies to help ensure that duplication is avoided, such as the call for DHS and HHS to conduct assessments to address possible duplication. In its appendices, the report includes written comments from the three agencies. DOD and HHS agree with the GAO recommendation for further assessments

while DHS says that review by their Chief Enterprise Architect and their own annual IT review processes show that there is no danger of duplication.

OTHER (CONTEXTUAL ETC)

- In August, Mostashari announced that he will resign as National Coordinator for Health IT in Fall 2013. Mostashari's last day was to be October 4, 2013, with Jacob Reider, MD appointed to serve as Acting National Coordinator. (Mostashari's Principal Deputy David Muntz also will depart on October 4, 2013). *Government Health IT, August 6, 2013*; *Government Health IT, September 26, 2013*
- As part of the United Kingdom's efforts to expand open-source software development programs to meet the country's health IT needs, the National Health Service has been examining the U.S. Department of Veterans Affairs' VistA electronic health record system. *iHealthBeat, July 3, 2013*