

Meeting Provider HITECH Needs: The Vendor Perspective

Slide 1

s1

Add members names

samuel-michael, 7/21/2009

Good ideas are not adopted
automatically.

They must be driven into practice with
courageous patience.

–Hyman Rickover

US admiral (1900 - 1986)

Session Objectives

- Understand how vendors are getting organized to support ARRA HITECH requirements in North Carolina, including EHR deployment and HIEs
- Understand vendor commitment to supporting NC installations
- Be able to identify ways to best engage the vendors to make sure you are selecting the appropriate system for the business/clinical needs and stimulus goals
- Learn how vendors can support the regional extension centers

Agenda

- Electronic Health Record Association (EHRA) Overview
 - Interoperability Challenges
 - EHRA Interoperability Roadmap
- ARRA HITECH
 - What needs to be done?
 - Role of HIE
 - Vendor
- Vendor Role Discussion
- Q & A

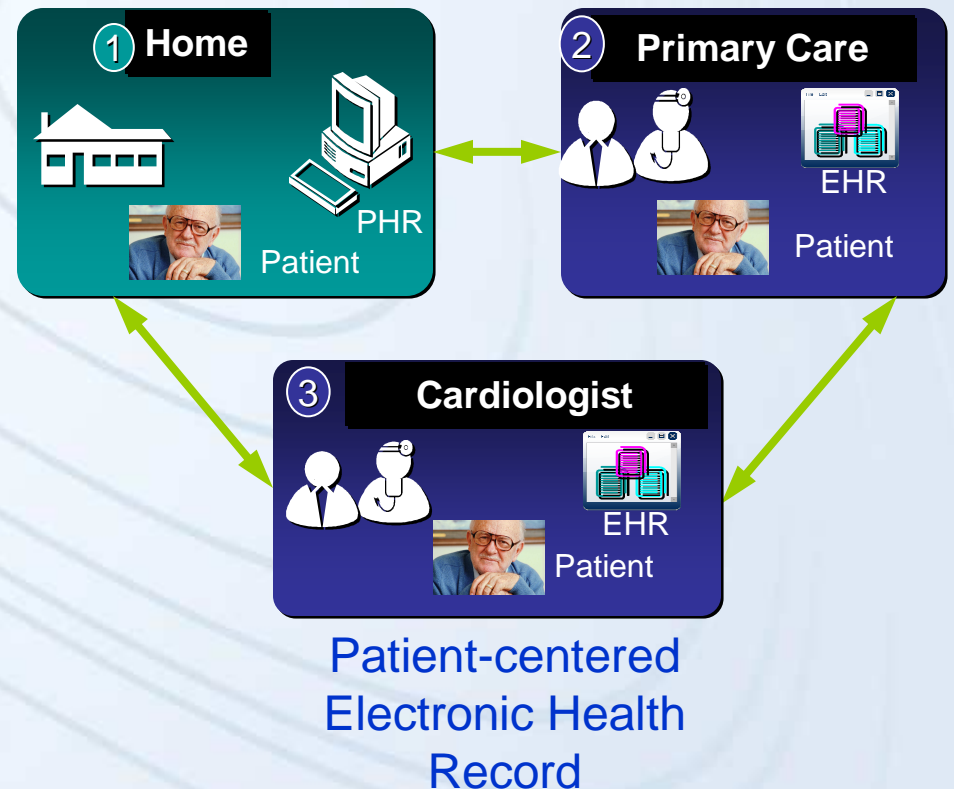
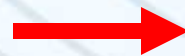
- **Mission**
 - To improve the quality of patient care and the productivity of the healthcare system through the rapid, widespread adoption of EHRs and interoperable systems
- **Founded in 2004**
 - Provides unified voice and a forum for cooperation for the EHR vendor community
- **All major EHR suppliers in US market**
 - Large and small companies serving ambulatory and acute care provider organizations of all types
- **Support accelerated EHR adoption**
 - Interoperability Roadmap
 - Certification
 - Advocacy / Public Policy

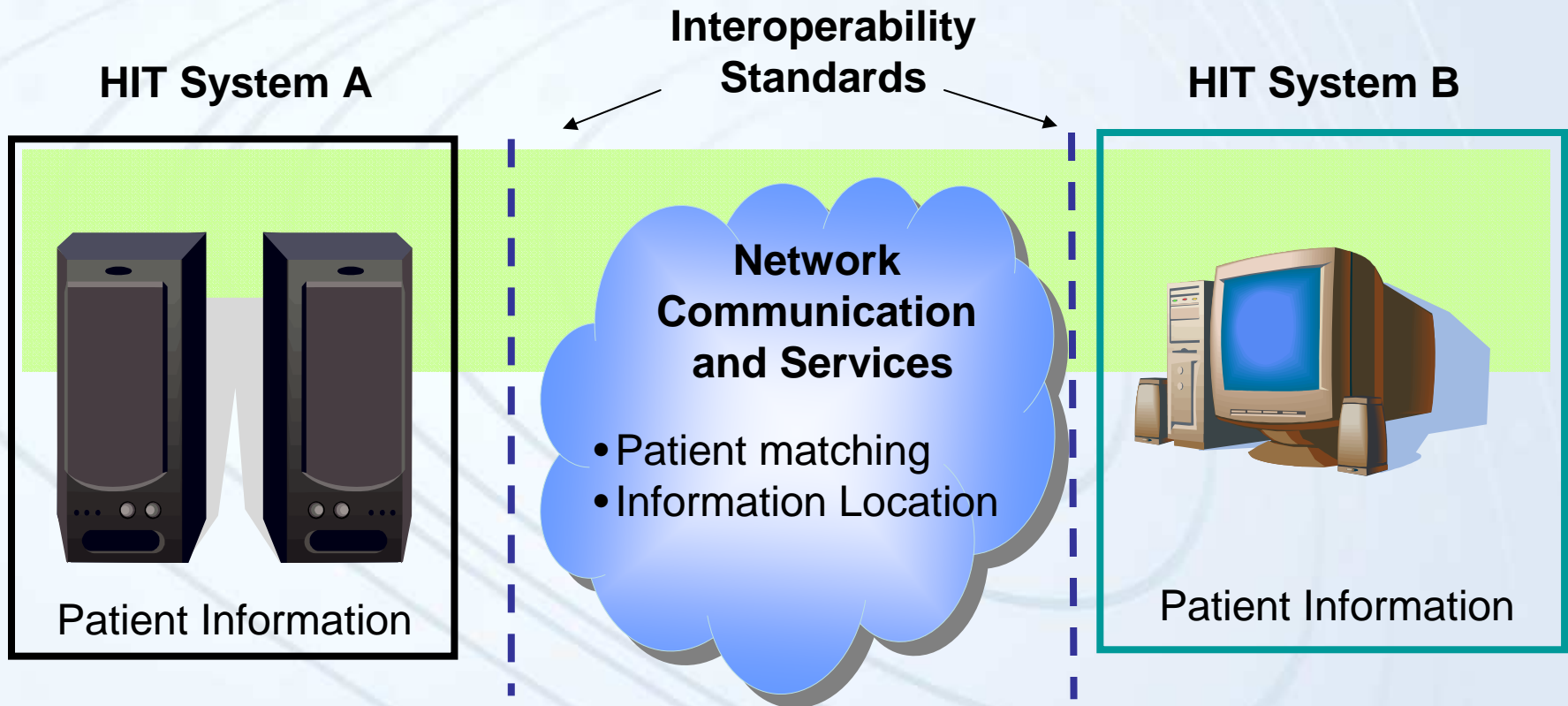
Challenges in Connecting Care

- Lack of standards for sharing patient data
- Lack of common infrastructures
- Lack of a plan to move from “provider centric” to “patient centric” exchange of information



Paper-based
Disconnected
Records

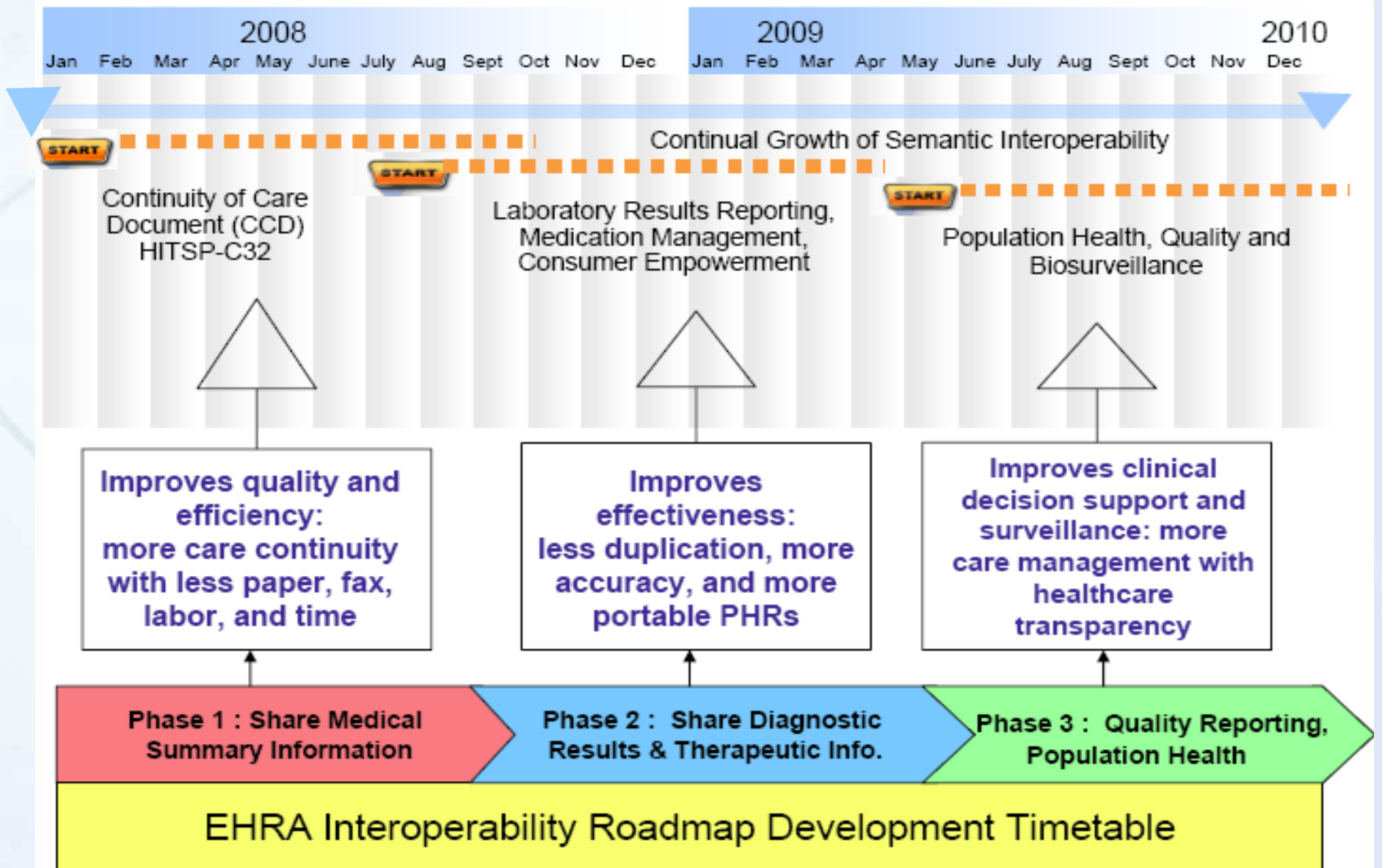




Common Infrastructures to Support Interoperability

- Provides a benefit-based, incremental plan for connecting care
- Adopts a single set of interoperability standards
- Promotes industry collaboration, standards planning and convergence
- Uses industry best practices for profiling and testing standards
- Ensures that standards will lead to semantic interoperability

A Benefit-based, Incremental Plan



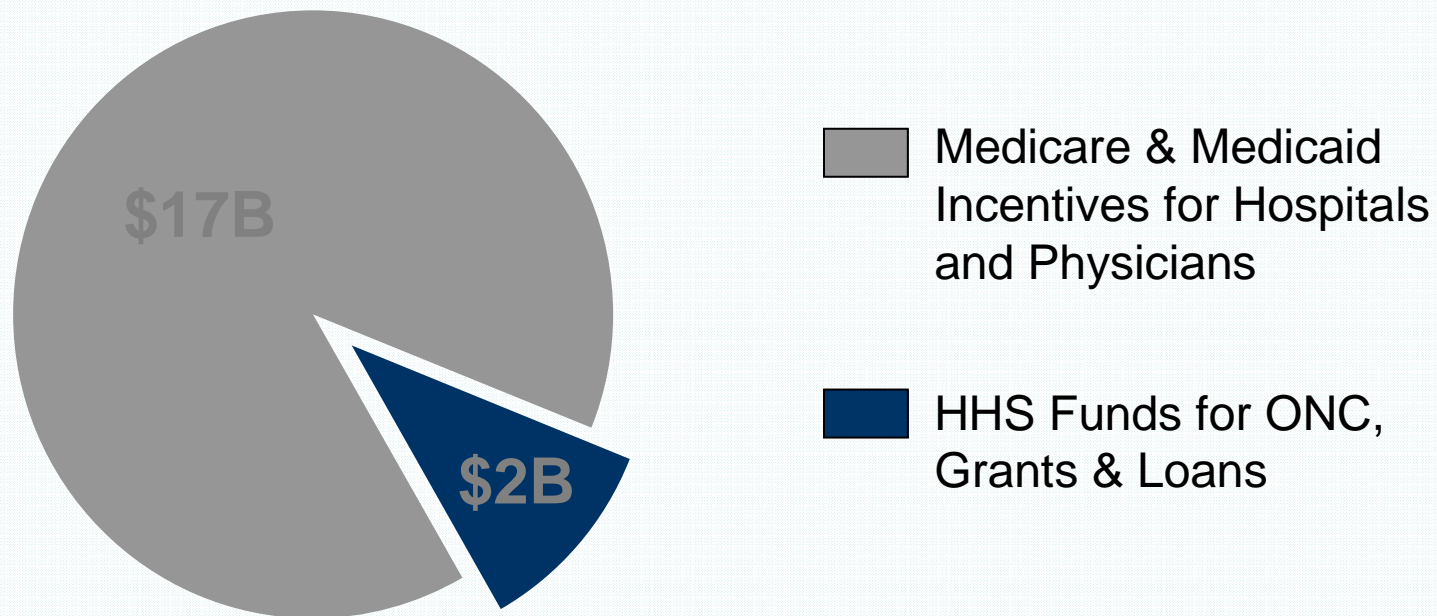
American Recovery & Reinvestment Act

- February 17, 2009 –
Signed in to law by
President Obama
- \$787 billion in new
spending and tax cuts
- Over \$20 billion to aid in
the development of a
robust IT infrastructure



HIT Stimulus Funds – Focus Areas

HIT Spending (in Billions)



Source: American Reinvestment and Recovery Act

ARRA HITECH Includes First Steps

- Incentive payments
- Time limits on adoption of certified EHRs
- Payments for eligible professionals
- “Meaningful use of EHR technology”
- Grants for EHR and HIT R&D programs
- Investment in nationwide HIT infrastructure
- Competitive grants and loan programs for providers to acquire and use EHRs
- Grants for integrating IT into clinical education
- Financial assistance to universities to establish or expand medical informatics programs.

“The goals are quality and efficiency...If we encourage better performance, then physicians are going to find ways to improve. And health information technology is one crucial way to do that.”

David Blumenthal MD, MPP
National Coordinator for Health
Information Technology, ONC



The Intended Destination

- Seamless patient-centric care across all venues
- Medical home
- Personalized medicine
- Realigned incentives that foster prevention, intervention, coordination, effectiveness
- Regional clinical information interoperability on a national backbone

“This is a tall order. And it means that providers should start moving now even though the dust needs to settle on the specifics.”

John Glaser, PhD
Special Adviser to ONC



Incentives: Adoption and Use

- To qualify for incentives, sites need to be:
 - Using a Certified Electronic Health Record (EHR)
 - A “meaningful user” of the EHR
- “Meaningful use” (MU) is defined as:
 - Using a Certified EHR in a meaningful manner (*Note: Criteria to be set by 12/31/09.*) For physicians, this includes e-prescribing.
 - Demonstrates EHR can provide electronic exchange of health information to improve quality and care coordination
 - Able to report on clinical quality measures as specified by the Secretary
- No upfront money to fund purchase.
- Need to have or buy a certified system and be a “meaningful user” to qualify for the incentives.
- Incentives begin in FY 2011 (Oct 2010) for hospitals and CY2011 for physicians.

Changed National HIT Leadership

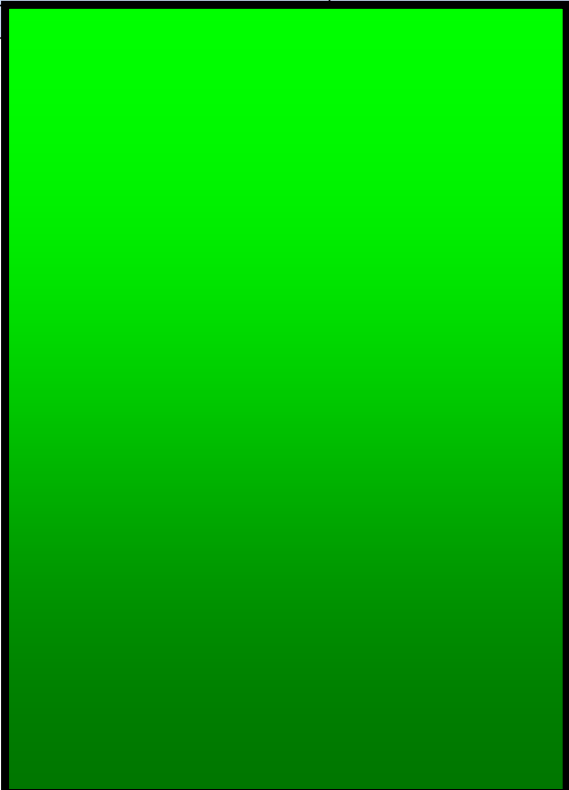


- Office of the National Coordinator
 - Establishes the Office to be headed by the National Coordinator appointed by the Secretary of Health and Human Services (HHS)
 - Develop a nationwide health information technology infrastructure that allows for the electronic use and exchange of information
- HIT Policy Committee
 - Make recommendations on national HIT infrastructure and the implementation of the Office of the National Coordinator (ONC) Strategic Plan
 - Prioritize focus for interoperability and certification
 - Federal Advisory Committee Act (ACA) committee
- HIT Standards Committee
 - Recommend standards, implementation specs, and certification criteria in accordance with the policies developed by the HIT Policy Committee
 - Healthcare Information Technology Standards Panel (HITSP) role within this framework

Health Outcomes Policy Priorities



Meaningful Use Matrix

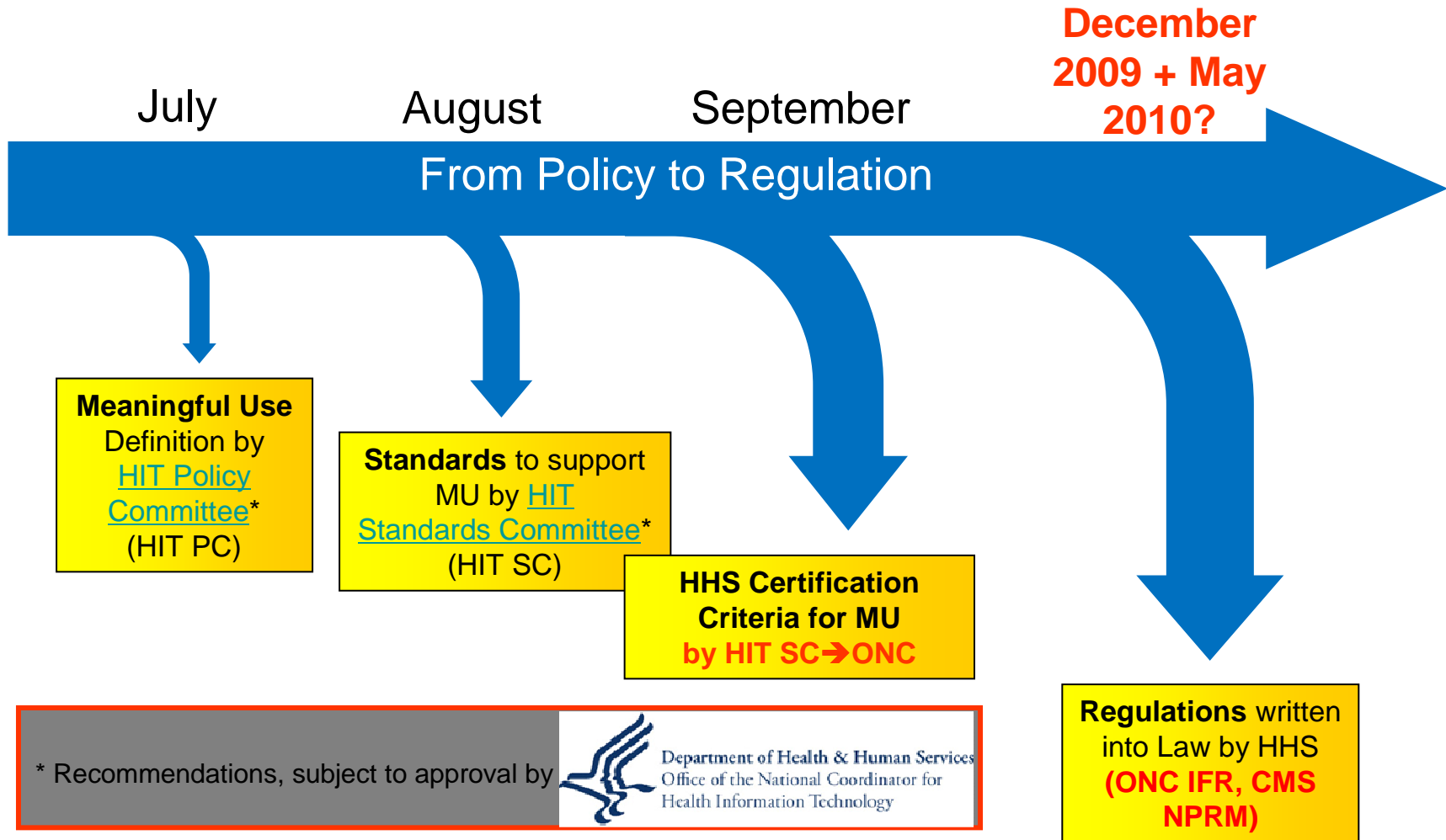
Health Outcomes Policy Priority	Care Goals	2011 ¹ Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>		2013 Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>	
		Eligible Providers		Eligible Providers	Hospitals
Improve quality, safety, efficiency, and reduce health disparities	<ul style="list-style-type: none"> Provide access to comprehensive patient health data for patient's health care team Use evidence-based order sets and CPOE Apply clinical decision support at the point of care 	<ul style="list-style-type: none"> Use CPOE for all orders² 		<ul style="list-style-type: none"> Use CPOE for all orders Use evidence-based order sets 	<ul style="list-style-type: none"> Use CPOE for all order types Use evidence-based order sets Record clinical documentation in EHR
		<ul style="list-style-type: none"> Implement drug-drug, drug-allergy, drug-formulary checks Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 or SNOMED Generate and transmit permissible prescriptions 		<ul style="list-style-type: none"> Manage chronic conditions using patient lists and decision support Provide clinical decision support at the point of care 	<ul style="list-style-type: none"> Generate and transmit permissible discharge prescriptions electronically Manage chronic conditions using patient lists and decision support Provide clinical decision support at the point of care

Meaningful Use: What Needs to be Done?

- Implement and roll out clinical capabilities (e.g., CPOE, Problem Lists, Med Reconciliation, Allergy List, Medication List, Vital Signs, Clinical Documentation)
- Exchange clinical information in a standard way that others can use...
 - With key stakeholders: ambulatory practices, hospitals, patients, public health registries /agencies
 - In standard formats (HL7, etc.)
 - Using standard terms (e.g., drugs, allergies, problems, immunizations, lab results)
- Protect security and privacy using standards
- Demonstrate that your EHR system is producing benefits by sending CMS quality information

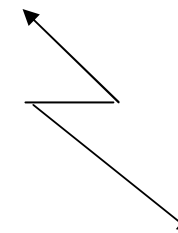


The Road to the Rules -- Update



Health Information Exchange

- Recommended that the certification process should include the interoperability requirements needed to achieve Meaningful Use.
- Recommended that as states move forward with their information exchange initiatives, any state-level requirements should be complimentary to the federal efforts and that the federal requirements should be considered the "floor" for state level Medicaid Meaningful Use requirements.



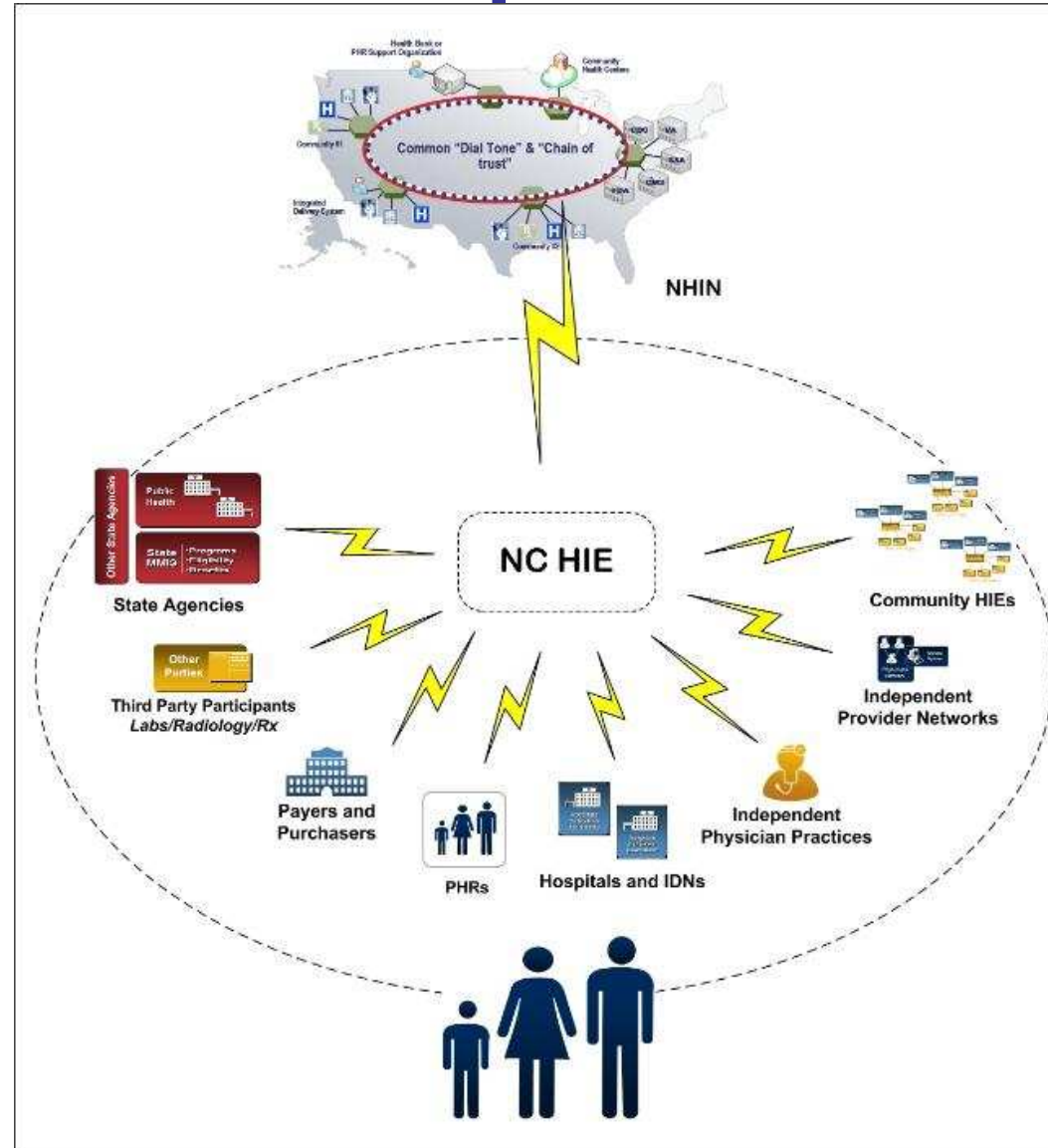
Additional Updates

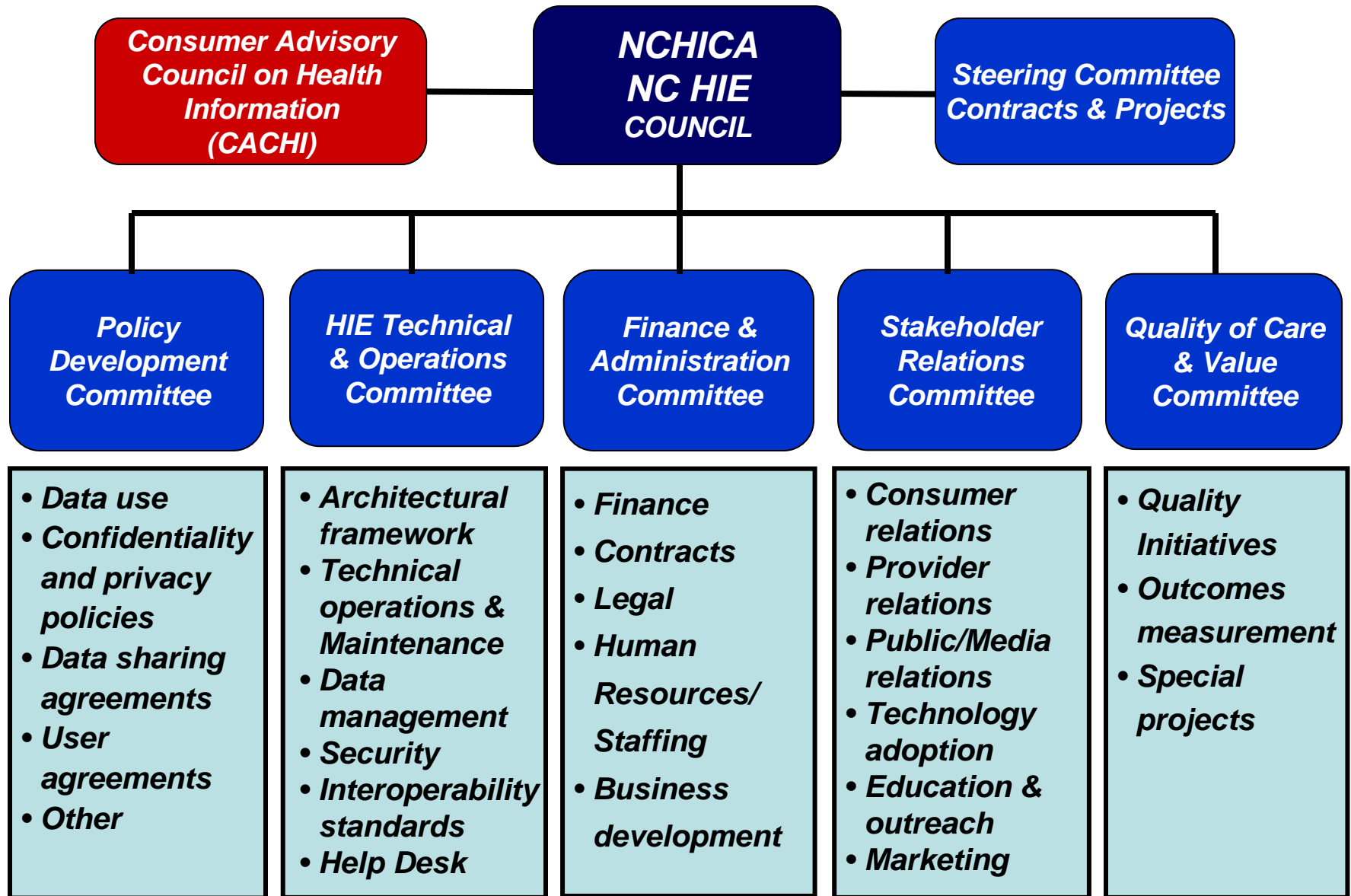
- **Grant Programs Announced:**
 - Health Information Technology Extension Program
 - State Health Information Exchange Cooperative Agreement Program
- **Privacy & Security – Breach Notification:**
 - FTC released final rule on Personal Health Records
 - HHS released interim final rule for HIPAA-covered entities

What is role of HIE?

- Role of state-level HIE
 - NC HIE
 - Connection point to the NHIN
 - Connection for state-level entities
 - Connection point for Community HIEs
- Community HIE
 - NC CHIE
 - Sponsored by/developed by the NC HIE
 - Designed for entities without access to HIE
- *With Consumer Consent, Control & Direction*

NC-HIE Conceptual Architecture





Vendor Advisory Committee

Charter

- Provide advice to NCHICA and the NC HIE Council on the methods and processes by which vendors can productively engage and support providers in achieving “Meaningful Use” to support stimulus goals as documented in the ARRA HITECH Sections 3012 and 3013.

Vendor Advisory Committee

Scope and Boundaries:

- Develop processes to assist providers in selecting the appropriate system(s) to allow the provider to meet Meaningful Use criteria to maximize incentives
- Define plans of how the vendors are going to install and support systems to meet the anticipated surge in EHR deployments.
- Address how the vendor community will achieve and maintain compliance to standards.
- Propose strategies to best serve the needs of the Regional Extension Centers including the support of “Vendor Solutions and Group Purchasing”.

Membership Requirements

- Committee members will hold corporate-level policy/decision making positions and have the ability to commit their organizations to strategies and processes. Members will represent companies with significant involvement in the below sectors including:
 - Ambulatory EHR systems
 - Hospital/Acute Care EHR systems
 - ePrescribe
 - HIE
- NCHICA will approve membership and preference will be given to NCHICA members.

Vendor Advisory Council Proposal

- Chairpersons
 - NextGen
 - ATT
- Charter Members
 - Allscripts
 - ATT
 - Greenway Medical
 - IBM
 - Initiate
 - Intel
 - NextGen
 - Siemens

Panel Members

- Joe Auriemma, Director, Strategic Partnerships, Siemens Healthcare
- Vern Davenport, President, Government Sector, Allscripts
- Barbara Hobbs, Government Initiatives Director, Meditech
- Cherie Holmes-Henry, NextGen
- Scott Irwin, NextGen, Director of Healthcare Services and Payer Relations
- Tone Sutherland, Senior Developer, Greenway Medical Technologies
- Diane Turcan, Healthcare Marketing, AT&T

Questions for Panelists

- Tell us about how you are getting organized for EHR deployment in NC? (Cherie)
- What are your plans to support NC installations? (Barbara)
- Explain how providers can best engage the vendors to make sure they are selecting the appropriate system for the business/clinical needs and stimulus goals; (Scott, Barbara)
- How can vendors support the regional extension centers and interoperability (Joe Auriemma, Scott)
- What are your plans to support HIT standards and interoperability specifically as related to HIEs? (Tone)
- What is the role of the infrastructure vendors in supporting ARRA and HITECH requirements? Diane

Thank You

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