Increasing Momentum Around Health Information Technology at the National and Local Levels

Get Connected Knowledge Forum

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Overview of Discussion

• Understanding the National HIT Agenda: What’s Happening?
  – Administration
  – Congress
  – Private Sector

• Overview of State, Regional and Community-based HIT and Health Information Exchange Initiatives or “RHIOs”
Understanding the National Agenda

• Enormous momentum around HIT and health information exchange both within Administration and Congress

• Key themes
  – Need for standards and interoperability – clear roadmap
  – Need for incentives – roadmap not yet clear
  – National standards – implemented locally within regions
  – Public-private sector collaboration
Two Key Drivers for HIT

• Movement on quality, safety and efficiency
• Movement on HIT in general – particular focus on interoperability
Increasing Interest in Pay for Performance and Quality

• Senate Finance Committee to introduce a bill this Thursday
• Large private sector purchasers and CMS increasing interest in quality within ambulatory care… *Bridges to Excellence* a key player
• National Quality Forum getting consensus on ambulatory care measures
• MedPAC recommends pay for performance
• Budget Reserve Fund offers opportunity for testing financing options
Increasing Interest in HIT

- Members of Senate and House have also introduced legislation related to HIT…more to come – 8 bills so far
- President created sub-cabinet level position – National Coordinator for Health Information Technology and David J. Brailer, MD, PhD appointed in July 2004
- Secretary Leavitt has made interoperability and HIT a key part of his agenda over the coming year
Legislation Already Introduced

• Budget Reserve Fund included in Conference Report
• S. 16 - Affordable Health Care Act (Kennedy, D- MA)
• S. 544 - Public Health Service Act (Jeffords, Gregg, Enzi, Bingaman, Frist and Murray)
• HR 747 - National Health Information Incentive Act (McHugh, R-NY and Gonzalez, D-TX)
• 21st Century Health Information Act (Kennedy D-RI, Murphy R-PA)
• Health Information Technology Act of 2005 (Stabenow D-MI and Snowe)
• Health Technology to Enhance Quality Act of 2005 (Frist R-TN, Clinton D-NY)
Budget Reserve Fund

• The Budget Resolution permits the Committee on Finance or the Committee on Health, Education, Labor, and Pensions to report legislation that —
  – Provides incentives or other support for adoption of modern information technology to improve quality in health care; and
  – Provides for performance-based payments that are based on accepted clinical performance measures that improve the quality in healthcare
  – If such legislation is deficit neutral for the period of fiscal years 2006 through 2010.
21st Century Health Information Act

- H.R. (Murphy, R-PA and Kennedy, D-RI)
  - Grants for regional health information exchange networks
  - Medicare/Medicaid participating physicians using IT
  - Authorizes certification program for software applications
  - Federal funds restricted to certified IT products
  - New exception for Stark and anti-kickback within context of community plan
Health Technology to Enhance Quality Act of 2005 (Frist, Clinton)

- Authorizes Office of National Coordinator
- Sets up collaborative process for identifying and adopting standards
- Implements standards (mandatory in federal government, voluntary in private sector)
- Designates that private entities will certify
- Identifies laws that may be barriers to electronic exchange and provides funding to states to begin harmonizing laws
- Authorizes $125 million in grants to local or regional collaborations for HIT infrastructure
Health Technology to Enhance Quality Act of 2005 (Frist, Clinton)

- Exemptions from Stark & Anti-Kickback laws
- Directs HHS, DoD, VA and others to adopt uniform healthcare quality measures – mandatory for government, voluntary for private sector
- Establishes collaborative efforts with private sector to encourage use of healthcare quality measures adopted by Secretary
- Requires comparative quality reports on federal healthcare programs
- Establishes 3 budget neutral value-based purchasing programs for Medicare, Medicaid and Community Health Centers, includes HIT provisions and reporting of quality information
Legislation Being Drafted

• Healthcare Information Technology Improvement Act of 2005 (Enzi – R-WY)
  – Authorizes entity to support the development and adoption of standards
  – Authorizes demonstration programs to support health information networks

• Senate Finance Committee introducing bill this Thursday
Leadership from Administration

• President George W. Bush creates new sub-cabinet level position
• Secretary Tommy Thompson appoints David J. Brailer, MD, PhD National Coordinator for HIT
• Strategic Framework released in July 2004
• RFP for National Health Information Network released with January 2005 due date…results just released
• Secretary Michael Leavitt personally playing a significant role
• Four RFP’s released this month
Secretary Leavitt’s June Announcement

• Creation of American Health Information Community (AHIC)
  – Formed under auspices of FACA, it will provide input and recommendations to HHS on how to make health records digital and interoperable and assure that privacy and security are protected
  – 17 Commissioners – soliciting nominations from consumer groups, providers, payers, hospitals, vendors, privacy interests, and any other member of public
  – Dissolution within two to five years with goal of creating self-sustaining, private sector replacement
American Health Information Community Deliverables

• Adoption of non-governmental standard-setting and certification processes
• Groundwork for a national architecture that allows data to be shared securely using the Internet
• Applications that provide immediate benefits (drug safety, lab results, bioterrorism surveillance, etc.)
• Transition to a private-sector health information community initiative that will provide long-term governance
Four RFP’s on Interoperability and Health Information Sharing Policies

1. Contract to develop, prototype, and evaluate feasibility and effectiveness of a process to unify and harmonize industry-wide health IT standards development, maintenance and refinements over time – awarded by September 2005

2. Contract to develop, prototype, and evaluate compliance certification process for EHRs, including infrastructure or network components through which they interoperate – awarded by September 2005
Four RFP’s on Interoperability and Health Information Sharing Policies

3. Contract to assess and develop plans to address variations in organization-level business policies and state laws that affect privacy and security practices, including those related to HIPAA – awarded by September 2005

4. Six contracts for the development of designs and architectures that specify the construction, models of operation, enhancement and maintenance, and live demonstrations of the Internet-based NHIN prototype – awarded in FY 2006
U.S. Office of National HIT Coordinator
July 2004 Framework for Strategic Action

1. Inform Clinical Practice
   – Incentivize EHR Adoption
   – Reduce risk of EHR investment
   – Promote EHR diffusion in rural and underserved areas

2. Interconnect Clinicians
   – Foster regional collaborations
   – Develop a national health information network
   – Coordinate federal health information systems
3. Personalize Care
   – Encourage use of PHRs
   – Enhance informed consumer choice
   – Promote use of telehealth systems

4. Improve Population Health
   – Unify public health surveillance architectures
   – Streamline quality and health status monitoring
   – Accelerate research and dissemination of evidence
U.S. Agency for Healthcare Research and Quality

$139 million in grants and contracts for HIT

- Over 100 grants to support HIT – 38 states with special focus on small and rural hospitals and communities - $96 million over three years
- Five-year contracts to five states to help develop statewide networks – CO, IN, RI, TN, UT - $25 million over five years
- National HIT Resource Center: collaboration led by NORC and including eHealth Initiative, CITL, Regenstrief Institute/Indiana University, Vanderbilt and CSC - $18.5 million over five years
Centers for Medicare & Medicaid Services
Initiatives Linking Quality and HIT

• Section 649 – Pay for Performance Demonstration Programs – link payment to better outcomes and use of HIT – launched last month

• Quality Improvement Organizations playing a critical role…. Doctors Office Quality – Information Technology Program (DOQ-IT) – technical assistance for HIT in small physician practices included in eighth scope of work

• Chronic Care Demonstration Program – linking payment to better outcomes – IT a critical component

• Section 646 “area-wide” demonstration expected this summer
Increased Momentum in Private Sector

• Several large employers and health plans now providing incentives to practicing clinicians, hospitals and other providers for improving quality using HIT (e.g. Bridges to Excellence)

• Connecting for Health, a public-private collaborative
  – Roadmap for Electronic Connectivity
  – 13 organizations collaboratively respond to RFI for National Health Information Network
  – Prototypes for record locator service

• eHealth Initiative’s Connecting Communities for Better Health Program providing seed funding and technical support to states, regions and communities involved in health information exchange

• Launch of the Commission Certification for HIT
Overview of HIT and Health Information Exchange Activities at the State, Regional and Local Levels
Why Health Information Exchange?

• U.S. healthcare system highly fragmented….data is stored--often in paper forms—in silos, across hospitals, labs, physician offices, pharmacies, and insurers
• Public health agencies forced to utilize phone, fax and mail to conduct public health surveillance, detection, management and response
• Physicians spend 20 - 30% of their time searching for information…10 - 81% of the time, physicians don’t find information they need in patient record
• Clinical research hindered by paper-based, fragmented systems – costly and slow processes
Why State and Regional Activities?

• Wide-spread recognition of the need for health information technology and exchange/interoperability at the national level

• While federal leadership and national standards are needed, *healthcare indeed is local* and leadership is needed at the state, regional and community levels across the country

• Collaboration and development of consensus on a shared vision, goals and plan is needed among multiple, diverse stakeholders at the *state and regional level* in order to effectively address healthcare challenges through HIT and health information exchange
eHealth Initiative’s Connecting Communities for Better Health Program

- $11 million program in cooperation with U.S. Health Resources and Services Administration/DHHS
- Provides seed funding to regional and community-based multi-stakeholder collaboratives that are mobilizing information across organizations
- Mobilizes pioneers and experts to develop resources and tools to support health information exchange: technical, financial, clinical, organizational, legal
- Disseminates resources and tools and creates a place for learning and dialogue across communities
eHI State and Regional HIT Policy Summit Initiative

- Extension of eHI’s Connecting Communities for Better Health Program and in collaboration with the Agency for Healthcare Quality Research and Quality National Resource Center.
- Catalyzing efforts by supporting dialogue amongst state and regional policy-makers, healthcare leaders and business community on HIT and health information exchange.
- Raising awareness of legislative or regulatory barriers to the use of HIT and health information exchange at the state level.
- Bringing the experiences of state and regional experiences to the national policy dialogue on HIT.
AHRQ National Resource Center for HIT

Goal: Increase the adoption of health information systems to improve patient safety and quality of care and conduct research on take-up and impacts

- eHealth Initiative Foundation proud partner of AHRQ National Resource Center for HIT which is led by National Opinion Research Center (NORC). Other partners include:
  - Three academic thought leaders:
    - Indiana University/Regenstrief
    - Vanderbilt University
    - Center for Information Technology Leadership / Partners
  - Burness Communications: Policy-focused Public Relations
  - BL Seamon Corporation: Logistical and coordination support
  - Computer Sciences Corporation: Technology design and support services
Stage of Health Information Exchange Programs

Stage 1
- 12% (vs. 23%)
  - Recognition of the need for HIE among multiple stakeholder in your state, region, or community

Stage 2
- 15.5% (vs. 27%)
  - Getting organized
  - Defining shared vision, goals, & objectives
  - Identifying funding sources
  - Setting up legal & governance structures

Stage 3
- 11% (vs. 25%)
  - Transferring vision, goals, & objectives to tactics and business plan
  - Defining needs and requirements
  - Securing funding

Stage 4
- 34% (vs. 16%)
  - Well underway with implementation – technical, financial, and legal

Stage 5
- 14% (vs. 9%)
  - Fully operational health information organization
  - Transmitting data that is being used by healthcare stakeholders
  - Sustainable business model

Stage 6
- 12% (new category)
  - Demonstration of expansion of organization to encompass a broader coalition of stakeholders than present in the initial operational model

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Significant Drivers: Rank Order

• Inefficiencies experienced by providers
• Rising healthcare costs
• Increased attention on HIT at national level
• Availability of grant funding for HIE
• Demand for performance information from purchasers or payers
• Public health surveillance
Most Difficult Challenges for Health Information Exchange

• Securing upfront funding
• Achieving sustainability
• Understanding the standards
• Engaging health plans and purchasers in coverage area
• Accurately linking patient data
• Addressing technical aspects
• Engaging labs in your coverage area
Other Key Barriers

- Lack of standards
- Lack of trust
- Issues around data ownership
- Lack of awareness about importance
- High vendor implementation cost
- Product maturity
- Concerns about migration for small physician practices
Our Sessions Today

• How to Get Connected: A Roadmap – Jeff Rose, Jonathan Teich
• The Role of Physicians and Physician Organizations – John Blair
• The Role of Patients – Linda Golodner
• Learning from Other Industries – Marion Ball
• Successful Models – Marc Overhage
• One Act Play on Interoperability
In Closing…

• We are *finally* building momentum
• The focus has shifted from “whether we should” to “how will we do this?”
• This work will create lasting and significant changes in the U.S. healthcare system…how clinicians practice…how hospitals operate….how healthcare gets paid for…*how patients manage their health and navigate our healthcare system*
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