

**The ARRA:
Certification and Meaningful Use**

The HIT Symposium at MIT

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(and all across the Web)

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**Technology is Poised to Revolutionize
Healthcare if Only We do ARRA Right**

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Some Assertions

- ARRA HITECH and EHR incentives are justified as a “down payment” on healthcare reform.
- In foreshadowing healthcare reform, ARRA-based programs must be put in place “before the incentives are fixed.”
- IT is a never-ending struggle to balance “value to the individual” with “value to the enterprise”
 - In this context, the “enterprise” is “the healthcare system”
- “Politics [and policy are] the skilled use of blunt objects.”

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Key Issues

MU: What does a provider do with an EHR?

Certification: What can an EHR do?

How much and how fast to innovate?

1. Meaningful Use: what might it be? When?
2. Certification: What? Why? How? When and Who?
3. Is innovation a fickle friend? (And Other Grumpiness)



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Meaningful Use: What Might It Be? When?

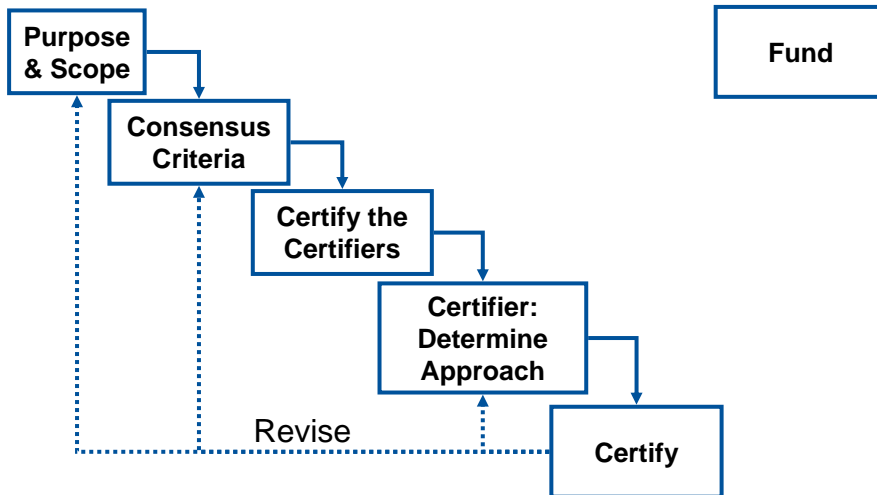
- MU is more important than certification in creating “value to the enterprise”
- MU criteria should be based on “the outputs” rather than process or features, to the maximum extent possible
- Value to the “enterprise” and output-oriented criteria imply an emphasis on interoperability
- MU must “raise the bar” over time
- As a key to incentives MU must strike a balance:
 - A provider that invests in IT and implements diligently should not be denied an incentive because of the failure of other stakeholdersOR
 - Incentives on the provider to interoperate will cause greater pressure on vendors and other stakeholdersBUT
 - Overly high criteria dilute the effectiveness of incentives

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Certification: What? Why? How? When and Who?



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CCHIT Challenges

Identified by CCHIT

- Current program only addresses product features, not usability, training, implementation, or 'field' success rates
- Current policies are not sufficiently compatible with open source licensing models
- Certification fees a possible barrier for nonprofit EHR developers serving vulnerable populations
- Cost-effective approach to certifying self-developed and self-assembled EHRs that are not for commercial resale

Source: CCHIT testimony to NCVHS, April 29, 2009)

Balance Issues (Identified by a Curmudgeon)

- Value to society vs. value and acceptability to providers
- Measure "basically qualified" vs. "best choice"
- Objectivity vs. flexibility in supporting innovation

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CCHIT Response to Identified Issues

Certified EHR Comprehensive EHR-C

Rigorous certification of comprehensive EHR systems that significantly exceed minimum Federal standards requirements.

For providers who seek maximal assurance of EHR compliance and capabilities.

Certified EHR Module EHR-M

Flexible certification of Federal standards compliance for EHR, HIE, eRx, PHR, Registry and other EHR-related technologies.

For providers who prefer to integrate technologies from multiple certified sources.

Certified EHR Site EHR-S

Simplified, low cost certification of EHR technologies in use at a specific site.

For providers who self-develop or assemble EHRs from noncertified sources.

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Is Innovation a Fickle Friend? (And Other Grumpiness)



- EHRs are ripe for a “disruptive technology”
- Mashups are a sure way to innovative new solutions, assuring meaningful use
- Patient-mediated databanks (“PHR platforms”) are the (only/fastest/surest, pick one) way to solving problems around patient engagement, healthcare transitions, measuring quality and changing physician practices.

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EHRs Are Ripe For A “Disruptive Technology”

- Premise:
 - EHR vendors as a group have focused on the “high end” users creating systems that are over-specified and too complex for the majority
 - “Physician rage” with IT is driven by misguided EHR software and unthinkably bad user interfaces
- Reality:
 - EHR vendors are all over the map, but those with the largest install base have focused on dollar savings for practices rather than “high end” functionality
 - “Physician rage” is driven
 - largely by issues that can only be solved by healthcare reform and actual interoperation
 - By poor implementations of EHR software
 - And exacerbated by user interfaces that run from poor to fair

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Mashups Are A Sure Path To Innovative New Solutions, Assuring Meaningful Use

- Premise:
 - Web 2.0 technologies will allow the spontaneous interconnection of independently developed solution, supported by simple standards, mostly generic to the Web
- Reality:
 - Spontaneous changes are not well tolerated in the direct provision of care
 - Mashups work best when one party is the 800-pound gorilla

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Patient-Mediated Databanks ...

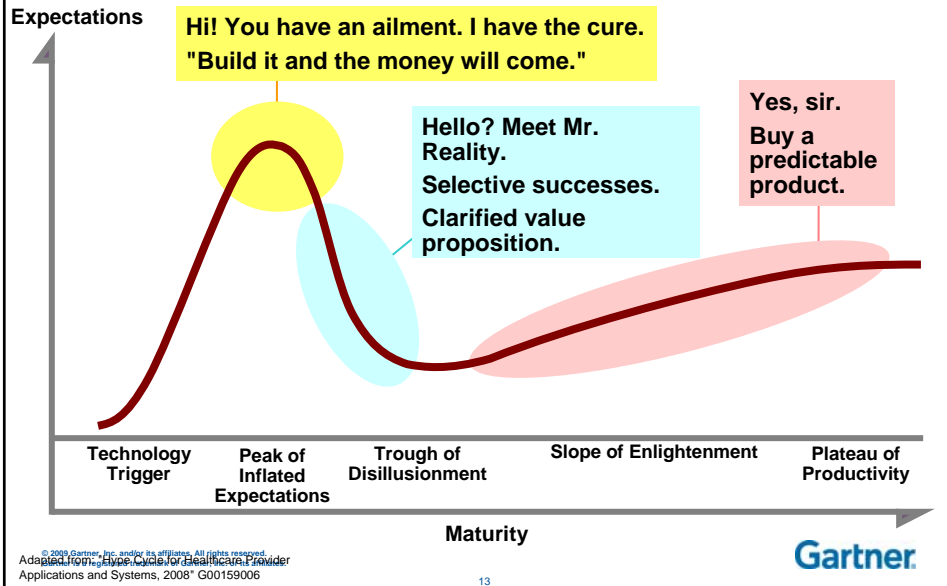
- Premise:
 - Patient concerns about the privacy of their data will preclude effective information sharing using any other approach
- Point of Agreement:
 - There is substantial opportunity for innovative approaches to patient engagement based on this model
- Reality:
 - Most patient transition and quality measurement are issues of overriding importance
 - Patients vary substantially in their ability and interest in mediating the exchange of information
 - HIEs with minimal patient control (opt-in or opt-out) are not finding substantial resistance to provider-provider information interchange

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The Gartner Hype Cycle: Measuring the Predictability of Innovation



Recommendations

- Ask yourself this:
 - Is real simplicity achieved more often in contemplation or execution?
 - Is innovation more like Evolution or Intelligent Design?
 - In a world where the incentives are wrong, is there any reason to believe that unfettered innovation will lead to a down payment on healthcare reform?
- Expect innovation anyway: enable it to develop at its pace
- If meaningful use is the key to incentives, expect its definition to be matched to the incentive
- Embrace certification as a stabilizing factor; it must be balanced with innovation, not eliminated

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