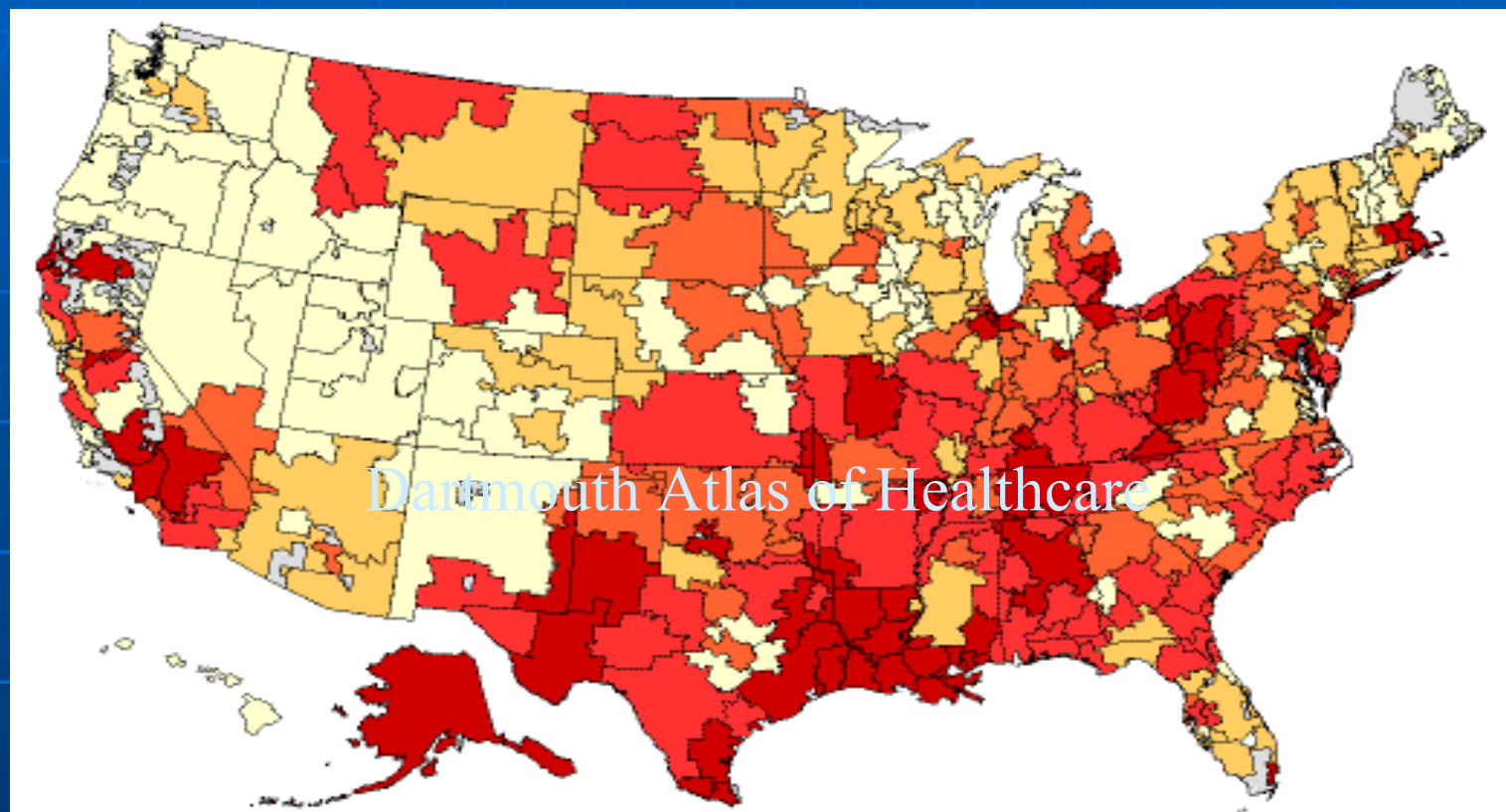


Overview of CMS HIT Initiatives

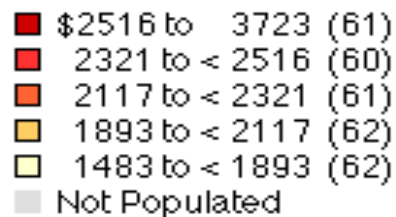
Kelly Cronin

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Centers for Medicare and Medicaid Services
September 2005

A Variation Problem



Map 2.5. Inpatient Hospital Services per Medicare Enrollee
by Hospital Referral Region (1995)



Decade of HIT: Strategic Framework for Action

- **Goal 1: Inform Clinical Practice**
 - Incentivize Electronic Health Record (EHR) adoption
 - Reduce risk of EHR investment
 - Promote EHR diffusion in rural and underserved areas
- **Goal 2: Interconnect Clinicians**
 - Foster regional collaborations
 - Develop a national health information network
 - Coordinate federal health information systems
- **Goal 3: Personalize Care**
 - Encourage use of Personal Health Records (PHR)
 - Enhance informed consumer choice
 - Promote use of tele-health systems
- **Goal 4: Improve Population Health**
 - Unify public health surveillance architectures
 - Streamline quality and health status monitoring
 - Accelerate research and dissemination of evidence into practice

CMS Role in Driving Adoption of HIT: e-prescribing

- Accelerate adoption of e-prescribing through MMA implementation
 - Require use of foundation standards to enable uniform exchange of prescriptions in covered under Part D in 2006
 - Increase connectivity between physicians and pharmacies
 - Pilot additional standards in 2006
- Result: enable prescribing clinicians to make evidence based prescribing decisions
 - Reduce medication errors and adverse drug events
 - Select medications that maximize health outcomes and minimize out of pocket costs

CMS Role in Driving Adoption of HIT: Incentives for EHRs

- Accelerate adoption of electronic health records
 - Need the right combination of incentives
 - Pending changes to Stark and Anti-kickback
 - Pay for performance will require interoperable HIT
 - Enable reporting of quality measures
 - Ambulatory Care Quality Alliance adopted primary and specialty care measures for implementation in new programs
 - Future certification of EHRs will facilitate the automated reporting of quality measures

Near term opportunities to define intersection of P4P and HIT

- AQA pilots over next 6 months leveraging existing efforts
 - Regional health information exchange programs starting in areas with P4P programs
- Bridges to Excellence
- MMA 649 p4p demonstration program with HIT incentives implemented in 4 states
- MMA 646 demonstration program to test system redesign and new payment mechanisms enabled by HIT

Reduce Risk of EHR Implementation Failure

- **Doctors Office Quality –IT (DOQ-IT)**
 - QIOs assist primary care physicians in selection of EHRs
 - SOW calls for implementation support in primary care practices in each state
 - Support re-design of care processes and evidence based decision making while reducing implementation failure
- **EHR Certification**
 - CMS through AHIC will recommend EHR certification criteria and commercially viable process to Secretary

CMS Role in PHRs: Beneficiary Portal

- Accelerate adoption of personal health records
 - Encourage use of personalized health tools through the Medicare Beneficiary Portal
 - It will serve as an online tool for beneficiaries to view all their Medicare information, such as claims, deductibles, eligibility, enrollment and other personal data
 - The portal has been pilot-tested in the state of Indiana and will be launched nationwide in 2005/2006
 - RFI published July 18th and open door forum on July 20th

CMS Role in Accelerating Adoption of PHRs

- Responses to RFI indicate broad industry consensus that CMS can help by:
 - Providing the Medicare data in a way that supports industry efforts to standardize data content and exchange;
 - Promoting PHRs that can be connected into EHRs;
 - Assuring the privacy and security of information provided to PHR vendors; and
 - Educating beneficiaries about the value of having up-to-date data available electronically to support their care.

Questions?

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