



Department of Health & Human Services
Office of the National Coordinator for
Health Information Technology

The HITECH Agenda

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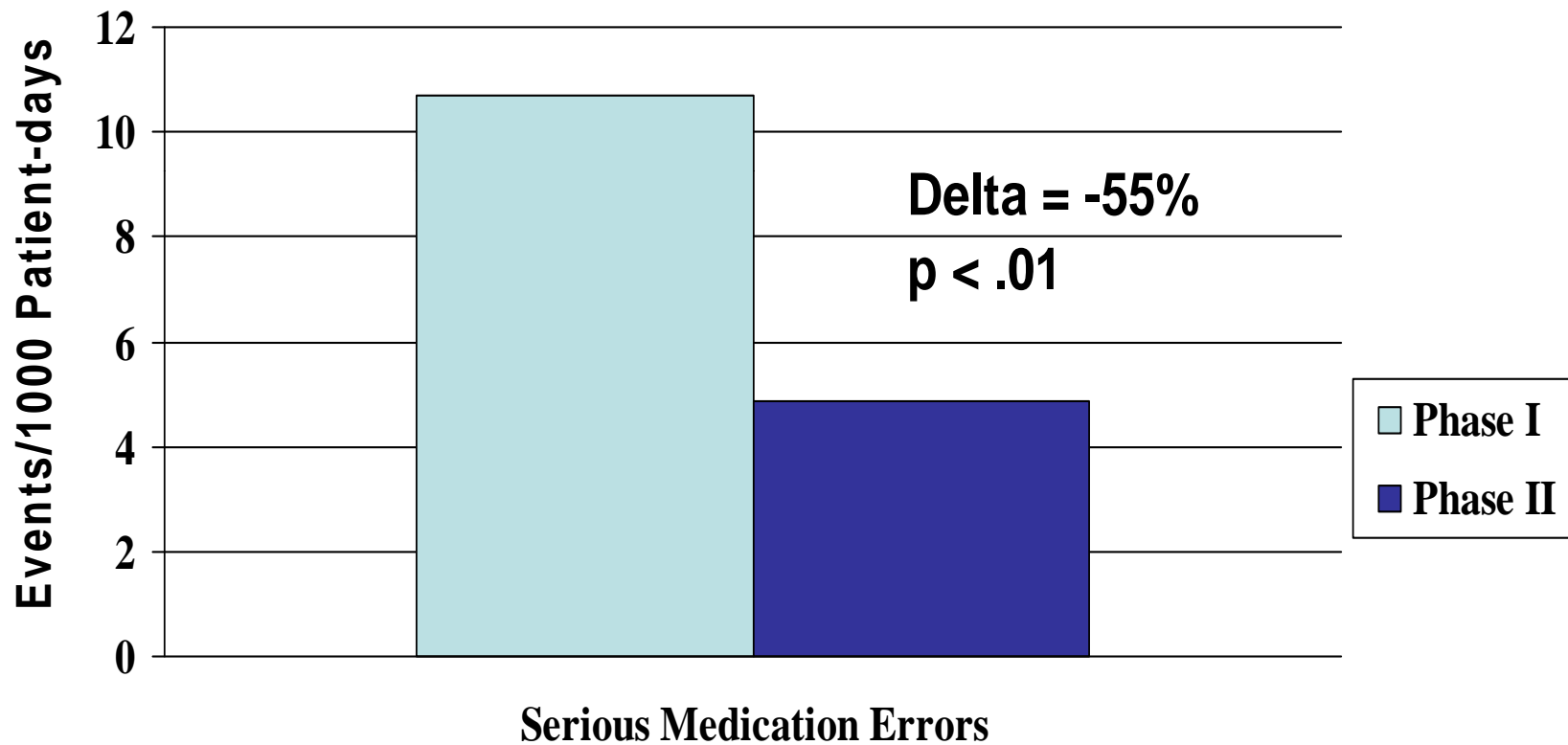
President Obama's First Weekly Address Saturday, January 24th, 2009



*“To lower health care cost, cut medical errors, and improve care, **we’ll computerize the nation’s health records in five years**, saving billions of dollars in health care costs and countless lives.”*



Serious Medication Error Rates Before and After CPOE





Impact of Outpatient Radiology Order Entry Quarterly Growth Rate)

Modality	Before ROE	After ROE
CT	3.0%	0.25%
MR	2.9%	1.7%
US	2.2%	0.9%



Post Market Medication Surveillance

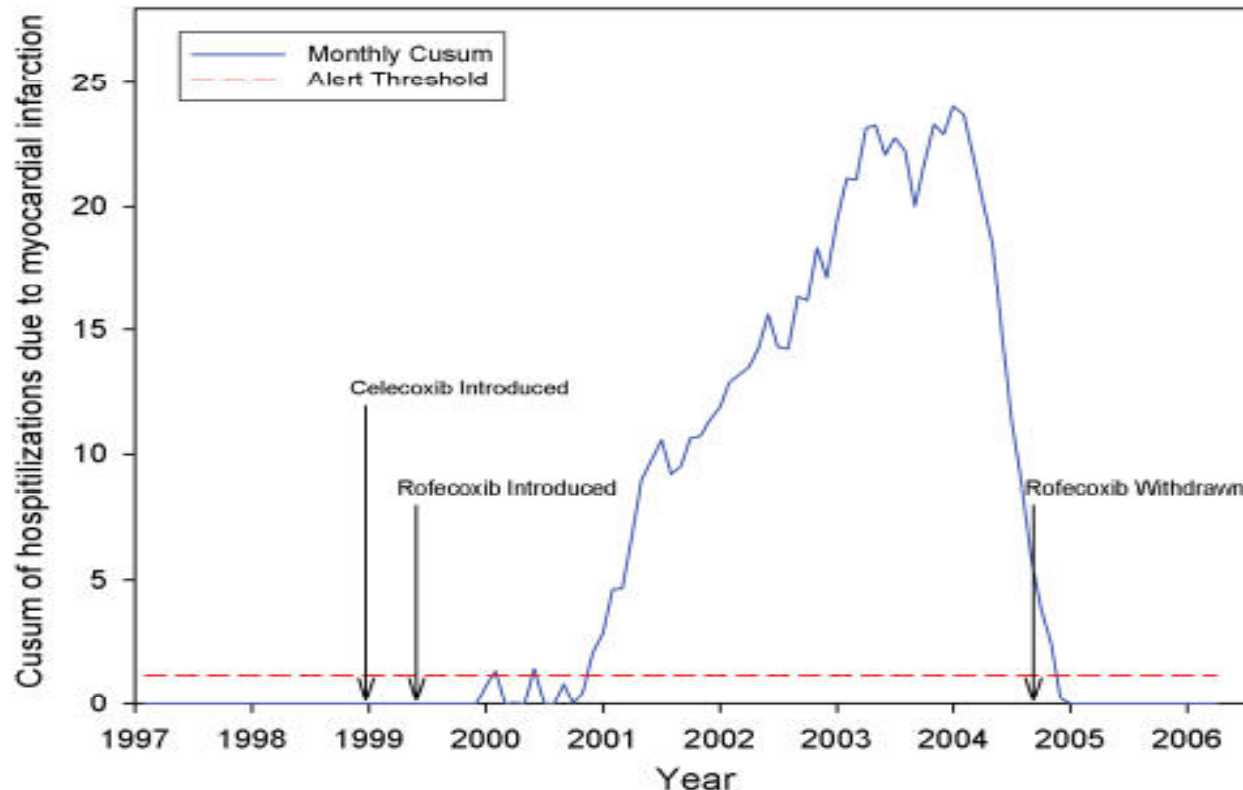


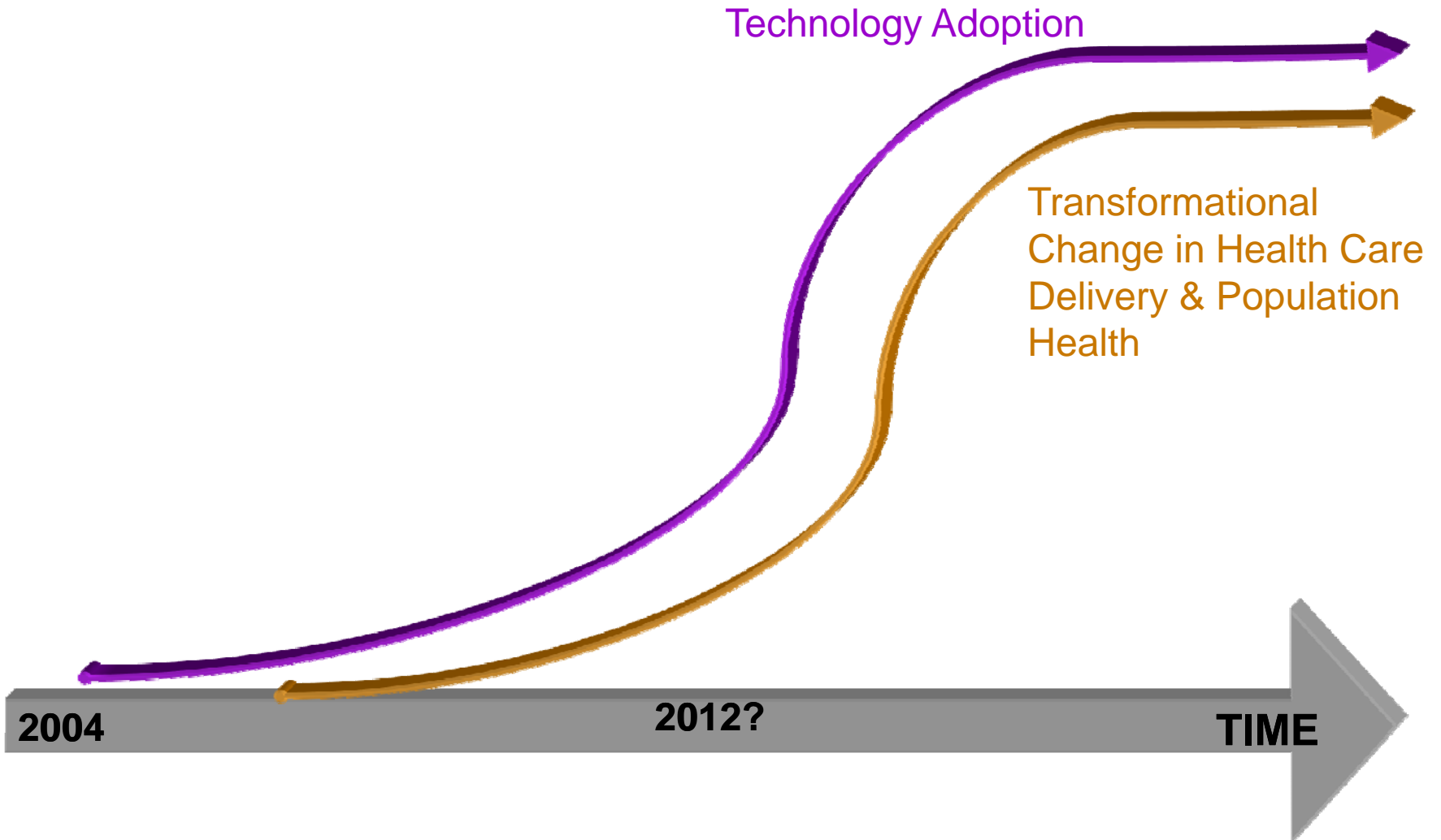
Figure 1

Cumulative sum (CUSUM) chart of monthly incidence of hospitalizations due to myocardial infarction from January 1, 1997 to March 30, 2006.



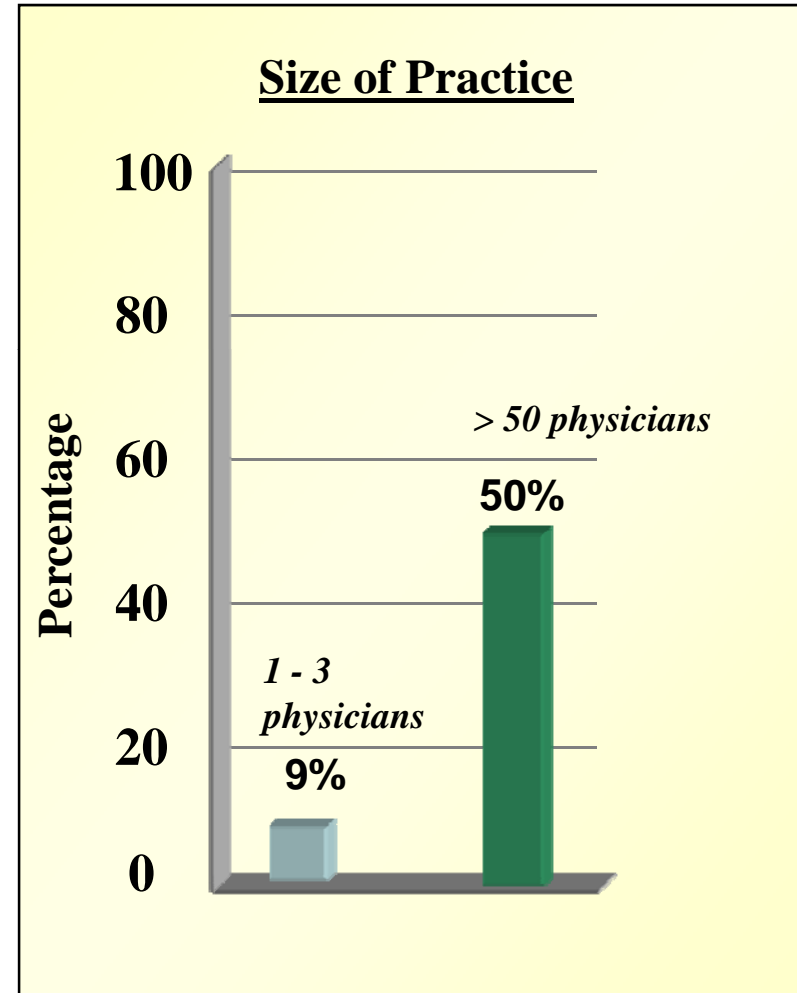
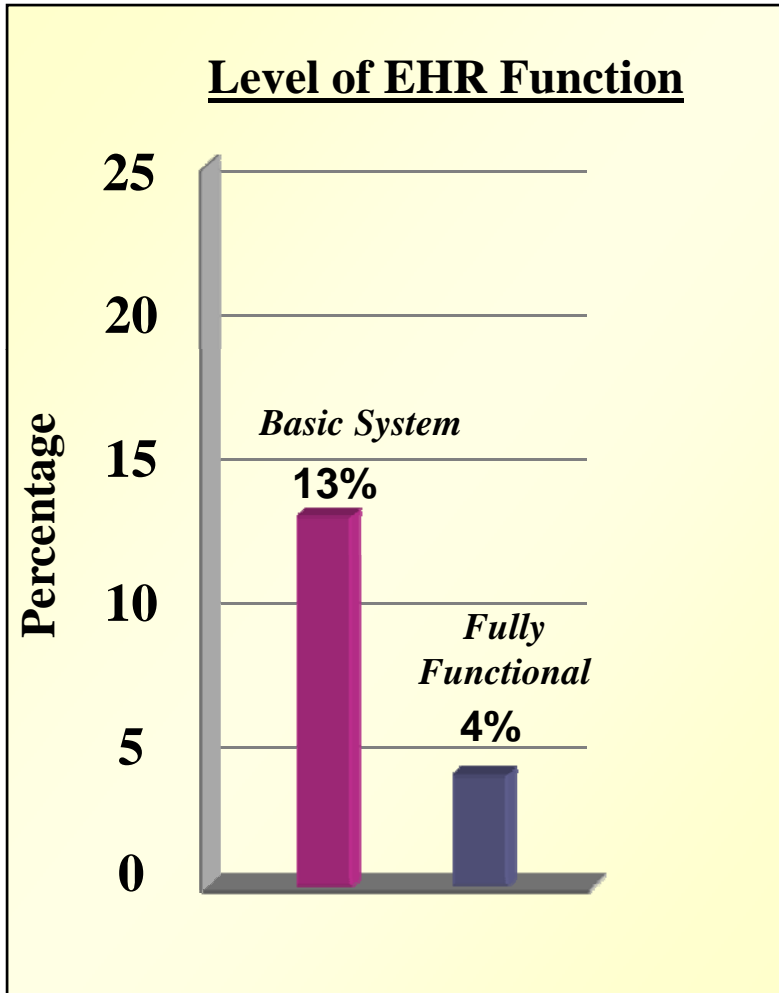
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Envisioning a “Tipping Point” -- Health IT as an Enabler





EHR Adoption: Where are we now in Office Practices?



DesRoches CM et al., *N Engl J Med* 2008;359:50-60.



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American Recovery and Reinvestment Act (ARRA)

- Title XIII
 - \$2B to the Office of the National Coordinator for Health IT to develop the foundation necessary for broad adoption of EHRs
- Title IV
 - \$30B-44B in Medicare and Medicaid financial incentives to providers who are Meaningful Users of certified, interoperable EHRs (first payment year FY 2011)





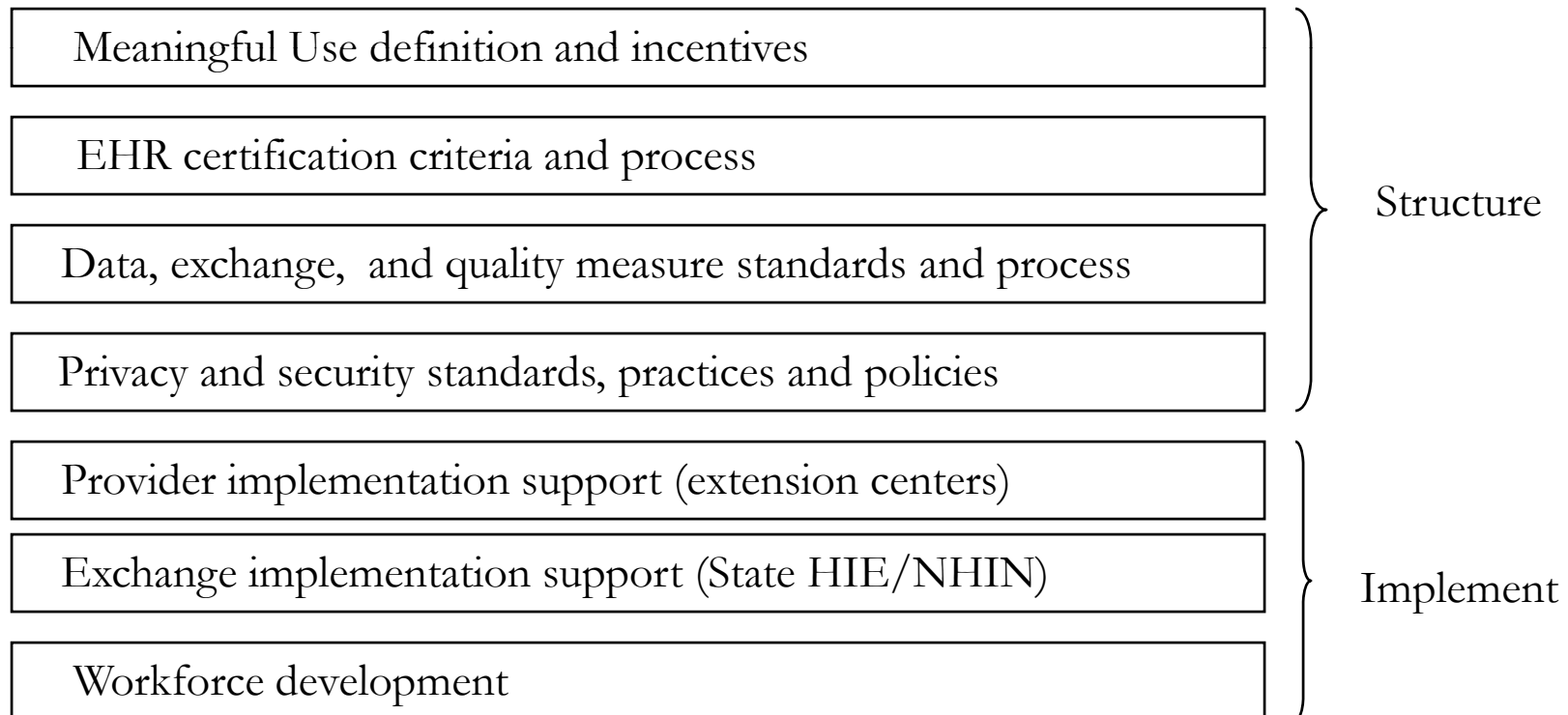
Federal Advisory Committees

- Policy Committee
 - Meaningful use
 - Certification and adoption
 - Health information exchange
- Standards Committee
 - Quality measurement
 - Clinical operations
 - Privacy and security



An Overview of the National Strategy

Adoption → **Meaningful Use** → **Outcomes**





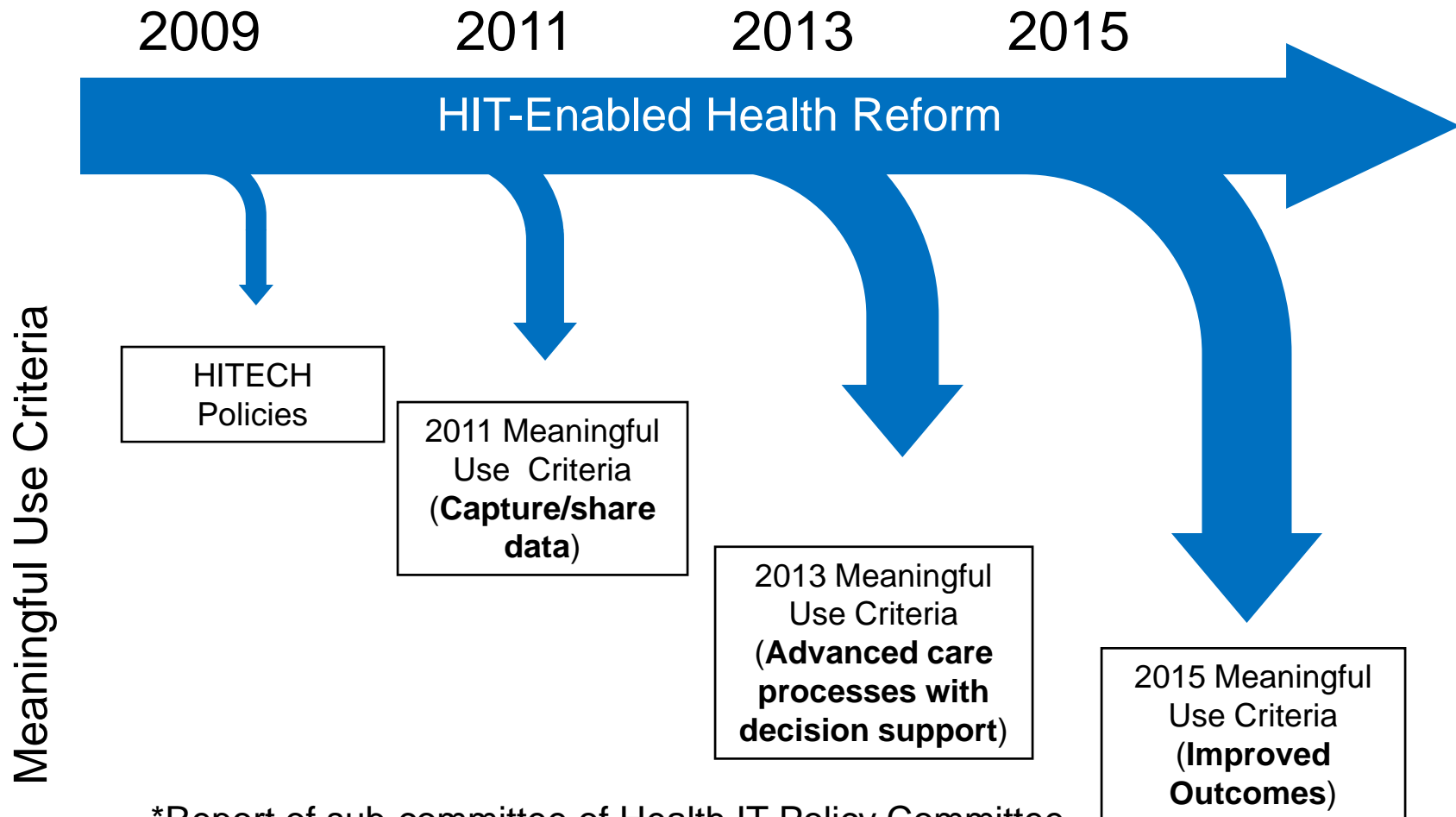
HIT Policy Committee Recommendation of Meaningful Use (for 2011 for Eligible Professionals)

- Use CPOE for all orders
- 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 electronically (eRx)
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach
- Submit quality reports to CMS
- Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies) upon request
- Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice
- Capability to exchange key clinical information (e.g., problem list, medication list, allergies, test results) among providers of care and patient authorized entities electronically



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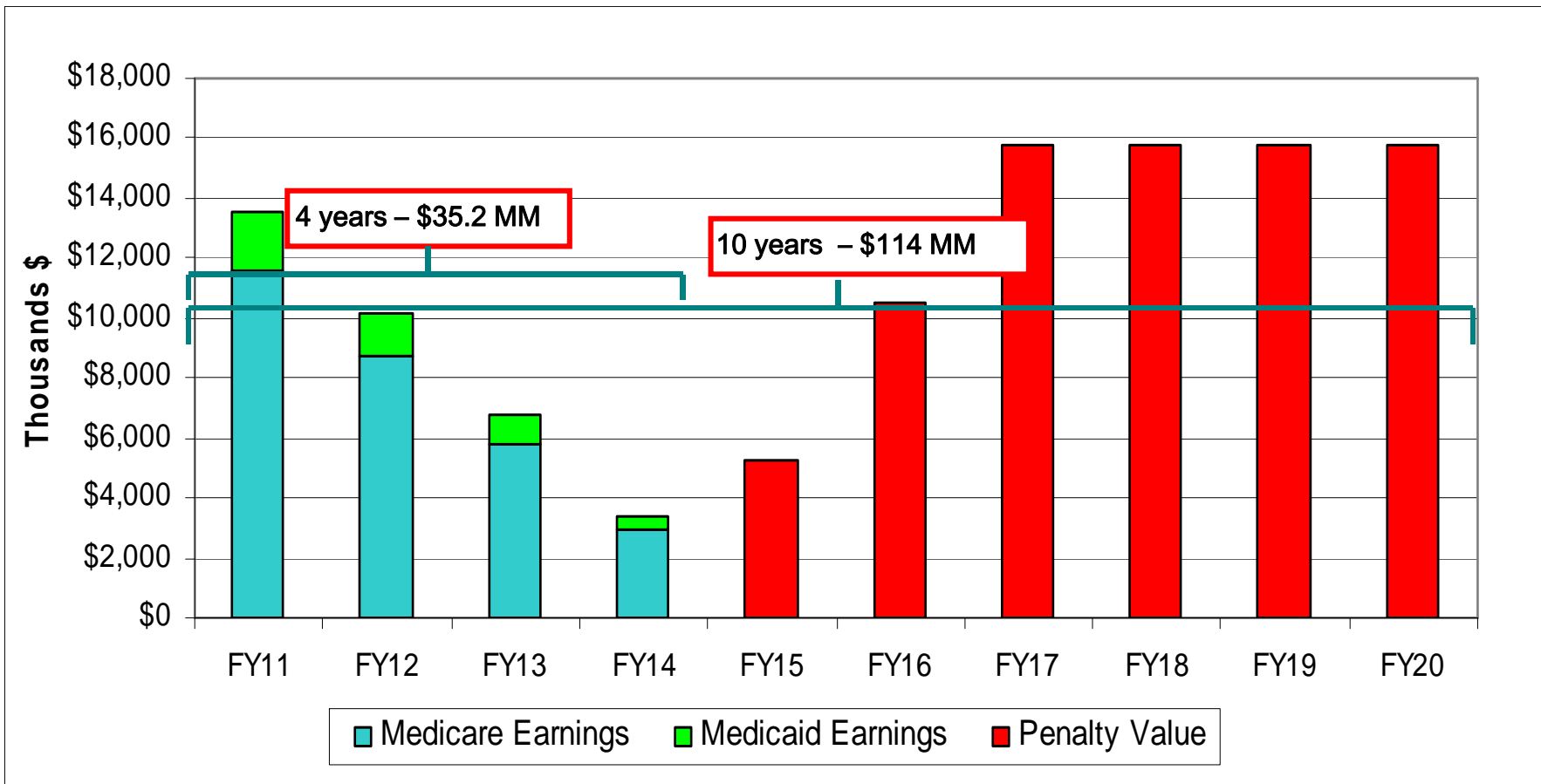
Meaningful Use is Being Defined and Will Follow an “Ascension Path” Over Time*



*Report of sub-committee of Health IT Policy Committee



Partners HealthCare HITECH Value

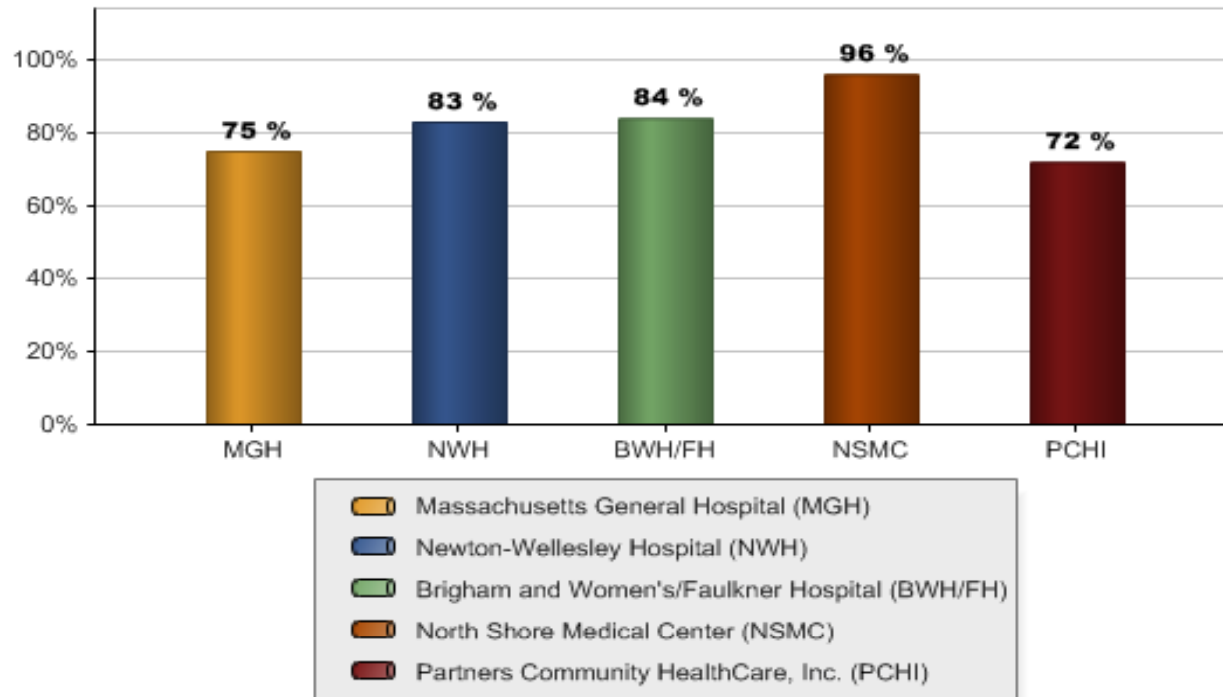




Partners ePrescribing Rates

Percent of Prescriptions Written by Computer

↑ Higher values are better performance





Certification Recommendations

1. Focus Certification on Meaningful Use
2. Leverage Certification process to improve progress on Security, Privacy, and Interoperability
3. Improve objectivity and transparency of the certification process
4. Expand Certification to include a range of software sources: Open source, self-developed, etc.
5. Develop a Short-Term Certification Transition plan



Summary of Vocabulary Recommendations

- Primary vocabulary standards:
 - Clinical problems and procedures: SNOMED CT
 - Drugs and Medication Allergies: RxNorm
 - Ingredient allergies: UNII
 - Laboratory tests: LOINC
 - Units of measure: UCUM
 - Administrative terminology: ASC X12 and NCPDP Script



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Health Information Technology Extension Centers Provide Critical Assistance

- Regional Centers will offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of electronic health records
- Priority service recipients:
 - Public or not for profit hospitals or critical access hospitals
 - Federally qualified health centers
 - Entities in rural and other areas that serve uninsured, underinsured, and medically underserved individuals
 - Individual and small group primary care practices



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State Health Information Exchange Programs

- Assist states and state designated entities in developing and advancing mechanisms for information sharing across the health care system
- Programs are anticipated to:
 - Develop and implement HIE privacy and security requirements
 - Develop interoperability directories and technical services
 - Coordinate with Medicaid and state public health programs
 - Remove HIE barriers
 - Ensure effective HIE governance and accountability
 - Convene health care stakeholders to develop trust in and support for HIE efforts



Key Privacy Provisions

- Expanding the HIPAA privacy and security rules to cover new e-health entities such as health information exchanges
- Adding a breach notification requirement for covered entities, business associates and personal health record vendors
- Along with other strengthening of enforcement provisions ARRA provides state attorneys general with the power to enforce HIPAA
- HIPAA still continues to set a privacy floor for states



Status of Rules

- By December 2009
 - CMS NPRM on meaningful use
 - ONC IFR on standards and certification criteria
 - ONC NPRM on the certification process
- Rules are expected to be finalized by late Spring 2010



Key Provider Strategy Issues

- Meaningful Use, Standards and Certification regulations will not be finalized until Spring 2010
 - Should we wait or should we proceed now?
 - Or should we ignore the incentives/penalties?
- We might be in good shape on the implementation of the EHR but what would we have to do to improve use?
- What roles should we play in the state efforts to establish health information exchange?



Key Provider Strategy Issues

- What should our relationship be with our region's extension centers? Should we be an extension center?
- Do we want to be engaged with local workforce development efforts?



Conclusions

- Interoperable electronic health records are a critical contributor to our collective efforts to improve the quality, safety and efficiency of care
- HITECH/ARRA represents an extraordinary infusion of resources into this effort
- We will undergo a major transformation of the healthcare information technology landscape



For more information

- healthit.hhs.gov
- Feel free to contact me at john.glaser@hhs.gov