

# Connecting Patients, Providers, and Payers

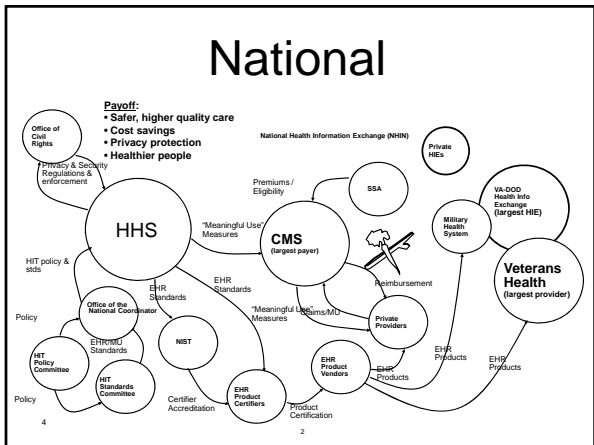
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## Eight ARRA Priority Technology Areas of Focus

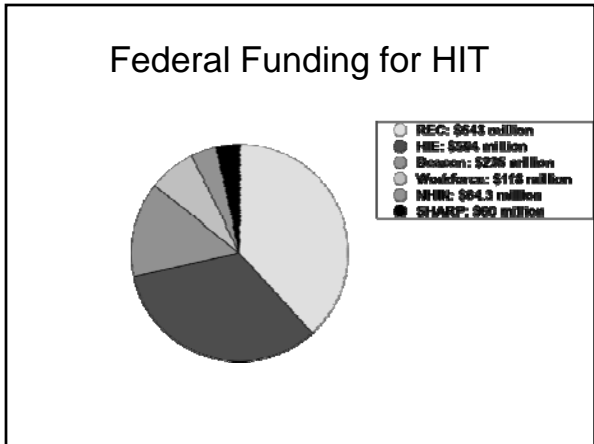
1. Technologies that protect the privacy of health information and promote security in a qualified electronic health record, including for the segmentation and protection from disclosure of specific and sensitive individually identifiable health information
2. A nationwide health information technology infrastructure that allows for the electronic use and accurate exchange of health information
3. The utilization of a certified electronic health record for each person in the United States by 2014
4. Technologies that as a part of a qualified electronic health record allow for an accounting of disclosures made by a covered entity
5. The use of certified electronic health records to improve the quality of health care
6. Technologies that allow individually identifiable health information to be rendered unusable, unreadable, or indecipherable to unauthorized individuals
7. The use of electronic systems to ensure the comprehensive collection of patient demographic data, including at a minimum, race, ethnicity, primary language, and gender information
8. Technologies that address the needs of children and other vulnerable populations

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## The ONC Strategy

- Grants - Accelerating Adoption
- Standards - Interim Final Rule
- Meaningful Use - Notice of Proposed Rulemaking
- Certification - Notice of Proposed Rulemaking



## Regional Extension Center Funding

- \$643 million.
- Approximately 70 RECs
- RECs will support at least 100,000 PCPs, through non-profits, in achieving meaningful use of EHRs and enabling nationwide HIE.
- RECs will offer technical assistance, guidance, and information on best practices.
- National HIT Research Center (HITRC) will gather information on effective practices and help RECs collaborate with one another and with relevant stakeholders to identify and share best practices in EHR adoption, effective use, and provider support.

### Health Information Exchange Funding

- \$564 million.
- First round: Funding to 40 states and State Designated Entities.
- Funds efforts to build capacity for HIE across the health care system both within and across states.
- Awardees are responsible for increasing connectivity and enabling patient-centric information flow to improve the quality and efficiency of care.

### Beacon Community Cooperative Agreement Program

- \$235 million.
- Funding for communities to build and strengthen their HIT infrastructure and HIE capabilities to get hospitals, clinicians and patients to meaningful use in order to achieve measurable improvements in quality, safety, efficiency, and population health.
- 15 awards will be made through cooperative agreements.
- Program will generate and disseminate valuable lessons learned.
- Additional \$15 million for technical assistance and program evaluation.

### Workforce Training Programs: \$118 million

- Community College Consortia to Educate HIT Professionals in Health Care Program: \$70 million to create or expand HIT academic programs at Community Colleges – training at least 10,500 students over a two-year period.
- IT Professionals in Health Care Program of Assistance for University-Based Training: \$32 million to four-year colleges or universities to increase the availability of individuals qualified to serve in specific HIT professional roles.
- Curriculum Development Centers Program: \$10 million for up to five grants to institutions of higher education to support HIT curriculum development.
- Competency Examination for Individuals Completing Non-Degree Training Program: \$6 million to support the development and initial administration of a set of HIT competency examinations.

### Strategic Health Advanced Research Project

- \$60 million.
- Research focused on achieving breakthrough advances to address well-documented problems that have impeded HIT adoption and to accelerate progress towards achieving nationwide meaningful use of HIT in support of a high-performing, continuously-learning health care system.
- 4 Cooperative Agreements expected in:
  - HIT security
  - Patient-centered cognitive support
  - Healthcare application and network platform architectures
  - Secondary use of EHR data
- Funding was announced in December, and applications were submitted in January; awards to be announced in March.

### HIT Funding in Massachusetts



### Meaningful Use

- Use CPOE
- Ambulatory - 80% of medications, laboratory, radiology/imaging, and referrals
- Inpatient - 10% of medications, laboratory, radiology/imaging, blood bank, physical therapy, occupational therapy, respiratory therapy, rehabilitation therapy, dialysis, provider consultants, and discharge/transfers.

## Meaningful Use

- Implement drug-drug, drug-allergy, drug-formulary checks
- Maintain an up to date problem list of current and active diagnoses (at least one coded entry or "No Problems exist") in ICD9-CM or SNOMED-CT for at least 80% of all patients

## Meaningful Use

- Generate and transmit permissible prescriptions electronically (the DEA does not yet allow controlled substances to be e-prescribed) for 75% of all ambulatory prescriptions
- Maintain an active medication list (at least one coded entry or "No Medications taken") for at least 80% of all patients

## Meaningful Use

- Maintain an active allergy list (at least one entry or "No Allergies reported") for at least 80% of all patients.
- Record demographics including preferred language, insurance type, gender, race, ethnicity, date of birth, and date of death/cause in the event of inpatient mortality for 80% of patients.

## Meaningful Use

- Record vital signs including height, weight, blood pressure, Body Mass Index (calculated) and growth charts for children 2-20 years for 80% of patients.
- Record smoking status for 80% of patients 13 years or older
- Incorporate 50% of clinical lab test results as structured data using LOINC codes

## Meaningful Use

- Generate a least one report listing patients with a specific condition. The concept is that such reporting can be used for quality improvement, reduction of disparities, and outreach.
- Report aggregate numerator and denominator quality data to CMS in 2011 and exchange it using PQRI XML by 2012

## Meaningful Use

- Send reminders to at least 50% of all patients who are 50 years and over for preventative care/followup. The intent is to allow the patient to choose between post card, email, phone reminder, or PHR reminder.
- Implement 5 clinical decision support rules relevant to the clinical quality metrics.
- Check insurance eligibility and submit claims electronically for at least 80% of patients.

## Meaningful Use

- Provide 80% of patients who request an electronic copy of their health information in the CCD or CCR format within 48 hours of their request
- Provide 10% of patients with online access to their problem list, medication lists, allergies, lab results within 96 hours of the information being available to the clinician.

## Meaningful Use

- Provide a clinical summary for 80% of all office visits (problem lists, medication lists, allergies, immunizations, and diagnostic test results) in paper or CCD/CCR format
- At least one test of health information exchange among providers of care and patient authorized entities.
- Perform Medication reconciliation for at least 80% of relevant encounters and transitions of care.

## Meaningful Use

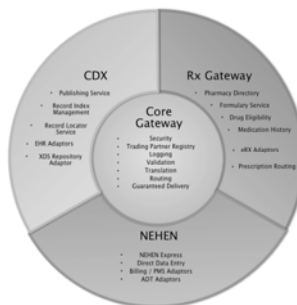
- Provide a summary of care record for at least 80% of transitions of care and referrals. This also implies the ability to receive a record and display it in human readable format
- Perform at least one test of the EHR capacity to submit electronic data to immunization registries.
- Perform at least one test of the EHR's capacity to submit electronic lab results to public health agencies.

## Meaningful Use

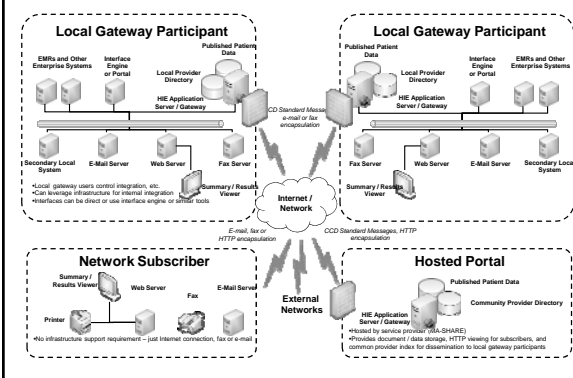
- Perform at least one test of the EHR's capacity to submit syndromic surveillance data to public health agencies.
- Conduct or review a security risk analysis and implement updates as necessary

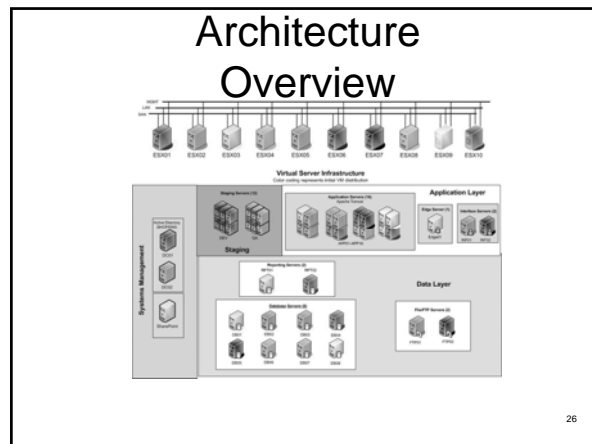
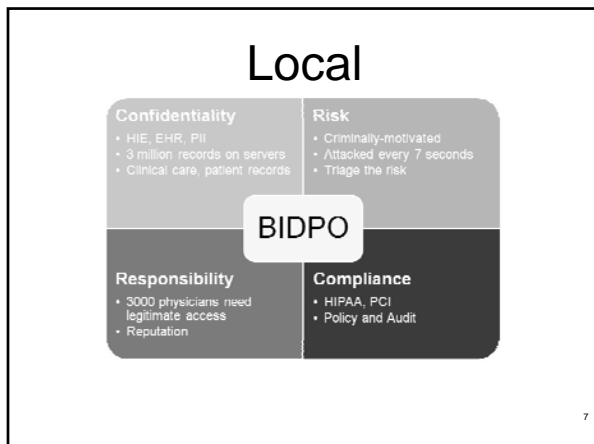
## Regional

- A gateway based on national standards for secure communication
- Placed on the network of each participating organization



## Architecture Overview





- ## Personal Health Records
- Tethered Personal Health Records such as Patientsite, Patient Gateway, MyChart, and eClinicalWorks Patient Portal
  - Google Health
  - Microsoft Health Vault
  - Dossia/Indivo

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