HIMSS Public Policy Initiatives in 2015: Using Health IT to Enable Healthcare Transformation

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Agenda

- Meaningful Use

- Interoperability Initiatives

- SGR Repeal

- Health IT in Value-Based Care

- HIMSS Response and Plan Going Forward

A Provider's MU Stage Depends on When They Entered the Program

First Year as a Meaningful EHR User	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021 and future years
2011	1	1	1	2	2	2	2 or 3	3	3	3	3
2012		1	1	2	2	2	2 or 3	3	3	3	3
2013			1	1	2	2	2 or 3	3	3	3	3
2014				1	1	2	2 or 3	3	3	3	3
2015					1	1	1, 2 or 3	3	3	3	3
2016						1	1, 2 or 3	3	3	3	3
2017							1, 2 or 3	3	3	3	3
2018 and future years								3	3	3	3

Clinical Quality Measurement in Stage 3

- CMS intends to support alignment between the EHR Incentive Programs and CMS quality reporting programs, such as PQRS and Hospital IQR

    – Reporting requirements for CQMs will be included in future PFS and IPPS rulemakings

- Providers are encouraged to submit CQM data through electronic means in 2017 and CMS proposes to require electronic submission where feasible starting in 2018 for Medicare providers

- The proposed CQM reporting period for EPs, eligible hospitals and CAHs, starting in 2017, is on the calendar year (January thru December)

# New CMS NPRM on Modifications to Meaningful Use in 2015-2017 Program Years

- This new rule is attempting to reduce reporting burden, eliminate redundant and duplicative reporting, better align the objectives and measures of meaningful use, and focus Stages 1 and 2 of EHR Incentive Programs on advanced use of EHR technology

- CMS' analysis allowed it additional insight into the progress toward program milestones and provider performance on Stage 1 and Stage 2 objectives and measures

- CMS developed an approach to be responsive to stakeholder concerns about program complexity and revisit the consideration that the stage of meaningful use and EHR reporting periods should align where possible

- A 60-day public comment period for this NPRM with comments due in the middle of June

ONC Released Shared Interoperability Roadmap on January 30

- ONC released two documents for review

    - Draft Interoperability Roadmap, Version 1.0

    - Draft Interoperability Standards Advisory

- ONC sees health IT as an important contributor to improving health outcomes, improving health care quality, and lowering health care costs

    - Health IT should facilitate the secure, efficient and effective sharing and use of electronic health information when and where it is needed

- ONC posits that the community must expand its focus beyond institutional care delivery and health care providers, to a broad view of person-centered health

    - Health care is being transformed to deliver care and services in a person-centered manner and is increasingly provided through community and home-based services that are less costly and more convenient for individuals and caregivers

    - Most determinants of health status are social and are influenced by actions and encounters that occur outside traditional institutional health care delivery settings, such as in employment, retail, education and other settings

Interoperability Efforts Support the Shift to a Learning Health System

- This shift requires a high degree of information sharing between individuals, providers and organizations and therefore a high degree of interoperability between many different types of health IT, such that systems can exchange and use electronic health information without special effort

  - The goal of this shift is to a nationwide learning health system
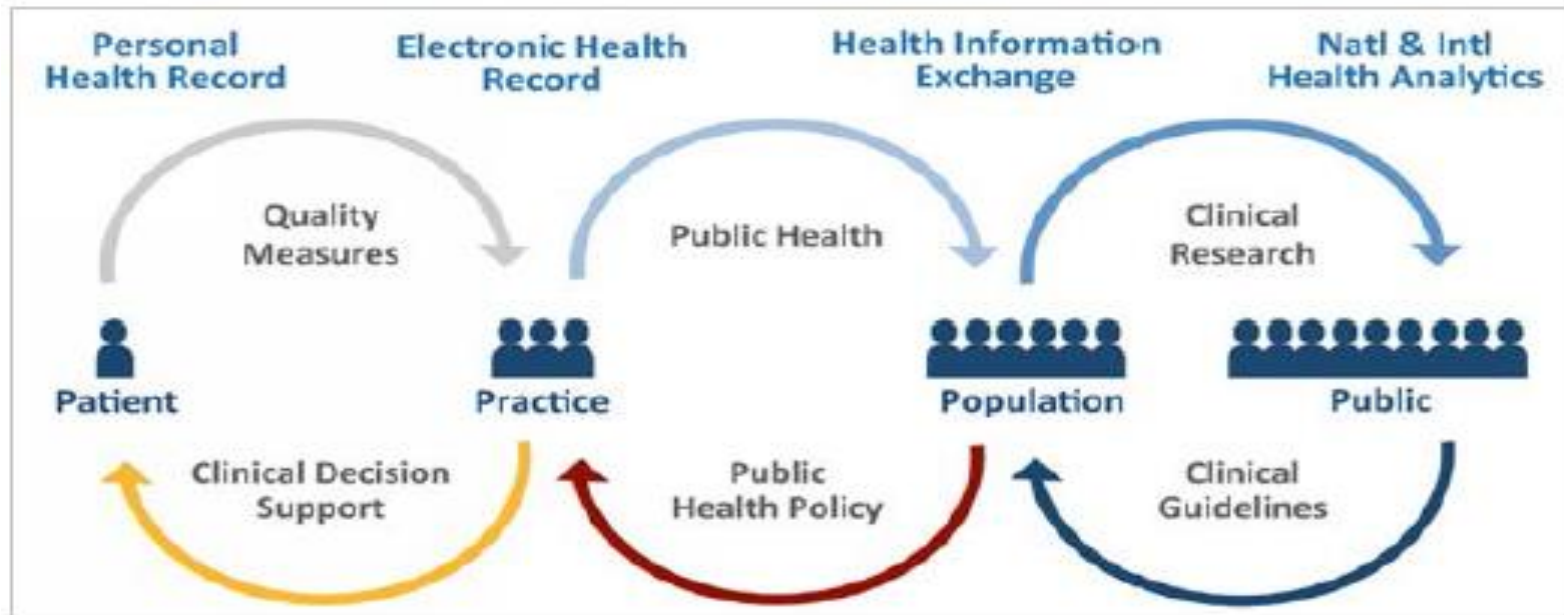
The Vision Supporting the Roadmap

2015 - 2017

Nationwide ability to send, receive, find, use a common clinical data set

2018 - 2020

Expand interoperable data, users, sophistication, scale

2021 - 2024

Broad-scale learning health system

Core technical standards and functions

Certification to support adoption and optimization of health IT products & services

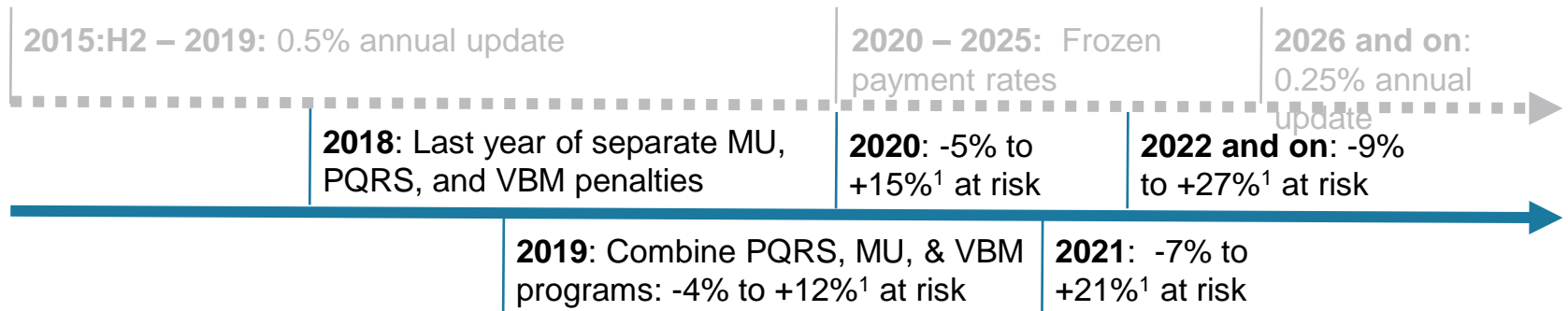Privacy and security protections for health information

Supportive business, clinical, cultural, and regulatory environments
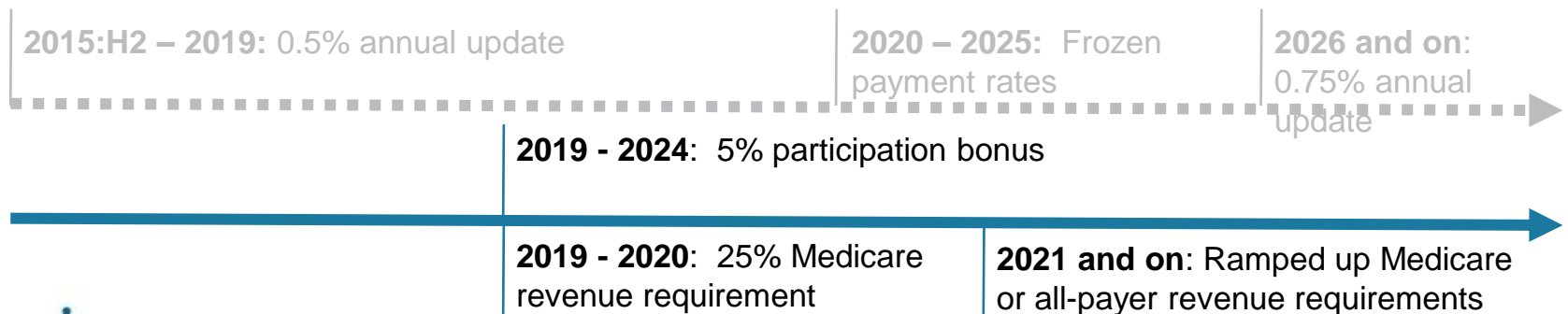
Rules of engagement and governance

SGR Repeal Creates Two Tracks for Providers

Providers Must Choose Enhanced FFS or Accountable Care Options

Merit-Based Incentive Payment System

2015:H2 – 2019: 0.5% annual update | **2020 – 2025:** Frozen payment rates | **2026 and on:** 0.25% annual update

2018: Last year of separate MU, PQRS, and VBM penalties

2020: -5% to +15%[1] at risk

2022 and on: -9% to +27%[1] at risk

2019: Combine PQRS, MU, & VBM programs: -4% to +12%[1] at risk

2021: -7% to +21%[1] at risk

Advanced Alternative Payment Models[2]

2015:H2 – 2019: 0.5% annual update | **2020 – 2025:** Frozen payment rates | **2026 and on:** 0.75% annual update

2019 - 2024: 5% participation bonus

2019 - 2020: 25% Medicare revenue requirement

2021 and on: Ramped up Medicare or all-payer revenue requirements

Interoperability Provisions in the new SGR Law/21st Century Cures Bill

- New physician payment fix repeals the SGR to provide long-term stability to the Medicare physician fee schedule.

  - It provides stable updates (0.5%) for five years and ensures no changes are made to the current payment system for four years

- New SGR law declares interoperability of EHRs a national objective and establishes an expectation that the country will achieve widespread interoperability by Dec. 31, 2018

- Under 21st Century Cures legislation, HHS would begin penalizing EHR vendors who practice information blocking in 2019

  - Punishments envisioned in the bill include decertifying technology from the meaningful use program

- The bill would authorize $10 million to HHS to contract with an accredited health IT standards body that, within a year of the bill's enactment, would provide ONC's Standards Committee with methods for determining whether EHRs comply with interoperability requirements

- HHS by 2018 would publish a report on whether widespread interoperability has been achieved, along with a list of vendors describing whether each is in or out of compliance.

- The government would begin punishing EHR vendors on Jan. 1, 2019, if they are intentionally blocking information flows through unreasonably high costs, contractual language or a lack of adequately convertible standards

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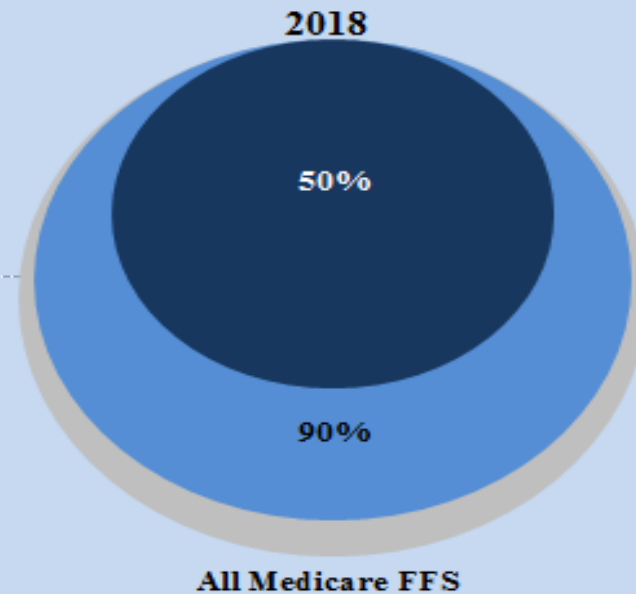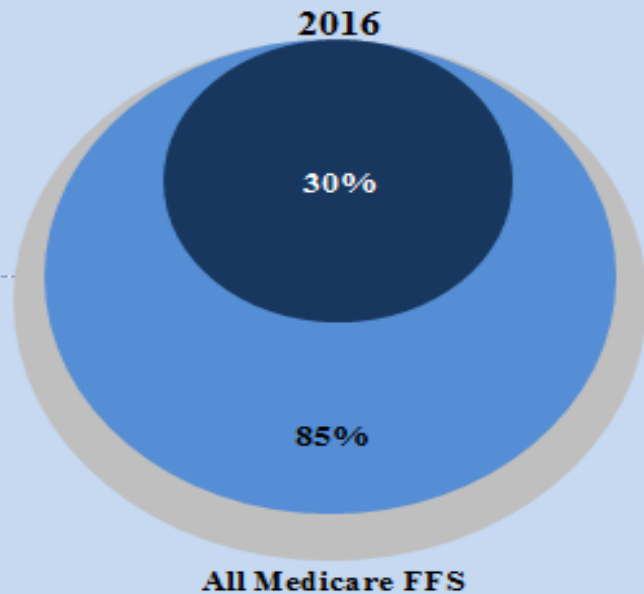*transforming health through IT*

Driving Our Healthcare System to Greater Value-Based Purchasing

- HHS has adopted a framework that categorizes health care payment according to how providers receive payment to provide care

    – Category 1—fee-for-service with no link of payment to quality

    – Category 2—fee-for-service with a link of payment to quality

    – Category 3—alternative payment models built on fee-for-service architecture

    – Category 4—population-based payment

- HHS created a Health Care Payment Learning and Action Network

    – It will foster collaboration and serve as a convening body to facilitate joint implementation and expansion of new models of payment and care delivery

HHS Set Firm Goals for the Move to Value-Based Care

Target percentage of Medicare FFS payments linked to quality and alternative payment models in 2016 and 2018

- All Medicare FFS (Categories 1-4)
- FFS linked to quality (Categories 2-4)
- Alternative payment models (Categories 3-4)

2016

30%

85%

All Medicare FFS

2018

50%

90%

All Medicare FFS

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HIMSS Value STEPS™ Model

Talking Points: The Case for Healthcare IT

- Healthcare information technology (IT) is a fundamental requirement for advancing healthcare reform for both public health and individual care, and when implemented correctly, will increase quality and reduce costs.

- Broad adoption of information technology is fundamental to our ability to improve the quality of care and lower costs

- Share your story! Tell your lawmakers what your organization is doing to make healthcare better and more affordable for Californians

Educational Points of Interest:

HIT Success Stories –

- Why? Legislators might be hearing complaints from constituents about electronic health record (EHR) functionality, Meaningful Use and International Classification of Disease (ICD-10) conversion

- What do we do? Provide the stories to legislators so they have a balanced view of health IT

  – Point them to HIMSS resources on Stages 6 & 7 Facilities and HIMSS Davies Award Recipients. You can highlight the technology applications in the facilities in your region and their accomplishments.

  – Bring your own personalized success stories from your background such as work and life experiences

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Questions?

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