WI HIMSS Spring Conference: Health Policy, IT, and HIMSS

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VP of Government Relations
Who is Tom Leary

• Government Relations Professional
• Graduate of
  – Lakeland Regional HS,
  – Rutgers College,
  – George Washington University, and
  – Georgetown University (certificate)
• History- Political Science Dual Major; Masters in Public Policy
• 25 years of experience working in and around government
• Passionate about family, Buffalo sports teams, NY Yankees, and anything Rutgers
• Happy to be here today
Health IT Race: Sprint or Marathon?
A Timely Statement

“Evidence indicates that by facilitating communication and reducing errors, medical information systems improve the patient care delivered in medical care institutions. Some errors are reduced because computer systems help ensure that data about a patient are accurate, available, legible, complete, timely, and organized. Through their mechanisms to check whether orders have been carried out, medical information systems also monitor performance and prevent some errors of omission.”
From the Hill...but when?

The Committee asked the Office of Technology Assessment to examine:
1. The benefits and limitations of medical information systems;
2. The factors influencing their adoption; and
3. Policy alternatives for the Federal Government with regard to such systems.
Committee on Human Resources
u. s. Senate
Washington, D. C. 20510

Gentlemen:

On behalf of the Board of the Office of Technology Assessment, we are pleased to forward the results of the assessment requested by your Committee.

This report provides a balanced and impartial analysis of medical information systems. We hope that this analysis will serve as a useful resource for continuing evaluation of the issues it discusses.

Sincerely,

Edward M. Kennedy
Chairman

Larry Winn, Jr.
Vice Chairman

Enclosure
Quality Improvement
National Quality Strategy and Plan

Meaningful Use
Adoption and Implementation
Certified EHR Products

NwHIN

Interoperability
Information Exchange
Common Interpretation of Standards

HEALTHCARE TRANSFORMATION
IT’s Role is Fundamental

• Fosters open, responsible data sharing with the highest regard to participant privacy, and puts engaged participants at the center of research efforts

• Timing is perfect
  – Americans increasingly engaged in health & technology;
  – Foundational IT widely implemented;
  – Genomic analysis costs dropped significantly;
  – Data science increasingly sophisticated; and,
  – Mobile technologies widely available and often affordable.

• Profound IT policy, governance, and execution challenges around security, interoperability, C&BI
Races Take Teamwork and Patience
SO, HOW ARE WE DOING?
### US EMR Adoption Model℠

<table>
<thead>
<tr>
<th>Stage</th>
<th>Cumulative Capabilities</th>
<th>2011 Q2</th>
<th>2016 Q4</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 7</td>
<td>Complete EMR, CCDA transactions; Data Analytics to Improve Care</td>
<td>1.1%</td>
<td>4.8%</td>
<td>+336%</td>
</tr>
<tr>
<td>Stage 6</td>
<td>Physician documentation (structured templates), full CDSS, full R-PACS</td>
<td>4.0%</td>
<td>30.5%</td>
<td>+662%</td>
</tr>
<tr>
<td>Stage 5</td>
<td>Closed loop medication administration</td>
<td>6.1%</td>
<td>34.9%</td>
<td>+472%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>CPOE, Clinical Decision Support (clinical protocols)</td>
<td>12.3%</td>
<td>10.2%</td>
<td>-17%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Clinical documentation, CDSS (error checking)</td>
<td>46.3%</td>
<td>13.9%</td>
<td>-70%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>CDR, Controlled Medical Vocabulary, CDS, HIE capable</td>
<td>13.7%</td>
<td>2.3%</td>
<td>-83%</td>
</tr>
<tr>
<td>Stage 1</td>
<td>Ancillaries - Lab, Rad, Pharmacy - All Installed</td>
<td>6.6%</td>
<td>1.4%</td>
<td>-78%</td>
</tr>
<tr>
<td>Stage 0</td>
<td>All Three Ancillaries Not Installed</td>
<td>10.0%</td>
<td>19%</td>
<td>-81%</td>
</tr>
</tbody>
</table>

Meaningful Use Stage 1 = Approximately EMRAM Stages 3.5
Meaningful Use Stage 2 = Approximately EMRAM Stages 5.5
Meaningful Use Stage 3 = EMRAM Stages 6 and 7 → Technically capable; incentive to participate remains a challenge

Data from HIMSS Analytics® Database © 2013 HIMSS Analytics

N = 5439  N = 5478
Higher EMRAM correlates with higher quality

*AVG clinical score or average clinical score, was based on the projected scores developed by Press Ganey, a private consulting firm, for CMS’ initial Value Based Purchasing (VBP) program. The Y axis on the chart represents clinical scores (not including patient satisfaction component) as a metric for quality of clinical care.
Actual Mortality Low & High EMRAMs

Heart Attack | Respiratory Therapy
---|---
Actual Mortality Low EMRAM
Actual Mortality High EMRAM
SO WHAT!
ISSUES WE ARE TRACKING
Congressional Priorities

✓ Repeal, Replace, Reset ACA
✓ Cybersecurity (CSA 2015)
✓ Chronic care
✓ Regulatory Reform
✓ FDA User Fee Reauthorizations
✓ Legislative oversight of interoperability initiatives associated with MACRA and the 21\textsuperscript{st} Century Cures law

• Telehealth (the CONNECT for Health Act)/Infrastructure (broadband tie-in)
• Patient matching strategy
• Cybersecurity Call to Action
• AHRQ/ONC Appropriations (impact of NDD cuts on health IT)
FY17 Omnibus Rpt.: Patient Matching

- Long history of HIMSS engagement – nearly 20 years
- Goal has been to address UPI prohibition levied on HHS since 1999
- HIMSS co-led targeted stakeholder campaign to educate Congress on impact of prohibition
- Result was clear direction to HHS to engage with private sector on a “coordinated, national strategy”
- Next steps
“the lack of a consistent patient data matching strategy” as “one of the most significant challenges inhibiting the safe and secure electronic exchange of health information.”

Further clarifying language:

The UPI prohibition should “not prohibit HHS from examining the issues around patient matching” and encourages HHS to provide technical assistance to private-sector led initiatives to develop a coordinated national strategy for accurate patient identification and matching.
#Connect4Health Act

• Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2017 (S. 1016) was introduced by Senators Schatz, Wicker, Cochran, Cardin, Thune, and Warner.

• This comprehensive, bipartisan bill seeks to modernize the Medicare program by expanding the use of telehealth and remote patient monitoring (RPM) services.

• In the 114th Congress, the CONNECT for Health Act had 19 bipartisan cosponsors in the Senate and 33 in the House of Representatives.
#Connect4Health Act

- Provisions of the CONNECT for Health Act include:
  - Enable telehealth and RPM to be used in global and bundled payments and for Medicare Advantage enrollees, without most of the 1834(m) restrictions;
  - Permit the use of remote patient monitoring for certain high-risk and high-cost individuals;
  - Give HHS Secretary direct authority to lift existing 1834(m) restrictions when certain
  - Allow rural health clinics (RHCs), federally-qualified health centers (FQHCs), and Native American health service facilities to serve as qualifying originating sites.
Executive Branch Priorities

✓ Repeal and Replace Affordable Care Act
✓ Regulatory Changes – Make government smaller/ less intrusive
✓ DoD’s roll-out of new EHR system
✓ HHS and DHS focusing intently on cybersecurity

• Push for Value-based care continues
• Implementing 21st Century Cures Requirements
• Potential for the VA to adopt a commercial EHR product

? FDA’s interest in more agile go-to-market approval strategies
? CMS and HHS developing fraud detection strategies
Expressing HIMSS Policy Priorities

- Launching a Campaign to ensure Trump Administration knows and utilizes HIMSS Policy Priorities
  - Robust ONC
  - Interoperability
  - Cyber Call to Action
  - Telehealth
  - Accelerate Shift to Value-based Care
  - eClinical Quality Measures
  - Patient Data Matching
  - Expand Economic Opportunities
  - 2015 Certification Extension
  - Meeting 21st Century Cures
  - Immigration Policy?
Cyber Call to Action

• Support NIST Cybersecurity Framework as baseline for healthcare

• Elevate HHS Chief Information Security Officer to have internal and external-facing responsibilities
  – Support community-led tool development
  – Ensure information sharing on cyber threats
  – Serve as bridge between healthcare and law enforcement

• Maximize cyber awareness and increase number of cyber professionals in healthcare

• HHS Cyber Task Force Final Report – pending
Improved immunization rates are linked to:
• better health outcomes
• reductions in healthcare costs, and
• higher levels of productivity
Immunization Integration Program

Improved immunization rates linked
- better health outcomes
- reductions in healthcare costs, and
- higher levels of productivity

The IIP takes immunization workflow mainstream
- Integrating immunization-related capabilities within EHRs and other types of clinical software
- increase knowledge and acceptance of vaccines among patients and their caregivers
- improve vaccine tracking and safety
- improve U.S. vaccination rates
State Government Priorities/Concerns

✓ Cybersecurity
✓ Substance Abuse/Opioid Epidemic
✓ Medicaid Changes -- Synching federal reforms w/Delivery System and Payment reform

• Job Creation/Economic Stimulus related to Innovation
• Zika and other Public Health Crises

? Future of Open data utilization
? Infrastructure Funding and Financing
? Behavioral Health System integration/connectivity
Health IT and Community Crises

Problem:
- Many IT systems, electronic data, and exchange capabilities exist within communities.
- Few have inventoried their health-related IT systems, nor created collaborative efforts, to optimally leverage those systems to meet public and population health needs.

Solution
- Year-long effort with HIMSS Chapters, HIEs, Stewards of Change, etc.
- Community-based solutions that advance coordination
- Identifying virtual “checklist” to help communities prepare for and mitigate natural and human-made disasters
HIMSS’s Strategic Approach
Strategic Format

• Focus on the value of health IT through:
  – Supporting Healthcare Transformation
  – Expanding Access to High Quality Care
  – Increasing Economic Opportunity
  – Making Communities Healthier
Getting Involved

• We need to hear your voices on “the way forward”
  – Ideas for engaging policy makers on cybersecurity action steps
  – Policy changes on Innovation
• Prepare to use the Legislative Action Center
  – 2017 Policy Asks
• Engage in the regulatory process
  – MACRA – Quality Payment Program – New NPRM coming in a few weeks – help us review and provide comment
We Need Your Help!

• Get vocal about the HIMSS Cyber Call to Action and the HHS Cybersecurity Report
• Support telehealth reimbursement and remote patient monitoring – support the CONNECT for Health Act
• Lend us your expertise and your voice through chapter visits with Representatives and Senators
• Give us examples for the “How Health IT supports Public Health responses to natural and human-made disasters.
• Sign up your company or provider group for the Immunization Integration Program
• Send Value of Health IT success examples
National Health IT Week 2017

- October 2-6, 2017
- Regional and Washington, DC events
- Student Advocacy Plan Challenge
- Opportunities to Partner
- State-level competition
- Congressional Asks and Legislative Action Center
- #IHeartHIT – Social Media Campaign
Conclusion

• Race is long
• Barriers are real

Budget and Spending Priorities

Concerns over Speed of Change

Competing Interests and vision

Time
Who are you working for?

Kathleen M. Leary – Survivor and Patient Advocate
Paul F. Leary – Cancer patient – IT Professional
Questions??

People will stop asking you questions if you answer back in interpretive dance.