
CLIAC Meeting

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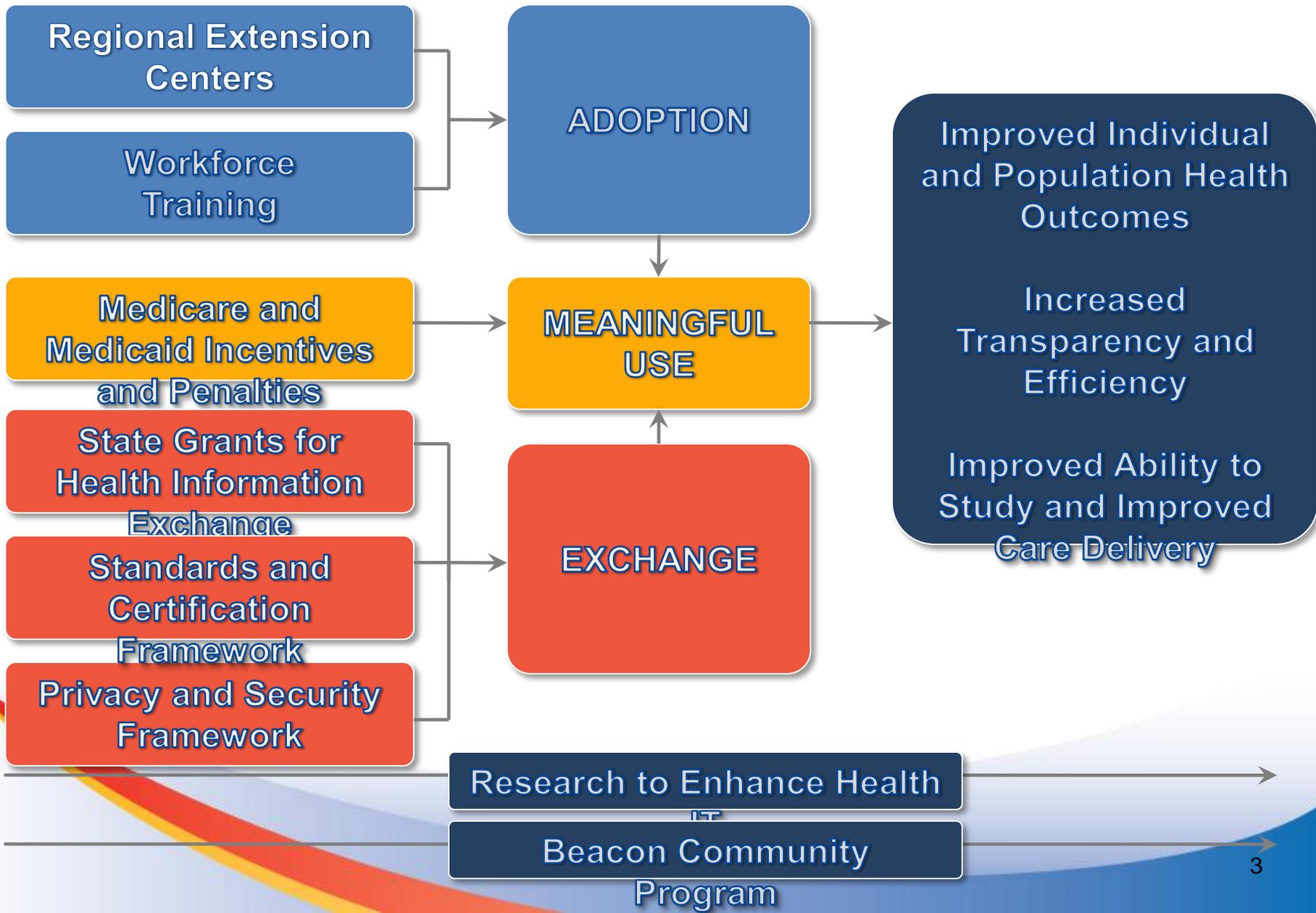
Office of the National Coordinator for Health Information Technology



Agenda

- HIT Regulations Overview
 - EHR Incentive Programs – “Meaningful Use”
 - Standards and Certification Criteria
 - Certification Programs
- Intersections: ONC Programs/Policy and Labs

HITECH FRAMEWORK: MEANINGFUL USE



Becoming a Meaningful User of Certified EHR Technology



“Meaningful User of Certified EHR Technology”

Meaningful Use
Regulations

HIT Certification Programs Regulations

Correlated

HIT Standards & Certification
Criteria Regulations

Meaningful Use Program



EHR Incentive Programs

- Established by law – American Recovery & Reinvestment Act of 2009 (ARRA)
- Section of ARRA: Health Information Technology for Economic and Clinical Health (HITECH) Act
 - Incentive programs for Medicare and Medicaid
 - Programs for hospitals and eligible professionals
 - Payment of incentives for the adoption and meaningful use of certified EHR technology

Pillars of Meaningful Use

**Patient &
Family
Engagement**

**Coordinated
Care**

**Quality,
Safety &
Efficiency**

**Privacy &
Security**

**Improved
Public &
Population
Health**

Who is Eligible to Participate?

- Medicare Eligible Hospitals include:
 - Acute Care Hospitals
 - Critical Access Hospitals (CAHs)
 - Medicare Advantage Affiliated Eligible Hospitals
- Medicaid Hospitals include:
 - Acute Care Hospitals (including CAHs)
 - Children's Hospitals

Who is Eligible to Participate?

- Medicare Eligible Professionals (EPs)
 - Doctor of Medicine or osteopathy
 - Doctor of dental surgery or dental medicine
 - Doctor of podiatry
 - Doctor of optometry
 - Chiropractors

Who is Eligible to Participate?

- Medicaid Eligible Physicians
 - Nurse practitioner
 - Certified nurse-midwife
 - Dentist
 - Certain Physician Assistants
- To qualify:
 - Have a minimum 30% Medicaid patient volume or
 - Have a minimum 20% Medicaid patient volume, and is a pediatrician or
 - Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

Meaningful Use Summary

Table	Eligible Professionals (EPs)	Eligible Hospitals (EHs)
Objectives and Measures	25	24
Measures requiring “Yes/No” Reporting	7	8
Measures requiring Numerator/Denominator Reporting	18	16
“Core” Set Criteria	15	14
“Menu” Set Criteria (must choose at minimum)	5 out of 10	5 out of 10
Reporting Period Year One of Application	90 days	90 days
Subsequent Reporting Period(s)	1 Year	1 Year

Important Dates for 2011

- **Jan. 3** – Medicare registration opened; 11 States launched their Medicaid EHR Incentive Programs
- **Jan. 5** – First Medicaid EHR incentive payments
- **Apr. 18** – Attestation for Medicare meaningful use began
- **May 19** – First Medicare EHR incentive payments
- **Jul. 3** – Last day for hospitals to begin 90 day meaningful use reporting period
- **Sep. 30** – End of the federal fiscal year; Hospital meaningful use reporting period ends
- **Nov. 30** – Last day for hospitals to register and attest for 2011 incentive payment

Meaningful Use Stage 1 Lab-Specific Objectives and Measures

- Objective: Incorporate clinical lab test results into EHR as structured data (ambulatory and inpatient menu)
 - Measure: More than 40% of all clinical lab tests results ordered during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
- Objective: Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission according to applicable law and practice (inpatient menu)
 - Measure: Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information has the capacity to receive the information electronically)

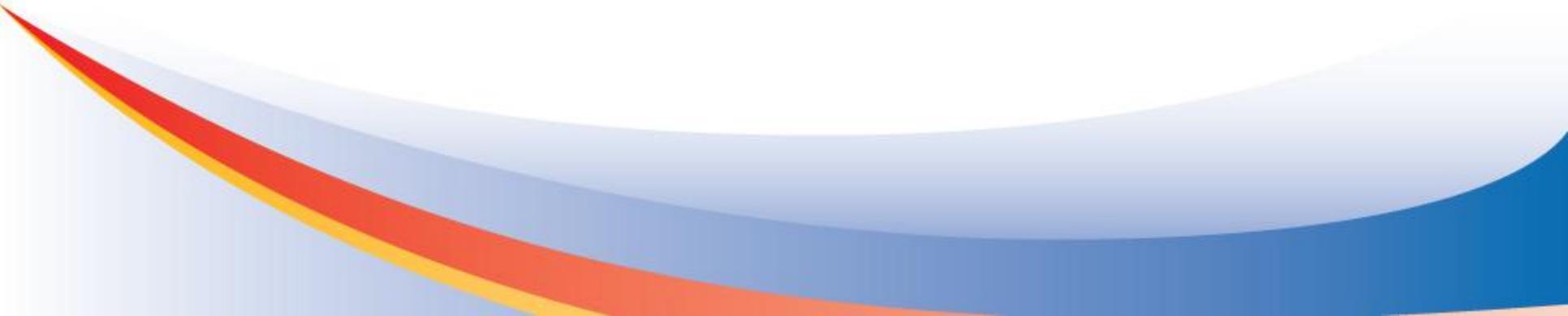
HITPC Stage 2 Recommendations

- Expand CPOE requirements: Include lab orders in CPOE (at least one lab order for 60% of unique patients who have at least one lab test result) – ambulatory and inpatient
- New objective for Hospitals: Hospital labs provide structured electronic lab results to outpatient providers for $\geq 40\%$ of electronic orders received and use LOINC where available.
- EH: Submit reportable lab results to public health agencies (attest to submitting to at least one organization) in accordance with applicable law and practice.

Meaningful Users and Incentive Program – Status Update

- **Meaningful Users that have attested**
 - 2383 EPs have attested
 - 2246 Successfully
 - 137 Unsuccessfully
 - 100 Hospital have attested
 - All successfully
- **Menu objectives:**
 - Most popular - Drug formulary, *incorporating lab test results & patient list*
 - Least popular - Medication reconciliation & summary of care record

Standards and Certification Criteria



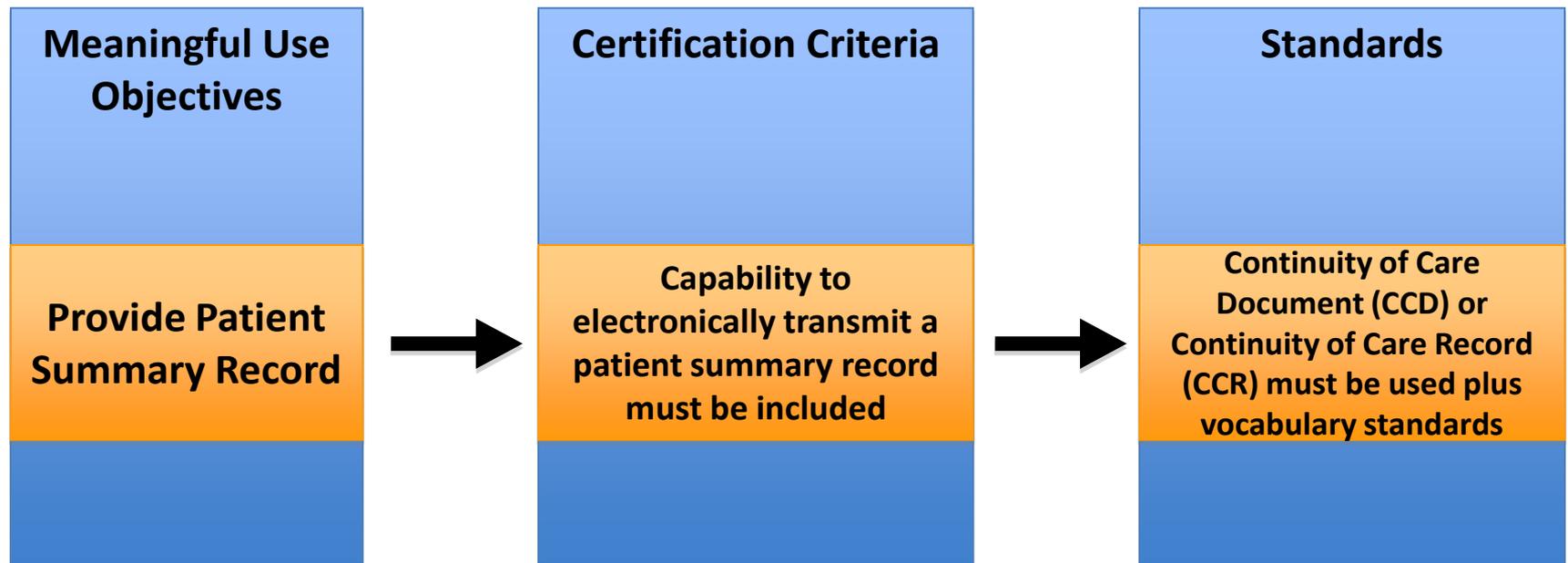
Final Rule S&CC

- 45 CFR Part 170
 - **Subpart A – General Provisions**
 - 170.102 – Definitions
 - **Subpart B – Standards and Implementation Specifications**
 - 170.205 – Content Exchange Standards and Implementation Specs
 - 170.207 – Vocabulary Standards
 - 170.210 – Standards to Protect Electronic Health Information (P&S)
 - **Subpart C – Certification Criteria**
 - 170.302 – General Certification Criteria
 - 170.304 – Specific Certification Criteria for Ambulatory Setting
 - 170.306 – Specific Certification Criteria for Inpatient Setting

Correlation to Meaningful Use

- 170.302 – General Certification Criteria
 - Capabilities needed by all health care providers to support meaningful use
- 170.304 – Specific Certification Criteria for Ambulatory Setting
 - Capabilities needed by eligible professionals
- 170.306 – Specific Certification Criteria for Inpatient Setting
 - Capabilities needed by eligible hospitals and critical access hospitals

Illustrative Relationship to Meaningful Use



Lab-related Certification Criteria

Certification Criteria:

- Incorporating lab test results; includes that the test report information required by CLIA be displayed (42 CFR 493.1291(c)(1) through (7))
- Capability to report lab test results to public health
- Several other certification criteria require the reuse of laboratory test results (e.g., electronic copy to patient and summary record must include lab test results)

Lab-related Standards and Implementation Specifications

Standards and Implementation Specifications (Inpatient):

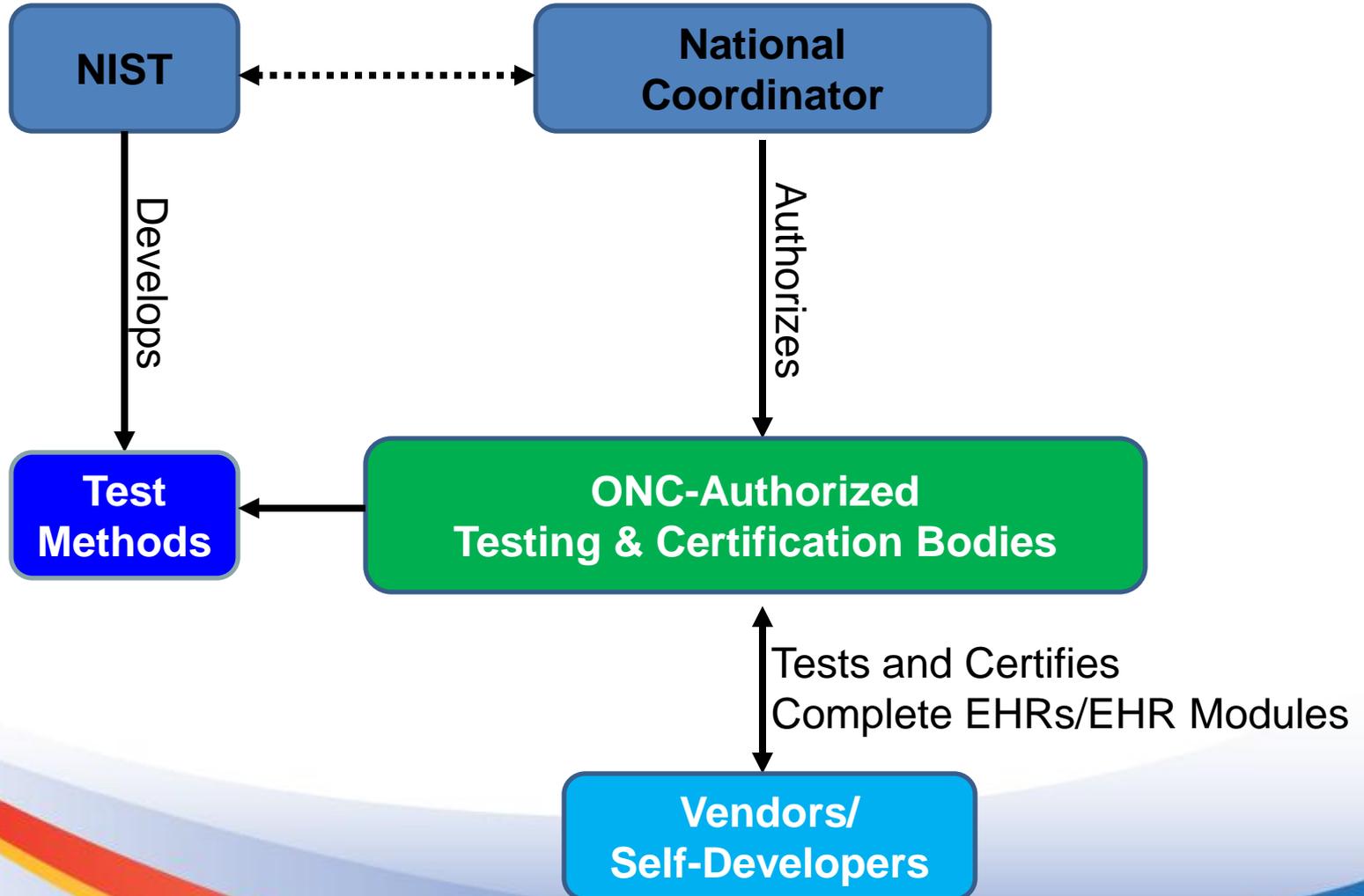
- Electronic submission of lab results to public health agencies. Standard.
 - HL7 2.5.1 & Implementation Specification HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm)
- Logical Observation Identifiers Names and Codes (LOINC) when such codes were received within an electronic transaction from a laboratory

EHR Certification Programs

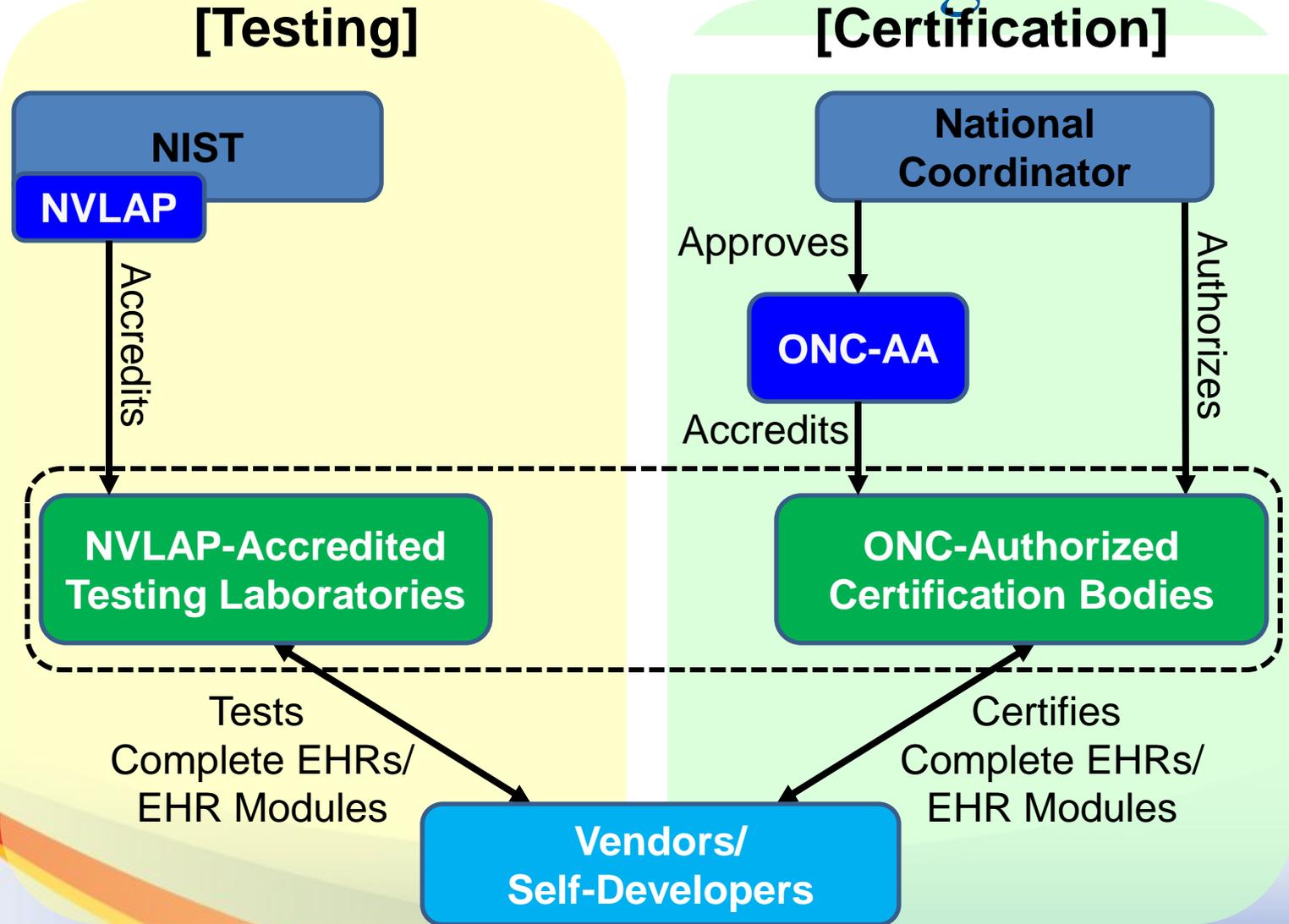
The Basics

- Certification Program
 - ONC is required to keep or recognize a certification program(s) for the voluntary certification of HIT, including testing as appropriate
- Conformance Testing
 - NIST is required to support the establishment of a conformance testing infrastructure

Temporary Certification Program



Permanent Certification Program



Permanent Certification Program: Key Points

- Testing and certification is expected to begin under the permanent certification program on January 1, 2012.
 - Temporary certification program will sunset.
- Transition from the temporary certification program to the permanent certification program **will have no impact** on currently issued certifications.
- “Gap Certification” -- will be available as a more efficient certification option

Program Achievements

Over 1000 products have been certified by 500+ EHR developers.

6 ATCBs have been authorized to test and certify EHR technology.

Test procedures have been developed in partnership with NIST colleagues.



Fostering Competition

Competition in the HIT certification market has offered vendors and developers a **wider selection** and has **lowered the overall cost** of certification.

Providing New Resources

The Certified HIT Product List (CHPL) has created a resource for providers to search for certified products to **meet their meaningful use objectives**.

Boosting Business

Certification has been a **boost to small businesses**.
100% of ATCBs are small businesses
Over 60% of CHPL Vendors are small businesses

Certified Health IT Product List (CHPL)

Summary Data 8/5/2011

1049 Certified EHR Products

Table	Ambulatory	Inpatient	Total
Complete EHR	433	94	527
Modular EHR	236	286	522
Total	669	380	1049

520 EHR Vendor/Developers

- 62% are small companies (<51 employees)
- 10% are large companies (>200 employees)

ONC State Health Information Exchange Program



Focus on Lab Interoperability

- States were required to focus on lab interoperability as one of three priorities.
- Why are lab results and lab interoperability important?
 - Clinical decisions often influenced significantly by lab results
 - Lab results can represent up to 70-80% of all health care information for patients and providers.
 - Lab information needs to be shared among providers who may not be directly linked or related for smooth healthcare delivery (Public/Pop Health-CM).
 - Effective exchange of laboratory information will help reduce redundancy of effort and its associated costs.

Eligible Professionals and Lab Exchange: Challenges and Strategies

- **Policy**
 - Lack of standardized contract language
 - Weak business case for low volume practices
 - Little coordination among small, independent lab partners
 - No long-term economic model for sustainability
- **Transport**
 - Lab results must be transported reliably from the lab to the provider
 - Challenges with bi-directional exchange
- **Standards**
 - Need for coordination between lab partners to support standards
 - Differences in interpretation of CLIA regulations

State HIE Examples

- Delaware – Encouraging Lab Participation
- Wisconsin – Providing Technical Assistance for Lab Interoperability
- Massachusetts - ELR Reporting
- New Mexico – ELR Reporting

State HIE Lab Interoperability CoP

- Approximately 70 members, including State HIT Coordinators and other key state stakeholders working to advance lab interoperability
- Short-term objectives focus on lab results delivery, including:
 - Developing standardized contract language for EHR contractors and lab IT procurements, specifically for lab-to-EHR exchange requirements and vendor selection
 - Identifying common levers for Medicaid, private payers, etc.
 - Discussing regulations (e.g., CLIA) related to lab participation in HIE
 - Standardizing content specifications for results reporting, including HL7, LOINC®, ELINCS (content, and vocabulary) as well as policy levers to encourage use of standardized laboratory codes
- Long-term objectives focus on lab orders.

ONC Regional Extension Center Program

Regional Extension Center (REC) Functional Interoperability Community of Practice

- Community of Practice (CoP) focused on functional interoperability and HIE.
- The Lab Workgroup within this CoP is tasked with aligning the REC program tasks with Lab/Meaningful Use Stage 1 requirements

Standards and Interoperability Framework Lab Results Interface (LRI) Initiative



For More Information

Helpful Links

- **Temporary Certification Program:** <http://healthit.hhs.gov/certification>
- **Standards & Certification Criteria:** <http://healthit.hhs.gov/standardsandcertification>
- **Certified HIT Product List:** <http://healthit.hhs.gov/chpl>
- **CMS EHR Incentive Programs:** <http://www.cms.gov/EHRIncentivePrograms>
- **Meaningful Use Grids:** <http://www.healthit.gov/buzz-blog/meaningful-use/meaningful-use-grids-quick-reference-navigation>
- **Comments? Questions?** ONC.Certification@hhs.gov