

# CIO Forum

## Federal and State Update

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# Agenda

- A look at Meaningful Use Stage 2 and 3
- The Standards Work ahead
- The State Work ahead

# Stage 2 and 3 Major Changes

- All “Menu Set” criteria moved to Core
- Most performance percentages increase over time i.e. e-Prescribing 40% of orders in stage 1, 50% in stage 2, 80% in stage 3
- 80% of problem lists, medication lists, and allergy lists must be up to date and not just at least one entry. Best thinking is that medication reconciliation, care plans, and visit summaries will drive more comprehensive documentation.

# Stage 2 and 3 Major Changes

- Decision Support implemented in an EHR must be
  - Authenticated (source cited)
  - Credible, evidence- based
  - Patient-context sensitive
  - Invokes relevant knowledge;
  - Timely
  - Efficient workflow
  - Integrated with EHR
  - Presented to the appropriate party who can take action

# Stage 2 and 3 Major Changes

- 30% of visits have at least one electronic provider note in stage 2, 90% in stage 3
- 30% of hospital patient days have at least one electronic note by a physician, NP, or PA in stage 2, 80% in stage 3
- 30% of hospital medication orders automatically tracked via electronic medication administration recording in stage 2, 80% in stage 3
- Electronic discharge instructions for hospitals (which are given as the patient is leaving the hospital) are offered to at least 80% of patients (patients may elect to receive only a printed copy of the instructions)

# Stage 2 and 3 Major Changes

- Electronic discharge instructions should include a statement of the patient's condition, discharge medications, activities and diet, follow-up appointments, pending tests that require follow up, referrals, scheduled tests
- 80% of patients offered the ability to view and download via a web-based portal, within 36 hours of discharge, relevant information contained in the record about inpatient encounters. Data are available in human-readable and structured forms.
- Inpatient summaries include: hospitalization admit and discharge date and location; reason for hospitalization; providers; problem list; medication lists; medication allergies; procedures; immunizations; vital signs at discharge; diagnostic test results (when available); discharge instructions; care transitions summary and plan; discharge summary (when available); gender, race, ethnicity, date of birth; preferred language; advance directives; smoking status.

# Stage 2 and 3 Major Changes

- Patients have the ability to view and download relevant information about a clinical encounter within 24 hours of the encounter. Follow-up tests that are linked to encounter orders but not ready during the encounter should be included in future summaries of that encounter, within 4 days of becoming available. Data are available in human-readable and structured forms
- Patients have the ability to view and download (on demand) relevant information contained in the longitudinal record, which has been updated within 4 days of the information being available to the practice. Patient should be able to filter or organize information by date, encounter, etc. Data are available in human-readable and structured forms .
- For providers, online secure patient messaging is in use
- Patient preferences for communication medium recorded for 20% of patients in stage 2, 80% in stage 3

# Stage 2 and 3 Major Changes

- Offer electronic self- management tools to patients with high priority health conditions
- EHRs have capability to exchange data with PHRs using standards-based health data exchange
- Patients offered capability to report experience of care measures online
- Offer capability to upload and incorporate patient- generated data (e.g., electronically collected patient survey data, biometric home monitoring data, patient suggestions of corrections to errors in the record) into EHRs and clinician workflow
- List of care team members (including PCP) available for 10% of patients in EHR in stage 2, 50% in stage 3
- Record a longitudinal care plan for 20% of patients with high-priority health conditions in stage 2, 50% in stage 3

# Standards Work Completed

- Final Rule on Certification and Standards issued including implementation guidance, test scripts, and certification tool
- Modular EHRs supported in Certification Rule
- Standards and Interoperability (S&I) Framework launched, resourced, and processes for SDO, HITSC, HITPC, and community engagement defined
- Direct launched and live
- Numerous hearings and reviews to assess progress and provide implementation guidance to reduce barriers, accelerate adoption
- Enrollment standards work completed
- Privacy and Security Tiger Team recommendations incorporated

# Standards Work Ahead

- Work on vocabulary resources resulted in recommendations for one stop shopping of code sets and vocabularies with potential business models
- Certificate standards launched
- Provider directory standards launched
- Patient matching/demographic codesets launched
- Quality measure retooling launched
- PCAST review and work to incorporate PCAST into Standards work begun
- S&I Framework - Lab harmonization, CDA simplification, transfers of care

# State Update

- Governance – HIT Council and Secretary have a final list of all nominees and will be making final decision soon. This includes co-chairs.
- Workgroup facilitation - an RFP will be issued for Subject Matter expertise to provide staff support to the Workgroups
- Multi-state HIE workgroup lead by New York and California may provide a forum to leverage the standards and infrastructure work of several states. There is also a Beacon Community effort led by Micky Tripathi that is likely to provide useful implementation guides

# State Update

- The MassHealth State Medicaid HIT Plan is being submitted this month and many of the services envisioned for the statewide HIE are included with the potential of receiving a 90% match from CMS.
- Mitch Adams is leaving MTC the end of June.
- The two HIE challenge grants are moving forward but we will need to ensure that their efforts are known to the new HIE-HIT Advisory group so that synergies are clear.

# State Timeline

- Estimated completion by April 2011: RFP for SME consulting support for HIT-HIE Advisory Committee
- Estimated completion by June 2011: RFP for Statewide Solution Integrator
- Estimated completion by October 2011: RFP for Statewide HIE Phase 1 Services
- Estimated completion by December 2011: RFQ for Public Good HISP vendor (s)
- Estimated completion by December 2012: RFP for Statewide HIE Phase 2 Services
- Estimated completion by December 2012: RFP for Statewide HIE Phase 3 Services

# Questions?

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