

CIO Forum

September 16, 2010

Meeting Summary

Participants

Meg Aranow, Boston Medical Center
Karen Bell, MD, CCHIT
Claudia Boldman, Information Technology Division of MA
Michael Brown, Harvard University Health Services
Ray Campbell, Mass. Health Data Consortium
Greg DeBor, CSC
Patrice Devoe, Tufts Health Plan
Del Dixon, South Shore Hospital (via phone)
Larry Garber, MD, Fallon Clinic (via phone)
Leon Goldman, MD, Beth Israel Deaconess Medical Center
John Halamka, MD, CareGroup and Harvard Medical School
John Kelly, Harvard Pilgrim Health Care
Arvind Kumar, CRICO/RMF
Gwen Lohse, Council for Affordable Quality Healthcare
Tom Murphy, South Shore Hospital
Paul Sawyer, Mt. Auburn Cambridge IPA
Sue Schade, Brigham and Women's Hospital
Craig Schneider, Mass. Health Data Consortium
Dave Smith, Mass. Hospital Association
Rhonda Starkey, Harvard Pilgrim Health Care
Laurance Stuntz, CSC/NEHEN
Nakhle Tarazi, MD, Mass. Health Data Consortium
Bill Young, Berkshire Health (via phone)

Summary

Announcements

Craig Schneider announced that the Consortium and the Massachusetts e-Health Institute will be holding the HealthMart Conference and Trade Show on October 5th in Worcester. This event is focused on EHR deployment, and is free to members of the Massachusetts Medical Society, the Massachusetts Hospital Association, the League of Community Health Centers, and the

Medical Group Management Association. To receive complimentary admission, go to <http://mahealthdata.org/Events?eventId=173080>, select: **Partner – MeHI**, and enter the case sensitive code: **HM10-maehi**

MeHI is conducting a series of programs on the Regional Extension Center around the state. After HealthMart, there will be programs in Brockton on October 7th, Fall River on the 19th, and in Fitchburg on November 3rd.

The Consortium's fall workshop will be held as part of the World Healthcare and Innovation Technology Conference near Washington on November 9th. www.whitcongress.com

Craig introduced Nakhle Tarazi, MD, the Elliot M. Stone Memorial Intern for 2010-11. Dr. Tarazi is a student in the Northeastern University Health Informatics Program, and will be conducting a study on patient perspectives on electronic health records.

Regulatory and Implementation Update

John Halamka, MD, CIO, CareGroup and Harvard Medical School

The syndromic surveillance information in the meaningful use regulation is incorrect, which will be a problem for vendors. As an interim fix, organizations can use HL7 v.231.

Numerous vocabularies and code sets (e.g., SNOMED-CT, LOINC) will be needed by healthcare organizations, but how will people obtain them? Ideally, there would be a single federal website so that providers could download the needed vocabularies and code sets. An ONC workgroup is addressing this need, and it should be available in about six months, but there are proprietary issues that need to be resolved.

The Policy Committee will be discussing the criteria and measures for stages 2 and 3 of meaningful use.

The Policy Committee has formed a provider directory team, which is chaired by Micky Tripathi. NESCSO is trying to build a New England-wide provider directory. NEHEN will have to decide whether to create its own provider directory, or to wait for the New England or national directories. It is likely that these directories will be federated systems with standards for data fields.

Another issue is patient consent. In stage 1, the focus has been on push transactions. The system is not ready for a patient-centered, modular approach to data exchange. Currently, we are limited to opt-in/opt-out models.

The HIT Council has established six ad hoc workgroups that are focusing on topics such as HIE, consumer engagement, and workforce development. Secretary Bigby wants to explore a new governance model for HIE oversight and procurement needs.

John Kelly reported on the plan identification number issue. Recent meetings in Washington did not produce a consensus on whether these ID numbers should be managed by the plans or by the AMA. A final rule needs to be produced on updating the code sets for healthcare reform and the role of the National Provider Identification number. Gwen Lohse added that the parties are working on the business case for these ID numbers, and that this additional deliberation will compress the time available for implementation.

Dr. Halamka noted that Greg DeBor has been working on healthcare reform enrollment issues, such as means testing. The first standards are due in mid-October. They are establishing a new Office of Consumer Insurance Oversight to oversee the exchanges – this will be a substantial organization, with an expected 2000 employees. The enrollment model will be based on NIEM (the National Information Exchange Model), which is security-driven. There [was] a meeting held on September 20th to discuss the approaches and standards.

CCHIT and the Certification Process

Karen Bell, MD, Chair, CCHIT

(The handout is not available. Please see www.cchit.org, Town Call on 9/20 for additional details.)

There are two types of certification: ONC's ATCB (Authorized Testing and Certification Body) and "CCHIT certified." In the future there will likely be separate testing and certification organizations, but the two currently approved organizations (Drummond Group is the other) offer both services.

The CCHIT Certified[®] mission is to accelerate the adoption of interoperable HIT with a credible and efficient certification process. The ATCB mission is to certify systems to federal standards for meaningful use. CCHIT locks down its testing scripts for its branded products, whereas NIST will not be locking down its testing tools for the ACTB process.

Under ATCB, modular certification is acceptable, and vendors can test to the NIST standards that are posted on any given day (even if the requirements change later). Hospitals can test using data that the vendor supplies. However, this may only demonstrate the ability to use structured data, and may not be a guarantee of meeting meaningful use incentive requirements. ATCB requires testing of six ambulatory core clinical quality measures, but only three of the remaining 38 measures. All 15 inpatient clinical quality measures must be tested.

CCHIT offers certification and testing for hospital-built and customized systems. This may be done remotely, there is a community of practice offered so that providers may learn from each other, and it is priced per module (there is a discount for complete EHR certification).

The issues being faced include NIST's unstable testing procedures, the error in the syndromic surveillance standard (this is less of a problem in Massachusetts, as DPH is expected to be ready), limited testing of ambulatory measures, and the availability of fully certified products in the needed

timeframe – although providers do not need to have a certified product until the 90th day of the meaningful use period.

Discussion:

Q: How will providers be able to demonstrate their security protocols remotely?

A: The technical procedures are limited, and you will not be tested on everything that you do with respect to security. Per the NIST testing procedures, hospitals will need to submit documents for review. It will be hard to find a vendor that meets all of the meaningful use criteria, and many of the certification rules are broad in order to accommodate this.

Q: Can hospitals pass with a simple EHR certification? We are using multiple IT systems.

A: A small hospital might be able to have EHR/module vendor(s) that are certified to all criteria, but not an academic medical center with self developed, legacy, or customized systems.

Q: The meaningful use clinical quality measures are not likely to be met via a certified EHR.

A: That is correct – even with CQM certification, it will take significant hospital resources to enter data into the EHR for calculation and reporting, since many of the necessary data elements are not currently available for electronic feed.

Identity Management and Health Information Exchange

Gwendolyn Lohse, Committee on Operating Rules for Information Exchange, CAQH

Laurence Stuntz, Partner, CSC

(please see handout)

The Council for Affordable Quality Healthcare is a non-profit alliance of health plans and trade associations that serves as a catalyst for collaboration on initiatives that simplify healthcare administration. The two primary initiatives are CORE (Committee on Operating Rules for information Exchange) and UPD (the Universal Provider Datasource).

Ms. Lohse said that the healthcare system will need to synchronize clinical and administrative rules. CAQH believes that building and maintaining provider directories would be burdensome, and that healthcare organizations should use the existing UPD. In Massachusetts, it would be worthwhile to merge the NEHEN provider directors with the UPD.

Although administrative simplification was withdrawn from Phase 1 of the meaningful use requirements, we are interested in receiving feedback on what the rules should be in Phases 2 and 3.

The efforts will have to scale quickly because of healthcare reform and meaningful use requirements. We are collaborating with NEHEN in a six-month pilot project that will begin in October, and should help inform Phases 2 and 3. We will give the CIO Forum an update on the pilot project, likely during a spring 2011 meeting.

Discussion:

Comment: Although we think of administrative data as less sensitive than clinical data, it should still be treated as sensitive data with security and privacy protocols.

Greg DeBor said that CORE is the national version of NEHEN, with a goal of reducing in scope the companion guides and streamlining the process.

John Kelly commented that we need to establish “trust communities” between healthcare organizations, with branded certificates and a shared PKI (public key infrastructure) methodology.

Laurence Stuntz pointed out the goal of proving that policies can facilitate bilateral transactions with one-time authentication. This infrastructure can be used for clinical exchange as well.

Next Meeting

November 18th, 8:00 – 10:00 at the Consortium’s office. The agenda will be sent out in mid-October.