

**American Health Information Community  
Electronic Health Records Workgroup**

**Summary of the 13th Web Conference of This Workgroup  
Thursday, February 22, 2007**

## **PURPOSE OF MEETING**

The primary objectives of the 13th Web conference of the Electronic Health Records Workgroup (EHR WG), chaired by Dr. Jon Perlin and Ms. Lilee Gelinas, were to hear additional presentations in specific domains related to the Workgroup's broad charge to make recommendations to the Community to achieve the widespread adoption of certified electronic health records (EHRs), minimizing gaps in adoption among providers and to start planning the EHR WG's recommendations in the five domains related to its broad charge.

## **INTRODUCTORY REMARKS**

Dr. Perlin and Ms. Gelinas began the meeting at 1 p.m. They welcomed participants and asked EHR WG members to focus on developing recommendations to the Community about how to achieve widespread adoption of certified EHRs. The January 11, 2007, EHR WG meeting minutes were approved.

Dr. Karen Bell made two points. First, the next meeting of the Community will be held March 13, 2007, in California, but the presentation of recommendations by the EHR WG and other workgroups had been postponed to the April or early June 2007 meeting. Second, the Community decided in January to proceed with three additional use cases: one on medication management, one on consumer empowerment, and one in the area of population health focusing on quality. The staff of the Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC) will be developing the use cases internally and making them available for public comment in the next few weeks.

## **KEY TOPICS**

### **1. Presentations**

In the first part of the meeting, EHR WG members heard presentations in four specific domains related to the Workgroup's broad charge: state of the technology, legal/regulatory, organizational/cultural, and financial/business case.

*State-of-the-technology Domain: EHR Demonstrations.* Dr. Blackford Middleton gave an overview of the capabilities of the Web-based EHR of Partners HealthCare System, Inc. Partners HealthCare is an integrated health system in Boston, and its EHR (a descendent of an ambulatory record used by Brigham & Women's Hospital) has been in use for about six years. Most people are eagerly moving toward EHR adoption in the Partners HealthCare environment.

*Legal/Regulatory Domain: Follow-up Letter on Liability Issues Related to EHRs.* Dr. Bell summarized the key points of a six-page memo with answers to EHR WG members' followup questions. The questions were concerned with increases and decreases in liability related to EHRs from the legal/regulatory panel that appeared at the January 2007 meeting of the EHR WG. If any EHR WG member has additional questions or concerns, ONC staff will ask the panel to address them.

- The memo, "Followup to Legal/Regulatory Panel at Workgroup's January 11, 2007, meeting," is available online at [http://www.hhs.gov/healthit/ahic/materials/02\\_07/ehr/response.doc](http://www.hhs.gov/healthit/ahic/materials/02_07/ehr/response.doc)

*Organizational Domain: EHR Payment Models and Application Service Provider Environments for Small- and Medium-sized Practices.* Chuck Parker discussed the payment models that small- and medium-sized physician practices are using to obtain EHRs (stepped payment, milestone payments, modular payments, and rental). He also compared three hosting options for such practices' EHR systems: (1) an EHR-vendor-hosted application service provider (ASP), (2) a local-hospital-hosted ASP, and (3) onsite hosting at the physician's office. In addition, Mr. Parker reported that, with the support of the Centers for Medicare & Medicaid Services (CMS), Masspro recently established the Doctor's Office Quality-Information Technology (DOQ-IT) University, an interactive, Web-based learning system for quality improvement organizations and physician practices throughout the country.

- Mr. Parker's presentation entitled "How Do I Pay for an EHR: Alternative Purchase Structures," is available online at [http://www.hhs.gov/healthit/ahic/materials/02\\_07/ehr/parker.ppt](http://www.hhs.gov/healthit/ahic/materials/02_07/ehr/parker.ppt). His summary of EHR hosting options for small and medium-sized physician practices is available online at [http://www.hhs.gov/healthit/ahic/materials/02\\_07/ehr/parker.doc](http://www.hhs.gov/healthit/ahic/materials/02_07/ehr/parker.doc).

*Financial/Business Case Domain: Malpractice Premium Credit for Physicians Using EHRs.* Representatives from three organizations – Mickey Tripathi from the Massachusetts e-Health Collaborative (MAeHC), Denise Funk from the Connecticut Medical Insurance Company (CMIC), and Jack King from the Physicians Insurance Agency of Massachusetts (PIAM) – discussed a program these organizations have developed that provides a malpractice premium credit of up to 20 percent to physicians for using EHRs in the northeastern part of the country. Malpractice litigation and indemnity payments are particularly high in that part of the country.

- Ms. Funk's presentation from CMIC, "Value of an EHR to Liability Insurers," is available online at [http://www.hhs.gov/healthit/ahic/materials/02\\_07/ehr/cmhc.ppt](http://www.hhs.gov/healthit/ahic/materials/02_07/ehr/cmhc.ppt).
- Mr. King's presentation from PIAM, "Developing an EHR Malpractice Credit Program," is available online at [http://www.hhs.gov/healthit/ahic/materials/02\\_07/ehr/piam.ppt](http://www.hhs.gov/healthit/ahic/materials/02_07/ehr/piam.ppt).

## **2. EHR WG'S AHIC Recommendation Planning Session**

In the second half of the meeting, EHR WG members discussed possible recommendations to the Community to achieve widespread adoption of EHRs, minimizing gaps among providers. Several documents prepared by ONC staff to support the discussion are available online at <http://www.hhs.gov/healthit/ahic/materials>. EHR WG members suggested possible

recommendations in each of the five critical domains related to the EHR WG's broad charge: financial/business case, legal/regulatory, cultural/organizational, state of the technology, and privacy and security. In addition, EHR WG members identified specific topics about which they felt they needed additional information.

#### *A. Financial/Business Case Domain*

##### ***Discussion: Possible Recommendations***

- Recommendations related to changing physician reimbursement to improve the business case for physicians to adopt and use EHRs. The Tax Relief and Health Care Act of 2006 (H.R. 6111) authorizes a program under which CMS can pay a 1.5 percent bonus payment to physician practices that submit quality data through the Medicare claims-based processing system. This act also opens the possibility that payors will begin paying physicians on the basis of structural quality measures in 2008. The EHR WG might consider recommendations on how specific structural quality measures (e.g., e-prescribing) can be used. More info at: <http://www.cms.hhs.gov/PQRI/>

##### ***Additional WG testimony requested***

- Additional information requested from CMS on the VOE project and their thoughts on structural quality measures.

**Staff Action Item #1: Arrange a presentation from CMS on the VOE project and the DOQ-IT Office Systems Survey.**

#### *B. Legal/Regulatory Domain*

##### ***Discussion: Possible Recommendations***

- A recommendation to encourage CMS to issue regulatory guidance pertaining to the new Stark regulations giving hospitals and others safe harbors to give health information technology (HIT) to physician practices to address concerns (e.g., hospital CEOs' fear of being thrown into jail, nonprofit hospitals' fear of loss of tax-exempt status), which seem to be causing hesitancy.
- A recommendation to encourage malpractice insurers' broader use of malpractice premium credits to encourage physicians to adopt and use EHRs.

##### ***Additional WG testimony requested***

- Information about the impact of the new Stark regulations giving hospitals and others safe harbors to give health information technology to physicians.
- Information from the recent National Governors Association meeting about initiatives addressing State-based licensure and other issues that could impede the free flow of information between physicians and patients.

**Staff Action Item #2: Arrange a presentation on the Stark regulations and their impact on the adoption of HIT by physicians. (NOTE: Mr. Isenstein will send ONC a list of suggested names for presentation.)**

**Staff Action Item #3: Arrange a presentation on the National Governors Association efforts to address State-based issues that impede the free flow of information among physicians and between physicians and patients.**

*C. Cultural/Organizational Domain*

***Discussion: Possible Recommendations***

- A recommendation to consider adding support to DOQ-University or encouraging its spread, where appropriate, to facilitate the adoption of EHRs by small- and medium-sized physician practices.
- Recommendations to engage health consumers more fully in supporting HIT adoption among clinicians.
- A recommendation that explicitly acknowledges or recognizes a potential codependence of some kind between personal health record efforts now taking off around the country and efforts to achieve widespread adoption of EHRs among providers.
- A recommendation to the Certification Commission for Healthcare Information Technology (CCHIT) to encourage provider practices to use the fact that they are using a certified EHR as a marketing tool and to educate patients to look for providers who are using certified EHRs.
- A recommendation to establish a national repository of information (e.g., basic rules, templates, forms, guidelines, protocols) that facilitates knowledge engineering for those implementing EHR systems.

***NO Additional WG testimony requested***

*D. State-of-the-technology Domain*

***Discussion: Possible Recommendations***

- The WG did not put forth potential recommendations in this critical component.

***More Information Needed***

- Information from CCHIT on the public comments received on the draft roadmap for the expansion of EHR certification criteria to physician specialty EHRs, discussion of software maturity and how they intend to address usability.

**Staff Action Item #4: Arrange for CCHIT to give testimony to the EHR WG on public comments received on CCHIT's draft roadmap for the expansion of EHR certification criteria to physician specialty EHRs, discussion of software maturity and how they intend to address usability.**

*E. Privacy and Security Domain*

Ms. Gelinas reminded EHR WG members that the Community now has a separate Confidentiality, Privacy, and Security Workgroup, which was recommended by the EHR WG in May 2006. She also reminded them that the National Center for Vital and Health Statistics (NCVHS) Subcommittee on Confidentiality and Privacy has made recommendations in this area.

***Possible Recommendations to the Community***

- A recommendation to support all or some of the 26 recommendations in the report of the NCVHS Subcommittee on Confidentiality and Privacy entitled *Privacy and Confidentiality in the Nationwide Health Information Network* (available at <http://www.ncvhs.hhs.gov/060622lt.htm>) and other recommendations (e.g., those related to secondary uses of data).

**Staff Action Item #5: Circulate the 26 recommendations in the June 2006 NCVHS report on privacy and confidentiality to EHR WG members and ask them to rank order the recommendations in terms of physician adoption of EHRs.**

Dr. Bell noted that the next meeting of the EHR WG is Tuesday, March 20. There were no public comments. The meeting of the EHR WG ended at 3:50 p.m.

## **SUMMARY OF ACTION ITEMS**

**Staff Action Item #1:** Arrange a presentation from CMS on the VOE project and the DOQ-IT Office Systems Survey.

**Status #1:** Planned for the 3/20 WG meeting.

**Staff Action Item #2:** Arrange a presentation on the Stark regulations and their impact on the adoption of HIT by physicians. (NOTE: Mr. Isenstein will send a list to ONC of suggested names for presentation.)

**Status #2:** Planned for the 4/18 WG meeting, kicking off the broadening into the inpatient care setting.

**Staff Action Item #3:** Arrange a presentation on the National Governors Association on efforts to address State-based issues that impede the free flow of information among physicians and between physicians and patients.

**Status #3:** Planned for the 3/20 WG meeting.

**Staff Action Item #4:** Arrange for CCHIT to give testimony to the EHR WG on public comments received on CCHIT's draft roadmap for the expansion of EHR certification criteria to physician specialty EHRs, discussion of software maturity and how they intend to address usability.

**Status #4:** Planned for the 4/18 WG meeting, kicking off the broadening into the inpatient care setting.

**Staff Action Item #5:** Circulate the 26 recommendations in the June 2006 NCVHS report on privacy and confidentiality and other recommendations (e.g., those related to secondary uses of data) to EHR WG members and ask them to rank order the recommendations in terms of physician adoption of EHRs.

**Status #5:** Document circulated with responses due COB 3/15.

## **MEETING MATERIALS**

Agenda

Recommendation Planning Cover Letter

May 2006 Recommendation Letter

Pre-recommendation Planning Document

Testimony Summary Spreadsheet

EHR Response Legal Panel Letter

EHR Response Legal Panel Letter

### **Presentations:**

Masspro - How Do I Pay for an EHR?

Masspro - ASP EHR Discussion

Connecticut Medical Insurance Company

Physicians Insurance Agency of Massachusetts

**Electronic Health Records Workgroup**  
**Members and Designees Participating in the Web Conference**

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American Clinical Laboratory Association  
Department of Defense  
NCVHS  
American Federation of Hospitals  
American College of Physicians  
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