

**American Health Information Community
Electronic Health Records Workgroup
Summary of the 14th Web Conference of This Workgroup
Tuesday, March 20, 2007**

PURPOSE OF MEETING

The primary objectives of the 14th Web conference of the Electronic Health Records Workgroup (EHR WG), chaired by Dr. Jon Perlin and Ms. Lillie Gelinas, were to hear presentations on the financial/business case domain and to discuss recommendations to make to the Community.

INTRODUCTORY REMARKS

Dr. Perlin and Ms. Gelinas began the meeting at 1 p.m. The February 22, 2007, EHR WG meeting minutes were approved. Dr. Perlin announced that this meeting would include two presentations: a VistA Office EHR (VOE) update from Dennis Stricker, a Doctor's Office Quality – Information Technology (DOQ-IT)/Office Systems Survey overview from Jim Sorace and Sue Fleck, and a demonstration of DOQ-IT U from Chuck Parker. These presentations would provide a springboard for discussion of structural and process measures for advancing the adoption and implementation of electronic health records (EHRs). In the latter half of the meeting, Betty Ranslow also provided the group with testimony on the National Governors Association (NGA) meeting and the Internal Revenue Service (IRS)/Stark exceptions.

KEY TOPICS

1. Presentations

In the first part of the meeting, EHR WG members heard presentations related to the financial/business case domain of the Workgroup's broad charge. Presentations included an update and overview of VOE, an overview of DOQ-IT, and a demonstration on how to use the learning modules provided in DOQ-IT University System. Presentations are available at: http://www.hhs.gov/healthit/ahic/healthrecords/ehr_archive.html.

Financial/Business Case Domain: VistA Office EHR Update. Mr. Stricker, Centers for Medicare & Medicaid Services (CMS), presented an overview of the VOE project, which aims to provide outpatient physicians with a low cost alternative for EHRs. At the conclusion of development, it is anticipated that WorldVistA will take over the distribution and ongoing support of the product. Quality assurance testing was projected to be completed by late March 2007.

Financial/Business Case Domain: DOQ-IT/Office Systems Survey. Dr. Sorace and Ms. Fleck, CMS, explained that DOQ-IT is built around two special studies:

- The Office Systems Survey. This study consists of both a baseline survey and a re-measurement survey to monitor EHR adoption and care management processes in small

physicians' practices, with Quality Improvement Organization intervention between the surveys.

- Care Management/ DOQ-IT University. This system has several modules: Office Workflow Redesign, Vendor Contract/Vendor Relations Issues, and Care Management. Features: web-based, interactive, adult learning environment; survey capability; utilization tracking capability; no cost to practice; open to all practices nationally.

Cultural/ Organizational: DOQ-U Demonstration. Chuck Parker and Sue Ordway, Masspro, provided a demonstration of how to use the DOQ-IT University tool, which is funded by CMS. They highlighted the systems different modules, or learning sessions, that contain lessons, learning goals, quizzes, and surveys in an easy-to-follow format. With a focus on care management, these modules provide physicians with the tools necessary to assess their readiness for an EHR or develop a project charter for a health information technology (HIT) adoption project. DOQ-U is in general release now, and Masspro has received positive feedback about the effectiveness of the tools.

2. EHR WG'S AHIC Recommendation Planning Session

In the second half of the meeting, EHR WG members focused primarily on the financial/business case domain, identifying financial levers that could be proposed to AHIC for expediting adoption of EHRs.

A. Financial/Business Case Domain

Discussion: Possible Recommendations

The EHR WG discussed whether the best strategy in terms of financial incentives would be a “big bang” approach that attempts a widespread adoption over a short period or a much less aggressive, gradualist approach that makes incremental increases in adoption over a longer period. In addition to this discussion, a number of possible recommendations were suggested:

- Include contractual language in health plan contracts that is geared towards generating initial capital for physicians as they adopt and use EHRs. A section of the executive order encourages and facilitates the provision and receipt of high quality and efficient health care, and such approaches may include pay for performance models of reimbursement consistent with current law.
- Create multiple incentives, both up front and long term. Possible incentives included:
 - Grant programs or tax credits to reduce the cost of acquisition and implementation
 - Reimbursement reform that would recognize and reward the use of EHRs submitted to the payer
 - Subsidized government loans to small physician practices that are based on forgiveness or interest forgiveness over time in order to prevent physicians from having to seek out loans from banking institutions
 - Physicians' purchasing cooperatives
 - Open-source, low-cost EHR products and platforms.
- Frame a principle around payer collaboration in the development of incentives, particularly pay-for-performance incentives, which would support HIT adoption.
- Encourage insurance company incentives (Massachusetts Blue Cross Blue Shield was held up as an example of a company helping providers acquire and use EHR/HIT). It was

noted that insurance companies have a vested interest in improving health care performance as a way to reduce outlays on claims.

- Clarify whether issues of interoperability should be solved first or in tandem with the rollout of a robust EHR system.
- Include pay-for-improvement programs in health contracts. The programs would include structural measures (1/3), process measures (1/3), and outcome measures (1/3). The program would aim to avoid penalizing early adopters by emphasizing outcome in physicians' offices that already have functional EHR systems and structural payments for those that are just implementing HIT.

Staff Action Item #1: Formulate possible financial recommendation focusing on pay for improvement using structure, process and outcome measures.

Additional WG Testimony Requested

- Dr. Perlin noted that a presentation on insurance company incentives from a representative of the insurance companies in Massachusetts, particularly the Boston Blue's approach may be helpful.

B. Legal/Regulatory Domain

WG Testimony

NGA Meeting Update. Betsy Ranslow, U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC) (betsy.ranslow@hhs.gov), summarized the structure, leadership, and current issues being addressed by the State Alliance for e-Health in addressing barriers in health information exchange and HIT adoption from a State perspective. The project is managed by the NGA and consists of three task forces:

- Health information protection task force (privacy and security issues)
- Health information communication and data exchange task force (public paying programs, including Medicaid)
- Health care practice task force (issues involving regulatory, legal, and professional standards that have an impact on the practice of medicine and create a barrier to interoperable health information exchange).

Current issues that the health care practice task force is working to address include the following: licensure laws (core credentials, commonality among States, possibility of national licensure), Clinical Laboratory Improvement Amendments (CLIA) issues and how CLIA hinders exchange of information, and liability issues.

IRS/Stark Exceptions. Ms. Ranslow presented a brief recap of the efforts by the American Bar Association (ABA) and the American Hospital Association (AHA) to maintain a lower level of clearance for hospitals as they work to maintain their tax exempt status. The IRS currently is awaiting the submission of a white paper composed by the ABA and AHA.

Ms. Ranslow's presentation and background materials are available at http://www.hhs.gov/healthit/ahic/healthrecords/ehr_archive.html.

Discussion: Possible Recommendations

The EHR WG discussed two previous recommendations from the February minutes: one recommendation for CMS to help in clarifying what is and is not allowed in terms of safe harbor relative to the Stark regulations, and one recommendation to encourage broader use of malpractice premium credits to encourage adoption. Although the group did not finalize either recommendation, the following conclusions were reached:

- Do not submit a recommendation to AHIC regarding Stark regulations. Instead, direct any questions and requests for clarity regarding Stark and anti-kickback to ONC.

Staff Action Item #2: WG members should forward questions and requests for clarity regarding Stark and anti-kickback to ONC.

- Two possible competing recommendations were put forward in regards to malpractice premium credits:
 - A recommendation to encourage malpractice insurers' broader use of malpractice premium credits to encourage physicians to adopt and use EHRs
 - A dual-pronged recommendation that (1) requests additional research on ways to refine the estimates of risk reduction and increase using HIT and (2) analyzes what can be done now, given that there are some carriers who are offering malpractice premium cuts for using EHR.

No consensus was reached on the recommendation.

Staff Action Item #3: Work on a background resolution concerning encouraging malpractice insurance companies to issue premium credits to physicians as a way to encourage adoption of EHR.

C. Cultural/Organizational Domain

Discussion: Possible Recommendations

- Ensure that there is appropriate support for DOQ-U as the system moves forward.

D. State-of-the-technology Domain

Discussion: Possible Recommendations

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

E. Privacy and Security Domain

Discussion: Possible Recommendations

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

Additional EHR WG testimony requested

- The EHR WG asked Ms. Ranslow and ONC to keep them up to date on issues dealing with privacy and security.

3. Public Comment

Angela Johnson, the American Osteopathic Association, noted that most physicians are in smaller practices. As a result, she appreciated the EHR WG's focus and recognition of issues surrounding smaller practices.

SUMMARY OF ACTION ITEMS

Staff Action Item #1: Formulate possible financial recommendation focusing on pay for improvement using structure, process and outcome measures.

Status Action Item #1: Currently a draft recommendation.

Staff Action Item #2: WG members should forward questions and requests for clarity regarding Stark and anti-kickback to ONC.

Status Action Item #2: Resolved.

Staff Action Item #3: Work on a background resolution concerning encouraging malpractice insurance companies to issue premium credits to physicians as a way to encourage adoption of EHR.

Status Action Item #3: Currently a draft recommendation.

MEETING MATERIALS

Agenda

Medpac Report to the Congress: Medicare Payment Policy, March 2005, Chapter 4: "Strategies to improve care: Pay for performance and information technology" (Look at structural measures pgs 191, 196-199)

Executive Order: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs

Executive Order: Four Cornerstones of Health Care Transparency

EHRs: The Feds Get Something Right (article at <http://www.memag.com/memag/article/articleDetail.jsp?id=410222&pageID>)

Sorace and Fleck - DOQ-IT Presentation

Sorace and Fleck - Office Systems Survey

Stricker - VistA Office EHR Update

Ranslow Presentation

Ranslow - Background Materials for Reference Only:

Materials from 1/26 State Alliance meeting:

Agenda (Word only)

Biographies (PDF only)

Burde - Legal Issues for Health Information Exchange: Legal Standards and Liability

Robins - Regulatory Issues in E-Health: A State Medical Board Perspective

Materials from 2/21-22 Health Care Practice Task Force:

Agenda

Biographies

Bartholomew - Malpractice Insurance and Telehealth

Hellquist

Kelly - Licensing Issues and our Consortium's Approach to a NHIN Architecture

LaMarche - Linking Utah's Healthcare Community

McIntyre - Medical Licensure: The State of the States

Robin - Medical Licensure: Today and Tomorrow

Szabo - Liability Issues in Health Information Exchange

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

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Jonathan B. Perlin

VHA, Inc.
Hospital Corporation of America, Inc.

ONC Staff

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Alicia Bradford

Office of Health Information Technology Adoption
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Members

Colonel Bart Harmon
John Houston
Howard Isenstein (for Chip Kahn)
Mike Kappel (for Pam Pure)
Blackford Middleton

Department of Defense
National Committee on Vital and Health Statistics
American Federation of Hospitals
McKesson
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Robert Smith
John Tooker

Presenters

Dennis Stricker
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