Town Hall Meeting on Health IT Interoperability, Standards & Certification

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National Association for Home Care & Hospice Annual Meeting
Washington, DC | November 1, 2013 | Session 305 | 8:00 AM to 9:30 AM

Today’s Topics

- CCHIT’s Experience with LTPAC EHR Testing and Certification
- Developing EHR Testing and Certification Programs
- Progress with HIE Certification
About CCHIT

- Founded in 2004 in response to the first ONC strategic plan citing certification as an accelerator to HIT adoption
- Under contract to ONC from 2005 - 2008, developed the first voluntary testing and certification program for comprehensive ambulatory and inpatient EHRs and HIEs
- Independently developed special population, special care setting and specialty medicine certifications such as LTPAC
- A NVLAP accredited testing laboratory and an ONC-authorized certification body certifying EHRs for HITECH incentives
- Selected by HealthWay to be the HIE HIT compliance testing body for eHealth Exchange onboarding

Available HIT Certification Programs

- Comprehensive, developed by CCHIT's LTPAC WG
- Includes functionality, interoperability, security
- Includes criteria for care plans & assessments
- Core with skilled nursing and home health options
- Only 5 LTPAC EHRs certified

- ONC 2011 & 2014 Editions available
- Complete v. Modular certification
- Only 3 LTPAC EHR modules certified for 2011 (other ACBs may have certified LTPAC EHRs)
- Transitions of care barrier higher in 2014

- First phase launched for provider participants
- Supports transitions of care more fully than the current ONC HIT Certification program
- Supports an accountable care business case
- See CCHIT's ACO HIT Framework
What We’ve Learned about EHR Testing and Certification Development

- Criteria and test method development should include stakeholder subject matter experts to meet the special practice setting needs of users and provide clear, consistent guidance to developers.
- Focus should go beyond interoperability and security to include the functionality necessary to help home health providers do their job. An example is criteria for care plans and assessments.
- Test methods should be scenario based to provider assurance that their workflow will be integrated. Clinicians do not like to move in and out of applications to do their work and there are patient safety implications with the use of non-integrated applications.

Creating Demand for Voluntary HIT Certification

- CCHIT’s experience indicates it takes …
  - Customer knowledge and demand for objective testing
  - Healthy HIT vendor competition
- A provider business case moves the market. No incentive funding may be available but…
  - Emergence of ACOs and bundled payment contracts necessitate information exchange across business boundaries
  - Costs of connecting EHRs to HIEs remain daunting
  - And clinicians are reluctant to leave their EHR-based workflow and go to a website to look up outside information on their patients
  - Voluntary LTPAC EHR certification, including interoperability, would enable clinicians to view and download patient information originating outside their organizations without interrupting their work, and lower costs of writing separate interfaces for each EHR or HIT system
Progress with HIE Certification

- Launched eHealth Exchange Participant Testing Program in July as the first phase of an HIE Certified Network™ program
- Enables organizations wishing to participate in the eHealth Exchange network to validate the compliance of their HIT with the eHealth Exchange Performance and Service Specifications
- This program is operated separately from both the ONC HIT Certification program, and our CCHIT Certified® programs
- An opportunity for Home Health organizations to participate in their HIE communities – more from Mariann Yeager, Healthway’s Executive Director
Town Hall Meeting on Health IT Interoperability, Standards & Certification

Introductions

HealthMEDX
Founded in 1999 | 200+ employees | 200+ customers | 3,000+ locations

- Mark Solomon – Director of Innovation
Industry Involvement

LTPAC Industry Associations (w/ HealthMEDX Participation)

National Association for the Support of Long Term Care
• President and Executive Board member

American Health Care Association
• Health IT Committee

National Association for Home Care & Hospice
• Home Care Technology Assoc of America (HCTAA) Board Member

Certification Commission for Health Information Technology
• LTPAC Workgroup Co-Chair
• LTPAC Advisory Committee

LTPAC Health IT Collaborative
• Sole Vendor Representative

Strategic Clarity

Automation
All settings in Post Acute
(Long-term Care, Home Care, Therapy, and Hospice)

Interoperability
Adhere to Industry Standards

Collaborative Care Plan
Readmission Management, Analytics, & Content
Automate

Connect

Adhere to Industry Standards
HealthMEDX Exchange Standards

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<tr>
<th>Exchange</th>
<th>Protocol</th>
<th>Version</th>
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<tr>
<td>ADT Exchange</td>
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<td>Monitor Exchange</td>
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Coordinate Care

Mobility

Physician with iCare

Home Care Mobile Clinicians with Mobile View
Coordinate Care

Holistic Readmission Approach

**ASSESS**
Readmission Data Documentation

**PREVENT**
Proactive Monitoring & Quality Indicators

**REPORT**
Readmissions Occurrences Review

The HealthMEDX Technology Platform
One Person Centric LTPAC Record

Connectivity & Data Exchange

- Physician Involvement
- Hospital
- Physician Office
- Pharmacy
- Lab
- Payor

Collaborative Care Plan
Evidence Based Content
Analytic Tools and CRM
CCHIT Certified® 2011

NDoc® from Thornberry Ltd.

Decision to get certified

- Create value for customers
  - interoperability, more than security or functionality
- Buyers’ assurance
- Prove we could do it
- ROI?
Challenges of getting certified

- Current version fully met only 50% of criteria
- Development took 2 years
  - other pressures/priorities do exist
- CCD required learning curve, database upgrade

We’re certified; now what?

- Evangelistic selling
- Employing an educator
- Helping savvy agencies position themselves in their market
Ongoing challenges/opportunities

- A voluntary certification announced by ONC?
- Meaningful use
  - expectations even though not participants?
- Tightening standards: a necessity
  - SNOMED-CT, LOINC, RxNorm
- Development strategy: forever changed

NDoc® from Thornberry Ltd.

CCHIT Certified® 2011
2013 NAHC Annual Meeting

Town Hall - Health IT Interoperability, Standards & Certification

November 1, 2013

Hardwiring the 3-part Aim

Better healthcare

Improving patients’ experience of care within the Institute of Medicine’s 6 domains of quality: Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.

Better health

Keeping patients well so they can do what they want to do. Increasing the overall health of populations: address behavioral risk factors; focus on preventive care.

Reduced costs

Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries. Supporting new models of payment.

Health Information Technology
Better Coordination & Health IT

- Better care coordination is the path to:
  - Improving communication, improving quality of care, and reducing unnecessary emergency room use and hospital readmissions
- Sharing patient health information across providers and settings of care will be essential to achieving a more coordinated, person-centric, less costly health care system
- Hospitals and physician practices are increasingly using health IT to support this transformation

Number of Eligible Providers Registered and Paid by Medicare or Medicaid as of July 2013

![Graph showing number of eligible providers registered and paid by Medicare or Medicaid as of July 2013]

- Total Eligible Professionals: 521,600
  - Total Professionals Registered: 405,329 (78%)
  - Total Professionals Paid: 312,072 (60%)

Source: CMS EHR Incentive Program Data as of 7/31/2013
**Number of Eligible Hospitals Registered and Paid by Medicare or Medicaid as of July 2013**

- **Total Hospitals Registered:** 4,510 (90%)
- **Total Hospitals Paid:** 4,051 (81%)

Source: CMS EHR Incentive Program Data as of 7/31/2013

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**2013: Build and Strengthen Exchange Capabilities**

- **Lab Companies**
- **Home Health**
- **Nursing Homes**
- **Public Health Agencies**
- **EMS**
- **Behavioral Health Providers**
- **Schools**
- **Patients and Caregivers**
- **Community Health Centers**
- **Pharmacies**
- **Hospitals**
- **Physician Practices**

[Diagram showing various health care entities connected with build and strengthen exchange capabilities]
2013 HIE Acceleration Activity

- Request for information (RFI) - received public input from broad group of stakeholders about a variety of policies that will strengthen the business case for electronic HIE across providers to ensure patients’ health information will follow them seamlessly and securely wherever they access care.

RFI Responses

- More than 200 submissions
  - Wide spectrum of providers, including long-term and post-acute care and behavioral health providers;
  - Payers;
  - State-based associations and organizations; and
  - Consumers
RFI Responses

• Accelerating Interoperability and Electronic HIE through Payment Models
  – Require electronic HIE in all advanced payment models and Medicaid waivers
  – Extend Center for Medicare & Medicaid Innovation (CMMI) efforts
  – Include Long-term care and post-acute care (LTPAC) and Behavioral Health (BH) in State Innovation Models (SIM) grants
  – Direct incentives for LTPAC and BH providers
  – Explore additional reimbursement codes for care coordination via telehealth, e-visits, radiology queries, and Evaluation &Management
  – Require electronic HIE standards as regulatory requirements for quality measurement and conditions of participation
  – Extend Regional Extension Center (REC) support
  – Extend Stark and Anti-kickback exceptions for donations of EHR software

RFI Responses Cont.

• Voluntary HIT Certification: Expansion
  – Interoperability across the spectrum of care
    – Long-Term Care and Post-Acute Care
    – Behavioral Health

• Standards and Electronic Exchange
  – Support for DIRECT and Meaningful Use Stage 2 objectives
  – Standardization of data elements
  – Encourage bi-directional information exchange
Voluntary Certification

Broad Charge: HITPC Certification Adoption Workgroup

- Recommend a process for prioritizing health IT capabilities for voluntary EHR certification that would improve interoperability across a greater number of care settings

- Recommendations shall take into account previously adopted ONC certification criteria and standards and identify the key health IT capabilities needed in care settings by providers who are ineligible to receive EHR incentive payments under the HITECH Act

Voluntary Certification

- Timeline: Recommendations will be made to HITPC in early Spring of 2014.
- Meetings are public. An audio recording and materials are posted on healthit.gov.
  - Reference the FACA Calendar¹
  - Look for Policy: Certification/Adoption Workgroup
Voluntary Certification Process:
Review of existing resources

Certified EHRs

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<th>Home Health</th>
<th>Hospice</th>
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<tr>
<td>ONC Certification (2011</td>
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<td>Edition – Inpatient Modular)</td>
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<td>CCHIT LTPAC Certification</td>
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Source: 2013 CAST EHR Selection Matrix, CCHIT Certified Products, ONC Health IT Products List (CHPL)

Certification Guidance

Issued by ONC Sept 2013:

• Certification Guidance⁵ is meant to serve as a building block for federal agencies and stakeholders to use as they work with different communities to achieve interoperable electronic health information exchange

• Identifies the 2014 Edition EHR certification criteria from the ONC HIT Certification Program that focus on interoperability

• Certification criteria were adopted to support health care providers seeking to achieve meaningful use, but they are generally applicable to many health care settings.

• Implementation could open critical communication lines between eligible and ineligible health care providers
Standards & Interoperability Framework
Longitudinal Coordination of Care (LCC)

COMMUNITY-LED INITIATIVE

Longitudinal Coordination of Care Workgroup

- Longitudinal Care Plan SWG
- LTPAC Care Transition SWG
- HL7 Tiger Team SWG
- Patient Assessment Summary (PAS SWG)

GOALS

- Identify standards for an interoperable, longitudinal care plan* which aligns, supports and informs person-centric care delivery regardless of setting or service provider
- Identify the key business and technical challenges that inhibit LTC data exchanges
- Define data elements for long-term and post-acute care (LTPAC) information exchange using a single standard for LTPAC transfer summaries
- Educate the LCC Community on related HL7 processes, framework and evolving standards relevant to LCC
- Gather and generate comments for HL7 Care Plan related evolving standards (Care Coordination Services & Care Plan Domain Analysis Model (DAM))
- Engage directly with HL7 to establish the standards for the exchange of patient assessment summary documents
- Inform the development of the Keystone Beacon PAS Document Exchange

*Care Plan standards will enable providers to create, transmit and incorporate care plans and needed content for the benefit of medically complex and/or functionally impaired individuals, their families and caregivers.

LCC WG Timeline: Mar 2013 – Dec 2013

- LCC Stakeholder Engagement: Lantana, IMPACT, ASPE, NY, CMS
- LCC & HL7 Care Plan Coordination
- LCC Care Plan Use Case 2.0 Development & Consensus
- ToC IGs Development (Transfer Summary, Referral Note, Consult Note)
- Care Plan/ Home Health Plan of Care IG Development
- HL7 Ballot Package Development
- HL7 Ballot & Reconciliation
- IMPACT ToC Pilot Monitoring
- NY Pilots Monitoring
- NY Care Coordination Go-Live

Milestones

- FACA LCC WG Briefings
- HL7 Project Scope Statement Due
- HL7 Fall Ballot Open
- HL7 Final Ballot Due
- IMPACT Go-Live
- NY Care Coordination Go-Live

2013 Standards & Interoperability LCC Time Line

Mar 13 Apr 13 May 13 Jun 13 Jul 13 Aug 13 Sep 13 Oct 13 Dec 13
Getting Involved!

1. Follow, provide comment on HITPC Certification WG meetings addressing voluntary certification

2. Participate in a S&I LCC pilot
   - The LCC Initiative is currently in the Pilot Phase for the LCC Transfer of Care and Care Plan/Home Health Plan of Care (HHPoC) standards. If your organization is interested in participating in a pilot:
     • Visit the LCC Pilots WG wiki and
     • Fill out the LCC Pilot Interest Survey

3. Ask your EHR vendor if they are certified and able to exchange standards-based data with other healthcare providers in your community

Resources

1) FACA Calendar: [http://www.healthit.gov/facas/calendar](http://www.healthit.gov/facas/calendar)
3) CCHIT Certified Products: [https://www.cchit.org/find-cchit](https://www.cchit.org/find-cchit)
6) LCC Pilots WG wiki: [http://wiki.siframework.org/LCC+Pilots+WG](http://wiki.siframework.org/LCC+Pilots+WG)
Questions?

Contact Information

• Liz Palena Hall
  LTPAC Coordinator, State HIE Project Officer
  elizabeth.palenahall@hhs.gov
Connecting the Nation through Secure, Interoperable Data Exchange

HCTAA Town Hall Meeting: Health IT Interoperability, Standards & Certification

November 2, 2013

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eHealth Exchange

Shared trust framework and rules of the road

The Internet

Common standards, specifications and policies enforced through Data Use & Reciprocal Support Agreement (DURSA)
eHealth Exchange Anchor Participants

- Alabama One Health Record
- Centers for Medicare and Medicaid Services (CMS)
- Children's Hospital of Dallas
- Community Health Information Collaborative (CHIC)
- Conemaugh Health System
- Department of Defense (DOD)
- Department of Veterans Affairs
- Dignity Health
- Douglas County Individual Practice Association (DCIPA)
- Eastern Tennessean Health Information Network (etHIN)
- EHR Doctors
- Hawaii Pacific Health
- Geisinger Health
- HealthBridge
- HealthConnect RHD Central New York
- HEALTHeLINK (Western New York)
- Idaho Health Data Exchange
- Indiana Health Information Exchange (IHE)
- Inland Northwest Health Services (INHS)
- Kaiser Permanente
- Lancaster General Health
- Marshfield Clinic
- Medical University of South Carolina (MUSC)
- MedVirginia
- MultiCare Health System
- National Renal Administrators Association (NRAA)
- New Mexico Health Information Collaborative (NMHIC)
- North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA)
- OCHIN
- Quality Health Network
- San Diego Beacon
- Social Security Administration (SSA)
- South Carolina Health Information Exchange (SCHEx)
- South East Michigan Health Information Exchange (SEMHIE)
- Strategic Health Intelligence
- University of California, Davis
- Utah Health Information Network (UHIN)
- Walgreens
- Wright State University
eHealth Exchange Growth

- Participation reaching critical mass
  - 40+ Participants
  - More than 45 in application / testing phase
  - Hundreds of hospitals, thousands of physician practices, reaching nearly 100 million patients
  - Dozens of others planning to onboard
- National-level coverage increasing; reaching tipping point of adoption
- Collaboration extending breadth and depth of connectivity
  - Care Connectivity Consortium – Kaiser Permanente, Mayo Clinic, Geisinger, Group Health Cooperative, Intermountain Healthcare
  - Coordination with state-level efforts
- Meaningful Use (Stage 2) is one factor driving adoption among vendors and providers

Standardized Way to Support Multiple Use Cases

- Treatment / Care Coordination / Transitions of Care
  - Share clinical documents (either sending documents to another care provider or the ability to request and receive documents from another care provider)
- CMS End Stage Renal Disease (ESRD) program
  - Dialysis centers submit quality reporting data to CMS
- Social Security Disability Benefits
  - Respond to requests for clinical documents from Social Security Administration
- New Sub Use Case:
  - Sharing of immunization data for treatment purposes (not immunization registry reporting)
- Other
  - Can be leveraged as standardized way to support many other uses cases and varying types of data / documents
  - Exploring use of secure e-mail as an additional technical standard
Benefits to Participating in the eHealth Exchange

- Enables exchange of data with other participants in the eHealth Exchange community without additional testing or one-off agreements
- Recognition as part of trusted community
- Confidence that the connection can be trusted since every participant is expected to meet the conditions for trust
- Cost-effective and efficient (national-level ROI) since all participants exchange under a common trust and interoperability framework
- Compliance enforced by contract and an oversight committee
- Functional and scalable shared services that help you find exchange partners
- Contributes toward measures for MU2 related to the transitions of care and referrals objective

Discussion

For more information:

**Onboarding:**
http://www.healthewayinc.org/index.php/exchange/onboarding

**eHealth Exchange Participant Testing:**
http://hiecertified.cchit.org/

**E-mail:** admin “at” healthewayinc.org