

# Slides for Bob Marotta

HIT Symposium at MIT  
Day II Afternoon Plenary Session

# Welcome and Introductions

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(Symposium co-chair)

# Welcome and Introductions

- **Afternoon Plenary Session, Day II of the HIT Symposium at MIT**
- Heard from key government and former government leaders on HIT this morning, including:
  - Michael Rapp, MD, JD, FACEP, Director, Quality Measurement and Health Assessment Group, Centers for Medicare and Medicaid Services
  - Jon White, MD, Director, AHRQ Health IT Portfolio, Department of Health and Human Services
  - Kerry Weems, Former Administrator, Centers for Medicare and Medicaid Services

# Highlights of the Afternoon

- 1:45 PM:** Building a Health IT Technical Assistance Capability at the State and Local Level – Panel Discussion
- 2:45 PM:** Challenges in Hospital Roll Outs of Comprehensive EHR Systems - Individual Presentation
- 3:15 PM:** Break
- 3:45 PM:** EHR Incentives in an Era of Innovation - Individual Presentation
- 4:15 PM:** Will America's Physicians Take the Lead in Rolling Out EHRs - Individual Presentation
- 4:45 PM:** Improving Healthcare Using EHR and Other Healthcare Data - Panel Discussion
- 5:45 PM:** Adjournment – Tours of MIT Campus or MIT Media Lab

# Building a Health IT Technical Assistance Capability at the Regional Level

- The new “regional extension centers,” launching in 2010, will play a significant role in enhancing technical assistance capabilities at the state and local levels.
- These centers will provide technical assistance and disseminate best practices and other information to support and accelerate efforts to adopt, implement and effectively utilize health IT.

# Building a Health IT Technical Assistance Capability at the Regional Level

- The Office of the National Coordinator for Health IT (ONC) recently published a draft description of these regional centers. Solicitation for hosting applications will be released this summer.
- ONC proposed that each regional center prioritize direct assistance first to the following:
  - Public or not-for-profit hospitals, or critical-access hospitals
  - Federally-qualified health centers
  - Entities located in rural and other areas that serve uninsured, underinsured and medically underserved individuals (regardless of whether area is urban or rural)
  - Individual or small-group practices that are primarily focused on primary care.

# Building a Health IT Technical Assistance Capability at the Regional Level

- ONC proposed that regional centers furnish direct, individualized and (as-needed) on-site assistance to individual providers.
- This on-site assistance will be a key service and will represent a significant portion of the centers' activities.
- The extension program should provide at least a minimal level of technical assistance across the nation.

# Building a Health IT Technical Assistance Capability at the Regional Level

- It is expected that each regional center will provide technical assistance within a defined geographic area, and that each area will be served by only one center.
- It is required that centers be affiliated with any U.S.-based nonprofit organization, or group thereof, that applies and is awarded financial assistance; awards shall be decided on the basis of merit.
- ONC proposes a number of other requirements and preference criteria.

# **eHealth Initiative Survey on HIT Regional Extension Centers**

- In May, eHI surveyed its member and partner organizations to assess perceptions and expectations about the HIT Regional Extension Centers.
- Results were shared in late May with the Administration and the public.

# The Results: Survey on HIT Regional Extension Centers

- 65% of respondents believed that the federal government should lay out an operational outline for the centers and allow each to adopt its own region-specific practices.
- 49% believed that the centers should cover a geographic area designed to meet need; 26% supported centers adhering to state boundaries. 62% of respondents felt that the centers, once created, should not overlap geographically or otherwise compete to provide services.
- 41% of respondents supported the creation of 10-50 centers; 24% supported 50-100.
- 64% of respondents thought that quality improvement organizations were the most appropriate hosts of such centers; no other type of organization received comparable support. 71% of respondents thought vendors were poorly-suited to host or help fund a center due to conflicts of interest. At the same time, many respondents supported a coalition of organizations supporting a center. Desired a truly competitive application process.

# The Results: Survey on HIT Regional Extension Centers

- Respondents most strongly supported the centers providing the following services:
  - Dissemination of best practices and research – 96%
  - Technical assistance for implementation with clinicians – 92%
  - Workflow modification guidance for clinicians – 91%
  - Vendor-neutral advice on purchasing decisions – 80%
  - Health information exchange support – 80%
- Survey respondents felt that the centers should initially focus on assisting the following organizations:
  - Providers focused on primary care – 94%
  - Providers located in rural or underserved areas – 92%
  - Public, not-for-profit and/or Critical Access hospitals – 90%
  - Federally-qualified health centers – 89%

# Summary: Survey on HIT Regional Extension Centers

- Regional extension centers should not be constrained to a specific metropolitan or state boundary and should be uniquely designed to meet the needs of the chosen coverage area.
- There should be established between 10 and 100 centers, which should be non-competitive with each other.
- Quality improvement organizations are best-suited to run the extension centers based on previous experience; numerous respondents cited HIEs as well. Ultimately, there should be a competitive process that selects the organization or organizations best suited to host each center.

# Summary: Survey on HIT Regional Extension Centers

- Extension centers' primary services need to include:
  - Dissemination of best practices and research
  - Technical assistance and workflow guidance for clinicians
  - Also popular:
    - HIE support
    - Vendor-neutral purchasing advice
    - Liaison between public and private efforts
- Centers should focus their attention on:
  - Primary care practices
  - Public, not-for-profit, and/or CAHs
  - Entities located in rural/underserved areas
  - FQHCs

# Improving Healthcare Using EHRs and Other Healthcare Data: Meaningful Use

- In order to improve healthcare using data, we need to successfully define and transition to the meaningful use of EHRs and health data.
- eHI surveyed its membership on meaningful use of EHRs in April 2009.
- Results were shared with NCVHS and the public.

# Improving Healthcare Using EHRs and Other Healthcare Data: Meaningful Use

- Survey/discussion results: members, including broad range of health care stakeholders, recognized that the definitions of “meaningful use” and “meaningful user” must not set the bar too high or too low.
- Consistent theme of flexibility. Though members differed on details, all emphasized the need for flexibility to allow:
  - Continued innovation;
  - Any provider who puts in significant time and effort to be able to qualify as a meaningful user; and
  - For the definition of meaningful use to evolve as technology and health care systems evolve.

# Improving Healthcare Using EHR and Other Healthcare Data: Meaningful Use

- Majority of respondents (58%) recommended that 'meaningful user' definition take into account differences between various practice sites and specialties.
- When asked to review a list of actions that could be considered elements of 'meaningful use,' responses varied widely:
  - Functions with most support were: e-prescribing (88%); viewing lab and imaging results (79%); warning of drug interactions (76%); and problem lists and diagnoses, computerized orders and allergies (all exactly at 72%).
  - Functions with least support were: clinical messaging (47%); reminders (42%); and exchanging data with patients and consumers (38%).
- Significant majority (68%) opposed requiring providers to perform all the functions that would eventually become part of meaningful use. Half of those respondents supported HHS creating a defined set of basic functions, while leaving others optional until there is broader adoption and use of HIT.

# Up Now

## Building a Health IT Technical Assistance Capability at the State and Local Level

- David Schulke  
Executive Vice President, American Health Quality Association, Washington, DC
- Micky Tripathi, PhD  
President and Chief Executive Officer, Massachusetts eHealth Collaborative, Waltham, MA
- Steven E. Waldren, MD, MS  
Director, Center for Health Information Technology, American Academy of Family Physicians, Leawood, KS