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Presenters

• Farzad Mostashari, MD, ScM
  National Coordinator for Health Information Technology, ONC

• Cindy Mann,
  Deputy Administrator and
  Director, Center for Medicaid and CHIP Services, CMS

• Patrick Conway, MD, MSc
  CMS Chief Medical Officer and
  Director, Center for Clinical Standards and Quality, CMS
  Acting Director, Center for Medicare and Medicaid Innovation
Presenters

• Moderated by Nora Super
  
  *Director, Public Affairs, ONC*
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
• The overarching policy intent is to develop and implement a set of policies and programs that would encourage providers to routinely exchange health information through interoperable systems in support of care coordination across health care settings.

• HHS intends to rely on all applicable and appropriate statutory authorities, regulations, policies, and programs to accelerate rapid adoption of health information exchange (HIE) across the care continuum in support of delivery and payment reform.
• 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.
Why an RFI?

• The CMS Medicare and Medicaid EHR Incentive Programs and the ONC HIT Certification Programs are not enough to achieve the widespread interoperability and HIE necessary for delivery and payment reform.

• Fee for Service (FFS) reimbursement and other business motivations are the stronger influencer of provider behavior, still no strong business imperative for HIE across all providers and settings of care has developed.

• We want stakeholders to help inform our policies and programs and to take action quickly as delivery and payment reform is depending on this capability.
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
• 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 tele-health, 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
• 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
HHS is committed to an incremental, yet comprehensive and strategic approach to accelerating different types of HIE as a part of Affordable Care Act delivery reform programs and Medicare and Medicaid payment.

New regulations and guidance on existing programs will enable a patient’s health information to follow them wherever they access care with appropriate privacy and security safeguards.

HHS will advance multi-stakeholder development of standards through the Standards & Interoperability Framework and coordination with standards development organizations.
• HHS will encourage widespread use of HHS-adopted HIT standards for advancing interoperability and electronic HIE across the health system through Medicare and Medicaid delivery reform
• HHS will work to align HIT standards and specifications for quality measurement and improvement across Medicare and Medicaid
• HHS will implement policies that encourage electronic HIE
  • Could evolve from incentive and reward structures to electronic HIE as standard business practice for providers
CMS Action Steps

• Proposed Physician Fee Schedule rule-making process
  – Notice of Proposed Rulemaking (NPRM) proposed new complex chronic care management fee conditioned on e-summary of care record exchange

• Health Care Innovation Awards
  – Multiple first round awards including HIE as part of model
  – 2nd round of funding will test new payment models and allow for support of HIE

• State Innovation Model Initiative
  – Supporting HIT and HIE among LTPAC, BH and other providers participating in delivery models in testing states

• HIT and HIE are foundational building blocks for delivery system transformation
• Continue to incorporate HIE acceleration strategies into Medicaid, CHIP and the Basic Health Plan (BHP) through State Plan Amendment and Waiver processes
• Use existing Medicaid, CHIP and BHP authorities to incorporate HIE into payment policies
• Make further use of Medicaid HIE funding opportunities to contribute to HIE infrastructure costs
ONC Action Steps

• Public communication of Standards, Interoperability and Certification Roadmap
  – Transparent planning tool for government, providers and industry

• Move forward with determining potential scope and criteria for LTPAC and BH HIT certification through HIT Policy Committee

• Open source tool kits for ADT alerts
Discussion

• Questions and Answers

Your Participation

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• HHS is committed to realizing a patient-centered, value-driven health care system supported by the secure exchange of information across all providers of care.

• HIT is a foundational building block for achieving better health outcomes at lower costs