

# Health IT Public Policy Update

9th Annual Clinical Informatics Summit

May 19, 2017

**HIMSS**  
transforming health through IT™



# Agenda

- Key Health IT Public Policy Issues
  - What We Know
  - What We Think We Know
- How to Get Involved and Leverage HIMSS Resources
- Discussion/Q&A

# Guiding Advocacy Framework

- Advance the Value of Health IT to Support Healthcare Transformation
  - Health IT is largely a bipartisan issue
- Transition is underway **from** widespread implementation of health IT **to** IT-driven improvements in care delivery, access to care, health outcomes, and costs
- Federal and state policymakers realize the promise of IT to support health policy goals
  - Divide growing between rapid speed of innovation and the measured pace of government regulation
    - Leads to increase in the complexity of the health policy landscape

# Key Health IT Public Policy Issues

## What We Know

# President Trump Has Key Health Policy Leaders in Place

- Representative Tom Price (R-GA-06) confirmed as HHS Secretary on Friday, February 10, 2017
  - House Member since 2004
  - Orthopedic Surgeon
  - Most recently Chairman of the House Budget Committee
  - Lengthy record on health reform issues
- Ms. Seema Verma confirmed as CMS Administrator on March 14, 2017
  - Extensive experience on Medicaid and Medicare policy
  - Architect of the Healthy Indiana Plan (HIP)
  - Served as the State of Indiana's health reform lead following ACA enactment

# Leadership in Place at Office of the National Coordinator for Health IT

- Don Rucker, MD, National Coordinator
  - Former biomedical informatics and emergency medicine professor at Ohio State
  - Siemens Healthcare CMO for 13 years
  - Practiced Emergency Medicine at Kaiser and Beth Israel Deaconess
- John Fleming, MD, Deputy Assistant Secretary for Health Technology Reform
  - Served as a Representative from Louisiana's 4th Congressional District from 2009-2017
  - Early adopter and supporter of health IT, having implemented an EHR in his Minden, LA, practice in 1997
  - His public career also includes medical service in the US Navy

# Delivery of Value-Based Care Remains Fundamental Policy Approach

- Value-based approach favored by both parties
  - Economic argument
    - Value-based care is required for the sustainability of Medicare and entire health system
    - Lower healthcare costs will be key to President Trump's economic policies
  - Quality argument
    - Higher quality care will deliver better outcomes and more value

# Reduction in Physician Burden Will Be Focus

- HHS Secretary Price's focus is on reducing the regulatory and reporting burden on physicians
  - Allow practitioners to spend more time with patients
  - Patient-facing vs. computer-facing
- Reporting alignment across multiple programs
- Eliminate mandatory requirements for participation in new payment/care delivery models
- Regulatory vehicles would be rules around IPPS, QPP, MU, PFS
- IPPS Proposed Rule includes
  - MU in 2018
  - eCQM reporting period in 2017 and 2018

# 2017 QPP Implementation is Proceeding

- Clinicians are now able to determine their MIPS participation status
  - Clinicians will participate if they:
    - Bill Medicare Part B more than \$30,000 a year **AND**
    - See more than 100 Medicare patients a year
- MIPS not required if a clinician is in an Advanced APM
  - Estimates from last year were for 70-120,000 clinicians pursuing the Advanced APM Track
- CMS is forecasting 806,879 clinicians do not have to comply with MIPS in 2017
  - 418,849 must participate
- Technical assistance grants have been given to 11 regional organizations to help prepare small and rural clinicians to participate

# States Will be Granted More Flexibility, Especially for their Medicaid Programs

- CMS is giving states more freedom to design programs to meet the diverse needs of their Medicaid populations
  - States are best-positioned to assess their unique needs
- Health IT could figure prominently in many state system redesigns
  - States empowered to advance next wave of innovative solutions
- Focus is on improving economic standing and the rise out of poverty
  - Agency wants to empower low-income Americans with skills and employment
    - Training, leads to employment, which results in independence

# 21st Century Cures Enacted on December 13, 2016

- Core of law focused on expediting discovery, delivery, and development of new cures and treatments
- Includes a significant focus on health IT as the foundation of medical research and care delivery
  - Health IT is woven throughout the law
    - Harmonization and reducing of regulatory burdens
    - GAO study on patient matching
- Seeks to maintain America's global status as the leader in biomedical innovation
- Provides additional funding for NIH, FDA and the states, and addresses the Precision Medicine Initiative, the Cancer Moonshot, and opioid abuse

# Interoperability Defined

- Establishes a new federal definition of interoperability
- Capabilities include:
  - Enabling the secure exchange of electronic health information with, and use of electronic health information from, other health IT without special effort on the part of the user
  - Allowing complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law
  - Does not constitute information blocking (as defined in law)
- Strengthens “trusted exchange framework”; requires ONC to collaborate with NIST and other agencies

# Information Blocking Provisions

- Information blocking defined as a practice that is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information
  - If conducted by a health IT developer, exchange, or network, such developer, exchange, or network knows, or should know, that such practice is likely to interfere with, prevent, or materially discourage the access, exchange, or use of electronic health information
  - If conducted by a health care provider, such provider knows that such practice is unreasonable and is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information

# Enforcement of Information Blocking Provisions Began on January 13

- The law includes the provision that ‘information blocking’ does not include any practice or conduct occurring before January 13, 2017
- HHS will identify through rulemaking the reasonable and necessary activities that do not constitute information blocking
- Developers, Networks, and Exchanges that the HHS IG determines have committed information blocking will be subject to civil monetary penalty not to exceed \$1,000,000 per violation
  - Nature and extent of the information blocking and harm resulting from such information blocking will be taken into account
- Providers will be referred to the appropriate agency to be subject to appropriate disincentives using authorities under applicable Federal law

# Precision Medicine Initiative Fully Underway Across Government

- Ultimate goal is moving the US into an era where medical treatment can be tailored to each patient
  - Deliver the right treatment at the right time to the right person, taking into account individuals' health history, genes, environments, and lifestyles
- Health IT tools are critical to its success, including collecting/sharing of EHR data and interoperability
- NIH is the lead, but other agencies collaborating
  - NIH's work began in March 2015 with the development of a one million person research cohort group
  - VA has enrolled over 450,000 Veterans in the Million Veteran Program (MVP), a participant-driven research cohort
  - FDA launched a precisionFDA challenge to encourage the genomics community to advance quality standards and achieve more consistent and accurate DNA test results

# Key Health IT Public Policy Issues

## What We Think We Know

# Republican Plan for the Three Parts of Healthcare Reform Efforts

1

**BUDGET RECONCILIATION**

2

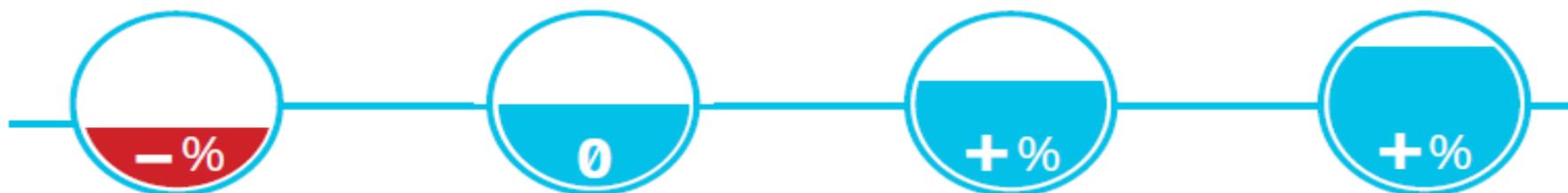
**ADMINISTRATIVE ACTIONS**

3

**BIPARTISAN LEGISLATION**

# Pick Your Pace in MIPS to Persist in 2018?

2017 options include:



## Don't Participate

**Not participating in the Quality Payment Program:** If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

## Submit Something

**Test:** If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity), you can avoid a downward payment adjustment.

## Submit a Partial Year

**Partial:** If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

## Submit a Full Year

**Full:** If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

# HHS Future Direction on Cybersecurity

- HIMSS Cybersecurity Call to Action
  - Adopt a Universal Information Privacy and Security Framework for the Health Sector
    - Establish a new normal for information privacy and security
    - Voluntary, universal information privacy and security framework
  - Create an HHS Cyber Leader Role
    - Undertaken by an elevated Chief Information Security Officer with internal and external portfolios
  - Address Shortage of Qualified Cybersecurity Professionals
    - 2016 HIMSS Healthcare Cybersecurity Survey
    - 59% of respondents identified the lack of appropriately-trained cybersecurity personnel as the #1 barrier to mitigating security incidents

# HIMSS Asked HHS to Move the Start Date of the 2015 Edition Requirement

- HIMSS recommended moving the start date of the requirement to July 1, 2018, rather than January 1, 2018
  - Increasingly concerned with the current level of available certified vendor products, as well as the implementation timeline for, the 2015 Edition
  - As of early April 2017, very few vendor products were certified to the revised 2015 Certification Criteria
    - Jeopardizes the requirement that health IT must be certified to the 2015 Edition for the EHR Incentive Programs and QPP
- An extension increases the likelihood that there is the necessary time to ensure products complete the certification process, are fully tested and implemented, and staff training and workflow adjustments are achieved
- HIMSS chose this date to reinforce the importance of adopting the criteria and to fulfill our commitment to health IT supporting healthcare transformation

# Future of Meaningful Use

- Organizations are calling for changes to the Meaningful Use Program
  - Some are asking for a delay in the start date while others are calling for Stage 3 to be cancelled
  - Others are asking for modifications to provide the same level of flexibility for EHRs as clinicians are given in MIPS
    - Eliminate the “all-or-nothing” requirement in MU
- In 2018, all providers will be required to participate in Stage 3 regardless of their prior participation
  - 2018 IPPS Proposed Rule reduces reporting period to 90 days
  - Moving all participants to a single stage of meaningful use aims to reduce the program’s complexity and simplify reporting requirements
- To meet Stage 3 requirements, all providers must use technology certified to the 2015 Edition

# Dynamics of the Trump Administration

- Regulatory reform efforts
  - Reducing Regulation and Regulatory Costs
    - Focuses on eliminating two prior regulations for every new regulation
  - Reducing Federal Civilian Workforce
- Federal Budget Blueprint
  - \$54 billion increase in defense spending in FY 2018 that is offset by targeted reductions elsewhere
  - Targeted reductions are spread out across all government agencies, including HHS
    - \$69.0 billion for HHS, a \$15.1 billion or 17.9 percent decrease

# Get Involved in Advocacy Activities

- We need to hear your voices on “the way forward”
  - Ideas for engaging policymakers on priority issues such as cybersecurity and shift from volume to value
  - Policy changes around innovation
  - Value of Health IT success stories needed
- Prepare to use the HIMSS Legislative Action Center
  - 2017 Congressional Asks under development
- Engage in the regulatory process and HIMSS comment development
  - MACRA /Quality Payment Program 2018 Proposed Rule to be issued soon
  - Meaningful Use Objectives and Measures changes

# IT's Role Remains Fundamental to a High-Functioning Learning Healthcare System

- Foundational IT widely implemented across primary care and acute care settings
- Timing is perfect
  - Americans increasingly engaged in health and technology
  - Data science and analytics capabilities increasingly sophisticated
  - Mobile technologies widely available and often affordable
  - Genomic analysis costs have dropped significantly
- IT fosters open, responsible data sharing with high regard for participant privacy
- Policy challenges remain around governance, and execution challenges around security, interoperability, C&BI



# Thank You!

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