



2011-2012 Call for Action

Enabling Healthcare Transformation Using Information Technology

Recommendations for the Obama Administration and the 112th Congress

January 2011

Call for Action

In 2008, [HIMSS](#) called for major recommendations to transform healthcare using health information technology (IT). The years 2009 and 2010 were momentous for healthcare transformation in the United States when many of these recommendations were enacted into law and are now being implemented by federal and state regulations. HIMSS believes that lives can be saved, outcomes of care improved, and costs reduced by transforming the healthcare system through the appropriate use of IT and management systems. However, more needs to be done to ensure that our nation's healthcare system is transformed for all using IT. The next two years will be especially critical to this transformation and this report provides an updated call for action on how to move forward.

HIMSS is a cause-based, not-for-profit organization exclusively focused on providing global leadership so that lives can be saved, outcomes of care improved, and costs reduced by transforming the delivery of healthcare through the appropriate use of IT and management systems. Founded 50 years ago, HIMSS and its related organizations have offices in Chicago, Washington, DC, Brussels, Singapore, Leipzig, and other locations across the United States. HIMSS represents more than 30,000 individual members, of which two thirds work in healthcare provider, governmental and not-for-profit organizations. HIMSS also includes over 470 corporate members and more than 85 not-for-profit organizations that share our mission of transforming healthcare through the effective use of information technology and management systems. HIMSS frames and leads healthcare practices and public policy through its content expertise, professional development, and research initiatives designed to promote information and management systems' contributions to improving the quality, safety, access, and cost-effectiveness of patient care.

HIMSS believes it is essential to harness health IT as a tool in transforming healthcare, improving quality by delivering information where and when it is most needed, empowering consumers in their healthcare decisions, lowering costs, and providing for the privacy and security of personal health information.

How We Arrived at Our Recommendations

Recognizing that more progress needs to be made to ensure that health IT is appropriately addressed in future federal and state policy decisions in 2011 and 2012, dozens of volunteers convened as part of the HIMSS Public Policy Principles Workgroup chaired by HIMSS member Maggie Lohnes, RN (former Chair, HIMSS Advocacy & Public Policy Steering Committee). The Workgroup consisted of physicians, nurses, pharmacists, hospital and clinical practice leaders, consumers, IT specialists, consultants, lawyers, payors, vendors, and representatives from state-level health information exchange (HIE) organizations, and the federal government. The Workgroup deliberated from September – December 2010, reviewed their findings with 1000s of volunteers from all HIMSS Committees, Communities, Task Forces and Workgroups, and then made their recommendations to HIMSS Public Policy Committee chaired by Indranil Ganguly, CHCIO, FHIMSS, Vice President / CIO for CentraState Healthcare System. The Public Policy Committee unanimously recommended that HIMSS Public Policy Principles be approved by HIMSS Board of Directors and that key principles be called out for a 2011 – 2012 Call for Action Report that builds upon HIMSS prior extensive work products and our 2008 Call for Action Report.

What we said in 2008 proves to be even more true today, that health IT is not the sole solution for broad-scale healthcare reform or transformation. Rather, health IT provides a mechanism to achieve the intent of healthcare reform: improving access to and the quality of healthcare, while lowering costs, empowering consumers in their healthcare decisions, and ensuring the privacy and security of personal health information. The Workgroup divided up HIMSS Principles into eleven categories, adding “Equity and Access” and “Administrative Simplification” as two new categories. In addition, we renamed “Healthcare Delivery Transformation” as “Quality and Outcomes”; and we renamed “Standards” as “Safety, Standards, Infrastructure, and Innovation” to better reflect current terminology and requirements.

Two key themes emerged in our many months of policy discussions to:

1. Ensure that health IT remains a bipartisan issue; and
2. That political change at the federal or state level does not stop or impede the financial incentives for eligible providers, eligible hospitals and critical access hospitals that will start to be reimbursed in 2011.

The recommendations concerning health IT’s role in healthcare represent necessary measures to develop and maintain a robust IT infrastructure for healthcare. Policymakers should consider the recommendations as components of the necessary foundation to strengthen and sustain the success of their healthcare reform legislation, proposals, and regulation policies.

Priority Issues for Health IT

While health IT holds great promise for healthcare throughout the US, the full benefits will not be reaped until policymakers, including Members of Congress and the Administration, appropriately address the following priority issues:

- Supporting the National Quality Forum’s [National Priorities Partnership](#)
- Ensuring a consolidated communications tool and comprehensive roadmap for Meaningful Use

- Defining each new Meaningful Use stage at least 18 months before the beginning of the next stage
- Establishing grievance processes for providers for Meaningful Use
- Developing an open and transparent Electronic Health Record (EHR) certification criteria process
- Supporting the establishment of an informed patient identity solution
- Expanding and making permanent the current Stark exemptions and anti-kickback safe harbors for EHRs
- Eliminating the Business Associate Agreement (BAA) requirement
- Providing grants and other incentives to establish Health IT Action Zones; and
- Aligning federal policy to facilitate electronic business processes

Supporting the National Priorities Partnership

Under the **Quality** category, HIMSS **Principle 2.4** is a new recommendation to support care coordination through an integrated healthcare community, including the healthcare consumer, where enabling technologies promote usable, efficient, transferable and seamless information flow, including improved safety, quality, and processes of care delivery. As such, **support should be given to the efforts of the National Priorities Partnership (NPP), a multi-stakeholder group convened by the National Quality Forum, which emphasizes the need to coordinate care to drive efficiencies.** NPP's eight goal areas focus on the need to eliminate harm, waste, and disparities in the healthcare system:

- Patient and Family Engagement
- Safety
- Care Coordination
- Palliative and End-of-Life Care
- Elimination of Overuse
- Population Health
- Equitable Access
- Infrastructure Supports

Ensuring a Consolidated Communications Tool and Comprehensive Roadmap for Meaningful Use

Under the **Organizational Structure** category, HIMSS **Principle 3.4** recommends continued support for the National Coordinator for Health IT to work collaboratively with a broad community of stakeholders to establish a prioritized health transformation roadmap and timeline that sets goals and priorities for healthcare improvement enabled through health IT. This roadmap and timeline should serve as the basis for implementing all transformation activities including incentives, process and technology improvements, and legal reform. It should aim to align various health IT compliance related initiatives, including Meaningful Use, ICD-10, version 5010, and many provisions in the Accountable Care Act. **The National Coordinator should facilitate a "clearinghouse" that provides a simple, consolidated communications tool and comprehensive roadmap with supporting information on the many key initiatives that impact the health IT community and the providers they serve.**

Define each New Meaningful Use Stage at Least 18 Months before the Beginning of the Next Stage

Also under the **Organizational Structure** category, to ensure that eligibility requirements for meaningful use are clear and realistic and recommend, **HIMSS Principle 3.7** recommends that the Department of Health and Human Services (HHS) **publish criteria defining each new meaningful use stage at least 18 months before the beginning of the next stage**. Given some likely challenges with meeting this timing, we urge CMS to consider several approaches that can help mitigate this issue, **such as allowing the early adopters (providers that started in FY11) to remain at Stage 1 for FY13**, looking to possible congressional action to remove the requirement for Medicare meaningful use years to be successive (as is allowed in the Medicaid program), shifting from 3 stages to 2 stages in the timeframe between now and 2015, accelerating the regulatory process, and minimizing the addition of new functionality for Stage 2. Fundamentally, providers and vendors need far more time than has been publicly forecast by ONC and CMS between when meaningful use Stage 2, standards and certification criteria are finalized and when the next stage begins.

Establish a Grievance Processes for Providers for Meaningful Use

Also under the **Organizational Structure** category, **HIMSS Principle 3.9** recommends that the Centers for Medicare and Medicaid Services (CMS) **establishes processes for providers** to understand the basis upon which CMS determined whether the provider qualified as a “meaningful user” so that the provider is able to communicate with CMS **regarding grievances and seek redress** if it believes that CMS (or its contractors) have made an error or omission.

Develop Open and Transparent EHR Certification Criteria Process

Also under the **Organizational Structure** category, **HIMSS Principle 3.10** recommends that the **certification criteria process** is developed and applied in an **open and transparent fashion**, with substantial provider and vendor input.

Support Establishment of an Informed Patient Identity Solution

Under the **Privacy and Security** category, **HIMSS Principle 5.15** recommends establishment of an **informed patient identity solution**. Because the U.S. Congress has banned HHS from spending any resources to study a Unique Identifier (UI) solution, **recommend that Congress direct the Government Accountability Office to conduct a study** of the technology options of implementing a UI solution. Based on the results of this study, Congress should lift the ban and direct HHS to study the cost/benefit and practicality of implementing a UI solution and to establish pilot implementations of unique identifiers to document the challenges and benefits.

Expand and Make Permanent Stark Exemptions/Anti-kickback Safe Harbors for EHRs

Under the **Legal** category, **HIMSS Principle 6.1** recommends that the **federal government expands and makes permanent the current Stark exemptions and anti-kickback safe harbors for EHRs to cover additional healthcare software, related devices, and implementation activities** that apply federally recognized standards and interoperability specifications and are certified by federally recognized certification and testing bodies. This activity should aid in the advancement of meaningful use of certified EHR technology and allow for better coordination of care and information sharing among care or clinical providers (e.g. physicians, nurses, pharmacists, mental health professionals, nurse

practitioners, physical therapists, etc.) and their patients. In carrying out this recommendation, the Secretary should implement necessary measures and requirements to protect against conflict of interest and improper relationships among providers.

Eliminate the Business Associate Agreement (BAA) Requirement

Also under the *Legal* category, HIMSS **Principle 6.5** recommends **elimination of the BAA** requirement. The direct liability for HIPAA imposed on business associates under HITECH obviates the need for covered entities and business associates to enter BAAs that recite the Rules as a vehicle to manage privacy and security compliance. Maintaining a BAA requirement under HITECH is unduly burdensome and costly for the healthcare industry.

Provide Grants and Other Incentives to Establish Health IT Action Zones

Under the **Equity and Access** category, HIMSS **Principle 8.1** recommends providing grants and other incentives to establish **Health IT Action Zones** that demonstrate effective practices for promoting the adoption of health IT by licensed clinicians who provide care to patients in **vulnerable populations, as well as by providers who care for patients who are medically underserved**, including in rural areas, and are impacted by health and/or digital disparities.

Align Federal Policy to Facilitate Electronic Business Processes

Under the new *Administrative Simplification* category, HIMSS **Principle 11.1** recommends aligning federal policy in order to **facilitate the electronic business processes** that can markedly reduce inefficiency in the healthcare financial infrastructure and support real time information management that can impact quality of care.

Conclusion

As healthcare reform and methods to transform healthcare are sure to be a top priority in 2011 - 2012, it is essential that the 112th Congress and the Administration support federal health IT initiatives, as well as heighten their awareness and understanding of the benefits that health IT holds for the entire healthcare community. HIMSS is prepared to assist and support all stakeholders to ensure that these policy principles are enacted into laws and regulations to transform our healthcare system using IT. We are prepared to devote our available resources to help make these policy principles a reality. Please contact HIMSS at policy@himss.org.