# Georgia Health Information Technology & Transparency Advisory Board

Georgia Department of Community Health

# Quality Healthcare through Quality Information

**Bonnie S. Cassidy,** *MPA, RHIA, FAHIMA, FHIMSS*

***November 5, 2007***

CCHIT

AHIMA American Health Information Management Association®

# Agenda

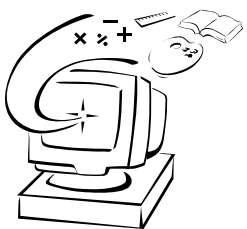
- **National Initiatives**
  - Big Picture
  - AHIMA/FORE Projects
  - Anti-Fraud and Privacy
- **CCHIT**
  - Overview
  - Structure of the process
- **Environmental Trends**

# Background: Historical Perspective

- Over the past 30 years, nearly every sector of the American economy has undertaken a sweeping transformation in the way information is collected, managed and transmitted.

- The result has been consistently increased productivity and efficiency, and this shift has helped to secure America's place at the top of the economic leader board.

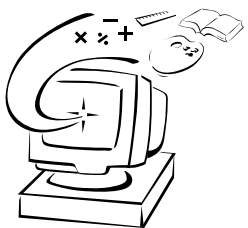
- Yet today, health care – one of the most significant sections of the American economy - has not made this transformation. But, this is beginning to change.



# Background: Historical Perspective

- Today, evidence that use of secure, standards-based Electronic Health Records or EHRs can improve patient care and increase administrative efficiency is overwhelming.

- The use of interoperable health information technology (HIT) will benefit individuals and the health care system as a whole.



# Background: Historical Perspective

EHR Benefits to the health care *consumer:*

- Higher quality of care
- Reduction of medical errors
- Fewer duplicate treatments and tests
- Decrease in paperwork
- Lower health care costs
- Constant access to health information
- Expansion of access to affordable care
- Reduction in fraud

# Historical Background

On July 21, 2004, the National Coordinator published "***Framework for Strategic Action: The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care" (The Framework).***

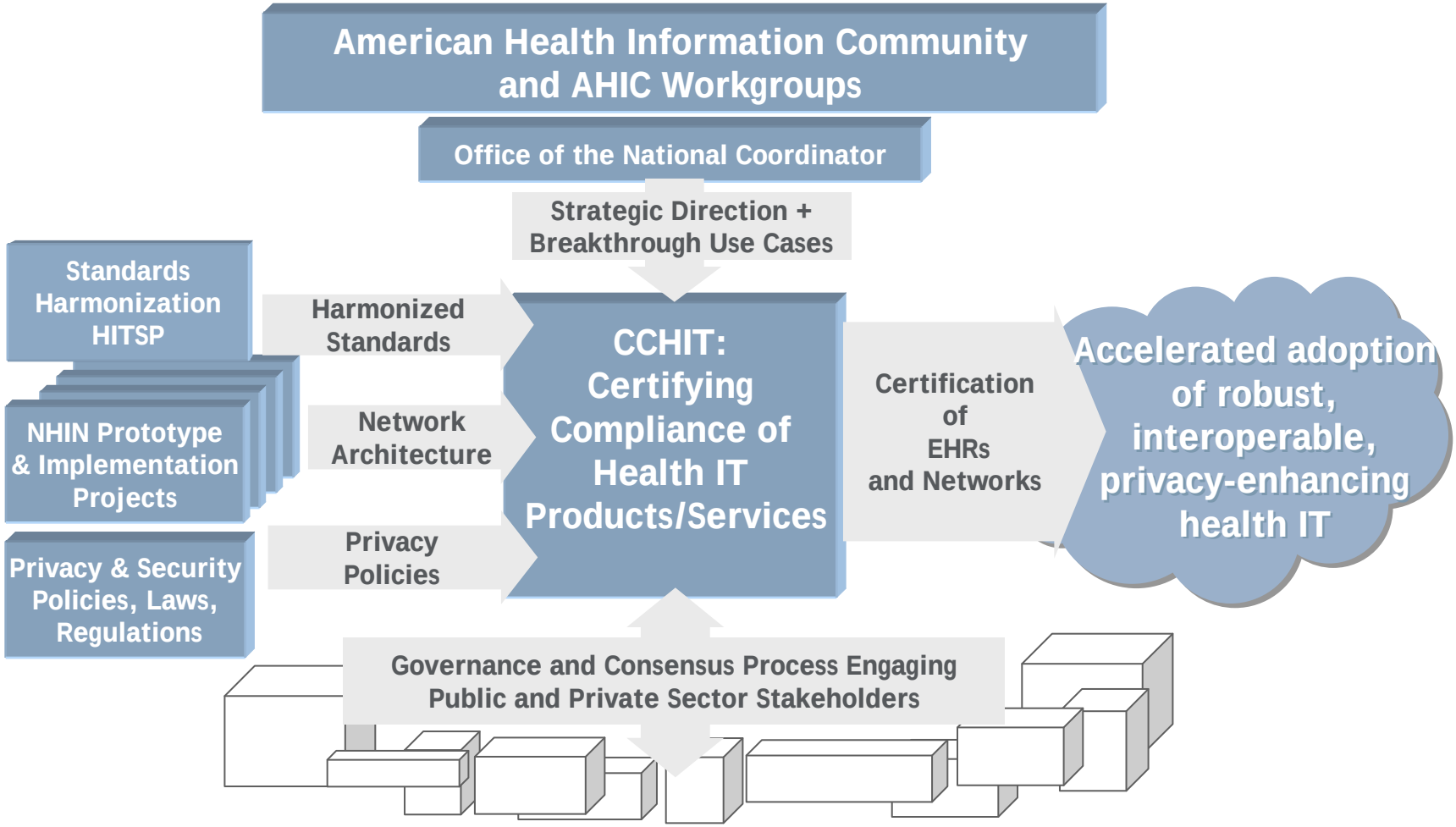
The Framework outlined an approach toward nationwide implementation of interoperable EHRs and identified the following four major goals:

- ***Inform clinical practice by accelerating the use of EHRs.***
- ***Interconnect clinicians so that they can exchange health information using advanced and secure electronic communication.***
- ***Personalize care with consumer-based health records and better information for consumers.***
- ***Improve public health through advanced bio-surveillance methods and streamlined collection of data for quality measurement and research.***

# Background: Historical Perspective

| | **9 Contracts – National Initiatives: Office of the National Coordinator (ONC)** |
|---|---|
| 1 | ***HIT Standards Panel (HITSP)*** **was est. to harmonize industry-wide HIT standards** |
| 2 | ***Certification Commission for HIT (CCHIT)*** **– to develop a certification process for HIT Products.** |
| 3 | ***Privacy and Security:*** **To enhance safety of Health Information by addressing variations in policies and state laws affecting privacy and security** |
| 4 | ***Anti-Fraud for EHRs*** **– To identify ways to enhance health care fraud activities with the use of HIT.** |
| 5 | ***NHIN*** **– To create prototype architectures for widespread health information exchange** |
| 6 | ***Adoption of EHRs*** **– To develop a standardized way to measure adoption of EHRs** |
| 7 | ***Clinical Decision Support*** **– To form a group of qualified experts to advise federal activities on clinical decision support** |
| 8 | ***Health Information Exchange (HIE)*****– To develop consensus for best practice guidelines from existing state level HIE efforts** |
| 9 | ***Hurricane Katrina IT Recovery*** **– To foster widespread use of interoperable HIT in Gulf Coast** |

# The big picture of national initiatives




*Certification is a voluntary, market-based mechanism to accelerate the adoption of standards and interoperability*

# The new imperative

AHIMA and Health information management professionals "are doing the right things, but . . you need to do them ***larger, louder & faster***"

Dr. David Brailer, former
National Coordinator for Health IT
Addressing, 2006 AHIMA convention

AHIMA
American Health Information Management Association®

# National Initiatives: Building a Network of Networks

- Goal for NHIN:  securely connect consumers, providers and others who have, or use, health-related data and services, while protecting the confidentiality of health information

# National Initiatives: "Cyclic Steps" to Achieving the NHIN

**NHIN vision and breakthroughs/use cases**

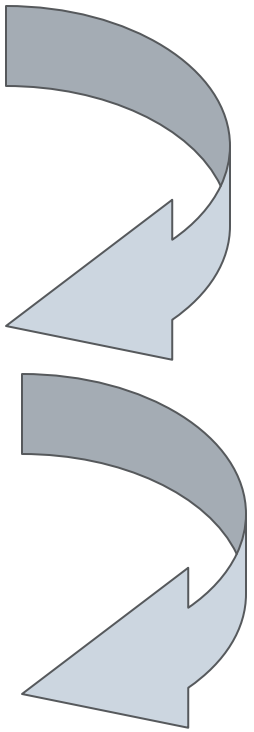
- Initial architecture
  - Prototype architectures
    - Standards needs
    - Policy implications

**More business needs/use cases**

- Refined architecture
  - Trial implementations
    - Standards needs
      - Certification criteria
    - Policy implications

**More business needs/use cases**

- Initial NHIN Services
  - …



Gartner,
http://www.hhs.gov/healthit/healthnetwork/resources/summary_report_on_nhin_Prototype_architectures.pdf

# National Initiatives: The NHIN Functions

**1. Data Services**

- Secure data delivery, and confirmation of delivery, to EHRs, PHRs, other
- systems and networks
- Data look-up, retrieval and data location registries
- Support for notification of the availability of new or updated data
- Subject-data matching capabilities
- Summary patient record exchange
- Data integrity and non-repudiation checking
- Audit logging and error handling for data access and exchange
- Support for secondary use of clinical data including data provisioning and
- distribution of data transmission parameters
- Data anonymization and re-identification as well as HIPAA de-identification

**2. Consumer Services**

- Management of consumer-identified locations for the storage of their personal health records
- Support of consumer information location requests and data routing to
- consumer-identified personal health records
- Management of consumer-controlled providers of care and access
- permissions information
- Management of consumer choices to not participate in network services
- Consumer access to audit logging and disclosure information for PHR and
- HIE data
- Routing of consumer requests for data corrections

Gartner,

http://www.hhs.gov/healthit/healthnetwork/resources/summary_report_on_nhin_Prototype_architectures.pdf

# National Initiatives: The NHIN Functions *continued*

**3. User and Subject Identity Management Services**

- User identity proofing and/or attestation of third-party identity proofing for
- those connected through that HIE
- User authentication and/or attestation of third-party authentication for those
- connected through that HIE
- Subject and user identity arbitration with like identities from other HIEs
- Management of user credentialing information (including medical
- credentials as needed to inform network roles)
- Support of an HIE-level, non-redundant methodology for managed identities

**4. Management Services**

- Management of available capabilities and services information for connected users and other HIEs
- HIE system security including perimeter protection, system management and timely cross-HIE issue resolution
- Temporary and permanent de-authorization of direct and third-party users when necessary
- Emergency access capabilities to support appropriate individual and population emergency access needs

www.hhs.gov/healthit/healthnetwork/resources/summary_report_on_nhin_Prototype_architectures.pdf

# National Leadership Roles ……Opportunities for Georgia

Health IT

- HL- 7
  - Personal health records
  - Legal EHR
  - Data standards
- CCHIT
- The National Alliance for Health IT
- The e-Health Alliance
- Healthcare Administrative Simplification Coalition
- Markle Foundation's Connecting for Health
- Legal EHR Summit
- LTC Summit

Coding and Classification

- World Health Organization ICD-10 & ICD-11 development
- Healthcare Terminologies and Classifications: An Action Agenda for the United States
- International Health Terminology SDO (the SNOMED International Successor)
- Coordinating Parties for US ICD maintenance
- Coding Clinic
- CPT Editorial Board participation

# Building the Body of Knowledge Through Research

- State level Health Information Exchange research for the Office of the National Coordinator
- ICD-10 research for the Centers for Medicare and Medicaid Services
- Data standards for long term care for the Center for Aging Services Technology
- SNOMED mapping services for the National Library of Medicine and private entities
- Privacy and Security policies and practices for ONC under contract to Research Triangle Institute
- Quality measures and reporting for the Agency for Healthcare Research and Quality
- FORE-funded research –*Perspectives in HIM*

# The Health Information Security and Privacy Collaboration (HISPC)

- **Scope and Charge**
  - **Federal Initiative**
    - Office of the National Coordinator (ONC)
    - Agency for Healthcare Research and Quality (AHRQ)
    - Research Triangle Institute (RTI)
  - **Examine HIE Privacy & Security Related**
    - Laws
    - Policies
    - Business Practices

# Confidentiality, Privacy and Security Work Group of the American Health Information Community (AHIC)

- Make actionable recommendations to AHIC on protection of personal health information in interoperable electronic health information exchange.
- Best balance between information protection and access for consumer empowerment, chronic care, and electronic health record related breakthroughs.
- Recommendations on patient identity proofing accepted by AHIC in January

# State Level Health Information Exchange (HIE)

- FORE received contract from ONC to document best practices in state level HIE in 9 states and a contract extension to study:
  - Relationship with major federal HIT projects
  - Business sustainability
  - Leveraging Medicaid programs
  - Role in quality reporting
- AHIMA testified to AHIC in September and December 2006 meetings and January 2007.
- New contract announced on 2/28/07

# Recommendations of the SLHIE Study

- Policy recommendation to Secretary Leavitt:
  - Consolidate oversight of health IT and quality/transparency initiatives under AHIC
  - Transition AHIC successor to a public-private organization by 2008
  - States should establish a consolidated, public-private health transformation governance mechanism that includes at least health information exchange and quality/transparency
  - Fund transformation efforts through recognized health transformation entities in each state and provide strong leadership through CMS policy

Study can be found on www.staterhio.org

AHIMA
American Health Information Management Association®

# FORE/AHIMA
# First ONC Project
# Benefits of HIT on Managing HC Fraud

## Overview of Healthcare Fraud

" **Fraud** in the healthcare context is defined by a number of legal authorities but all definitions have common elements: ***a false representation of fact or a failure to disclose a fact that is material to a healthcare transaction***, along with some ***damage*** to another party that reasonably relies on the misrepresentation or failure to disclose."

"Fraud is a significant drain on the U.S. Healthcare system."

The National Health Care Anti-Fraud Association (NHCAA) estimates that "...*of the nation's annual healthcare outlay at least 3% – or $60 billion in calendar year 2005* was lost to outright fraud.

# Healthcare Fraud

" An anti-fraud enabled NHIN has the potential to identify emerging fraud schemes prior to payment and to be a *powerful weapon against fraud*! "

*Fraud management needs to be transformed* from a ***"pay and chase"*** mode to a ***"validate and pay" mode*** *powered by the use of advanced analytic software.*

" Fraud is a moving target and fraud control is highly dynamic."

*Other estimates by government and law enforcement agencies place the loss as high as* ***10% of our annual expenditure, or $200 billion***

# Healthcare Fraud Examples

- Billing for visits that never took place.
- Providers submitting claims for phantom procedures.
- Non-existent companies obtaining provider numbers and submitting claims for individuals who never received care.
- Companies submitting claims for durable medical equipment that was never received.

# Healthcare Fraud Examples

- Providers billing for more expensive services than those that were provided.
- Patients' doctor-shopping or bouncing from one doctor to another in order to obtain multiple prescriptions for controlled substances.
- Patients alleging that non-medical procedures were medically justified and sub
- Criminals buying real patient and provider information, submitting claims, and receiving payment for care that never happened.

# CCHIT Certification: Introduction and Progress Report

**Bonnie Cassidy** – Strategic Group Lead, CCHIT

# Overview of CCHIT

- Introduction to the Certification Commission for Healthcare Information Technology (CCHIT)
- How criteria are developed
- How products are inspected
- Results of certification to date
- Plans moving forward

# Introduction

CCHIT is an independent, nonprofit organization.

Mission: Accelerate the adoption of robust, interoperable health IT by creating an efficient, credible certification process.

# Historical Milestones

| | |
|---|---|
| Sept 2004 | Founded by three health IT associations (AHIMA, HIMSS, Alliance) |
| June 2005 | Eight more organizations contribute funding |
| Oct 2005 | Awarded 3-year $7.5M US Federal government contract |
| May 2006 | Certification of Ambulatory EHRs launched |
| Oct 2006 | Officially recognized as Certifying Body by Federal government |
| Jan 2007 | Becomes fully independent nonprofit organization |
| May 2007 | Updated criteria for Ambulatory EHRs launched -- including standards-based ePrescribing, lab result receiving |
| Aug 2007 | Certification of Inpatient EHRs launched |

# Four Goals of Certification

- Reduce the risks of purchasing health IT
- Facilitate interoperability of EHRs and health information exchange networks
- Enhance availability of adoption incentives and regulatory relief
- Ensure that the privacy of personal health information is protected

# Building Credibility

- Multi-stakeholder governance
- Openness and transparency
- Consensus-based decision processes
- Broad and diverse volunteer participation
- Multiple public input opportunities
- Stakeholder outreach and engagement

*CCHIT's most important asset is the trust of its stakeholders*

# How Products Are Inspected

# Approach to Inspection

| Product Attributes / Inspection Methods | Functionality | Security | Interoperability |
|---|---|---|---|
| **Self-attestation** (documentation review) | | ✓ | ✓ |
| **Jury-observed demonstration** | ✓ | ✓ | |
| **Technical testing** | | | ✓ |

✓ = Current methods

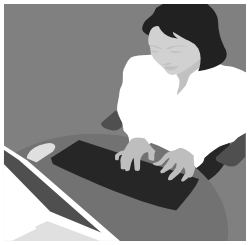
= Future direction

# Jury-Observed Demonstration

CCHIT Proctor

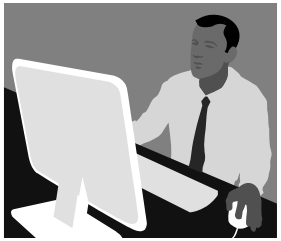
Vendor personnel follow Test Script to demonstrate system at the vendor facility

Web conferencing and concurrent audio conferencing



Juror A
Practicing physician

Juror B
Practicing Nurse
(Inpatient EHRs)



Juror C

# Developing Interoperability Testing Resources

- CCHIT collaborating with the MITRE Corporation (nonprofit Federal Research and Development Center)
- Testing tools to be developed under Open Source software license – broad collaboration sought
- Initial focus for 2008: testing standards-compliance when sending and receiving Continuity of Care Document (CCD)
- Future expansion
- Additional details will be announced soon

# Other Facts on Certification

- 2007 Ambulatory EHR certification:
  - 247 Criteria covering Functionality, Security, and Interoperability (increased from 151 in 2006)
- 2007 Inpatient EHR certification
  - 191 Criteria covering Functionality, Security, and Functional Integration
- 100% compliance required
- Rigorous juror selection, training, and monitoring
- Multiple fail-safe mechanisms to reduce risk
- Appeals process

# Results of Certification to Date

# Acceptance among Providers

- Endorsement by physician professional societies:
  - American Academy of Family Physicians
  - American Academy of Pediatrics
  - American College of Physicians
  - American College of Emergency Physicians
  - American Medical Association
  - Medical Group Management Association
  - Physicians' Foundations for Health Systems Excellence
- Hospital IT executives
  - 66% are familiar with certification[1]
  - 55% will require certification in purchase decisions[1]

[1]Survey conducted by HIMSS Analytics, March 2007

# Acceptance among Vendors

- Ambulatory EHR:
  - 200 vendors in marketplace (estimate)
  - >90 products certified to date
  - >40% of vendors in the market became certified within a year of launch (May 2006)
  - >75% of EHRs in use are from certified vendors
- Inpatient EHR:
  - 25 vendors in marketplace (estimate)
  - 6 vendors (~25% of market) applied immediately when certification was launched (August 2007)

# Additional Positive Impacts

- Financial incentives for adoption of certified EHRs
- Regulatory relief for donation of certified EHRs to physicians by hospitals
- Malpractice insurance premium discounts
- Certification recognized in state-level projects and legislation
- Security/privacy ‘standard of practice’ being raised
- Interoperability ‘standard of practice’ being raised

# Plans Moving Forward

# Roadmap for Expansion

| Expansion Area | 2007 | 10/07-4/08 | 2008 | 2009 | 2010 |
|---|---|---|---|---|---|
| ***Populations*** | | | | | |
| **Child Health** | Begin development | =========> | **Launch - July 2008** | | |
| **Behavioral Healthcare** | | Preparatory Studies | Begin development | Launch TBD | |
| ***Care Settings*** | | | | | |
| **Emergency Department** | Begin development | =========> | **Launch – July 2008** | | |
| **Long Term Care** | | Preparatory Studies | Begin development | Launch TBD | Launch TBD |
| **Home and Other Care Models** | | Further discussions | | | |
| ***Professional Specialties*** | | | | | |
| **Cardiovascular Medicine** | Begin development | ==========> | **Launch – July 2008** | | |
| **Other Specialties** | | Discussions, Update Roadmap | Begin selected development | Launches TBD | Launches TBD |

# Opportunities to Participate

- Commissioners – nominations open every July/Aug
- Workgroup members and co-chairs – volunteer applications open every April/May
- Public comment periods – occur every 2-3 months
- Town Call teleconferences on specific topics
- Town Halls at various major meetings

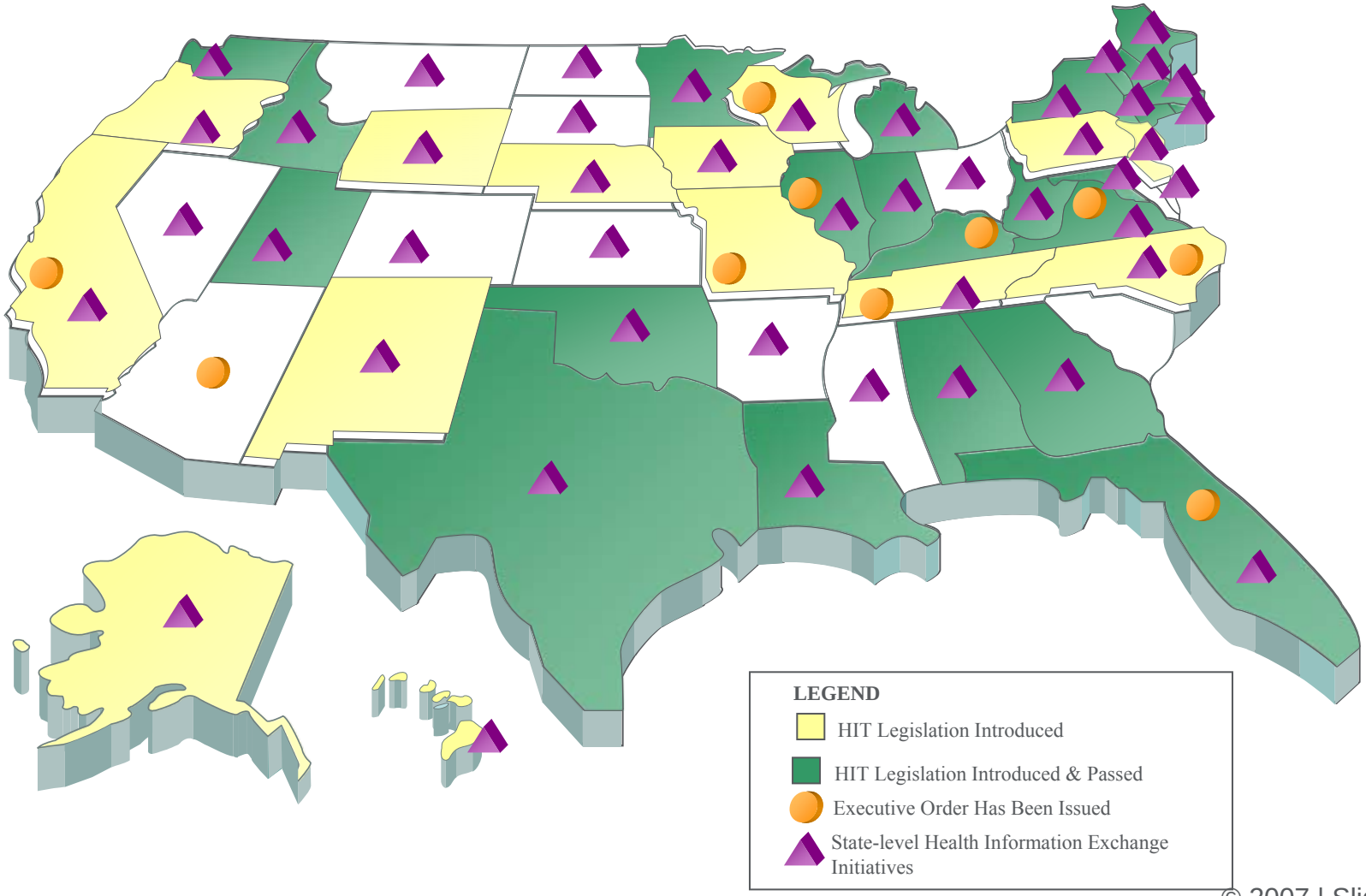
# Summary

- Nonprofit organization with a mission to accelerate adoption of robust, interoperable health IT
- Consensus-based process has attracted strong volunteer commitment and industry credibility
- Positive results emerging
  - High market acceptance by providers and vendors
  - Enabling financial incentives and regulatory relief
  - Collaborative effort to develop interoperability testing resources
  - Expanding domains of certification in 2008 and beyond

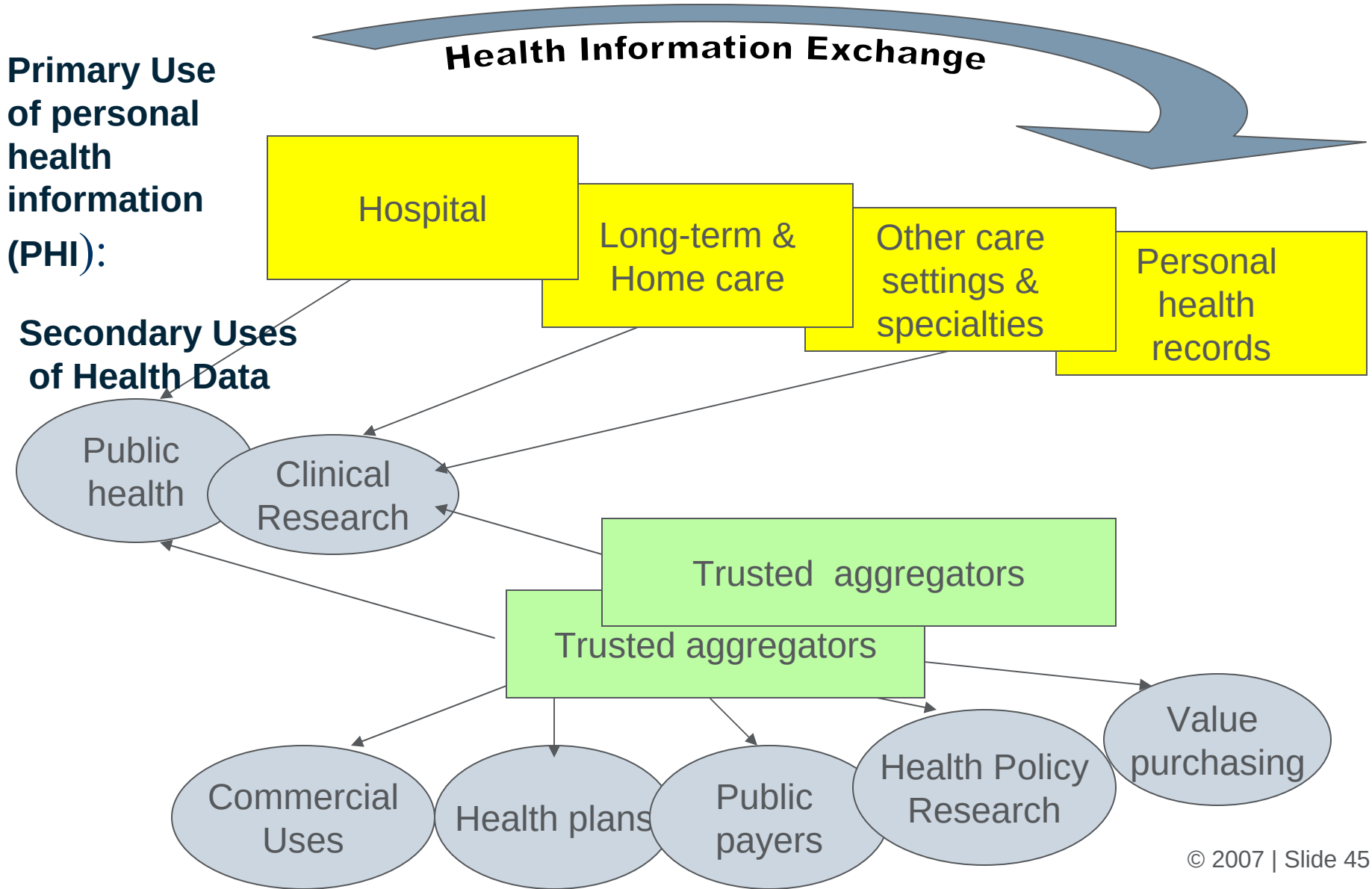
# Summary: Environmental Trends

- Competition is coming from new places
- Information is the profitless commodity and giving way to applied knowledge as the competitive advantage
- Consumerism
- Creative, focused efforts and multi-pronged, new delivery method are necessary for products/services and communication
- Think Globally or nationally, act locally
- The paradox of people wanting virtual as well as personal experiences
- Focus, don’t try to do everything
- We need to go faster and have a higher risk tolerance – we need to learn how to do and fail
- Huge grab for healthcare information
- Care is more fragmented, making the case for even more accurate and shared data
- There needs to be a coordinated national/state effort on EHR’s and health information exchange

# Summary: Environmental Trends
# Spread of State Level HIT Initiatives



# Summary: Environmental Trends



# Georgia Health Information Technology & Transparency Advisory Board

The Board advises DCH on the best practices for encouraging the use of electronic health records and establishing a statewide strategy to enable health information to be readily available and transparent.

DCH goals for **HIT in Georgia are to enable the understandable, universal, timely and secure communication of health information across the public and private sectors for the benefit of today's health care consumer.**

*On behalf of AHIMA and CCHIT, thank you for leading the Georgia initiative for Quality Healthcare through Quality Information.*

# Georgia Health Information Technology & Transparency Advisory Board

## Congratulations to the HIE Awardees!

CCHIT

AHIMA
American Health Information Management Association®

# Thank you!

# Q & A

For more information:
**www.cchit.org**

**Bonnie S. Cassidy**
***bcassidy@cchit.org***

# Reference Articles


- "*RHIOs – Build in Healthcare Fraud Management from the Beginning*." Journal of HIMSS, *July 2006*

- "Fraud Control: New Tools, New Potential." *Journal of AHIMA* 77, no.3 (March 2006): 24-30.

- AHIMA e-HIM Work Group: Guidelines for EHR Documentation Practice. "Guidelines for EHR Documentation to Prevent Fraud." *Journal of AHIMA* 78, no.1 (January 2007): 65-68.

- "Guidelines for EHR Documentation to Prevent Fraud. Appendix D: Electronic Health Record Fraud Checklist." *Journal of AHIMA* 78, no.1 (January 2007): [web extra].

# Suggested reading


- Cassidy, Bonnie, and Susan P. Hanson. "HIM Practice Transformation." *Journal of AHIMA* 76, no.5 (May 2005): 56A-B

- Sheridan, Patty Thierry, Michele D'Ambrosio, and Kerry Heinecke. "Visioning e-HIM: A Process for Imagining—and Anticipating—HIM's Future." *Journal of AHIMA* 76, no.5 (May 2005): 24-28.

- Hanson, Susan P. "e-HIM in Small Practices." *Journal of AHIMA* 76, no.4 (April 2005): 54-55, 61.

- National Health Care Anti-fraud Association. "What is healthcare fraud?" Available online at www.nhcaa.org/about_health_care_fraud/Consumer_Information.

- AHIMA e-HIM Work Group on Maintaining the Legal EHR. "Update: Maintaining a Legally Sound Health Record—Paper and Electronic." *Journal of AHIMA* 76, no. 10 (2005): 64A–L.

# Web sites/references

- CCHIT Homepage
  http://www.cchit.org/
- AHIMA
  www.ahima.org
- Office of the National Coordinator
  http://www.hhs.gov/healthit/
- Fifth Annual Medical Records Institute's Survey of EHR Trends and Usage (2003).
  http://www.medrecinst.com/pages/libArticle.asp?id=41

AHIMA
American Health Information Management Association®