Quality Healthcare through Quality Information

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November 5, 2007
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


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

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

American Health Information Community and AHIC Workgroups

Office of the National Coordinator

Strategic Direction + Breakthrough Use Cases

CCHIT: Certifying Compliance of Health IT Products/Services

Harmonized Standards

Network Architecture

Privacy Policies

Certification of EHRs and Networks

Governance and Consensus Process Engaging Public and Private Sector Stakeholders

Accelerated adoption of robust, interoperable, privacy-enhancing health IT

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

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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
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
    — ...
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,

National Initiatives:
The NHIN Functions

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

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
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
CCHIT is an independent, nonprofit organization.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Sept 2004</td>
<td>Founded by three health IT associations (AHIMA, HIMSS, Alliance)</td>
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<td>June 2005</td>
<td>Eight more organizations contribute funding</td>
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<tr>
<td>Oct 2005</td>
<td>Awarded 3-year $7.5M US Federal government contract</td>
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<td>May 2006</td>
<td>Certification of Ambulatory EHRs launched</td>
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<td>Oct 2006</td>
<td>Officially recognized as Certifying Body by Federal government</td>
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<td>Jan 2007</td>
<td>Becomes fully independent nonprofit organization</td>
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<td>May 2007</td>
<td>Updated criteria for Ambulatory EHRs launched -- including standards-based ePrescribing, lab result receiving</td>
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<tr>
<td>Aug 2007</td>
<td>Certification of Inpatient EHRs launched</td>
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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
CCHIT’s most important asset is the trust of its stakeholders
How Products Are Inspected
## Approach to Inspection

<table>
<thead>
<tr>
<th>Inspection Methods</th>
<th>Functionality</th>
<th>Security</th>
<th>Interoperability</th>
</tr>
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<tbody>
<tr>
<td><strong>Self-attestation</strong> (documentation review)</td>
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<tr>
<td><strong>Jury-observed demonstration</strong></td>
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<tr>
<td><strong>Technical testing</strong></td>
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- **✓** = Current methods
- **=** Future direction
Jury-Observed Demonstration

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:

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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

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

LEGEND
- HIT Legislation Introduced
- HIT Legislation Introduced & Passed
- Executive Order Has Been Issued
- State-level Health Information Exchange Initiatives
Summary: Environmental Trends

Primary Use of personal health information (PHI):
- Hospital
- Long-term & Home care
- Other care settings & specialties
- Personal health records

Secondary Uses of Health Data:
- Public health
- Clinical Research
- Trusted aggregators
- Trusted aggregators
- Commercial Uses
- Health plans
- Public payers
- Health Policy Research
- Value purchasing
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!
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


Suggested reading

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


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