Introduction/Purpose

- Many HITECH policy priorities seek to advance the electronic use and exchange of health information.

- This briefing will describe efforts to integrate vulnerable populations who receive post-acute care (PAC), long-term care (LTC), and behavioral health (BH) services with two key HITECH programs:
  - State Health Information Exchange Program (managed by ONC)
  - Electronic Health Record Incentive Program (for the meaningful use of certified EHRs) – managed by CMS
Acknowledgements

- Work supported by staff in the ONC and their contractors
- Work led by: Jennie Harvell (HHS/ASPE) and Sue Mitchell (Consultant)
- Contributing Experts:
  - Officials in the public sector:
    - ONC, SAMSHA, IHS, ASPE
  - Representatives of private sector stakeholders
    - PAC/LTC Provider Associations
    - PAC/LTC Providers
    - BH Associations
    - BH Clinicians & Providers
    - HIT Vendors
    - State HIEs
    - Researchers

Vulnerable Populations

For purposes of this work, “vulnerable populations” are those persons, served by PAC, LTC, and BH providers, who:

a. Have a variety of needs including: long-term cognitive and functional disabilities; short-term rehabilitation needs; have multiple chronic illnesses; serious mental illness and/or substance abuse disorders; and/or developmental disabilities
b. Receive services from a wide array of health, post-acute, long term care, behavioral health, and ancillary service providers during single episodes of care and over time.
c. Experience multiple transitions in care, requiring exchange of clinical information for effective care and avoidance of unnecessary costs.
d. Consume a significant share of health care resources.
HITECH established requirements for Medicare and Medicaid EHR Incentive Programs.

July 28, 2010 CMS published final rules:

- to implement incentives
- for “eligible hospitals” (EHs) and “eligible professionals” (EPs)
- for their “meaningful use” (MU) of certified EHRs.

**ELIGIBLE HOSPITALS**

**Medicare**
- Acute Care Hospitals
- Critical Access Hospitals

**Medicaid**
- Acute Care Hospitals
- Critical Access Hospitals
- Children’s Hospitals
- Cancer Hospitals

**ELIGIBLE PROFESSIONALS**

**Medicare**
- Doctors of Medicine/Osteopathy
- Doctors of Dental Surgery/Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractor

**Medicaid**
- Physicians
- Nurse Practitioners
- Certified Nurse Mid-Wives
- Dentists
- Physician Assistants who lead FQHCs or RHCs

*subject to volume requirements
EHR Incentive Program (cont’d)

To be a “meaningful user” the EP/EH must use the EHR for:
• e-Prescribing,
• Exchanging electronic health information to improve quality of care (such as care coordination), and
• Submitting clinical quality and other measures

The CMS final rule defines Meaningful Use using:
• Core criteria (including reporting CMS selected quality measures) that must be met by EPs/EHs, and
• Menu sets of criteria from which the EP/EH must choose to comply with 5.

State Health Information Exchange (HIE) Program

HITECH required ONC to establish a program to “facilitate and expand the electronic movement and use of health information”

ONC awarded almost $548 million in grants to 56 states/state designated entities (SDEs) (grants awarded to all 50 states, the District of Columbia and five territories) to:

<table>
<thead>
<tr>
<th>Enhance nationwide electronic use and exchange of health information</th>
<th>Promote HIT in medically underserved areas</th>
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<tbody>
<tr>
<td>Promote HIT</td>
<td>Provide TA to remove barriers to HIE</td>
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<td>Assist patients in using HIT</td>
<td>Encourage clinicians to work with Regional Extension Centers</td>
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<tr>
<td>Support PH agency use/exchange of health information</td>
<td>Promote use of EHRs for quality improvement thru quality reporting</td>
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State HIE Program (cont’d)

Grantees were required to develop an health information exchange (HIE) program that includes the following domains:

a. General Planning  
b. Governance  
c. Technical Infrastructure  
d. Business/Technical Operations  
e. Finance  
f. Legal/Policy

ONC awarded contracts to provide technical assistance to states/SDEs, including use of a web-based “State Health Information Exchange Toolkit”.

State HIE Toolkit Module for Vulnerable Populations

This web-based module:

a. Describes how to integrate the targeted vulnerable populations and their providers into the State HIE Program.

b. Highlights relationships of key meaningful use criteria/measures and types of information that must be exchanged on behalf of these individuals and their service providers.

c. Describes how the meaningful use criteria for EP and EH incentives includes the exchange of information on behalf of vulnerable populations and their providers.

d. Describes how to meet the meaningful use criteria and measures EPs and EHS should support the HIE needs of the vulnerable populations and their providers.
The are two intended audiences and purposes for this web-based Toolkit Module:

• Educating **State HIT Coordinators** (who are responsible for implementing and managing State HIE grants) about the HIE needs of these vulnerable populations; and

• Educating **PAC, LTC, and BH providers** about State HIE activities and potential opportunities for involvement.

**State HIE Toolkit Module for Vulnerable Populations**

**Module Content:**

- **Why is HIE important for these populations?**
  Describes: frequency of transitions in care; instances of “shared care” (multiple service providers) over time and during single episodes; opportunities for poor quality/poor coordination of care, costs of care...

- **Who are “Vulnerable Populations”?**
  Provides: data on numbers of individuals receiving and providers of PAC/LTC and BH services; and expenditures for these services

- **Who is involved?**
  Identifies: types of State Agencies engaged with PAC/LTC & BH, and types of providers/ links to national/local provider groups
State HIE Toolkit Module for Vulnerable Populations

Module Content (cont.):

• Describes what is known about adoption of HIT/EHR technology by:
  — NHs, HHAs, and BH service providers

• Describes the low hanging fruit “touchpoints” between the:
  — CMS Final Rule on EHR Incentives and ONC Rules on standards and certification;
  and
  — HIE needs of persons receiving PAC/LTC and BH services

State HIE Toolkit Module for Vulnerable Populations

Touchpoints include information exchange related to:

• Medications
• Transfers of care and patient summary documents
• Advance directives
State HIE Toolkit Module for Vulnerable Populations

Module Content (cont.):

Suggested actions/considerations for State HIT coordinators for HIE for Vulnerable Populations and Providers:

- Framed using the ONC HIE Program domains (Governance, Finance, Technical Infrastructure, Business and Technical Operations, and Legal/Policy)

- Identifies certain Meaningful Use measures for the EP and EH EHR incentive program that are also applicable to the vulnerable populations and their PAC/LTC and BH providers

- Identifies certain CMS Quality Measures for the Meaningful Use that include patients receiving services by PAC/LTC/BH providers.

Highlights States that have engaged PAC/LTC/BH providers in their HIE activities and provides brief case studies of HIE activities related to PAC/LTC/BH in a few states.

State HIE Toolkit Module for Vulnerable Populations

- Coming soon:
  ONC will soon make URL available for Toolkit including Module for Vulnerable Populations.

- In the meantime:
  - PDF (Vulnerable Populations Briefing) shows much of the content;
  - Share slides/pdf information with providers

- Questions?
  Contact: SueMitchell@hotmail.com