

Healthcare IT in Federal Public Policy



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Chapter Advocacy Roundtable

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HIMSS
transforming health through IT™

Agenda

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- Precision Medicine Initiative
- Medicaid Modularization Initiatives
- Interoperability Commitments and the ONC Enhanced Oversight Proposed Regulation
- State Advocacy Resources
- Discussion

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

MACRA is part of a broader push towards value and quality

In January 2015, the Department of Health and Human Services announced **new goals** for **value-based payments** and **APMs in Medicare**

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through **alternative payment models** (categories 3-4) by the end of 2016, and 50% by the end of 2018

GOAL 2: **85%** 

Medicare fee-for-service payments are **tied to quality or value** (categories 2-4) by the end of 2016, and 90% by the end of 2018



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



Set **internal** goals for HHS



Invite **private sector payers** to match or exceed HHS goals

Understanding MACRA

Synopsis

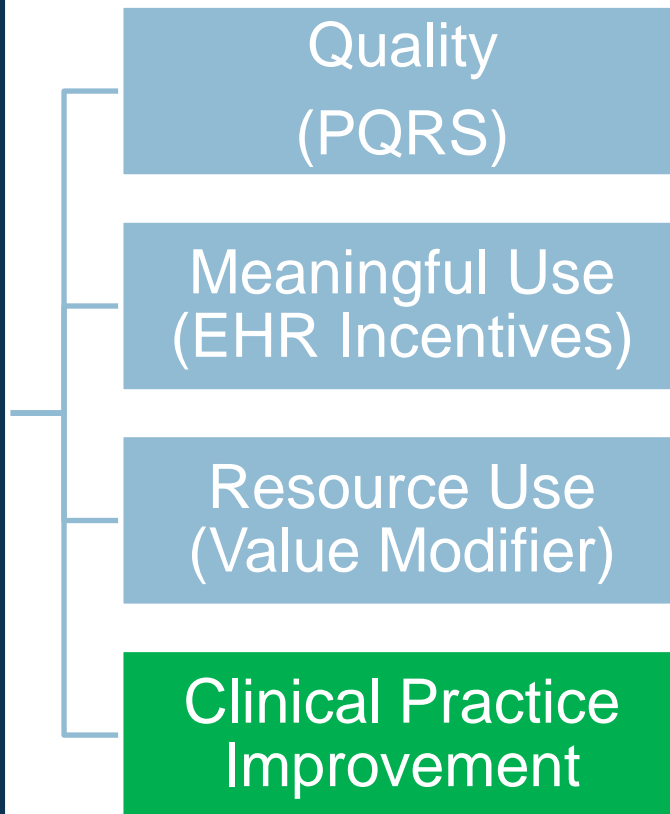
- **Repeals** the sustainable growth rate (SGR) formula
- **Changes the way that Medicare** rewards clinicians for **value** over volume
- **Streamlines** multiple quality reporting programs with a new single Merit-Based Incentive Payment System (MIPS) program that makes it **easier for physicians to earn rewards for providing high-quality, high-value health care**
- Provides **bonus payments** for participation in **eligible alternative payment models (APMs)**

Goals

- Offer **multiple pathways** with varying levels of risk and reward for providers to tie more of their payments to value.
- Over time, **expand the opportunities** for a broad range of providers to participate in APMs.
- **Minimize additional reporting burdens** for APM participants.
- **Promote understanding** of each physician's or practitioner's status with respect to MIPS and/or APMs.
- Support **multi-payer initiatives** and the development of APMs in Medicaid, Medicare Advantage, and other payer arrangements.
- Underlying theme: Health IT **critical to quality reporting** and payment

Merit-Based Incentive Payment System (MIPS)

MIPS



- Individual program penalties continue through 2018
- MIPS begins in 2019 for physicians and most mid-level clinicians
- Eligible professionals scored against benchmark based on prior year's performance
- Low-volume providers and some APM participants may be exempt from MIPS requirements

MACRA Next Steps

- Congress **does NOT** want MACRA to “just be” the new SGR
- Proposed rule in Spring 2016
- Final rule targeted for early fall 2016
- MACRA was enacted with bipartisan support in 2015, and will be the physician payment paradigm going forward
- Many of the details surrounding MACRA still need to be worked out, but the idea of promoting a shift to value-based care models will remain with either a Republican or a Democrat in the White House

Precision Medicine Initiative

Background on PMI

- President Obama announced the intention to launch PMI in State of the Union Address on January 20, 2015
- Vision is for PMI to enhance innovation in biomedical research with the ultimate goal of moving the U.S. into an era where medical treatment can be tailored to each patient
 - The idea is that it would deliver the right treatment at the right time to the right person, taking into account individuals' health history, genes, environments, and lifestyles
- Approach to disease treatment that seeks to redefine disease onset and progression, treatment response, and outcomes
- Will lead to more accurate diagnoses, rational prevention strategies, better treatment selection, and more novel therapies
- Takes the following into account to maximize effectiveness:
 - Individual variability in genes
 - Environment
 - Lifestyle

\$200 Million Appropriated for PMI in FY 2016

- President Obama's FY 2017 Budget Request for PMI is \$300 million to expand the funding PMI within NIH
 - Funding would support new studies to help predict targeted therapies, address resistance therapy, and the test new combinations of targeted cancer drugs
 - **Interoperability and patient data access will also be supported in the mentioned initiative**
 - The budget also includes continuing to scale up the dedicated research cohort of a million or more individuals
- The President has also launched a **Cancer Moonshot Project** and requested \$680 million in funding in the FY 2017 budget to improve the understanding of cancer causes, develop new prevention strategies, and improve early detection, diagnosis, and treatment
 - This initiative is unofficially a subset of the larger PMI, as the areas of focus are complementary

HIMSS Expressed Support for PMI

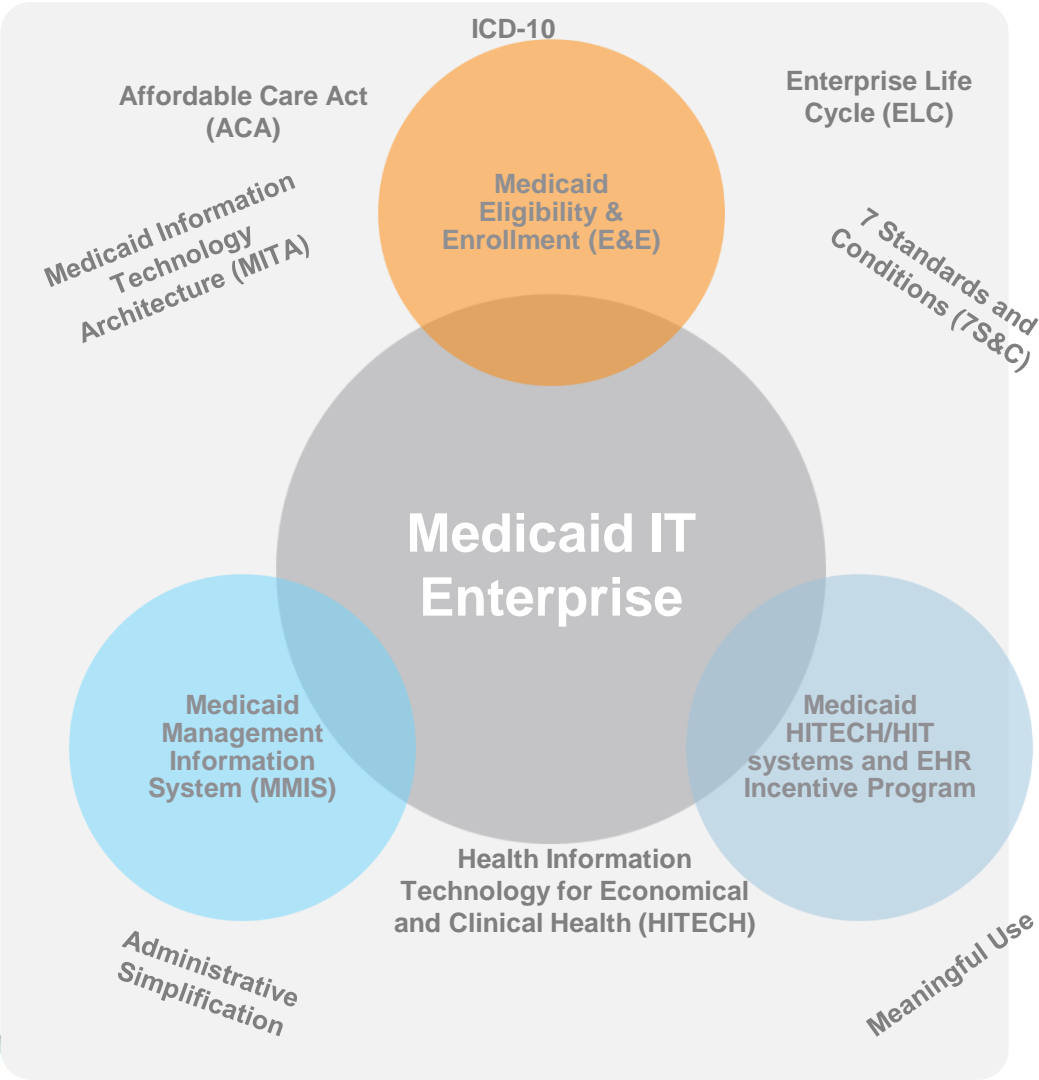
- In a statement developed in February 2016, HIMSS committed to the following to support PMI:

“The Healthcare Information and Management Systems Society (HIMSS) recognizes the importance of advancing precision medicine and the role of technology in enabling research and evolving care delivery that provides the right care to the right patient. HIMSS pledges to engage over 60,000 health IT stakeholders—including technology companies, hospital leaders, researchers and healthcare innovators—at HIMSS16, the Connected Health Conference and our other national, regional, chapter-level, and virtual education events to advance precision medicine. Activities will include a precision medicine policy and technology meeting at HIMSS16 and a thought leader discussion in March in Washington, DC, to discuss and provide feedback on security guidelines for precision medicine.”

- 40 other organizations announced similar commitments

Medicaid Modularization Initiatives

Medicaid IT Enterprise At a Glance



Medicaid IT Investment Regulatory Reforms

- CMS' annual investment in state Medicaid IT is over **\$5 billion**
 - CMS provides states matched funding of up to 90% for Medicaid IT design, development, and implementation
 - 75% matching funds for operations and maintenance of those systems
- Critical tipping point: 30 states are in the process of modernizing their MMIS systems
- **New 90/10 rule** (December 2015) encourages states to:
 - evolve legacy Medicaid IT systems to leverage reusable and interoperable solutions
 - practice industry-proven IT methods such as use of modularity, reuse, shared services

Current CMS Activities to Foster Opportunities

- In its recent guidance, CMS **shifted the financial incentives away from custom development** towards commercial off-the-shelf and software as a service solutions
- Creating a new vendor pre-certification process for modules
 - Pre-certifying modules will allow states to know what they are purchasing
- State Medicaid IT procurements listed on Medicaid.gov
- Working with states on their RFP language in order to be inviting to new contractors, new approaches/solutions
- CMS is creating a new web repository of all state-based opportunities so interested vendors can go to one location and see what is relevant to their technology
 - Easier than searching the websites of 50 states

Interoperability Commitments and the ONC Enhanced Oversight Proposed Regulation

HHS/ONC Interoperability Commitments

- Announced by Secretary Burwell at HIMSS16, they are:
 1. **Consumer Access:** To help consumers easily and securely access their electronic health information, direct it to any desired location, learn how their information can be shared and used, and be assured that this information will be effectively and safely used to benefit their health and that of their community
 2. **No Blocking/Transparency:** To help providers share individuals' health information for care with other providers and their patients whenever permitted by law, and not block electronic health information (defined as knowingly and unreasonably interfering with information sharing)
 3. **Standards:** Implement federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information, and adopt best practices including those related to privacy and security

HIMSS Commitment to Interoperability

HIMSS joined in the Stakeholder Commitments and expressed support for the actions taken by the entire health care community continues to collaborate on the transformation of our health system.

- **As part of our stakeholder announcement, HIMSS is committed to:**
 - Ensuring secure information sharing which supports better health-related decisions, through engaged patients, provider teams and communities by having the right information at the right time.
 - Achieving connected care for all communities as the basis for successful delivery system reform.
 - Leveraging our resources, such as the HIMSS Value Suite, HIMSS Interoperability Showcase™, HIMSS® Innovation Center, and ConCert by HIMSS™, which show the advances that are being made in interoperability.

ONC Certification Program: Enhanced Oversight and Accountability NPRM

- Introduces modifications and new requirements under the ONC Health IT Certification Program
- Proposes to establish processes for ONC to directly review health IT certified under the Program and take action when necessary including:
 - Requiring the correction of non-conformities found in health IT certified under the Program
 - Suspending and terminating certifications issued to Complete EHRs and Health IT Modules
- Includes processes for ONC to authorize and oversee accredited testing laboratories under the Program
- Provides a provision for the increased transparency and availability of surveillance results
- Comments are due May 2

Advocacy Resource Guide: HIMSS Legislative Action Center & ONC State Policy Leavers

The Office of the National Coordinator for Health IT (ONC) State HIT Policy Levers Compendium

- Released in December 2015, this tool is intended to support state efforts to advance interoperability and can also be used in service of delivery system reform.
 - It supports the calls to action made of states in the Interoperability Roadmap.
 - It will help spur peer-to-peer discussions and learning opportunities among states.
- Structure: The Compendium includes:
 - Policy levers directory of 32 distinct policy levers and a description of how they can be used to promote health IT and advance interoperability.
 - An example activities catalogue with nearly 300 examples of actual or proposed uses of such levers.
 - A list of state points of contact who can be contacted for more information about the policy levers in their state.

Health IT Policy Levers Compendium: Limitations

- The Compendium does not represent a comprehensive analysis of all policies that impact health IT.
- The Compendium does not represent an endorsement of any particular policy lever or activity, nor does it evaluate the effectiveness or impact of any activity.
- The data sources were limited in their scope; hence the level of details documented for activities may vary between and within states.
 - **ONC suggests states also research other sources, such as George Washington University's [HealthInfoLaw.org](https://www.healthinfolaw.org) website, which contains information about state-level privacy and security laws and other policies.**

- Demo of Compendium based on Version at ONC Dashboard:
<http://dashboard.healthit.gov/dashboards/state-health-it-policy-levers-compendium.php>

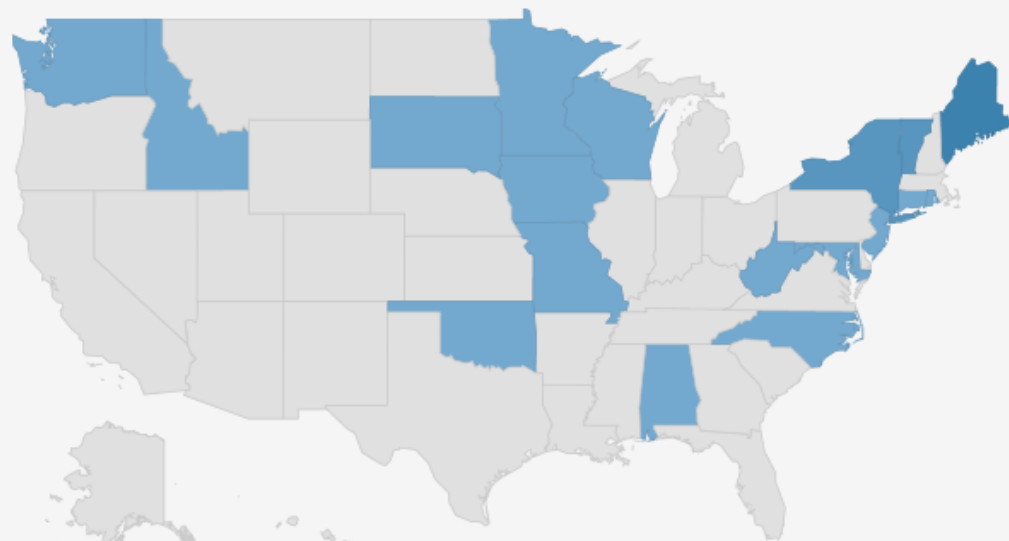
State	Activity Status	Activity Description	Source
		Alabama's Medicaid Health Home SPA targets individuals with a single behavioral health issue, two chronic conditions; or one chronic condition and the risk of developing another from the following list of conditions: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease, Transplants, Cardiovascular Disease, Chronic Obstructive Pulmonary Disease, Cancer, HIV and Sickle Cell Anemia. Alabama utilizes MMIS and the Care Management Information	

Use the App: Begin by selecting a policy from the drop-down list. Your selection creates a map that shows those states with documented activities related to the selected policy lever and a table, below the map, with the description of each state's activity(s) and the information source.

Medicaid State Plan Amendments (SPA)

Alabama

Connecticut



Chapter Advocacy Resources

- HIMSS Materials Available Online:
 - [The Legislative Action Center](http://cqrcengage.com/himss/home) - Virtual March on Washington!
<http://cqrcengage.com/himss/home>
 - [The HIMSS StateTrack Dashboard](http://www.cqstatetrack.com) – which includes HIT Legislative Tracking in all 50 states! www.cqstatetrack.com
 - [The HIMSS Policy Center](#)
 - [Health IT Policy Update](#) – HIMSS weekly Health IT Policy
- Meetings: National Health IT Week, HIMSS Annual CAR Meeting and Policy Summit

HIMSS Policy Center

The screenshot shows a web browser window displaying the HIMSS Policy Center website. The browser's address bar shows the URL <http://www.himss.org/library/health-it-policy>. The page features a navigation bar with links for 'About HIMSS', 'Contact Us', 'Vendor Center', 'Policy Center', 'Press Room', and 'Other HIMSS Sites'. A search bar and social media icons are also present. The main content area is titled 'Health IT Public Policy' and includes a description of HIMSS's mission, a list of 'Key Issues' such as 'Health Information Exchange (Interoperability & Standards)' and 'Privacy & Security', and a sidebar with links to various resources like 'Health IT Policy Update Newsletter' and '2015 HIMSS Policy Summit'. The Windows taskbar at the bottom shows the time as 12:36 PM on 10/23/2015.

Home > Resource Library > Browse by Topic > Policy

Health IT Public Policy

HIMSS believes that the appropriate use of information technology (IT) and management systems can transform healthcare to save lives, improve outcomes of care and reduce costs.

Key Issues

- Health Information Exchange (Interoperability & Standards)**
 - > 2015-2016 Congressional Asks: Support Robust Interoperability and Health Information Exchange
 - > Senate HELP Committee Policy Recommendations for Achieving Interoperability
 - > HIMSS Formally Submits Comments on ONC on Nationwide Interoperability Roadmap
 - > HIMSS 2014-2015 Public Policy Principles
- Privacy & Security**
 - > 2015-2016 Congressional Asks: Support Healthcare's Efforts to Combat Cyber Threats
- User Experience**
 - > 2015-2016 Congressional Asks: Expand Access to Telehealth Services for Medicare Beneficiaries

Health IT Policy Update Newsletter

2015 HIMSS Policy Summit

Legislative Action Center

2014-15 Policy Principles

HIMSS Health IT Value Suite

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DISCUSSION

Thank You!