

MONITORING NATIONAL IMPLEMENTATION OF HITECH: STATUS AND KEY ACTIVITY QUARTERLY SUMMARY

JULY - SEPTEMBER 2012

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Prepared by Mynti Hossain and Marsha Gold of Mathematica Policy Research under Contract with the ONC Evaluation Office for a Global Assessment of HITECH

This summary supports the global assessment by synthesizing in one place selected statistics and activity reports relating to implementation of HITECH. It is developed quarterly and reflects information made available between July 1, 2012 (including a few in late June) and September 30, 2012. The list is not meant to be exhaustive, but to reflect a subset of reports and activities that have been reported on elsewhere—on the ONC or CMS websites, or in a few other sources that have come to our attention.

MEANINGFUL USE INCENTIVE PAYMENTS—STAGE 1

- The number of eligible professionals and hospitals registered for meaningful use payments, as well as the amount paid to them, continues to increase. The [CMS incentive program report](#) for August 2012 shows that program-to-date active registrations included 192,016 Medicare eligible professionals, 91,130 Medicaid eligible professionals, and 3,973 hospitals, yielding a total of 287,119 active registrations that were fully completed by August 2012.
 - Medicare breakdown
 - Medicare paid a program-to-date total of \$3.6 billion to eligible professionals and hospitals, \$326.7 million of which was paid in August 2012.
 - Medicaid breakdown
 - As of August 2012, 48 states were open for registration. Out of these 48 states, one state (Minnesota) has not yet started disbursing payments. The two states not yet participating in the program are Hawaii and New Hampshire. The District of Columbia participates in the incentive program as well but, as of May 2012, has not opened their program. [HITECH Answers, May 11, 2012](#)
 - Medicaid paid a program-to-date total of \$3.3 billion to eligible professionals and hospitals through August 2012, \$154.4 million of which was paid that month.
 - Program-to-date payments to eligible professionals include 40,353 physicians, 9,481 nurse practitioners, 3,378 dentists, 1,180 certified nurse-midwives, and 620 physicians assistants. Most hospital payments were to acute care hospitals but 49 children’s hospitals received payments.
- The Government Accountability Office’s (GAO) report titled “[Number and Characteristics of Providers Awarded Medicare Incentive Payments for 2011](#)” finds that—among other trends—the largest share of hospitals and eligible professionals who received meaningful use incentive payments in 2011, 44% and 32% respectively, are in the Southern US.

- The [EHR Incentive Program 2012 Reporting Pilot](#) is a new pilot program in which hospitals have the option of electronically submitting to CMS clinical quality measures that are required for the meaningful use incentive program. Starting July 3, 2012, hospitals were allowed to use the pilot to submit test data. From October 1 to November 30, 2012, hospitals will be able to submit production data.
- The Medical Group Management Association submitted a [letter to CMS](#) stating that providers in the meaningful use program should be automatically classified as successful in programs, like e-prescribing, that require similar criteria. [Health Data Management, August 2, 2012](#)
- In July, CMS released, [in the Federal Register](#), proposed rules for the 2013 Medicare physician fee schedule. The proposed rules include adding two hardship exemptions to the e-prescribing incentive program.
- CMS, via accounting firm Figlioiozzi and Company, is auditing providers who have received incentive payments. The accounting firm is beginning to request, from selected providers, past attestation paperwork. [CMS has not released many details about the audits](#), but the major activities are described in the [Health Law Alert Newsletter](#).
- U.S. News & World Report [published a list of 156 hospitals](#) in the country that are the “most connected.” One of the standards these hospitals must meet to be placed on the list is significant progress in implementing EHRs.

STAGE 2 MEANINGFUL USE INCENTIVE AND CERTIFICATION REQUIREMENTS

- On August 23, 2012, the [final rules on Stage 2 of the meaningful use incentive program](#) from both CMS and ONC were released. On August 24, Farzad Mostashari, National Coordinator for HIT, along with Rob Anthony from CMS and Steve Posnak from ONC, [presented an overview of the rules through the National eHealth Collaborative](#). While eligibility requirements for the second phase of the program (beginning in 2014) remain the same, there are several differences between Stage 1 and Stage 2:
 - The number of core objectives for both eligible professionals and hospitals has increased by two additional objectives.
 - Stage 2 redefines “Certified EHR Technology” to allow providers to customize their EHRs. It also requires that EHR developers adhere to price transparency standards, as well as privacy and care transitions standards. Additionally, it makes available “gap certification” criteria. [ONC Fact Sheet: 2014 Edition Standards & Certification Criteria Final Rule](#)
 - With respect to timing, the Stage 2 final rules give eligible providers more time to fulfill the Stage 2 criteria. The initial timeline documented in the Stage 1 final rules called for Medicare providers attesting in 2011 to fulfill Stage 2 criteria no later than 2013. Now, these providers have till 2014 to meet Stage 2 requirements. [CMS Fact Sheet: CMS Medicare and Medicaid EHR Incentive Programs: Stage 2 Final Rule](#)
- Several organizations and stakeholders released comments on the final rules. The American Hospital Association expressed concern that the new, shorter reporting period creates a challenge for hospitals to meet the first meaningful use requirements, making them vulnerable to penalty fees. Other organizations such as the Medical Group Management Association and the American Health Information Management Association praised the final rules. [Health Data Management, August 23, 2012](#)

- The permanent certification program will replace the temporary certification program under HITECH as Stage 2 gets implemented. The [Health IT government website](#) now includes draft methods to test and certify EHRs with Stage 2 criteria. ONC and the National Institute of Standards and Technology (NIST) are developing this together.
- In July, the American National Standards Institute (ANSI) accredited the following as HIT certification bodies: Certification Commission for Health Information Technology (CCHIT); Drummond Group, Inc.; ICSA Laboratories, Inc.; InfoGard Laboratories, Inc.; and Orion Register, Inc. [Market Watch, July 18, 2012](#)
- ICSA Labs, a division of Verizon that is federally authorized to certify EHRs for Stage 2, streamed free webinars during the month of September to help individuals understand the Stage 2 final rules. [Equities, September 10, 2012](#)

DEVELOPMENT OF STAGE 3 MEANINGFUL USE REQUIREMENTS

- In September, HP Enterprise Services received a \$43 million task order from CMS to continue their work in supporting the management of the meaningful use incentive program. [Marketwire, September 20, 2012](#)
- In August, the Health IT Policy Committee started to discuss the criteria for Stage 3. The Vice Chair of the HIT Policy Committee stated that, most likely, eligible providers will have to have at least 80% of their patients (who are 2+ years of age) meet meaningful use requirements to qualify for Stage 3. [iHealthBeat, August 8, 2012](#)
- Bills introduced/signed relating to Stage 3:
 - Senator John Kerry (D-MA) is advocating for [S 3539](#), which calls for the establishment of the Medicaid Information Technology to Enhance Community Health Act. The Act will broaden the meaningful use program so that safety net clinics will qualify for incentive payments. [Government Health IT, September 18, 2012](#)
 - The [Behavioral Health Information Technology Act of 2012, HR 6043](#), is seeking to include behavioral health, mental health, and substance abuse professionals (e.g. clinical psychologists and licensed social workers) and certain facilities in the definition of “Eligible Professional” under the meaningful use incentive program. The bill is sponsored by Tim Murphy (D-PA), Tim Ryan (D-OH), Tom Marino (R-PA), John Sullivan (R-OK), Marsha Blackburn (R-TN), and Pat Tiberi (R-OH). [Health Data Management, June 29, 2012](#)

REGIONAL EXTENSION CENTERS

- ONC updated its [interactive dashboard](#), which provides data and summaries of all HITECH grant programs, such as RECs and workforce initiatives. Data is updated regularly. As of September end, [REC dashboard data](#) shows a total of 143,890 enrolled providers. [Health Data Management, September 11, 2012](#)
- The Association of Regional Centers of Health Information Technology (ARCH-IT) has formed to advocate for post-2013 funding and provide support to the 62 RECs. The RECs were authorized through the HITECH Act with the program providing initial year funding. [Information Week, July 5, 2012](#)

- New York's REC, New York eHealth Collaborative (NYeC), has certified 1,000+ providers for the meaningful use program. This REC, reportedly, is the first of the country's 62 RECs to reach this milestone. [PR Newswire, June 28, 2012](#)

AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- In July, CCHIT announced that three more entities certified their EHRs under CCHIT's EHR Alternative Certification for Healthcare Providers (EACH). There are nearly 30 EACH providers to date. [CCHIT, July 9, 2012](#)
- Epic, Cerner, and Greenway Medical Technologies, in the effort to promote interoperability, are working together to set up health information exchange via their EHR systems. [Forbes, September 7, 2012](#)
- Walgreen's, the drug store chain, is implementing Greenway Medical Technology's EHR throughout all of its 8,000 stores. The implementation is expected to be completed by Summer 2013. [Government Health IT, August 24, 2012](#)
- A number of reports related to the vendor market were published, including:
 - Mercom Capital Group published a [report](#) stating that, in the second quarter of 2012, HIT venture capital funding increased to a new high record of \$293 million.
 - Institute of Medicine's "[Comparative User Experiences of Health IT Products: How User Experiences Would Be Reported and Used](#)" states that EHRs have not advanced in the way smartphones and iPads have partly because vendors lack an incentive to improve their EHR products. The report recommends that EHR user experiences be publicly documented and reported to compare vendors and their products, motivating vendors to be more innovative.
 - "[Clinical Market Share 2012: Meaningful Use Momentum Continues](#)" is a July 2012 KLAS report that compares and contrasts HIT vendors in clinical user satisfaction, meaningful use attestation rates, and implementation quality. [iHealthBeat reports](#) that Epic dominates the large hospital market, with Cerner placing second.
 - NIST published "[A Human Factors Guide to Enhance EHR Usability of Critical User Interactions when Supporting Pediatric Patient Care](#)" in the effort to promote the use of EHRs in pediatric settings, which is significantly less than the rate of EHR use in adult care settings.
 - Berkery Noyes, an independent investment bank, published a [report](#) that states that the total number of HIT mergers and acquisitions in the first half of 2012 is 28% greater than the number of mergers and acquisitions during the last half of 2011.
 - IDC Health Insights, a market research firm, published "[IDC MarketScape: US Health Information Exchange Packaged Solutions 2012 Vendor Assessment](#)," which assesses ten vendors that offer HIE packaged solutions. [EON, July 12, 2012](#)
 - In September, Black Book Rankings published a [report](#) that outlines results from a survey of 302 ACOs across 46 states. Among the results are that start-up ACOs are estimated to spend \$500 million on HIT during their first year of operation. [PRWeb, September 24, 2012](#)

PRIVACY AND SECURITY

- In September, ONC released a free video game for providers to practice responding to a variety of privacy and security issues related to health data. [Becker's Hospital Review, September 12, 2012](#)
- The Health Information Trust Alliance (HITRUST) released a service, called the [HITRUST Cyber Threat Analysis Service](#), to help protect the health care industry from Internet threats and attacks. [Healthcare IT News, July 24, 2012](#)
- HIMSS published a [white paper](#) to guide healthcare financial institutions on HITECH and HIPAA privacy and security rules.

HEALTH INFORMATION EXCHANGE

- Preliminary findings of eHealth Initiative's 2012 survey of HIE initiatives show that a significant number of survey respondents are supporting ACOs and/or patient centered medical homes, that HIEs face competition from other HIEs as well as HIT vendors, and that HIEs will likely face sustainability issues in the future since government funding is their main source of revenue, among other early conclusions. A report with final conclusions is expected to be published in Fall 2012. [eHealth Initiative, 2012](#)
- In July, ONC issued [guidelines](#) for using the Direct Project's clinical messaging. The guidelines aim to ensure that Direct is used consistently among all Health Information Service Providers.
- After discussions about the Nationwide Health Information Network (NwHIN) at the July and August HIT Standards Committee meetings and the July HIT Policy Committee meeting and considering stakeholder letters such as eHealth Initiative's [23-page letter](#), ONC decided to cease efforts to regulate the NwHIN. Farzad Mostashari, the National Coordinator for HIT said, "One concern we heard repeatedly was that the very act of beginning a regulatory process may actually slow the development of trusted exchange at a time when we cannot afford that." [Fierce Health IT, September 7, 2012](#)
- Through the Department of Veteran Affairs' Virtual Lifetime Electronic Records Health Communities Program (VLER), Buffalo, NY will start sharing data via the HIE HEALTHeLINK with the 12 other communities participating in the initiative. [Health Data Management, August 1, 2012](#)
- Pennsylvania eHealth Collaborative announced, in August, that it will give six million dollars to four HIEs in its state. [Pittsburgh Business Times, August 27, 2012](#) The organization also announced that it will give providers free software and a \$250 reward to those who implement and promote the Direct Project. [MedCity News, July 26, 2012](#)
- In August, Deval Patrick, Massachusetts's governor, stated that the state's request for funding was met by CMS. The state will receive \$16.9 million for development of their HIE. [Healthcare IT News, August 3, 2012](#)
- The Health Information Partnership for Tennessee stated in a July 9, 2012 press release that they will be shutting down. The organization was formed in 2009 with the goal of creating a statewide HIE. [Health Information Partnership for Tennessee](#)

- The National eHealth Collaborative’s (NeHC) [Consumer Engagement with Health Information Technology Survey](#) was given to the 450 members of the NeHC’s HIE Learning Network. Findings show that 53% of respondents rank consumer engagement as a priority, but only 8% of respondents say that their consumer engagement strategies are fully developed. The survey response rate was 21%.
- In a [July 13, 2012 letter](#) to Governor Robert McDonnell, Chairman of the Republican Governors Association, CMS Administrator Marilyn Tavenner says that a state can keep the money they accept from the government for IT infrastructure and exchange implementation under the provision for Medicaid expansion in the health reform law even if they choose to forgo expanding Medicaid. [Health Data Management, July 16, 2012](#)
- New publications related to HIEs include:
 - The NORC issue brief [“The Evolution of the State HIE Cooperative Agreement Program: State Plans to Enable Robust Health Information Exchange”](#) discusses the evolution of HIEs in the country one year after the creation of the HIE cooperative agreement program.
 - [“Health Information Exchange: Metrics to Address Quality of Care and Return on Investment,”](#) published in *Perspectives in Health Information Management*, finds that HIEs are not fully prepared to measure the effect of their work in the health information exchange environment. The authors (A. Khurshid, M. Diana, and S. Luce) state that HIEs do not have a significant incentive to invest in measure development. Regardless, the authors say that HIEs must establish metrics to standardize performance and show improvements in quality because those metrics can be used in the push for HIE sustainability.
 - [“Ensuring Data Integrity in Health Information Exchange,”](#) an American Health Information Management Association white paper, says that health information management professionals should play leadership roles in regard to developing standards and technologies, as well as in promoting education and research. [Health Data Management, August 2, 2012](#)
 - A KLAS brief titled [“HIE Consulting Services: Leveraging Third-Party Expertise for HIE Success”](#) states that providers in public HIEs, vs. private HIEs, are more frequently utilizing firms offering HIE consulting services like IT outsourcing and strategic and operational services. Author Erik Westerlind says this may be due to the fact that public HIEs have more regulations to follow than private HIEs.

WORKFORCE PROGRAMS

- The Department of Labor [announced](#) that \$500 million worth of grants will be distributed to 297 community colleges, university consortia, and other educational institutions for job training. This includes health information technology job training.
- The American Health Information Management Association (AHIMA) released an interactive [career map](#) that provides information on health information management jobs, roles, and career paths. [Healthcare IT News, July 26, 2012](#)
- A College of Healthcare Information Management Executives (CHIME) [survey](#) of Chief Information Officers shows that the demand is high for HIT staff. In the 2012 survey, 67% of respondents expressed a shortage of qualified HIT staff compared to 59% of respondents in the 2010 survey.

PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES

- Various ONC publications are available at <http://www.scribd.com/HealthIT>. Paper topics cover standards and interoperability, regional extension centers, and privacy and security of EHRs, among other things.
- ONC released a [report](#) that summarizes a discussion from a July 24 roundtable of stakeholders (consumers, vendors, payers, etc.) on how to get behavioral health providers to adopt health IT.
- In September, at the HIMSS Annual Policy Summit, Farzad Mostashari said that there is no hard cap on the amount the government can spend on meaningful use incentive payments and that, regardless of the election outcome, congressional support for advancing the use of medical records should be present in the next Congress. [Healthcare IT News, September 13, 2012](#)
- In September, HHS [announced](#) that they will be working with the Department of Veteran Affairs on an initiative to improve care coordination via telehealth and other HIT tools.
- In September, the American Health Information Management Association (AHIMA) [published](#) on their website, www.myPHR.com, a consumer tool called “Understanding Your Medical Record.” The online resource is designed to assist consumers in obtaining and reading their personal health records.
- The [Blue Button program](#) was developed by the Department of Veterans Affairs and the Department of Health and Human Services to enhance the ability of patients to electronically access their health data by simply clicking on a blue button on “My HealtheVet” at <http://www.myhealth.va.gov>. Activities related to the program, include:
 - In August, [Blue Button registered its one millionth patient](#).
 - In July, insurance company UnitedHealthcare announced that it will launch the Blue Button program. While UnitedHealthcare members can already access their personal health record information online, the switch to the Blue Button feature will enhance user experience by giving individuals the option of printing their information. UnitedHealthcare estimates that 12 million people will be able to use Blue Button by the end of 2012. [Business Wire, July 5, 2012](#); [MedCity News, July 5, 2012](#)
 - ONC’s Standards and Interoperability Framework hosted a webinar in August to discuss plans for the Blue Button feature. The intention is to eventually enhance Blue Button so patients can have their health data automatically sent to their personal health records and e-mail accounts. [Government Health IT, August 10, 2012](#)
 - The White House announced the start of its [Presidential Innovation Fellows Program](#), in which eighteen fellows will work on five government technology projects for six months. Work to expand the Blue Button is included as one of the five projects.
- ONC’s 2012 [Consumer Health IT Summit](#) took place September 10, 2012 in Washington, DC. The conference included discussions on the Stage 2 final rules, profiles of organizations promoting and implementing health information exchange, and promotion of electronic health tools such as Blue Button. Additionally, ONC participated in [National Health IT Week](#), which was September 10-14.

- The [CDC is searching for an organization](#) to assist in developing a way to use the Direct Project to send health data to the National Healthcare Safety Network. [Government Health IT, August 31, 2012](#)
- The US Coast Guard issued a [request for proposals](#) for designing and implementing a way for personnel to access the agency's health information via mobile phones.
- Health Level Seven International (HL7), a nonprofit health IT standards developer, will offer their standards and guidelines for hospitals and providers at no cost starting in 2013. HL7's CEO, Charles Jaffe, said their motivation for this action is because "...freely available standards more effectively advance healthcare information interoperability." [Computersworld, September 4, 2012](#)
- During a House hearing in July, secretaries from both the Department of Defense and the Department of Veterans Affairs stated that they are experiencing difficulty collaborating to better link their two EHR systems due to the departments' cultures of not being open to change, but that they are committed to ultimately linking the two EHR systems. [Nextgov, July 26, 2012](#) Tricare Management Authority also issued a [request for information](#) in regard to their effort to develop the EHR immunization tool for the departments. [Government Health IT, August 7, 2012](#)
- A [report from the Federal Communications Commission](#) evaluating the Rural Health Care Pilot Program finds that building broadband networks of providers in rural areas positively correlates to decreases in healthcare costs and increases in healthcare quality.
- The Indiana State Department of Health launched "MyVaxIndiana," a website that allows individuals to access their immunization information. The new website was funded in part by ONC through an ONC challenge. [News-Sentinel, July 24, 2012](#)
- Publications released this quarter include:
 - AHRQ published a [handbook](#) detailing ways consumers can employ electronic health records for preventive care.
 - The GAO report, "[Information Technology Reform: Progress Made But Future Cloud Computing Efforts Should Be Better Planned](#)," identifies the Department of Health and Human Services as an agency that met OMB's standards for cloud computing.
- ONC continues to promote HIT efforts and activities through various challenges and campaigns:
 - The "[Managing Meds](#)" video challenge is an ONC contest to highlight how individuals are using HIT to handle their medications. Winners will receive up to \$7,500 in prizes.
 - In [September Health IT Buzz blog post](#), Judy Murphy and Liz Palena Hall—the ONC Deputy National Coordinator for Programs and Policy, and the ONC Policy Analyst and Nurse Advisor, respectively—urged registered nurses to ask for their own personal health records to promote the "Ask for Your e-Health Records Week" campaign.
 - In September, the [HHSinnovates Program encouraged the public to vote](#) on the "People's Choice" for best innovative project.

- In July, ONC began the [“What’s in Your Health Record?” video challenge](#), calling for individuals to create and submit two-minute videos that show the various ways consumers using their personal health record is to their advantage.
- Several bills were introduced and/or signed, including:
 - [HR 6107](#), introduced by Representatives Charles Rangel (D-NY) and Glenn Thompson (R-PA), will allow a Department of Veterans Affairs physician to treat patients, via telehealth technology, in states where that physician is not licensed to practice. [Fierce Health IT, July 16, 2012](#)
 - In July, President Obama signed the [Food and Drug Administration Safety and Innovation Act, S. 3187](#), which includes activities geared toward the regulation of mobile health applications. The West Health Institute issued a [press release](#) with two other organizations in support of President Obama signing the bill into law. [Fierce Mobile Healthcare, July 10, 2012](#)
 - Michigan Governor Rick Snyder signed two bills, House Bills 5408 and 5421, which call for private health insurers in the state, such as Blue Cross Blue Shield of Michigan, to support telehealth services. Similar legislation already exists in 12 other states: California, Colorado, Georgia, Hawaii, Kentucky, Louisiana, Maine, New Hampshire, Oklahoma, Oregon, Texas, and Virginia. [Crain’s Detroit Business, July 2, 2012](#)

EFFECTIVENESS OF HIT

- [“Overcoming Challenges to Achieving Meaningful Use: Insights from Hospitals that Successfully Received CMS Payments in 2011”](#) in *JAMIA* finds that computerized provider order entry (CPOE) was a barrier for a number of hospitals attesting for 2011 meaningful use payments.
- *Perspectives in Health Information Management* published [“Racial Differences in the Usage of Information Technology: Evidence from a National Physician Survey,”](#) which finds that there are racial differences in the use of EHRs among providers. Among the findings, minority providers (versus white providers) are more likely to use HIT for activities such as preventive service reminders while white providers are more likely to use HIT to transfer and receive images with other providers.
- The Center for Public Integrity, a nonpartisan investigative news organization, published [“Growth of Electronic Medical Records Eases Path to Inflated Bills.”](#) The report says that the use of billing software in EHRs is leading a number of providers to inaccurately charge higher fees for treating their Medicare patients. A [New York Times analysis](#) of the American Hospital Directory’s Medicare data attributes the \$1 billion increase in 2010 Medicare reimbursements to hospitals (in comparison to hospital reimbursements from the last five years) partly via false billing documentation. Kathleen Sebelius of the HHS and Attorney General Eric Holder issued a joint [letter](#) to the American Hospital Association, the Federation of American Hospitals, the Association of Academic Health Centers, the Association of American Medical Colleges, and the National Association of Public Hospitals and Health Systems warning these stakeholders that falsified billing and other fraud will not be tolerated by the Obama Administration. A number of the five hospital groups responded to the letter. For instance, the Association for American Medical Colleges suggested that the Medicare billing rules be revised to provide more clarity. [Politico, September 26, 2012](#)

- [“Interactive Preventive Health Record to Enhance Delivery of Recommended Care: A Randomized Trial,”](#) published in the *Annals of Family Medicine*, finds that patients who use interactive personal health record tools are more likely to obtain cancer screenings and certain other preventive services than patients without access to the PHR tool. [iHealthBeat, July 13, 2012](#)
- [“Compliance of Reviewing Portal Images on Radiographic Film vs. an Electronic Medical Record,”](#) a study in the *Journal of the American College of Radiology*, finds that physicians made fewer errors when reviewing portal images via an electronic medical record compared to when they reviewed portal images by hand on radiographic film. Out of 204 portal images reviewed by hand, 25% were recorded with errors while, out of 207 portal images reviewed by electronic medical record, 1% contained errors.
- [“Meaningful Use of Electronic Health Record Systems and Process Quality of Care: Evidence from a Panel Data Analysis of U.S. Acute-Care Hospitals,”](#) a study published by *Health Services Research*, finds that acute-care hospitals complying with the EHR meaningful use requirements for 2011 experienced process quality improvements, but hospitals using EHRs that went beyond Stage 1 requirements saw a drop in process quality. The authors state that a possible explanation for the drop in process quality may be due to the fact that positive results of certain HIT transitions may take longer than the time period of this study to see. The authors also cite previous research from 2006 and 2007 in which HIT adoption did not result yield benefits. (Process quality was measured for acute myocardial infarction, heart failure, and pneumonia.)

RELATED FEDERAL POLICY INITIATIVES

- CMS is launching a new pilot program, the [Comprehensive Primary Care Initiative](#), which will involve both public and private stakeholders e.g. payers from CMS, state Medicaid agencies, self-insured businesses, and five hundred primary care practices. The initiative includes the utilization of electronic health record systems to improve healthcare quality and lower costs.
- AHRQ, [in the Federal Register](#), requested for the Office of Management and Budget to support their project titled “A Prototype Consumer Reporting System for Patient Safety Events.” The project will gather and analyze data from patients on health safety.
- The Centers for Disease Control and Prevention (CDC), Public Health Data Standards Consortium (PHDSC), and IBM are collaborating to use the standards created in the meaningful use requirements to improve public health reporting. [Healthcare IT News, August 16, 2012](#)
- In August, HHS [announced](#) grants, totaling \$48.8 million, to assist 49 states, five cities, Washington, DC, and Puerto Rico to use HIT to prevent infectious disease. The grant money can also be used to partake in the meaningful use program.
- In August, HHS officially delayed the ICD-10 conversion to October 1, 2014. The Medical Group Management Association released a statement recommending that CMS to pilot test ICD-10 codes to ensure that providers will be able to meet this conversion deadline. In contrast, the College of Healthcare Information Management Executives (CHIME) expressed full support for the new deadline. [Healthcare IT News, August 27, 2012](#)

- In August, the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) [issued grants](#) to six organizations across the country, distributing a total of four million dollars. Organizations are to use grant money to incorporate HIT in their treatment of patients, most especially those patients who are currently underserved via financial hardship or lack of transportation, etc.
- Surescripts' seventh annual [Safe-Rx Awards](#) ranked the top ten states for e-prescribing in the following order (best to worst): Minnesota, Massachusetts, South Dakota, Delaware, New Hampshire, Iowa, North Carolina, Maine, Vermont, and Michigan. Minnesota placed first due in part to its public-private sector collaborative efforts and state policies that both required and provided funding for use of e-prescribing systems.
- The fourth annual [mHealth World Congress conference](#) was held in Boston, MA July 25-27, 2012, and was attended by HIT executives worldwide. The keynote panel discussion centered around FDA regulation of mobile health applications. [iHealthBeat, July 27, 2012](#)
- In July, the Agency for Healthcare Research and Quality (AHRQ) issued a [request for information](#), asking stakeholders to comment on the development and reporting of HIT-enabled quality measures. The American Hospital Association (AHA) issued a [letter](#) in September encouraging AHRQ to use field-based research in developing these measures.

OTHER (CONTEXTUAL ETC)

- In September, the Government Accountability Office [announced](#) that Christopher Boone will serve as a consumer advocate on the HIT Policy Committee. He is currently the American Heart Association's Director of Outpatient Quality and Health IT.
- Beginning January 1, 2013, David Blumenthal, who served as National Coordinator for Health Information Technology from 2009 to 2011, will be the new president of the Commonwealth Fund. [The Boston Globe, July 26, 2012](#)
- In July, the Healthcare Information and Management Systems Society (HIMSS) [called](#) for the Democratic and Republican parties to include language about health IT in their platforms. [Democracy In Action's compilation of the platforms](#) shows that both parties identified health IT as playing a significant role in improving the quality of care in the country. HIMSS president and CEO stated that "while our nation is engaged in a long-term debate over how to restructure our healthcare system, there continues to be widespread, bipartisan support for efforts to move away from a delivery and payment system that rewards volume, toward a system that rewards efficiency and quality outcomes, in part by enabling providers and patients to access the right information at the right time through robust nationwide adoption of health IT."
- Australia's Personally Controlled Electronic Health Record project opened registration on July 1, with a total of 320 people registering as of July 6. The project's goal is to have 500,000 users by July 1, 2013. [Sydney Morning Herald, July 9, 2012](#)