

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

OCTOBER-DECEMBER 2011

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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 October 1, 2011 and December 29, 2011. The list is not meant to be exhaustive but to reflect a subset of reports and activities on the ONC or CMS web site, in selected documents that are referenced in the reports ONC receives daily as part of its communications monitoring, and selected other activities of which we are aware. We welcome additions and clarifications from ONC.

MEANINGFUL USE INCENTIVE PAYMENTS—STAGE 1

- CMS's [November 2011 EHR incentive program report](#) (the latest posting as of this date) shows a year-to-date (January to November 2011) total of 157,230 active registrations for eligible professionals and hospitals. This includes 18,660 registrations that were fully completed in November 2011.
 - Medicare breakdown –
 - Medicare paid a year-to-date total of \$920.3 million to eligible professionals and hospitals, \$391.4 million of which was paid in November 2011.
 - Medicare paid a year-to-date total of \$182.3 million to 10,155 eligible professionals and \$737.5 million to 411 hospitals.
 - Medicaid breakdown –
 - Medicaid paid a year-to-date total of \$909 million to eligible professionals and hospitals, \$194.3 million of which was paid in November 2011.
 - Medicaid paid a year-to-date total of \$234.2 million to 11,140 eligible professionals and \$674.8 million to 802 hospitals.
 - Year-to-date payments to eligible professionals include 8,401 physicians, 1,927 nurse practitioners, 456 dentists, 224 certified nurse midwives, and 123 physician assistants. Most hospital payments were to acute care hospitals but 19 children's hospitals and 11 other hospitals received payments.
 - A total of 27 states dispersed payments in November 2011.

- The total number of [actively participating states in the incentive program](#) is now 41, as 14 states started their programs in the October-December period (California, Maine, Maryland, Massachusetts, Utah, and Vermont in [October](#); Arkansas, Delaware, Montana, New Jersey, New York, North Dakota in [November](#); and South Dakota and Wyoming in December.) The remaining states are Colorado, Hawaii, Idaho, Kansas, Minnesota, Nebraska, Nevada, New Hampshire, and Virginia.
- An [interactive map](#) is available that shows which states are already distributing provider payments, which states are close to it, and which states are still in the planning phase.
- CMS developed “[An Introduction to the Medicare EHR Incentive Program for Eligible Professionals](#)” to provide greater technical guidance on eligibility, Stage 1 meaningful use criteria, registration, and other program elements. CMS also released technical [guidance on attestation requirements](#) on their website.
- CMS continues to develop its guidance and processes for receipt of clinical quality measures (CQMs) associated with attestation of certified use:
 - CMS still cannot receive CQMs electronically. For this reason, CMS stated that providers should continue to report CQMs through attestation for the 2012 year. However, CMS is encouraging providers to help test electronic CQM reporting via pilot programs. [Health Data Management, November 2, 2011](#) For instance, on November 1, 2011, CMS released a final rule that included a pilot program for hospitals to report CQMs electronically instead of attesting to them. [Fierce EMR, November 10, 2011](#)
 - CMS said that multiple FDA-approved anticoagulants are available and, for this reason, recommended to providers that they not select, as one of their CQMs for meaningful use, NQF 0085: Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation. However, NQF 0085 may be reported in the 2011-2012 program years if the EHR is certified for only nine CQMs and this measure is one of the nine. [Becker's Hospital Review, November 30, 2011](#)
- [The Health IT Standards Committee, at their December 14, 2011 meeting](#), discussed the Query Health initiative and quality measure standards. Among the recommendations discussed was that ONC and CMS should provide guidance and develop a workgroup charter to revitalize the Quality Measures Workgroup.
- The Securities and Exchange Commission (SEC) recommended that healthcare providers use the “gain contingency model” to account for income from incentive payments. This means that hospitals will only report incentive payments when they attest and when the data determining payment calculations are available. The change does not affect the amount received but rather when it is recognized. Some providers may have to revise their reporting to reflect the new guidance. [Health Data Management, November 8, 2011](#)

- After noting errors in its software, GE Healthcare recommended that providers who attested in 2011 using the flawed software re-run their reports with an improved version. CMS will assist providers who see significant differences between their previous reports with the old software and new reports. [Information Week, October 21, 2011](#)
- HHS' Office of Inspector General released its [2012 workplan](#) on October 5, 2011 and intends to examine the incentive payment system in the effort to reduce error, fraud, and abuse. [Fierce EMR, October 12, 2011](#)
- CMS contracted with Provider Resources, a firm with expertise in analysis of healthcare program integrity, to develop and implement the Medicare EHR Incentive Administrative Appeals process. This process is intended for providers who seek to appeal decisions made by the CMS in the incentive program. [Information Week, October 6, 2011](#)
- On November 17, 2011, [Representative Aaron Shock introduced HR 3458](#), a bill that seeks to amend title XVIII of the Social Security Act to allow rural health clinics (RHCs) to participate in the Medicare incentive program. Supporters of the bill include the American Medical Group Association, the National Rural Health Association, and Catholic Healthcare Partners. [iHealth Beat, November 23, 2011](#)
- Letters sent to CMS include:
 - Via a [December 16, 2011 letter](#), the American Hospital Association (AHA) and National Rural Hospital Association (NRHA) expressed to CMS concern that physicians who use "Method 2" for billing are excluded from the meaningful use incentive program because they are erroneously listed as hospital-based. AHA and NRHA urged CMS to remedy the situation for the 2011 payment year. [Fierce EMR, December 22, 2011](#)
 - Via an [October 6, 2011 letter](#), the Ambulatory Surgery Center Association (ASCA) expressed to CMS concern that physicians who use ASC providers that do not adopt EHRs (who are therefore ineligible for incentive payments) will be penalized because such use is considered in calculating eligibility for meaningful use payments. [EndoNurse, October 12, 2011](#)
- During the HIT Standards Committee meeting in December, an outline of tasks for 2012 was created. Included on the list are simplifying the process of quality measure submission and reviewing the Query Health project. [Healthcare IT News, December 20, 2011](#)

REGIONAL EXTENSION CENTERS

- On November 17, 2011, ONC [announced](#) that Regional Extension Centers (RECs) signed up more than 100,000 primary care providers (approximately 33% of the primary care providers in the nation), demonstrating a significant movement toward EHR adoption across the country.

- One of the 62 RECs, the California Health Information Partnership and Services Organization (CalHIPSO), and CDW Healthcare have agreed to collaborate to promote EHR adoption in California. [Government Health IT, December 14, 2011](#)

AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET

- ONC introduced a final rule (published in the November 25, 2011 Federal Register) outlining responsibilities, protocol, and penalties for the American National Standards Institute (ANSI), ONC's authorized accreditor of the permanent certification program. [Government Health IT, November 23, 2011](#)
- ONC delayed the transition of certification activities from the temporary program (with six certifying bodies) to a permanent one from January 1, 2012 to mid-2012. The delay will allow the transition to coincide with the revised timing for release of the final rule for Stage 2 meaningful use. Under the permanent program, the American National Standards Institute (ANSI) and the National Institute of Standards and Technology (NIST) will certify entities and test products. The shift is designed to make more appropriate use of ONC resources and to support sufficient accreditation and testing bodies to meet market demand. [Government Health IT, November 2, 2011](#)
- The Health IT Standards Committee, at their November 16, 2011 meeting, recommended that HHS develop a website that will be the sole source for information about certification programs, one of the ways in which HHS is asked to clarify the process of certification.
- ONC's official [Certified Health IT Product List \(CHPL\)](#) continues to grow. At a November 18, 2011 session of the [ONC Annual Meeting](#), ONC's division director for certification and testing Carol Bean indicated that 1,352 products were certified, including 893 ambulatory products and 459 inpatient products. Among ambulatory products, 553 are complete EHRs and 340 are modular products. Modular products are more common among inpatient products (343 of the 459 total). These products were from over 600+ vendors.
- The Certification Commission for Health Information Technology (CCHIT), a EHR certifier for the meaningful use incentive program, certified a number of EHRs for long-term and post-acute-care (LTPAC) even though these facilities are not eligible for incentive payments. CCHIT is seeking to enhance interoperability with hospital systems and would like ONC to recognize LTPAC certifications so that skilled nursing facilities (SNFs) that are housed on hospital campuses can have CCHIT-certified EHRs count toward meeting meaningful use requirements. [Information Week, November 10, 2011](#)
- Several new ventures and entities were created in response to the national movement toward more health IT. Examples include:
 - In December, Microsoft and GE announced that they are partnering to create an open-source technology platform. They anticipate introducing the product in early 2012. [Information Week, December 12, 2011](#)

- Qualcomm Inc. created a new subsidiary, called [Qualcomm Life Inc.](#), that introduced the 2net platform as its inaugural product. The 2net platform is a system that promote interoperability, allowing users to upload, convert, and share data via a wide variety of health IT tools. [Information Week, December 8, 2011](#)
- Athenahealth, one of the EHR vendors, is planning to pay the malpractice insurance premiums for clients who use particular EHR products, as well as assist certain clients with defense of malpractice lawsuits. [Information Week, October 26, 2011](#)
- Several firms made announcements about HIT products this quarter, including:
 - Numera developed a new application for the iPhone, iPad, and iPod Touch that enables consumers to add information to their electronic health record. [Information Week, November 2, 2011](#)
 - IBM and University of Pittsburgh Medical Center created smart hospital rooms that use a patient screen, a caregiver screen, and a SmartBoard to increase productivity. [Information Week, October 19, 2011](#)
 - Google is allowing more developers to [sign up for access to BigQuery](#), a service that allows for interactive analysis of very large data sets. The service is still in beta mode and is free for the time being. [Cloud Beat, November 14, 2011](#)
 - On October 27, 2011 Awarepoint Corporation and MEDITECH stated that they will be working together to supply emergency departments with patient location and milestone tracking tools. The first hospital to test the software is Monongahela Valley Hospital in Pennsylvania. [Fierce Health IT, October 27, 2011](#)
 - The HIMSS EHR Association is supporting the iHealth Alliance product EHRevent, an online program for reporting adverse events. [Information Week, November 7, 2011](#)
 - Costco started selling AllScripts' MyWay EHR, a cloud-based product designed for small practices. [Information Week, December 13, 2011](#)
- Market researcher Frost & Sullivan states that 2012 market revenues are expected to rise up to \$6.5 billion as hospitals acquire and upgrade their EHRs to certified products that support meaningful use. [CMIO, October 18, 2011](#)
- ONC is creating a database, called the Health IT Dashboard, that will function as an assessment tool to measure the impact of ONC grants that are administered in support of EHR adoption. [Health Data Management, December 21, 2011](#)

PRIVACY AND SECURITY

- ONC introduced several campaigns and partnerships. Examples include:
 - ONC is leading a two-year educational campaign to advance understanding of privacy and security policies. Working with the Department of Health and Human Services' Office of Civil Rights (OCR), ONC anticipates gathering information from 40,000+ professionals and consumers through surveys, interviews, and focus groups and intends to use this information to shape strategy. [*Government Health IT, November 1, 2011*](#)
 - On November 9, 2011, ONC announced, in response to an Institute of Medicine (IOM) [recommendation](#) for improved patient safety, that they will partner with the Food and Drug Administration, Agency for Healthcare Research and Quality, and National Institute for Standards and Technology to create an action plan to improve protocol centered around patient safety. The Health IT Policy Committee will also assist. [*Government Health IT, November 9, 2011*](#)
- The Health IT Policy Committee addressed issues of privacy in reviewing medical research on population health:
 - In response to Department of Health and Human Services (HHS) medical research privacy [rules](#), the Committee submitted an [October 18, 2011 letter](#) to Dr. Farzad Mostashari that recommended that, for the use of EHR information in research that will advance healthcare service delivery, permission from individual patients not be necessary to obtain. However, the Committee agreed that criteria distinguishing research activities from operations must be revised and further developed. [*Information Week, October 28, 2011*](#)
 - In an [October 31, 2011 letter](#) to Dr. Mostashari summarizing the meeting held on October 12, the Health IT Policy Committee approved procedures on data disclosure, data exchange, and cell size that were created by ONC for the Query Health project, a system that will use electronic health information to conduct medical research.
- In a [December 14, 2011 letter](#) to Dr. Mostashari, summarizing the meeting held on December 7, the Committee discussed the ONC and NIST comparison of the HIPAA Security Rule to other security frameworks for EHRs. Among the recommendations was that the security rule be more responsive to changes in the marketplace.
- To gauge how informed consumers are in the sharing of EHR information, ONC contracted with APP Design Inc. to create a trial e-consent system that will be tested by four HEALTHeLINK, New York's HIE, providers. [*American Medical News, October 19, 2011*](#)
- During a November 9, 2011 hearing held by the Senate Judiciary Committee's Subcommittee on Privacy, Technology and the Law, Senator Coburn expressed concern over hackers' ability to obtain EHR information. Senator Franken, the panel chair at the hearing, stated that introducing a law necessitating encryption may be worthwhile. [*Reuters, November 9, 2011*](#)

- In November, the Office for Civil Right (OCR) started the first of 150 HIPAA audits, expected to be completed by year end. Audits are conducted to see if covered entities are meeting all privacy and security regulations. [*Health Data Management, November 8, 2011*](#)
- An online [HIPAA Security Rule Toolkit](#), developed by the National Institute of Standards and Technology, is available for free.
- On October 21, 2011, ONC's Health IT Standards Committee's Privacy and Security Workgroup [recommended](#) increasing the use of security tools, such as encryption and password requirement, in Stage 2.
- HIMSS submitted comments on HHS' proposed rule on the Clinical Laboratory Improvement Amendments Program of 1988 (CLIA) and the HIPAA Privacy Rule. Under the proposed rule, CLIA must give individuals direct access to their laboratory test information. Among HIMSS' comments are the suggestions that the government be responsible for developing protocol surrounding the patient verification and that the costs of providing direct access be projected. [*Becker's Hospital Review, October 16, 2011*](#)

HEALTH INFORMATION EXCHANGE

- On November 15, 2011, the College of Healthcare Information Management Executives (CHIME) and the eHealth Initiative (eHI) [released](#) the "[The HIE Guide for CIOs](#)." The guide seeks to help information officers develop strategies for health information exchange that match their goals and the environment in which they function.
- In November, the EHR/HIE Interoperability Workgroup developed technical specifications intended to ease connectability between EHRs and HIEs. [*Government Health IT, November 8, 2011*](#)
- The [Health IT Standards Committee asked for comments](#) regarding execution of NwHIN Exchange specifications by December 15, 2011.
- The Virginia Department of Health, Microsoft Corporation, and UNIVAL (a health IT firm in Michigan) created a [registry](#) for the state of Virginia to electronically collect and maintain advance directives for individuals in the state. The registry will be linked to the state's HIE. [*The Roanoke Times, December 8, 2011*](#)
- The Rhode Island Quality Institute (RIQI) demonstrated a new data locator feature available on the statewide health information exchange (HIE), which RIQI operates. [*CMIO, December 12, 2011*](#)
- Emerging from a pilot program in Florida, the Florida Health Data Network is a new network to share health records. It will compete with the existing Florida Agency for Health Care Administration, which is operated by the state. The new network was created by HIE Networks, the Florida Hospital Association, and the Florida Medical Association. [*Sunshine State News, December 13, 2011*](#)
- In December, the state of Ohio, via its HIE CliniSync, began an [inter-state information transfer](#), using Direct secure messaging, by connecting with the state of Mississippi.

- News accounts continue to reflect a variety of activities in support of HIE funding. Examples include:
 - The National Association of State Chief Information Officers (NASCIO) released an issue brief, “[Sustainable Success: State CIOs and Health Information Exchange](#),” that includes best practices for reducing expenses and generating revenue for HIEs. [Information Week, October 4, 2011](#)
 - Capital District Physicians Health Plan, an insurance provider, is paying up to \$1 million to assist specialists in connecting to an HIE and promote health IT. [Information Week, November 25, 2011](#)
 - Blue Shield of California is paying up to \$20 million to assist providers in connecting to an HIE and promote health IT. [Information Week, October 19, 2011](#)
 - The HIE Michigan Health Connect functions as a third-party to hospitals and is funded entirely by members across its 49 hospitals. [Health Data Management, October 25, 2011](#)
 - The state of Maine’s HIE was created by HealthInfoNet, a nonprofit that works to improve patient quality and safety through HIT in Maine. The company received a two-year grant in December 2011 from the Maine Health Access Foundation to create payment reform projects using both clinical and claims data. [Becker’s Hospital Review, December 14, 2011](#)
- The HIE environment continues to be fluid, with HIEs forming, merging, or closing. Examples include:
 - ONC certified the SouthEast Michigan HIE (SEMHIE) to join the NwHIN. [CMIO, October 27, 2011](#)
 - The Eastern Connecticut Health Network (EHCN) is building an HIE with the help of MobileMD, which offers a cloud-based HIE. [Healthcare IT News, October 18, 2011](#)
- Linda Dimitropoulos, Vaishali Patel, Scott Scheffler, and Steve Posnack coauthored “[Public Attitudes Toward Health Information Exchange: Perceived Benefits and Concerns](#)” in the *American Journal of Managed Care*. Based on findings from a national 2010 telephone survey, the authors conclude that consumers are open to HIEs that allow for individuals to control with whom their information is shared. Individuals belonging to minority groups as well as employed persons between 40 and 64 years of age displayed the greatest concern over privacy and security issues associated with HIEs.
- The *Annals of Internal Medicine* published two studies, one conducted by [Harvard Medical School](#) and the other by [Stanford University](#), in which the majority of respondents expressed an overall enthusiasm for electronic information exchange despite some security concerns.

WORKFORCE PROGRAMS

- In a November 30, 2011 HHS [announcement](#) several statistics regarding individuals in HIT training programs were shared:
 - A total of 10,065 students are presently enrolled in HIT training programs in the US.
 - A total of 5,717 professionals have completed their HIT training from community colleges as of October 2011.
 - More than 500 post-graduate and masters-level students have graduated from universities as of November 2011, and it is estimated that 1,700+ more students will complete their degrees by July 2013.
- HHS [announced](#) that, as a result of the HITECH Act, there are 50,000+ new health IT-related jobs in the country. The Bureau of Labor Statistics predicts that, within 2008 to 2018, the total number of US health IT jobs will rise by 20%.
- On October 3, 2011, the American Health Information Management Association (AHIMA) introduced the [“HIM Jobs for America” initiative](#), which includes employer tax credits and further educational funding for HIM professionals. The main goal of the initiative is to assist in the creation of 40,000 HIM jobs.

PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES

- In November 2011, the National Center for Health Statistics (NCHS) released a [data brief](#) from its National Ambulatory Medical Care Survey on provider adoption of electronic medical records/electronic health records (EMRs/EHRs) and meaningful use. Key findings show physician use of EMR/EHR systems vary from 40% in Louisiana to 84% in North Dakota, but there is an overall rise in physician adoption of the systems, up from 18% in 2001 and 51% in 2010 to 57% in 2011. There is also a rise of physicians who reported that they anticipate applying for meaningful use incentives, up from 41% in 2010 to 52% in 2011.
- Adoption rates are higher in larger physician practices, according to SK&A Information Services, Inc. In its [ongoing telephone survey](#), responses show that 30.8% of small practices use EHRs, while 75.5% of practices with 26+ providers use EHRs.
- On October 21, 2011 [Representative Thomas Marino introduced HR 3239](#), “Safeguarding Access for Every Medicare Patient Act,” in the effort to increase legal protection for providers in the meaningful use incentive program. The bill would defend providers who openly report, and take responsibility for, errors in their EHR systems from certain lawsuits, such as slander.
- Emdeon Business Services will donate 100 one-year licenses of its meaningful use-certified electronic health records software to small practice physicians in underserved communities in New Jersey. [Health Data Management, December 13, 2011](#)
- ONC continues to administer contests to promote engagement in the private sector in developing applications of health information technology that support providers and patients seeking to improve health outcomes. Recent contests include:

- ONC is accepting submissions for the “[Million of Hearts Challenge](#),” a competition in which it will award \$5,000 to \$50,000 to developers that devise a mobile application that promotes heart-related health.
- ONC is working with the Surgeon General on the [Healthy Apps Challenge](#), which calls for developers to create apps that promote fitness, nutrition, and other wellness activities, such as sleep and mental health.
- The “Ensuring Safer Transitions from Hospital to Home Challenge,” a joint effort by ONC and the Partnership for Patients initiative announced Axial Exchange, Humetrix, and Flexis as their first, second, and third place winners, respectively. The winning products were an application that shares patient data with the patient’s next place of care, a mobile phone application that enables individuals to access patient data without delay, and a mobile phone application that incorporates voice and text-messaging features. [Becker’s Hospital Review, December 16, 2011](#)
- Dr. David Chou [reviewed](#) a recent book by Alfred Winter, Reinhold Haux, Elske Ammenwerth, Birgit Brigl, Nils Hellrung, and Franziska Jahn titled, “[Health Information Systems: Architecture and Strategies](#).”
- The ONC website features a [five-step implementation program](#) to assist providers in adopting EHRs.
- Ashish Jha, Matthew Burke, Catherine DesRoches, Maulik Joshi, Peter Kralovec, Eric Campbell, and Melinda Buntin coauthored “[Progress Toward Meaningful Use: Hospitals’ Adoption of Electronic Health Records](#)” in the *American Journal of Managed Care*. Using data from the 2010 American Hospital Association Annual Information Technology Survey, they found widespread enthusiasm for EHR adoption and the meaningful use program among hospitals, but actual hospital readiness for meaningful use far behind where it needs to be. HIMSS submitted comments on “Technical Evaluation, Testing, and Validation of the Usability of Electronic Health Records,” which are the National Institute of Standards’ (NIST) October 2011 draft guidelines on the usability of EHRs. Among HIMSS’ comments is the suggestion to incorporate environmental factors such as disruptions in workflow and medical crises into the user testing phase in order to replicate as much as possible the actual environment the EHRs will be used in. [Information Week, November 1, 2011](#)
- CMS released data about health care organization safety performance on its HospitalCompare website. The Joint Commission for Accreditation of Health Care Organizations criticized the HospitalCompare ratings as inaccurate due to use of claims data, rather than clinical data collected from EHRs. [Information Week, October 24, 2011](#)
- In a December 22, 2011 statement, the Blue Cross Blue Shield Association (BCBSA), consisting of 39 independent insurance providers publically supported ONC health IT initiatives. The Association also encouraged other health insurance providers to [pledge](#) their support to ONC. [Nextgov, December 23, 2011](#)
- The [ONC Annual Meeting](#) was held November 16-18, 2011 in Washington, DC. A webcast of the session held on November 17 is available on the ONC website.

DEVELOPMENT OF STAGE 2+ MEANINGFUL USE REQUIREMENTS

- On November 30, 2011, HHS officially [announced](#) that, for providers participating in incentive programs in 2011, the Stage 2 start date has been moved from 2013 to 2014. [Information Week, December 2, 2011](#)
- The National Committee on Vital and Health Statistics, CHIME, and AHA recommended to ONC that they not include metadata standards in Stage 2, because additional work is needed to set standards and thoroughly test them. The HIT Standards Committee is considering such inclusion, which was based on the President's Council of Advisors on Science and Technology (PCAST) Report issued in December 2010. [Information Week, October 19, 2011](#)
- To assess the effectiveness of how providers can share patient information for those individuals moving to and from different providers post-hospital visits, 10 vendors are participating in several pilots to better support care transitions. The pilots use the Consolidated Clinical Document Architecture (CDA). Findings, expected to be reported by vendors to ONC in 2012, will aid in the development of Stage 2 meaningful use requirements. [Government Health IT, October 18, 2011](#)
- During a November 9, 2011 meeting, the Health IT Policy Committee began discussing Stage 3 of meaningful use. A process similar to the one used in building Stage 1 and 2 will be used for Stage 3, but the Committee plans on placing more focus on specialists than before. They also plan to develop ways to reduce burden providers in the program may feel. For example, avoiding the creation of new measures may reduce burden. [Healthcare IT News, November 10, 2011](#)

EFFECTIVENESS OF HIT

- In a [special report](#) in the December 15, 2011 issue of the *New England Journal of Medicine*, David Blumenthal, former head of ONC, reviews the rationale for the HITECH Act, the major barriers to its success, how HITECH addresses them, and the challenges that remain. A [second article](#) of his also appeared in the December 22, 2011 issue of the *Journal* covering the early implementation of the HITECH Act.
- A December 2011 article by Stefan Larsson, Peter Lawyer, Goran Garellick, Bertil Lindahl, and Mats Lundstrom [in Health Affairs](#) reviews the experience of Australia, Denmark, Sweden, the United Kingdom, and the US with 13 disease registries. The authors conclude that using registries links to transparency among both practitioners and the public, which promotes greater education and knowledge exchange and leads to the improvement of health outcomes and the value of care.
- Aaron Kesselheim, Kathrin Cresswell, Shoba Phansalkar, David Bates, and Aziz Sheikh coauthored an [article in Health Affairs](#) that discusses how redesigning clinical decision support systems (interactive computer systems that reduce error by assisting physicians via alerts about dangerous drug reactions) can tackle the problem of “alert fatigue.” The authors conclude that fewer alerts can be given to physicians using the system without putting designers and vendors at risk, but they emphasize that greater governmental regulation and an international set of guidelines prioritizing alerts are necessary to ensure patient safety.

- J. Emilio Carrillo et al. describe [in *Health Affairs*](#) how a regional health improvement initiative in a low income community of New York City used population based metrics, enhanced cultural competence and improved electronic information exchange to address critical health problems. The early results showed reduced emergency room use.
- Spencer Jones, Paul Heaton, Mark Friedberg, and Eric Schneider, also [in *Health Affairs*](#), analyze the Stage 1 meaningful use threshold for hospitals, finding that using electronic orders for a minimum of 30% of eligible patients is too low to have a significant effect on mortality rates from heart failure or heart attack among hospitalized Medicare patients.
- Richard Bohmer, in a [December 1, 2011 Perspectives article](#) in the *New England Journal of Medicine*, identifies four habits of high-value health care organizations that influence the way care management is approached: (1) specification and planning; (2) infrastructure design; (3) measurement and oversight; and (4) self study. The article does not focus on HIT per say, but the functionalities HIT supports are relevant to several of these habits.
- The December 2011 issue of the *American Journal of Managed Care* is specifically devoted to health information technology. The [articles in the special issue](#) discuss the impact of health IT-related legislation as well as challenges to overcome as the country moves further toward complete EHR adoption. Eric Poon (Brigham and Women’s Hospital; Harvard Medical School) served as a guest co-editor.

RELATED FEDERAL POLICY INITIATIVES

- The National Research Council (NRC) issued a report “Strategies and Priorities for Information Technology at the Centers for Medicare and Medicaid Services” that called on CMS to increase its IT infrastructure and systems capabilities to better support meaningful use and payment reform. [The Bureau of National Affairs, November 16, 2011](#)
- In October 2011, CMS released final regulations for the shared savings program involving accountable care organizations (ACO) that was included the Patient Protection and Affordable Care Act. The final regulations are substantially revised from the preliminary regulations, easing and modifying a number of features which were criticized in the earlier version. Secretary Sebelius says that the ACO model of delivering care offers new incentives to providers to work together in new ways. [Information Week, October 24, 2011](#)
- The [Center for Medicare and Medicaid Innovations](#) announced several new initiatives to health care delivery and payment to better support the “triple aim” of increased care, better population health, and reduced cost. A review of the solicitation indicates that several initiatives plan to incorporate meaningful use metrics among other requirements and some favor providers or organizations that have or will be certified for meaningful use payments. This includes the recently announced selection of 32 organizations to be [ACO Pioneers](#) in a initiative that will evaluate several different payment models that move away from payment based on volume to payment based on quality of care.

- The total number of veterans using the VA's Blue Button initiative to download their health care claims information went above 430,000+ in October. [*Modern Healthcare, October 11, 2011*](#)
- As announced December 5, 2011, the Department of State and the US Coast Guard will share an e-system. Physicians at facilities associated with each agency will have the ability to exchange health information for Department of Defense and Department of Veterans Affairs employees as well as for members of the military. [*US Department of State, December 5, 2011*](#)

OTHER (CONTEXTUAL ETC)

- David Muntz, the CIO of Baylor Health Care System, has been appointed to be principal deputy of the Office of the National Coordinator for Health Information Technology. [*Health Data Management, December 14, 2011*](#)
- HHS will use EHR data to evaluate the effectiveness of the Text4Baby text-messaging service. [*Federal Register, October 14, 2011*](#)
- The state of South Australia started its e-health plan in December 2011, with the intention of connecting to a national e-system at some point in the future. However, other states vary in regard to what types of e-systems they are planning to operate and when, which will likely make it difficult for states to merge into one national system. [*The Australian, December 15, 2011*](#)