

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

---

APRIL-JUNE 2012

**Contract Number:**  
HHSP23337009T

**Prepared for:**  
The Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Washington, D.C.

**Prepared by:**  
Mathematica Policy Research Inc  
600 Alexander Park  
Princeton, NJ 08540

This report was prepared by Mathematica Policy Research Inc under contract to the Office of the National Coordinator for Health IT (ONC). The findings and conclusions of this report are those of the authors and do not necessarily represent the views of ONC or the U.S. Department of Health and Human Services.



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

APRIL - JUNE 2012

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 April 1, 2012 and June 29, 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. The report now relies less than in the past on the HHS News Briefings to identify activities because the scope of that effort has been reduced in intensity. We welcome additions and clarifications from ONC.

### MEANINGFUL USE INCENTIVE PAYMENTS—STAGE 1

- The [CMS incentive program report](#) for May 2012 shows that program-to-date active registrations included 163,748 Medicare eligible professionals, 81,029 Medicaid eligible professionals, and 3,662 hospitals, yielding a total of 248,439 active registrations that were fully completed by May 2012.
  - Medicare breakdown
    - Medicare EHR incentive payments began in May 2011. After more than one full year, the program-to-date total for payments made to eligible professionals and hospitals is \$2.9 billion, \$167.9 million of which was paid in May 2012.
  - Medicaid breakdown
    - The total number of [actively participating states in the incentive program](#) is now 44, as Nebraska started their program in May 2012. (The remaining states not yet participating are Hawaii, Idaho, Minnesota, New Hampshire, and Virginia). Out of the 44 states, all but North Dakota had begun distributing incentive payments as of May 2012.
    - Medicaid paid a program-to-date total of \$2.7 billion to eligible professionals and hospitals through May 2012, \$195.2 million of which was paid that month.
    - Medicaid payments to date include \$851.9 million to 40,700 eligible professionals and \$1.8 billion to 2,103 hospitals.
    - Program-to-date payments to eligible professionals include 30,348 physicians, 6,865 nurse practitioners, 2,243 dentists, 893 certified nurse-midwives, and 351 physicians assistants. Most hospital payments were to acute care hospitals but 43 children's hospitals received payments.

- CMS and ONC's goal of getting 100,000 providers to adopt or meaningfully use EHRs by the end of 2012 has been met six months early. A [June HHS news release](#) reports that 100,000+ providers have already received payments for using EHRs.
- CMS published lists of the [providers](#) and the [hospitals](#) that received meaningful use incentive payments. The lists currently contain information as of March 31, 2012. [CMS website, June 29, 2012](#)
- The Government Accountability Office (GAO) published "[First Year of CMS's Incentive Programs Shows Opportunities to Improve Processes to Verify Providers met Requirements](#)," a report summarizing findings from interviews with several stakeholders, including the American Hospital Association, the Health IT Policy Committee, and a number of Regional Extension Centers. In the report, GAO also analyzes the 2011 meaningful use attestation data and the provider eligibility verification procedures for Medicaid programs in Iowa, Kentucky, Pennsylvania, and Texas. The agency concludes their study with four recommendations for CMS: 1) set a timeline for evaluation of the audits of the Medicare part of the program; 2) look into the possibility of conducting more prepayment verifications for providers who may want to participate in the program; 3) collect as much information from Medicare providers during attestation as states collect from Medicaid providers; and 4) offer to collect attestation data from Medicaid providers for states. The report includes HHS's response to the recommendations. HHS rejected the latter recommendation, stating that collecting attestation data for states will confuse providers. Also, they do not perceive states implementing attestation tools as being a major difficulty.
- CMS extended the deadline for professionals to appeal an eligibility determination for the 2011 EHR incentive program to April 30, 2012. The deadline was previously March 30, 2012. [HITECH Answers, April 4, 2012](#)

## **REGIONAL EXTENSION CENTERS**

- ONC released 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 June end, [REC dashboard data](#) shows a total of 141,206 enrolled providers.
- In June, the Association of Regional Centers for Health Information Technology (ARCH-IT) was formed to advocate for RECs and the providers they work with. The officers behind the Association are Jonathan Fuchs (HITArkansas), Lisa Rawlins (South Florida REC), Greg Schieke, and David Bergman (CIMRO of Nebraska/Wide River Technology Extension Center). [PRWeb, June 21, 2012](#)

## **AVAILABILITY OF CERTIFIED PRODUCTS AND THE VENDOR MARKET**

- ONC's [Certified Health IT Product List](#) website, starting June 26, 2012, will allow eligible professionals practicing in both ambulatory and inpatient settings who use a combination of certified EHR technology for these settings to generate a [CMS EHR Certification ID](#). This is part of ONC's newest version of the Certified Health Product List, version 2.1.

## PRIVACY AND SECURITY

- In May, the Department of Veterans Affairs [published in the Federal Register](#) details on their privacy and security plan for Virtual Lifetime Electronic Record (VLER) program data. The plan includes the use of firewalls and encryption, and limits employees' access to the Department's computer rooms. [Government Health IT, May 11, 2012](#)
- In April, the GAO Director of Information Security Issues, Gregory Wilshusen, said that a number of online security attacks go after personal data, when giving his [official statement](#) about the nation's online security weaknesses to a House subcommittee. [iHealthBeat, April 26, 2012](#)
- ONC published "[Guide to Privacy and Security of Health Information](#)," which outlines 10 steps for providers to improve the safety of their systems before attesting to meaningful use: 1) confirm that the provider organization is a covered entity according to HHS; 2) provide leadership to employees on protecting patient information; 3) document processes related to securing patient data; 4) conduct security risk analyses; 5) develop an action plan to mitigate potential security risks; 6) implement policies and procedures to carry out action plans; 7) prevent data breaches by providing staff education and training; 8) communicate with patients about EHR confidentiality and security; 9) update business associate agreements; and 10) attest for the security risk analysis meaningful use objective.
- In May, Director of the HHS Office for Civil Rights, Leon Rodriguez, published a [memo](#) to patients that highlights the videos, pamphlets, and other information that HHS makes available for individuals to learn about their rights in accessing their personal health records.
- In June, Representative Renee Ellmers (R-NC) sent a [letter](#) to HHS Secretary Kathleen Sebelius citing the [Institute of Medicine's November 2011 report](#) in which it called for HHS to develop a plan to increase patient safety related to health IT within one year. Ellmers is asking HHS for an update on their efforts.

## HEALTH INFORMATION EXCHANGE

- ONC is [asking for comments](#) to set up the Nationwide Health Information Network's (NwHIN) governance structure—rules on business practices and privacy and security, etc. [Health Data Management, May 11, 2012](#) In June, the Healthcare Information and Management Systems Society's Electronic Health Record Association submitted a [letter to ONC](#) offering recommendations for NwHIN. The letter includes a recommendation for ONC to focus more on the NwHIN framework rather than its conditions for trusted exchange (CTEs). The Certification Commission for Health Information Technology [commented](#) that a public-private partnership may be a more effective way to govern the NwHIN, as it will better include a diverse group of stakeholders. Issues surrounding the governance model for NwHIN were also discussed at the [June 12 Health IT Standards Committee Meetings](#).
- Maine's health information exchange, HealthInfoNet, is piloting the first medical image archive and sharing network in which images such as X-rays and CT scans will be stored and shared electronically. The pilot program is expected to end in Fall 2012. Subsequent statewide development of the archive and network is anticipated for 2013. [HealthInfoNet, May 31, 2012](#)

- The National eHealth Collaborative published the “[Health Information Exchange Roadmap: The Landscape and a Path Forward](#),” which outlines a four-phase plan for HIEs to become sustainable—local leadership should: 1) determine how their HIE should operate in their community; 2) evaluate the market, environment, and community to prepare for exchange; 3) determine the best strategy for HIE implementation; and 4) establish all technical requirements, financial implications, data sources, etc. for their HIE. [National eHealth Collaborative, April 2, 2012](#)
- IDC Health Insights also released “[Best Practices: Establishing Sustainable Health Information Exchange](#),” which recommends that the leadership of an HIE—before choosing a vendor—understand the clinical, technical, and business requirements for exchange. [iHealthBeat, April 4, 2012](#)
- In June, Premier healthcare alliance deployed their multi-stakeholder technology platform, which enables 100,000+ providers to exchange information on patient treatment and outcomes with each other as well as other interested parties, such as hospital executives and supply chain leaders. The network is currently the largest of its kind in the world. [Premier, June 7, 2012](#)
- In June, [HealthITBuzz reported](#) that almost 30 states are using the Direct Project. The June 18, 2012 entry on the site includes a map that displays which states are using or not using Direct. It also shows which states have Direct live, meaning it is available to all providers, and which states have Direct as a pilot, meaning it is only available to providers participating in the pilot program.
- A [June press release from the US Social Security Administration](#) announced that it will electronically receive medical records from Kaiser Permanente.

## **WORKFORCE PROGRAMS**

- In April, [the Department of Labor introduced](#) the [Virtual Career Network](#), a website that hosts information on numerous health care job opportunities, educational programs, and sources for financial aid. The site also offers individuals free online classes.
- The New York City Investment Fund and New York eHealth Collaborative created the [New York Digital Health Accelerator](#), a program that will award health IT companies with \$300,000 in funding from venture capitalists as well as mentorship from senior executives at provider organizations. The program’s goal is to create 1,500 New York health IT jobs. [Healthcare IT News, April 26, 2012](#)

## **PROVIDER EHR ADOPTION, OTHER SOURCES OF SUPPORT, AND ISSUES**

- The Department of Defense Office of the Inspector General released a [report](#) stating that the EHRs being used in military hospitals and for outpatient military personnel are not interoperable when it comes to documentation of prescription medications. [iHealthBeat, April 13, 2012](#)
- The joint EHR plans for the Department of Veteran Affairs and the Department of Defense are two years ahead of schedule. In April, the interagency program office announced that they will begin implementation of the EHR in San Antonio, Texas and Norfolk, Virginia by 2014 rather than 2016. [Nextgov, April 26, 2012](#)

- Kalorama Information's "[EHR 2012: The Market for Electronic Medical Records](#)" shows that the rate of EHR sales to physicians is growing faster than the rate of EHR sales to hospitals.
- The Department of Veterans Affairs will provide iPads to 1,000 veterans' family caregivers through the "Clinic-in-Hand" pilot program during Summer 2012. [Nextgov, May 2, 2012](#)
- In May, a White House [memo](#) announced the development of "[Digital Government: Building a 21st Century Platform to Better Service the American People](#)," a strategy to build a stronger digital infrastructure in the US. It calls for agencies to use mobile and web-based technologies in innovative ways to share data—including health data. It also calls for building the collection of data and resources on [www.data.gov](#).
- In May, the [US Olympic Committee announced](#) that it will use GE Healthcare's EHR technology during the Summer 2012 Olympic Games in London to care for athletes and staff injuries and issues.
- The American Health Lawyers Association [announced](#) that it will conduct a year-long study of EHR implementation risks and liabilities, and will subsequently produce tools to mitigate them.
- In June, the Department of Agriculture [announced](#) that it will finance 32 [telemedicine projects](#) in rural communities in Virginia, Wisconsin, and other states across the country.
- The Agency for Healthcare Research and Quality (AHRQ) published [two toolsets for e-prescribing implementation](#), one catered toward physicians and the other toward pharmacies. The toolsets are designed to assist physicians and pharmacies in adopting e-prescribing successfully. [Healthcare IT News, June 12, 2012](#)
- In June, ONC introduced a standards and interoperability framework initiative called [Health eDecisions](#), which aims to create regulations for sharing clinical decision support systems. ONC anticipates that the creation of regulations will enable vendors to more easily build into their EHRs clinical decision support functionalities. Pilots are expected to be completed by Summer 2013. [iHealthBeat, June 12, 2012](#)
- The Georgia Institute of Technology [announced](#) that it will be the first academic organization to connect to the Department of Veterans Affairs' electronic health system, as they are working together to create a network that is intended to accelerate health IT innovation. Georgia Tech researchers will be using VistA, the Department's EHR.
- The National Institute for Occupational Safety and Health (NIOSH) [published, in the Federal Register](#), a Request for Information. They are interested in learning how patients' job data are included in EHRs.
- The Iraq and Afghanistan Veterans of America (IAVA) is planning to develop a live, real-time electronic database to monitor the time that veterans are waiting to receive health treatment and other services. [Forbes, June 27, 2012](#)

## DEVELOPMENT OF STAGE 2 MEANINGFUL USE REQUIREMENTS

- CMS published a [notice in the Federal Register](#) making corrections to the Stage 2 proposed rule. Errors corrected include revision of the threshold percentage for a particular electronic prescribing measure and including CMS's timeframe for determining if a practice has adopted certified EHR technology.
- All [four Health IT Policy Committee meetings this quarter](#) included discussions on the proposed Stage 2 regulations. Discussions included whether or not licensed professionals working with physicians can enter orders into EHRs and if the regulations foster the set up of public data registries, among other topics. The HIT Standards Committee also discussed the proposed rules at their April 18, 2012 meeting.
- Reactions and comments to Stage 2 proposed rules from various stakeholders include:
  - Chair of the House Small Business Committee's health care and technology subcommittee, Representative Renee Ellmers (R-NC), is calling for CMS to exempt practices with five physicians or less from Stage 2, along with practices with physicians nearing retirement. [HIMSS, June 29, 2012](#)
  - The College of Healthcare Information Management Executives (CHIME) sent a [letter](#) to CMS recommending any continuous 90-day reporting period in the first payment year for health care providers to attest to Stage 2. This is similar to the Stage 1 set-up.
  - Premier healthcare alliance sent a [letter](#) to CMS recommending that they finalize and publish Stage 2 rules no later than August 2012. Premier is concerned that hospitals will have trouble fulfilling program criteria by 2014 if the rules are published later than August.
  - HIMSS' Electronic Health Record Association (EHRA) submitted two letters—one to CMS and the other to ONC. The [letter to CMS](#) includes a recommendation that Stage 2 include fewer clinical quality measures and more time for EHR upgrades while the [letter to ONC](#) includes a recommendation that providers not be required to convert to Stage 2 certified EHRs if they are still in Stage 1 of the program during the 2014 year.
  - The American Hospital Association (AHA) sent a [letter to CMS](#). During the AHA's annual conference in Washington, DC in May, CMS Administrator Marilyn Tavenner said that the agency is open to the AHA's and other stakeholders' feedback. [iHealthBeat, May 8, 2012](#)
- Nominations were accepted for several openings on the Health IT Policy and Standards Committees:
  - GAO [published, in the Federal Register](#), a call for nominations for a consumer advocate that will sit on the Health IT Policy Committee. Nominations were accepted until May 25, 2012. [Health Data Management, May 14, 2012](#)
  - ONC [requested nominations](#) for members for both the Health IT Policy and Standards Committees. Nominations were accepted until June 11, 2012.



## EFFECTIVENESS OF HIT

- The Center for American Progress released “[Paper Cuts: Reducing Health Care Administrative Costs](#),” a report stating that \$40 billion per year could be saved in the health system through administrative simplification. Simplification includes providing monetary incentive to physicians transferring administrative information electronically as well as the integration of EHR systems with administrative and clinical systems. [iHealthBeat, June 15, 2012](#)
- Athenahealth partnered with Sermo, an online community of physicians, to produce the [2012 Physician Sentiment Index](#). iHealthBeat reports that, compared to the findings of the 2011 Index, more physicians bought EHRs (an increase from 70% to 80%) and more physicians said that EHR design is not catered to the physician (an increase from 32% to 44%). Additionally, approximately 75% of physicians surveyed said that the meaningful use program is somewhat difficult. [iHealthBeat, June 14, 2012](#)
- The California Healthcare Foundation published “[On the Road to Meaningful Use of EHRs: A Survey of California Physicians](#),” which finds that 70% of the physicians surveyed who use EHRs do not have the technology to fulfill all meaningful use objectives. Also, a number of physicians are operating under inaccurate information regarding the Medi-Cal EHR incentive payment program eligibility requirements. Physicians who are eligible for the program are choosing not to apply while physicians that are not eligible are intending to apply for the program. [California HealthCare Foundation, June 2012](#)
- Cooper, C., Gelb, C., Rim S., Hawkins, N., Rodriguez, J., and Polonec, L. published a [study](#) in the *Journal of the American Medical Informatics Association* that finds that demographics—as opposed to practice-related characteristics like number of years in practice and number of patients treated each week—are stronger indicators of whether or not a physician uses social networking websites, portable devices to access the internet, e-mail to communicate with patients, podcasts, widgets, RSS feeds, and blogging in their medical practices. Findings show that young male physicians at teaching hospitals use these technologies more than others.
- A [study published in the International Journal of Medical Informatics](#) found that many prescribers (physicians, nurses, and pharmacists) were confused by EHR drug alerts rather than helped by them. The study’s authors observed and interviewed 30 prescribers interacting with 320 drugs alerts as they treated 146 patients. In their article, they create a framework of prescriber-alert interactions using 44 themes and nine major factors they identified in their observations and interviews. They also recommend several changes in drug alert design, as they found that the current interface caters more to pharmacists than physicians and nurses. [iHealthBeat, April 2, 2012](#)
- [Surescripts’ National Progress Report on E-Prescribing for the 2011 year](#) reports that the percentage of electronic prescriptions in the country rose 14% (from 22% to 36%) in 2011, for a total of 570 million electronic prescriptions. [iHealthBeat, May 17, 2012](#)

- PricewaterhouseCooper published “[Social Media ‘Likes’ Healthcare](#),” a summary of survey results showing that approximately 33% of US consumers use Facebook, Twitter, and other social media sites to obtain and share health information, with survey respondents age 18-24 expressing more use and trust of these sites. [ComputerWorld, April 17, 2012](#)
- The GAO published a [report](#) stating the FDA needs to invest more in modernizing its IT systems by developing a comprehensive IT inventory of all FDA IT systems. The inventory should document costs, functionality, and status of various IT systems used by the FDA as well as include a schedule of systems planned for upgrade and further development.
- A [study in the Annals of Family Medicine](#) concludes that there is no positive correlation between EHR use and improved diabetes care over a three-year time span. Researchers compared, in a randomized quality improvement trial, data from practices using EHRs as well as from practices using a paper-based system. The three outcome targets for hemoglobin A1C, low-density lipoprotein cholesterol, and blood pressure were more frequently met by patients in the paper-based practices.
- Health IT related studies in the April 2012 issues of *Health Affairs* include:
  - “[Physicians In Nonprimary Care And Small Practices And Those Age 55 And Older Lag In Adopting Electronic Health Record Systems](#),” authored by S. Decker, E. Jamoom, and J. Sisk, recommends that federal policies focus more on incentivizing EHR adoption for non-primary specialists, solo and two-physician practices, physician-owned practices, and physicians age 55+.
  - C. DesRoches, C. Worzala, M. Joshi, P. Kralovec, and A. Jha authored “[Small, Nonteaching, and Rural Hospitals Continue to be Slow in Adopting Electronic Health Record Systems](#),” which recommends that policymakers focus on the EHR adoption gap between small, nonteaching, and rural hospitals and larger, teaching, and urban hospitals. The authors suggest lessening the gap through creation of a special program that will assist hospitals without any health IT with EHR adoption.
  - C. Hsiao, S. Decker, E. Hing, and J. Sisk authored “[Most Physicians were Eligible for Federal Incentives but Few had EHR Systems that Met Meaningful-Use Criteria](#).” The authors analyzed data obtained from a 2011 nationally representative survey of office-based physicians and found that a significant gap in physician readiness for the meaningful use program exists across states.

## RELATED FEDERAL POLICY INITIATIVES

- In May, ONC [announced](#) the creation of two new offices within the agency: 1) the Office of the Chief Medical Officer, which will provide a clinical perspective on activities related to safety, usability, meaningful use development, and measurement development; and 2) the Office of Consumer eHealth, which will expand ONC’s consumer engagement work.
- In May, HHS released the [Health System Measurement Project](#), which makes available to the public national data on health system indicators.

- The Department of Veterans Affairs released a [final rule in the Federal Register](#) eliminating co-payments for in-home video telehealth sessions. [Health Data Management, April 9, 2012](#)
- In April, [CMS named](#) 27 organizations that will become accountable care organizations (ACOs) through the Medicaid Shared Savings Program. These 27 organizations, in addition to the 32 Pioneer Model ACOs and the six Physician Group Practice Transition Demonstration organizations, brings the total number of organizations participating in Medicare shared savings programs to 65, serving an estimated 1.1 million people.
- In April, HHS released a draft of its [National Action Plan To Prevent Healthcare-Associated Infections](#) and welcomed comments until June 19, 2012. The draft says that healthcare-associated infections can be prevented through the use of IT systems that promote and simplify data sharing and foster patient safety.
- In April, CMS added to the [Quality Care Finder](#) website—a website that lists the services offered by providers along with patient satisfaction ratings—data from the [Home Health Care Consumer Assessment of Healthcare Providers and Systems Survey](#). The new data contains patient satisfaction information for home health agencies. [iHealthBeat, April 20, 2012](#)
- Senator Sheldon Whitehouse and the US Senate Committee on Health, Education, Labor and Pensions released “[Health Care Delivery System Reform and the Patient Protection & Affordable Care Act](#),” dated March 2012. iHealthBeat reports that the document focuses on the importance of health delivery reform to addressing quality and cost concerns, reviewing trends in spending, models of reform, and ACA requirements and the Administration’s efforts to implement them. The report emphasizes the system-wide nature of change required. In reviewing the release of this report, iHealthbeat highlights how much of the reform law is dependent upon health IT adoption, and the adverse effects on health IT if the law is reversed. For example, ACOs must have providers that can quickly transfer information and report quality measures online. [iHealthBeat, April 5, 2012](#)
- [HHS released a proposed rule](#) that will delay the ICD-9 to ICD-10 conversation requirement from October 1, 2013 to October 1, 2014. The American Health Information Management Association (AHIMA) sent a [letter](#) stating that they do not support a delay but, if there must be one, that it be only, at maximum, one year in length. Among their reasons for not supporting a delay are: 1) it will delay the conversion to ICD-11; and 2) it will negatively affect university and training programs’ teaching curriculum. The College of Health Information Management Executives (CHIME) submitted a [letter](#) as well, also stating that the delay should be no longer than one year. In contrast, the American Medical Association (AMA) sent a [letter](#) to CMS asking for the deadline to be extended further—to October 1, 2015. They say that an extended delay will allow CMS time to complete a cost-benefit analysis to gauge the impact of the conversion on practices and will allow them to see if an alternative code conversion rather than the full ICD-10 conversion is more appropriate.

- A database of 3 billion+ de-identified claims data from 33 million+ people is being constructed by the Health Care Cost Institute (HCCI). In May, HCCI published “[Health Care Cost and Utilization Report: 2010](#),” one of the first analyses available from this particular data set. [iHealthBeat, May 21, 2012](#)
- Activities for the e-prescribing incentive program include:
  - CMS’s report “[2010 Physician Quality Reporting System and eRx Experience Report](#)” states that there is an increase in the number of participants in the e-prescribing program as well as in the amount of payments distributed to them. The report shows an 83% increase in payments from 2009 to 2010. [iHealthBeat, April 2, 2012](#)
  - Before processing all exemption applications from providers for the program, CMS started reducing Medicare incentive payments by 1% as a penalty for providers who did not report 10+ e-prescribing encounters for the January to June 2011 period. A number of providers are reporting that they have been penalized in error and the American Medical Association (AMA) is calling for CMS to revise their program timeline. [American Medical News, April 9, 2012](#)

#### **OTHER (CONTEXTUAL ETC)**

- A [recent KLAS Enterprises report](#) finds low use of health IT in Asia, the Middle East, and the United Kingdom, with only 3,000 hospitals outside of the United States using electronic records from a commercial vendor. The most popular vendors abroad are Siemens, InterSystems, Cerner, MEDITECH, and CSC/iSOFT. However, Cerner, MEDITECH, and Siemens are the vendors with the widest global service net. [KLAS, April 4, 2012](#)
- In May, Facebook starting encouraging members to list their organ donor status on their profiles, helping to link donors with patients waiting for organ transplants. [New York Times, May 1, 2012](#)
- HIMSS is working with BCS, a UK IT trade group, to use the [HIMSS Analytics Electronic Medical Records Adoption Model](#) in parts of Europe.
- The World Health Organization published, on their website, “[E-Health in Low- and Middle-Income Countries: Findings from the Center for Health Market Innovations](#),” which reports that developing countries are using health IT to serve more patients, simplify payment methods and procedures, improve data management, and eliminate fraud.
- In June, it was announced that the director of the HHS Center for Consumer Information and Insurance Oversight, Steve Larsen, will resign in July. The director of the Office of Health Reform at HHS, Michael Hash, will fill the vacant role until a replacement is hired. [The Hill, June 15, 2012](#)