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ARRA in 2010: Working Towards Connected Healthcare through Best Practices and Collaboration

The Eastern Region 'State of the Stimulus' White Paper is produced by Healthcare IT Connect in preparation for the Boston 'Healthcare Stimulus Exchange (HSX)' Conference February 09-10, 2010 as part of the National HSX Road Show.

To keep updated on the HSX Events (San Francisco, Boston, Atlanta and Chicago) and to receive the complementary white papers for the Western, Southeastern and Mid-Western Regions please register your My HSX Subscription at <http://myhsx.eventbrite.com/>.

The Boston Conference brings together multiple connected health stakeholders from across the Eastern United States. Leading health systems, ambulatory care providers; HIEs/RHIOs, SDOs and Government health representatives, who will discuss how they can maximize the opportunity provided by the American Recovery and Reinvestment Act (ARRA). The conference will address in very pragmatic terms the essential elements of the Healthcare Reform and Stimulus Program, providing a roadmap for provider organizations to direct their IT strategies and investments.



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The American Recovery and Reinvestment Act (ARRA), the most significant piece of legislation to impact the healthcare industry in decades, is now a year old. The majority of activity in 2009 revolved around states, regions, communities and healthcare organizations either waiting for the release of “meaningful use” requirements under the HITECH Act or positioning themselves to qualify for federal funding under the various health IT programs. This year, 2010, will find many of these stakeholders shifting from planning to operations.

Many organizations have already been designated as a Health IT Regional Extension Center through the Office of the National Coordinator for Health IT’s (ONC) Health Information Technology Extension Program. Now they are tasked with offering technical assistance, guidance and best practices to healthcare providers to derive meaningful use of electronic health records (EHRs). The new HITRECs have little time to spare because incentives are being made available to physicians caring for Medicare and Medicaid patients beginning in 2011.

With interoperability being one of the criteria for meaningful use, health information exchanges (HIEs) are shouldering multiple duties under ARRA, including helping to drive health IT adoption among local and regional providers and then connecting them to their HIE platforms. States receiving grants through the State Health Information Exchange Agreement Program will need to establish interoperability capability among healthcare providers in their jurisdiction.

As communities, regions and states move from planning to implementation of their health IT and HIE roadmap, they need to collaborate and share best practices at the local, regional, state and federal levels to meet the tight deadlines. The federal government is making available an unprecedented amount of funding, but federal agencies, especially the Dept. of Health and Human Services (HHS) are also providing guidance and implementing health IT demonstration projects.



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HHS is conducting outreach to all organizations, including regional connected health efforts, as funds from ARRA become available, according to Carol Maloof, the Centers for Medicare and Medicaid Services (CMS) Regional Administrator for New York and Boston. CMS is also conducting a five-year Electronic Health Records Demonstration Project with four community partners in Louisiana, Pennsylvania, South Dakota and Maryland/Washington, D.C. The collaboration between CMS and the community partners is providing real-world guidance and support.

The Federal Health Architecture (FHA) coordinates the federal efforts for national healthcare IT initiatives under ONC. It brought together CIOs and business leaders of 20 federal agencies that have health-related functions to build software that would enable the federal agencies and 16 private-sector entities to exchange health information and eventually become one of the building blocks to help connect to the nationwide health information network (NHIN). "You build the software once under the FHA and agencies can use it multiple times," explained Vish Sankaran, program director.

FHA awarded Harris Corp. a contract in March 2008 to build the HIE software. By September 2008, the Department of Defense, the Department of Veterans Affairs and the Social Security Administration demonstrated health information exchange with 16 private-sector entities using the NHIN-Connect software. In December 2008, the demonstration was expanded to include three more federal agencies – the Centers for Disease Control and Prevention, Indian Health Services and the National Cancer Institute.

In February 2009, the NHIN-Connect went into limited production, with MedVirginia and the Social Security Administration (SSA) exchanging health information to determine disability benefits. The MedVirginia/SSA demonstration is the first business case that brings quantifiable value to the provider. Automating the process of accessing records in the physician's office has reduced retrieval time from up to 90 minutes down to real time, according to Debbie Somers, senior advisor to SSA's Deputy Commissioner Office of Systems.



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At the Health Information Management Systems Society's Annual Conference, HIMSS09 in Chicago in April 2009, FHA demonstrated the NHIN-Connect at the Interoperability Showcase, which included CMS and the federal agencies from the September and December demonstrations. FHA has made significant progress in little over a year, but Sankaran said there is still much work to be done before moving from limited HIE production to full production. Governance, trust, policy and operational infrastructure need to be addressed, he said.

One of the biggest policy challenges involves the privacy and security of federal data, which is tightly controlled through the Federal Information Security Management Act (FISMA). FHA must determine what to do when the Department of Defense moves federal data into the private sector. If the data is still deemed federal data, FISMA must be implemented on the receiving end and required controls need to be determined; no small act, said Sankaran.

The Northeast region of the country boasts several state agencies and large, well-known healthcare systems that adopted health IT years earlier and established HIEs and regional health information organizations (RHIOs). New York State is ahead of most of the country, having developed a comprehensive, coordinated strategy to support health IT adoption and use across the healthcare system, according to Rachel Block, Deputy Commissioner for the Office of Health Information Technology Transformation, New York State Dept. of Health. To date, New York State has created a state- and regional-level, public-private partnership governance model to forge consensus on policies and standards, and distributed grants to support the build-out of a statewide HIE infrastructure and adoption support services for physician practices and other ambulatory providers. "Regional health information organizations and other groups are working together across the state to facilitate adoption and health information exchange connectivity," she said.



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New York State engaged healthcare stakeholders, including government agencies, physicians, hospitals, long-term care, mental health and consumer organizations, to participate in a collaborative statewide process to produce standards for privacy, security, technical interoperability and clinical specifications for EHRs, Block said. At the same time, these healthcare organizations work with their RHIOs for agreed-upon implementation approaches, such as a common form for patient consent to access information. “The collaborative public-private partnership model for governance is both innovative and integral to our success in advancing common policies and implementation strategies, which we believe will significantly increase successful adoption of health IT,” said Block. “Community support is the key underpinning to ensure successful adoption and ultimately use of health IT to improve care.”

Local support was also instrumental in the formation of the Brooklyn Health Information Exchange (BHIX), which began as a consortium of healthcare providers and payers interested in implementing clinical data exchange to improve the quality and continuity of care in their community. A grant from the Healthcare Efficiency and Affordability Law for New Yorkers (HEAL NY) in 2008 enabled the group to formalize itself as an independent, nonprofit corporation tasked with overseeing the technical implementations and strategic initiatives of health information exchange.

“Through the pilot activation of the clinical data exchange in late 2008, BHIX has made significant contributions to setting a framework for facilitating patient-centric care and promoting improved health care quality, affordability and outcomes for New Yorkers,” said executive director Irene Koch. “BHIX stakeholders guided the IT systems implementation process, thereby ensuring that the chosen technology incorporates critical clinical, technical, and privacy considerations. This end-user driven process has been key to provider adoption and community support.”



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New York State recognized BHIX's contributions and awarded the organization two more HEAL NY grants, which enabled it to expand its reach to more hospitals, long-term and home-care providers, payers, physicians, patients, consumer representatives and the New York City Public Health Dept. BHIX is currently developing and deploying a new service-oriented, standards-based technical architecture to support its programs and services, said Koch.

With the passage of ARRA, BHIX is aligning itself with the federal programs. The RHIO is a participant of the New York eHealth Collaborative (NYeC), the state-designated entity that will oversee the distribution of HIE stimulus funds. BHIX helped shape policies and practices that align with the State Health Information Network of New York (SHIN-NY). The RHIO is also working with the New York City Dept. of Health and Mental Hygiene's Primary Care Information Project, which is an applicant to be a regional health information technology extension center (RHITEC) for the New York City region of New York State. With health information exchange as one of the meaningful use criteria, BHIX is prepared to offer its HIE services for the statewide HIE efforts, RHITEC support and EHR interoperability for physicians and hospitals. It is in discussions with EHR vendors for possible integration of its core HIE services with the EHR products, which would help with product certification.

"BHIX is a champion of healthcare IT in its region," Koch said. Its provider outreach includes education about standards-based exchange and interoperability. Its new architecture, which favors clinician workflow, will help drive physician adoption, and enable physicians with interoperable EHRs to connect to its HIE platform.



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BHIX's team approach is the foundation of its success, she said. The ability to facilitate collaboration among competitive regional providers led to a consensus on HIE policies and protocols. The creation of effective practices helped ensure communication and cross-pollination between BHIX and NYeC Statewide Collaboration activities. As an attorney with a special interest in healthcare privacy and security, Koch led the BHIX team to "weave together statewide policy into technology and business practices for its stakeholders in order to ensure that decisions are not made in a vacuum." Education and outreach have fostered trust with patients/consumers and providers. Thus far, more than 40,000 patients have consented to allowing trusted providers access their electronic health information, she said. "These consents, and patient trust, are essential as BHIX grows to include personal health record functionality and facilitate communications between patients and physicians and improved patient self-management," Koch said.

In addition to RHIOs and state-led efforts, large healthcare systems are making significant contributions. Eastern Maine Healthcare Systems (EMHS), which comprises hospitals, physician groups, home health organizations, nursing homes and retirement communities, emergency transport and other organizations, is striving to achieve its goal of being the best rural healthcare system by 2012. EMHS is deploying health IT to help it reach this milestone.

EMHS is a pilot member of HealthInfoNet, an independent nonprofit organization tasked with building Maine's statewide HIE. The large healthcare system is also sharing data on patients recently treated at Eastern Maine Medical Center (EMMC) with referring hospitals in the region and working with other medical centers in Maine to share all images through its Regional PACS, according to Eric Hartz, CMIO of Bangor-based EMMC.



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In addition to its HIE activities, EMHS' primary initiatives are patient safety improvement, compliance with regulatory requirements and meeting the meaningful use requirements of ARRA, said Hartz. Specific initiatives include e-prescribing for inpatient and outpatient settings, an electronic medical record (EMR) with CPOE implementation in its Oncology Center, secure patient messaging pilots and barcode medication management and administration, he said.

"A major effort is underway to plan and implement the full range of the ARRA requirements for all of the EMHS acute-care hospitals and provider practices," Hartz said. "This will bring all of the acute-care components of EMHS to the same level as EMMC and will increase the integration of information with other provider organizations throughout Maine." EMHS is in an advanced stage with these efforts, having already held a Summit for the System to educate executive leaders on meaningful use requirements, completed a detailed gap analysis for all institutions and completed a second gap analysis with its major vendor to ensure IT success. EMHS is readying its finances, resources and leadership to proceed with the multi-year, system-wide implementation, Hartz said.

Fallon Clinic is just one of the health systems in the Boston area that was an early adopter of health IT, having been live with its EHR for the last three years, according to Larry Garber, MD, medical director for Informatics. Payer claims data is loaded back into the EHR system for clinicians' use at the point of care. Some of the EHR data is fed to the Massachusetts eHealth Collaborative and the Massachusetts Medical Society's Quality Data Center for quality reporting.



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Fallon Clinic also runs SAFEHealth.org, a regional HIE. Fallon Clinic developed the HIE infrastructure with partners Fallon Community Health Plan and UMass Memorial Health Care System funded with a \$1.5 million grant from the Agency for Healthcare Research and Quality and internally donated resources. "SAFEHealth.org is a federated edge proxy server HIE where patients give opt-in consent for which specific organizations can share their data, moving clinical documents from EHR to EHR," he said. "It easily integrates into existing EHRs and clinical workflows, particularly for obtaining patient consent."

The clinic hopes to expand the use of SAFEHealth.org through integration with the New England Healthcare EDI Network (NEHEN), he said. ARRA's incentives will likely drive local healthcare organizations to participate in the NEHEN/SAFEHealth HIE, enabling more data to be readily available at the point of care through EHRs, he said.

The Northeast region has an advantage over other regions of the country because of its mature health IT initiatives led by forward-thinking large healthcare systems, physician groups, state agencies and state collaboratives. While the rest of the country can learn from their best practices, notably the establishment of practices to ensure trust, communication and cooperation among all stakeholders, other communities within the Northeast region can leverage the local resources of these established entities and infrastructure and work towards the common goal of a connected healthcare system that delivers improved quality of care in an efficient manner.



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