HiTech Act, ONC, and Maine's HIT Plan

HiTech Act

President Obama

"To improve the quality of our health care while lowering its cost, we will make the immediate investments necessary to ensure that, within five years, all of America's medical records are computerized.

This will cut waste, eliminate red tape, and reduce the need to repeat expensive medical tests. But it just won't save billions of dollars and thousands of jobs; it will save lives by reducing the deadly but preventable medical errors that pervade our health care system."

What's the Purpose of CMS Incentive Funding Under ARRA?

- To encourage the ***adoption and use*** of certified electronic health record (EHR) technology by the States and providers to improve health care outcomes
- The EHR technology is ***not an end in itself*** but a means to achieve the goals of improving care, ensuring quality, permitting greater access to care, and reducing costs.

HITECH Act

The $19.2 billion Health Information Technology for Economic and Clinical Health (HITECH) Act that President Obama signed into law on February 17, 2009 will have dramatic and lasting effects on the adoption of Electronic Health Records (EHR) in this country.

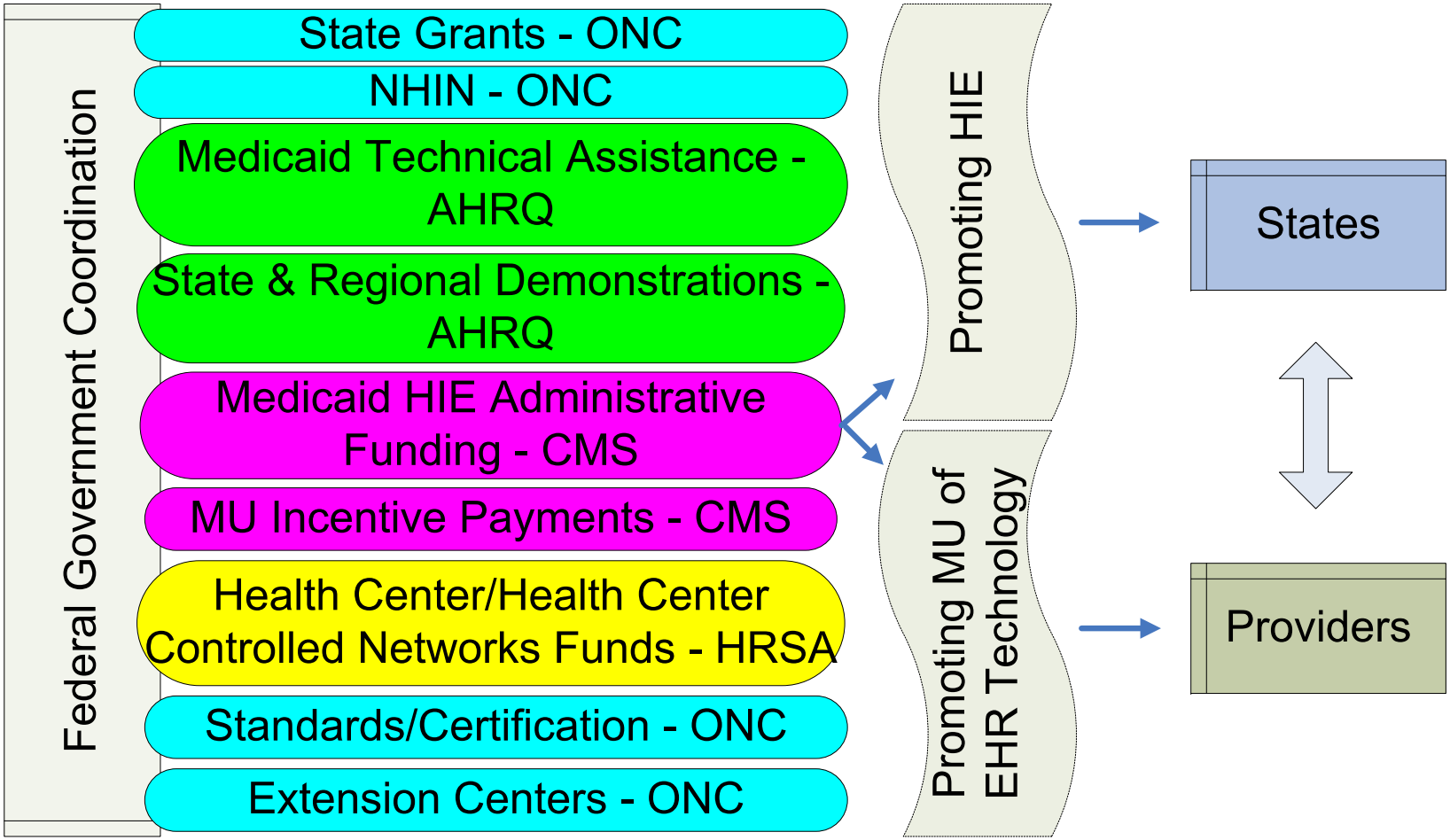
Aim: To harness the power of HIT to improve quality and efficiency of health care for individuals and the population as a whole.

Health Information Exchange

- ARRA establishes 1st phase of health reform
- Goal is to support two Federal Health IT Strategic Plan goals:
  1. Inform Health Care Professionals: Provide critical information to health care professionals to improve the quality of care delivery, reduce errors, and decrease costs.
  2. Improve Population Health: Simplify collection, aggregation, and analysis of anonymized health information for use to improve public health and safety.

Prior to the HITECH Act, the Congressional Budget Office (CBO) anticipated that under existing laws, 65% of physicians would have adopted an EHR by 2019. It now estimates that the incentive mechanisms of the HITECH Act will boost these adoption rates to 90% of physicians.

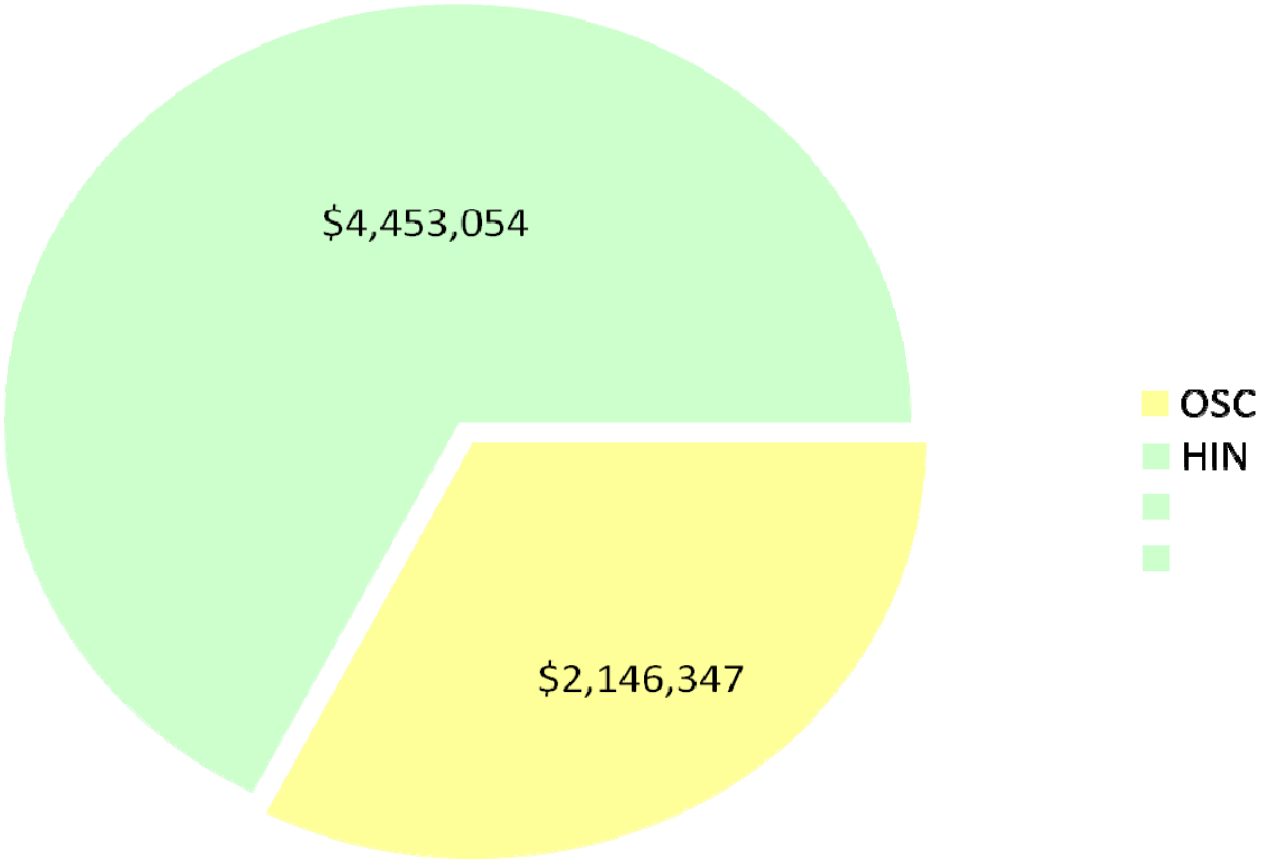
Overview of Federal HIT Programs



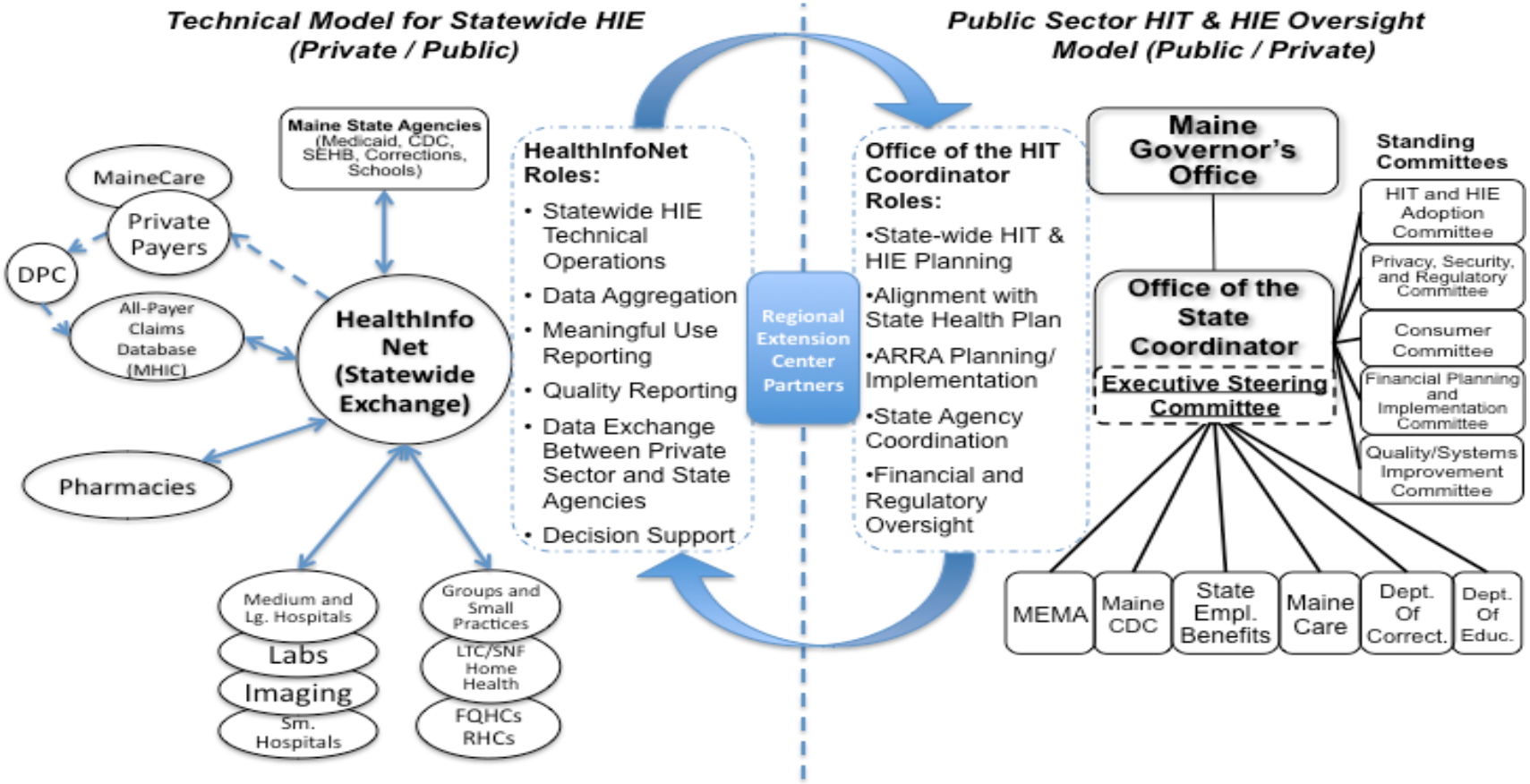
OSC

The State of Maine recognizes the need for alignment with other States and the Federal Government. To assure that these activities ar**e** coordinated, the State has formed an Office of the State Coordinator for HIT (OSC) that is working in close partnership with the State's designated statewide Health Information Organization – HealthInfoNet – to collaborate with all state and national stakeholders to achieve the goals and objectives set fourth in this plan. Moreover, due to the critical intersection between HIT and HIE and broader healthcare system improvement efforts, these strategic and operational plans, upon finalization and including feedback from the pubic, will be incorporated in the biannual State Health Plan currently under public review.

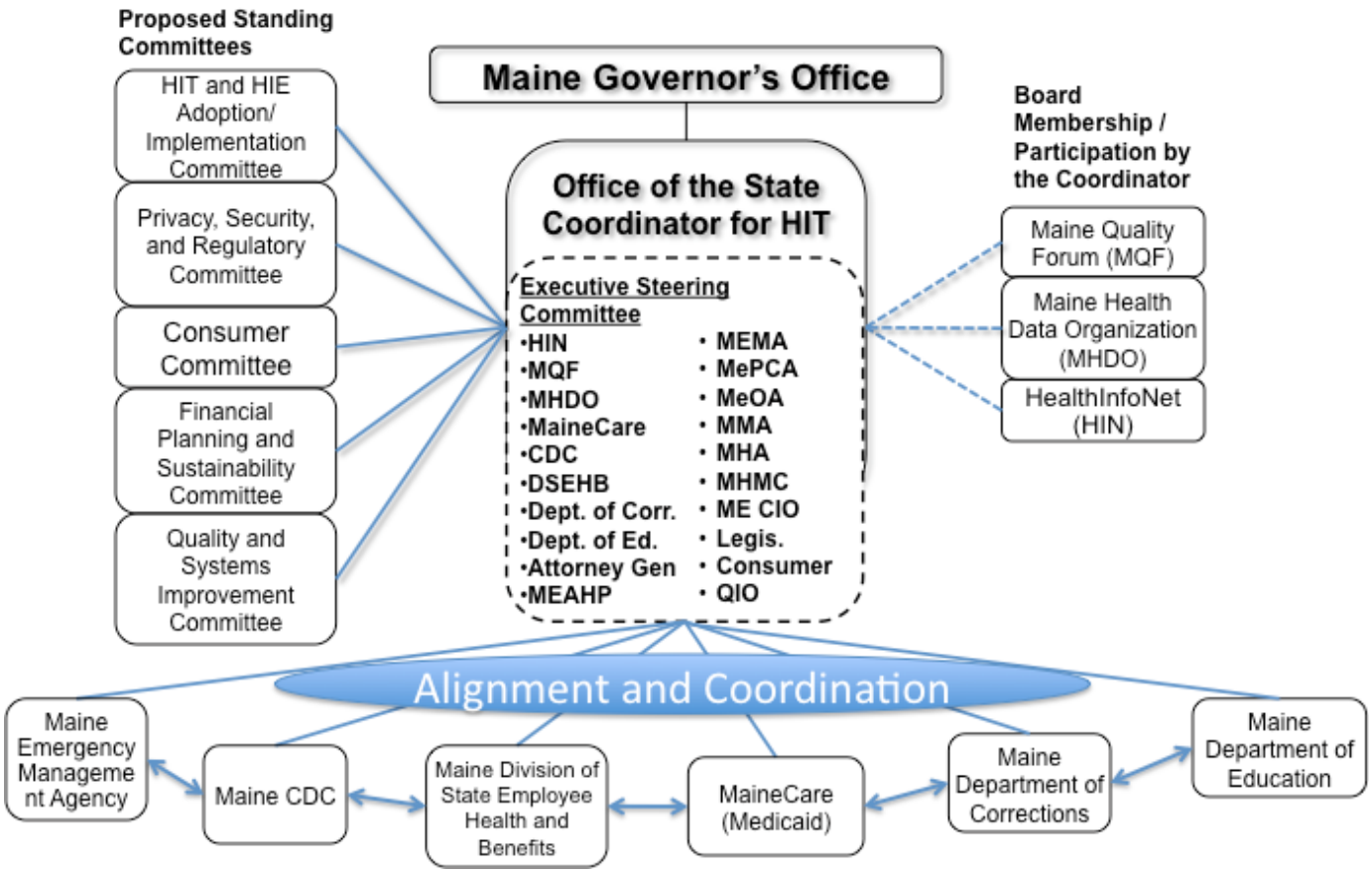
$6.6 Million Grant Over 4 Yrs 2010 - 2014



Maine's Vision for HIE Governance and Oversight



Office of the State Coordinator for HIT



The Office of the National Coordinator is Funding State Health Information Programs to :

- Ensure that an effective model for HIE governance and accountability is in place.
- Coordinate an integrated approach with Medicaid and state public health programs to enable information exchange and support monitoring of provider participation in HIE as required for Medicaid meaningful use incentives.
- Develop or update privacy and security requirements for HIE within and across state borders.
- Develop a HIT workforce education program.
- Remove barriers and create enablers for HIE, particularly those related to interoperability across laboratories, hospitals, clinician offices, health plans and other health information trading partners.
- Convene health care stakeholders to ensure trust in and support for a statewide approach to HIE.
- State government is expected to coordinate activities across Medicaid and state public health programs, so as to not duplicate efforts and to ensure integration and support of a unified approach to information exchange.

A requirement of this Cooperative Agreement is that the State appoints a state government HIT coordinator

The Maine HIE Vision:

Preserving and improving the health of Maine people requires a transformed patient centered health system that uses highly secure, integrated electronic health information systems to advance access, safety, quality, and cost efficiency in the care of individual patients and populations.

Maine HIT Initiatives

- Maine OSC $6.6 million, 4 years 2010 – 2014, goal; establish functional exchange covering the whole population and connects healthcare system to exchange and use information meaningfully. Governments role is to provide oversight of the exchange and assure the security, safety, and privacy of information.

State HIT Plan
GOAL 1

By 2015, all people in Maine will be cared for by healthcare providers who share electronic health and health related information securely within a connected health care system using standards-based technologies that promote high quality individual and population health.

State HIT Plan
GOAL 2

By 2015, all people in Maine will have access to a flexible comprehensive consumer centric life-long health record – “One Person One Record”

State HIT Plan
GOAL 3

Electronic health care information will be used by the State Coordinator for Health Information Technology to develop appropriate public and private policies throughout the health care system to promote evidenced based, clinically effective, and efficient care for all people.

Objective 1: Enable the Transformation

In adherence to federal guidelines for meaningful use, by 2015, all providers in Maine will have an EHR pursuant to National Standards and will be sharing appropriate clinical and administrative information through HealthInfoNet to promote high quality and cost effective health care.

Objective 2: Security and Privacy

All health care information shared and stored electronically will adhere to the most strict privacy, security, and confidentiality requirements as defined by the collaborative work of HIN, the State Government (including the Attorney General) and where possible the guidelines provided through federally supported projects

Objective 3: Patient Focused Health

By 2015 all people of Maine will have secure electronic access to comprehensive health care information and will be assured that if they consent to participate in HIE, their providers also have comprehensive access to their clinical information to guarantee the most informed decision making at the point of care.

Objective 4: Improve the Quality of Care

By 2015, all providers serving individuals and populations in Maine will achieve federal meaningful use guidelines, improve performance, and support care processes on key health system outcomes measures.

Objective 5: Coordination of Care:

Beginning in 2009 and phased in through 2015, the HIE operational entity, HealthInfoNet, will deploy a statewide health information exchange services, connecting all providers, payers, laboratories, imaging centers, pharmacies, public agencies and other relevant stakeholders. These services will allow for the appropriate, secure, and private exchange of relevant personal health information to the point of care for all Maine people consenting to participate, assuring that their health care is coordinated among all primary care and specialty providers.

Objective 6: Benefit Public and Population Health

HIE activities in Maine will be aligned at every level possible through the Office of the State Coordinator for HIE to assure that the data collected, where appropriate, is used to improve population health. As discussed above, statewide HIE services are critical for required disease reporting, biosurveillance, public health tracking (immunization IMPACT etc.), as well as population support functions of the Maine CDC. Plans to begin developing a HIE solution for supporting public health syndromic surveillance are currently underway.

Objective 7: Promote Public Private Cooperation and Collaboration

All health information technology and exchange activities will be developed and overseen through structures that promote cooperation and collaboration among all public and private stakeholders, building upon existing partnerships developed throughout the history of HIE in Maine and in recognition of the specific public sector regulatory, accountability and fiscal functions.

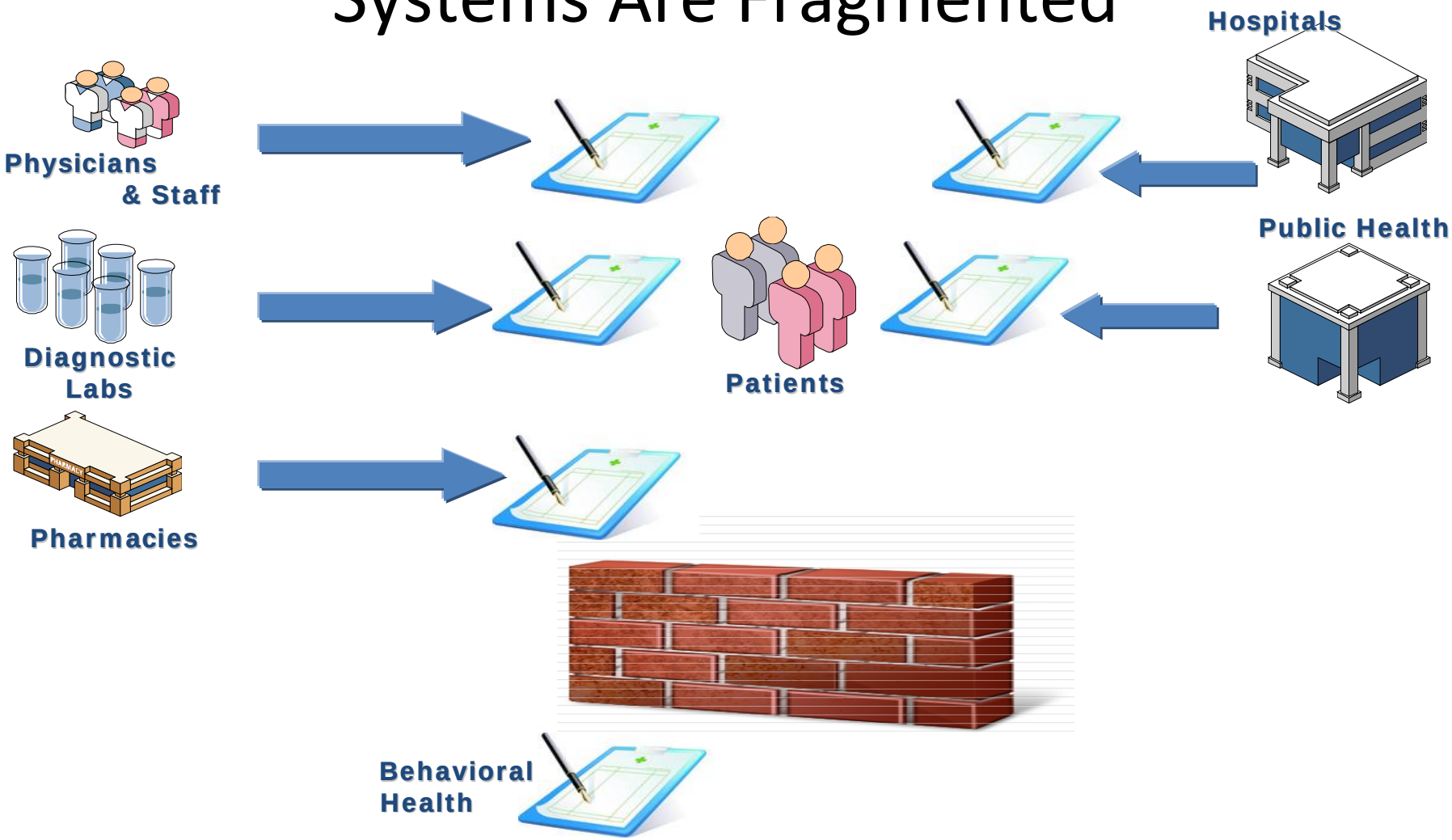
Objective 8: Promote Efficiency and Effectiveness of Health Care Delivery

Recognizing that HIT and HIE are tools, evaluation metrics will be iteratively developed and promulgated across the health care system of Maine to assure that HIT tools are used appropriately to the benefit the people of Maine.

Statewide Health Information Technology Plan

- Promote and support adoption and meaningful use of HIT, including exchange
- Coordinate effort across the whole system in a purposeful and collaborative way
- Develop a health information system that benefits the whole population
- Accomplish our goals within a reasonable period of time at an affordable cost

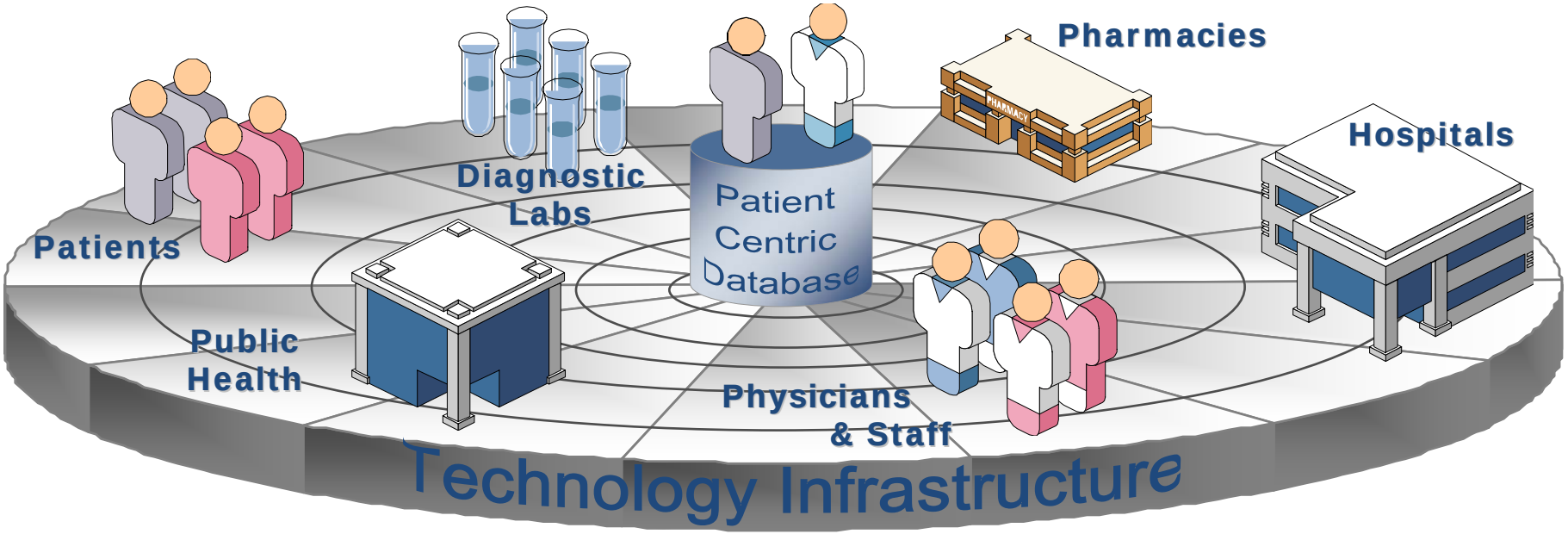
Our Health and Healthcare Information Systems Are Fragmented



HealthInfoNet
Maine’s Designated HIE

Maine Connected Healthcare Community

- Patient-centric design
- Disparate IT systems are unified through a shared information architecture
- Collaborative Care Model
- All providers have access to complete, up-to-date patient information with patient consent



HealthInfoNet Principles of Operation

- Information privacy and security is the highest priority
- Information is organized and presented to promote effective clinical decision making and patient safety
- Access to individually identified health information is based on the formal consent of the individual
- Access to individually identified health information for the purpose of promoting public health and safety is based on established State and Federal law
- Participation in the system is open to and affordable for all individual health providers involved in the care of a patient
- Participation in the system is voluntary and includes the right of any individual or organization to withdraw from participation

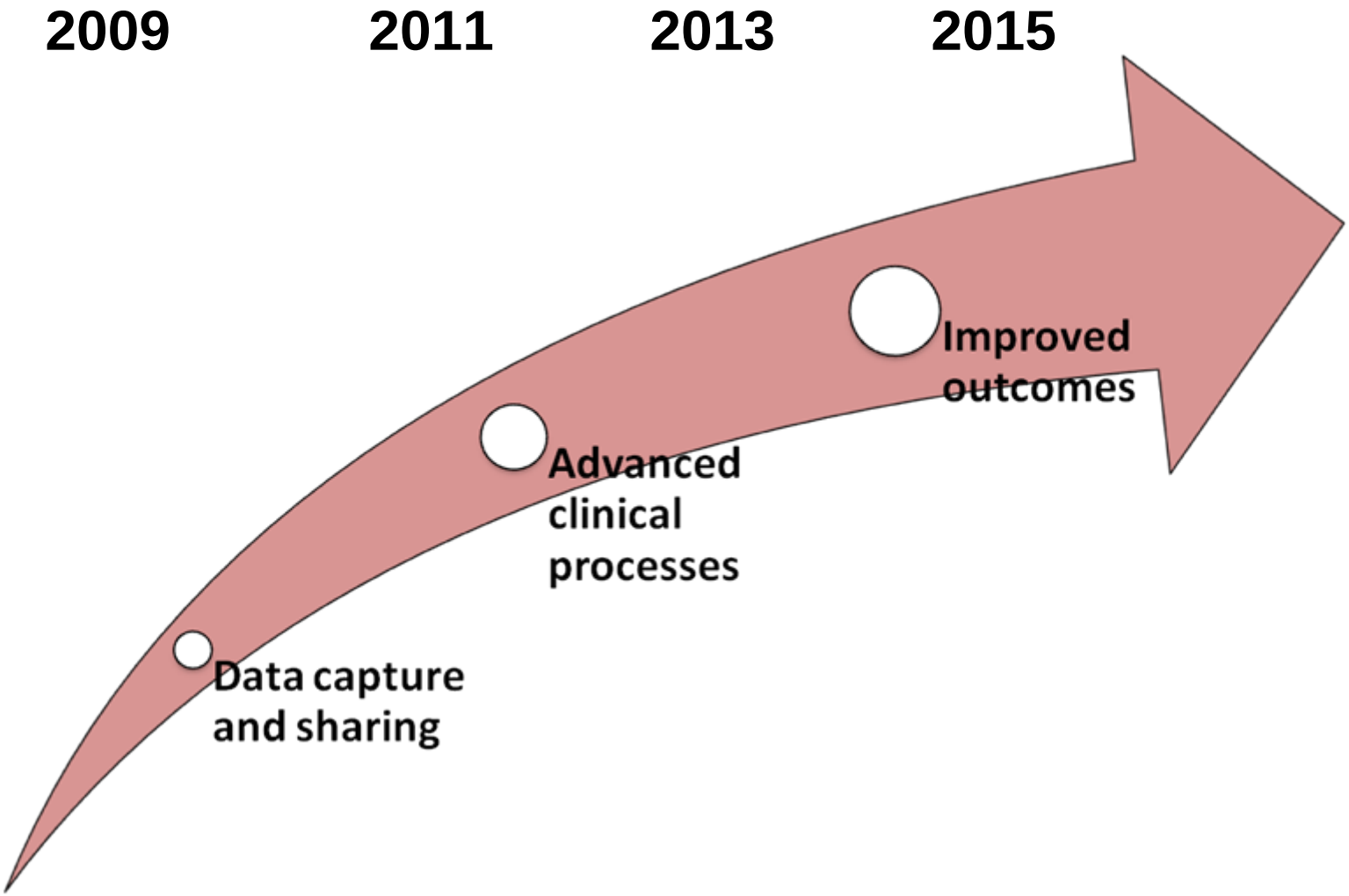
Primary Functions of The Health Information Exchange

- Person-Centric Clinical Content Aggregation Across Points of Care Delivery
- Data Standardization
- Workflow Integration
- Workflow Optimization

Meaningful Use of
Health Information Technology

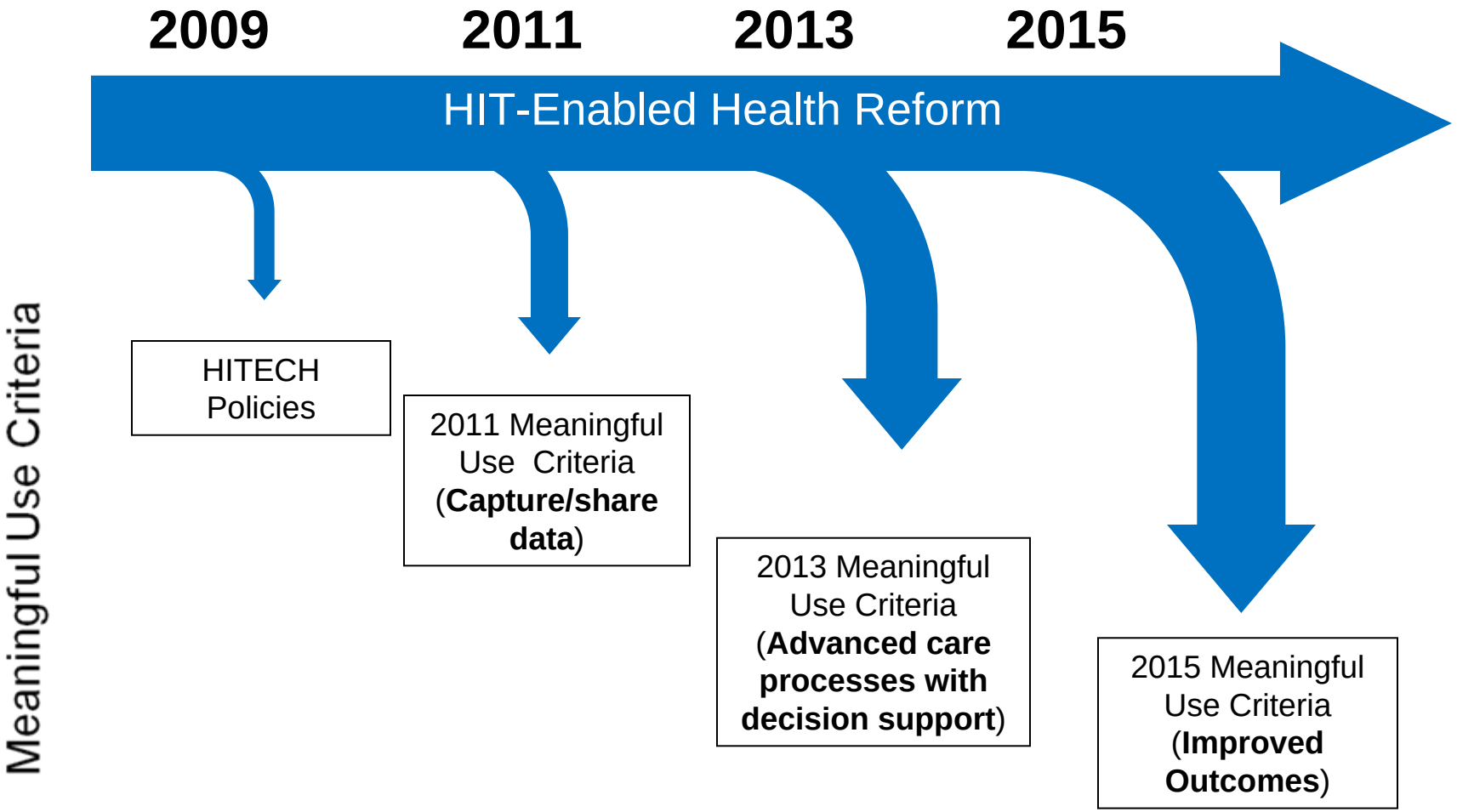
Bending the Curve Towards Transformed Health

Achieving Meaningful Use of Health Data



HIT-Enabled Health Reform

Achieving Meaningful Use



Stage 1 Meaningful Use

- Stage 1 Focus Measures

The proposed Stage 1 criteria for meaningful use focus on:

1. electronically capturing health information in a coded format,
2. using that information to track key clinical conditions,
3. communicating that information for care coordination purposes,
4. and initiating the reporting of clinical quality measures and public health information.

Objectives Tied to Measures

The proposed criteria for meaningful use are based on a series of specific objectives, each of which is tied to a proposed measure that all EPs and hospitals must meet in order to demonstrate that they are meaningful users of certified EHR technology.

Stage 1, which begins in 2011

CMS proposes 25 objectives/measures for EPs and 23 objectives/measures for eligible hospitals that must be met to be deemed a meaningful EHR user.

Results To Be Reported to CMS or State Medicaid Program

In 2011, all of the results for all objectives/measures, including clinical quality measures would be reported by EPs and hospitals to CMS, or for Medicaid EPs and hospitals to the states, through attestation.

Reporting Method in 2012

In 2012, CMS proposes requiring the direct submission of clinical quality measures to CMS (or to the states for Medicaid EPs and hospitals) through certified EHR technology.

Stage 1 Criteria for Meaningful Use

Health Outcome # 1

- **Improving quality, safety, efficiency, and reducing health disparities**
- **Care goals:**
  1. Provide access to comprehensive patient health data for patient's health care team
  2. Use evidence-based order sets and CPOE
  3. Apply clinical decision support at the point of care
  4. Generate lists of patients who need care and use them to reach out to patients
  5. Report information for quality and public reporting

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Use CPOE	Use CPOE for orders (any type) directly entered by authorizing provider (e.g. MD, DO, RN, PA, NP)	For EPs, CPOE is used for at least 80% of all orders. For eligible hospitals, CPOE is used for 10% of all orders
Implement drug-drug, drug-allergy, drug-formulary checks	Implement drug-drug, drug-allergy, drug-formulary checks	The EP/ EH has enabled this functionality
Maintain an up-to-date problem list of current & active diagnoses based on ICD-9-CM or SNOMED CT	Maintain an up-to-date problem list of current & active diagnoses based on ICD-9-CM or SNOMED CT	At least 80% of all unique patients seen by the EP or admitted to the EH have at least one entry or an indication of "none" recorded as structured data
Generate and transmit permissible prescriptions electronically (eRX)		At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
Maintain active medication list	Maintain active medication list	At least 80% of all unique patients seen by the EP or admitted to the EH have at least one entry (or indication of "none" if pt is not currently prescribed medication) recorded as structured data
Maintain active allergy list	Maintain active allergy list	At least 80% of all unique pts seen by the EP or admitted to the EH have at least one entry (or indication of "none" if pt has no med allergies) recorded as structured data
Record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth	Record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth, date & cause of death in the event of mortality	At least 80% of all unique patients seen by the EP or admitted to the EH have demographics recorded as structured data

Stage 1 Criteria for Meaningful Use, cont'd.

Health Outcome # 2

- **<u>Engage patients and families in their health care</u>**
- **Care goals:**
  1. Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours
	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP		At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information
Provide clinical summaries for patients for each office visit		Clinical summaries are provided for at least 80% of all office visits

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 3

- **Improve care coordination**
- **Care goals:**
  1. Exchange meaningful clinical information among professional health care team

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information
Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care
Provide summary care record for each transition of care and referral	Provide summary care record for each transition of care and referral	Provide summary of care record for at least 80% of transitions of care and referrals

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 4

- **Improve population and public health**
- **Care goals:**
  1. Communicate with public health agencies

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Capability to submit electronic data to Immunization registries and actual submission where required and accepted	Capability to submit electronic data to Immunization registries and actual submission where required and accepted	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries
	Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically)
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or EH submits such information have the capacity to receive the information electronically)

Stage 1 Criteria for Meaningful Use, cont'd

Health Outcome # 5

- **<u>Ensure adequate privacy & security protections for personal health information</u>**
- **Care goals:**
  1. Ensure privacy & security protections for confidential information through operating policies, procedures, & technologies & compliance w/ applicable law
  2. Provide transparency of data sharing to patient

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary

Stage 1 Criteria for Meaningful Use, cont'd.

Eligible Professionals (EPs) Objectives	Eligible Hospitals (EHs) Objectives	Measures
Record & chart changes in vital signs: height, weight, BP, BMI, plot & display growth charts for children 2-20 years, including BMI	Record & chart changes in vital signs: height, weight, BP, BMI, plot & display growth charts for children 2-20 years, including BMI	For at least 80% of all unique pts age 2 and over seen by the EP or admitted to the EH, record BP and BMI; additionally plot growth chart for children age 2-20
Record smoking status for patients 13 yrs old or older	Record smoking status for patients 13 yrs old or older	At least 80% of all unique patients 12 yrs old or older seen by the EP or admitted to the EH have "smoking status" recorded
Incorporate clinical lab-test results into EHR as structured data	Incorporate clinical lab-test results into EHR as structured data	At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
Generate list of patients by specific conditions to use for quality improvement, reduction of disparities, & outreach	Generate list of patients by specific conditions to use for quality improvement, reduction of disparities, & outreach	Generate at least one report listing patients of the EP or EH with a specific condition
Report ambulatory quality measures to CMS or the States	Report hospital quality measures to CMS or the States	For 2011, provide aggregate numerator & denominator through attestation as discussed in section II (A) (3) of this proposed rule. For 2012, electronically submit measures as discussed in section II (A)(3) of this proposed rule
Send reminders to patients per patient preference for preventative/ f/up care		Reminder sent to at least 50% of all unique pts seen by the EP age 50 or over
Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, & ability to track compliance w/ those rules	Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, & ability to track compliance w/ those rules	Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/EH is responsible for as described in section II (A)(3)
Check insurance eligibility electronically from public/private payers	Check insurance eligibility electronically from public/private payers	Insurance eligibility checked electronically for at least 80% of all unique pts seen by the EP or EH
Submit claims electronically to public/private payers	Submit claims electronically to public/private payers	At least 80% of all claims filed electronically by the EP or EHR

OSC for HIT, HiTech Act, and Meaningful Use Criteria Resources

Additional information about Maine's HIT Strategic Plan, The OSC, HIT, and the Incentive Payment Program can be found at the following web sites:

Maine's HIT Strategic Plan

http://www.Maine.Gov/HIT

MaineCare HIT Program:
http://www.maine.gov/dhhs/oms/HIT/index.html

The ONC Website:

http://healthit.hhs.gov/portal/server.pt

The CMS Website:

http://www.cms.hhs.gov/Recovery/11_HealthIT.asp#TopOfPage

The Electronic Health Record Incentive Program Proposed Rule:

http://www.cms.hhs.gov/Recovery/Downloads/CMS-2009-0117-0002.pdf

2010 “As Is” Assessment

Results to Date

Ambulatory Practice Survey

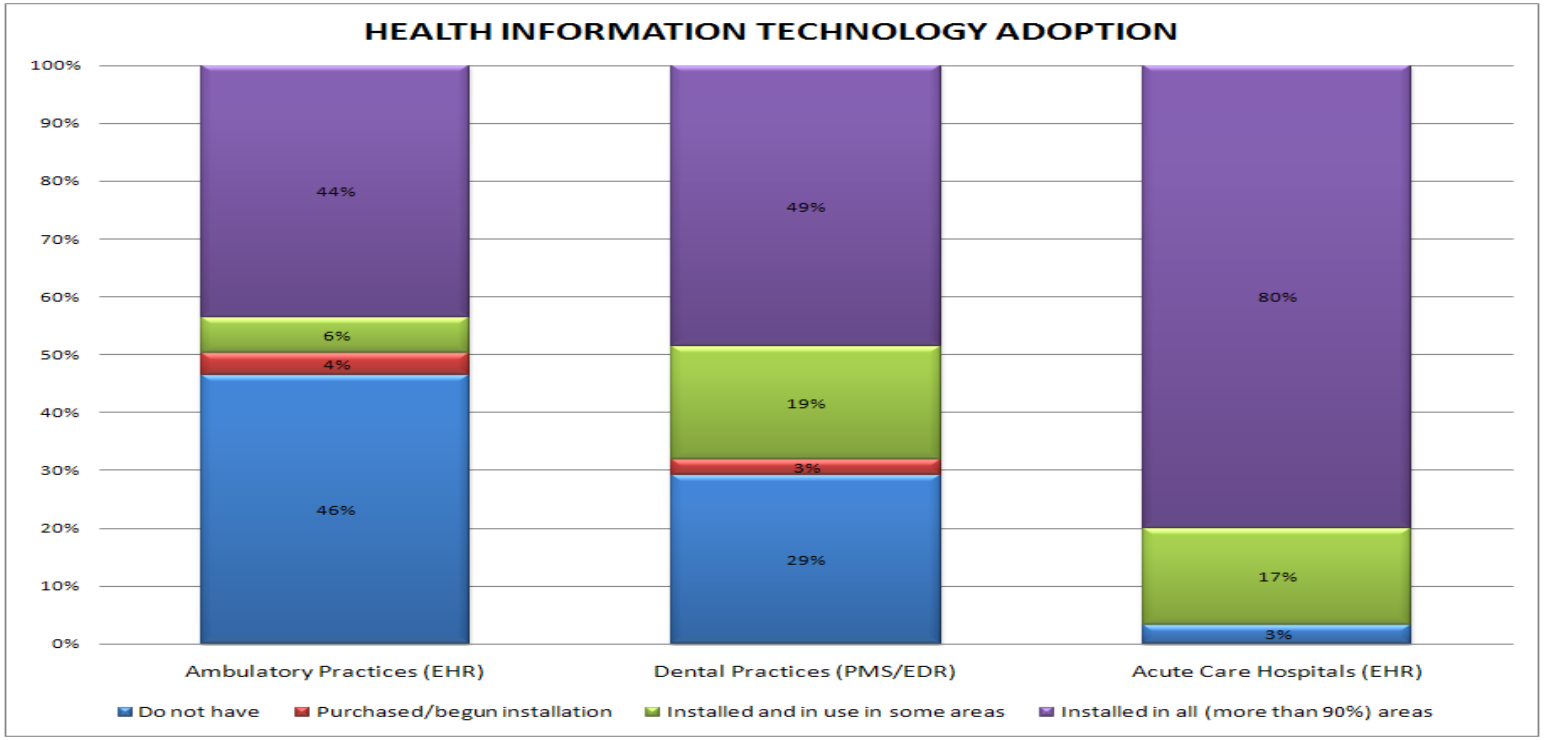
- **Among 418 practices responding**
  - 46% Do not have an EHR
  - 4% Have purchased or begun installation
  - 6% Installed in some areas
  - 44% Installed and in use in all or nearly all areas

- **Practices with EHR**
  - Most practices use CCHIT certified systems
  - 70% reported completing installation in 2008 or earlier
  - 26% reported completing installation more recently (2009 or 2010)

Results to Date

Overall

HIT Adoption among Maine Providers

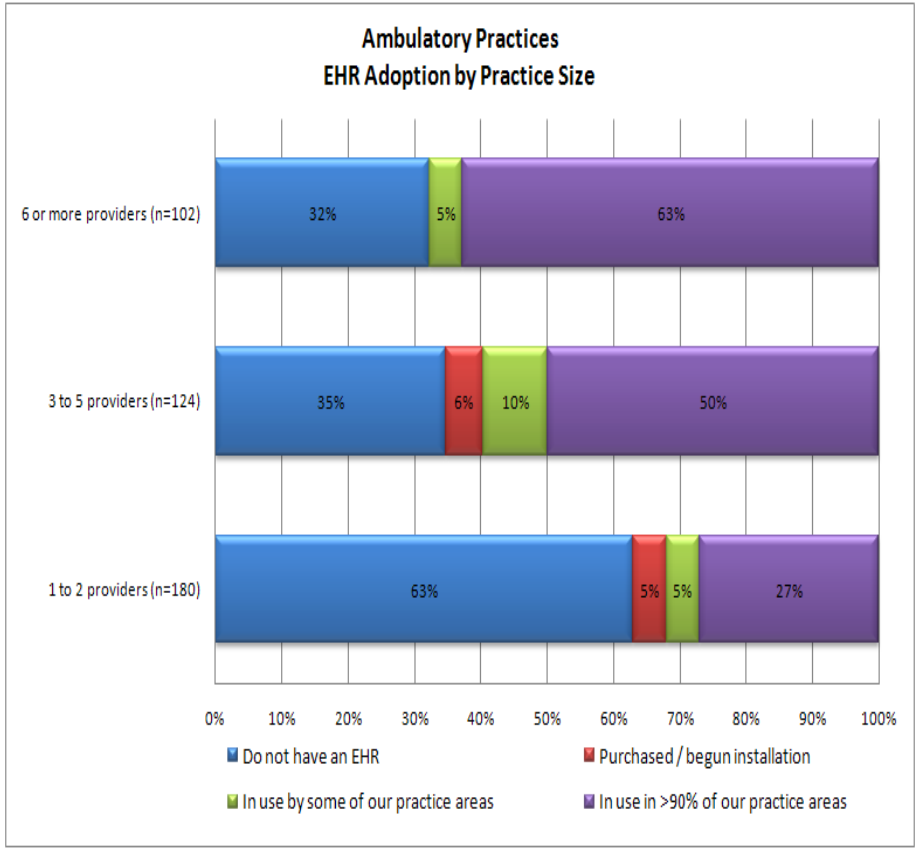


Results to Date

Ambulatory Practice Survey

Results to Date

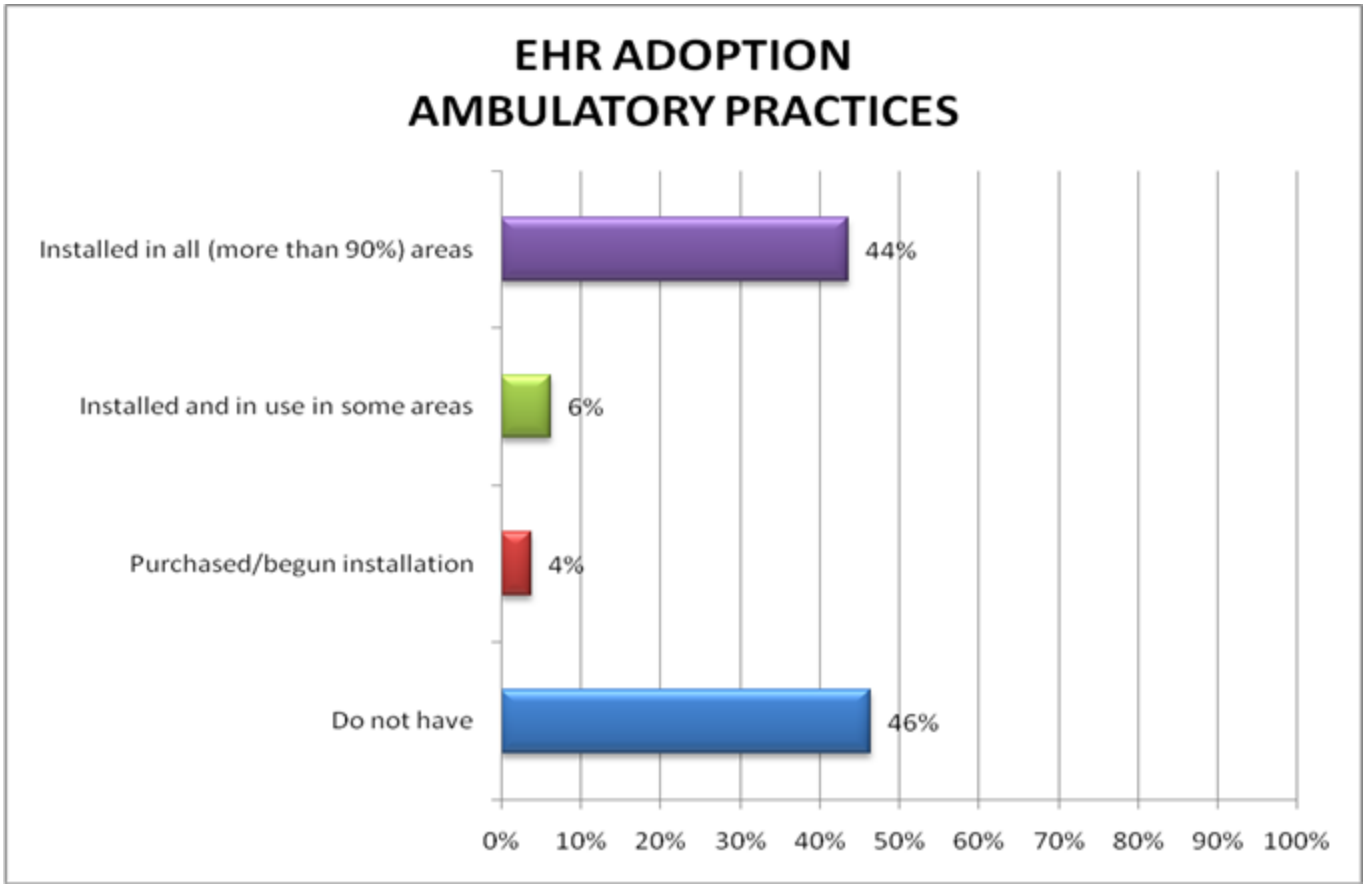
Ambulatory Practice Survey

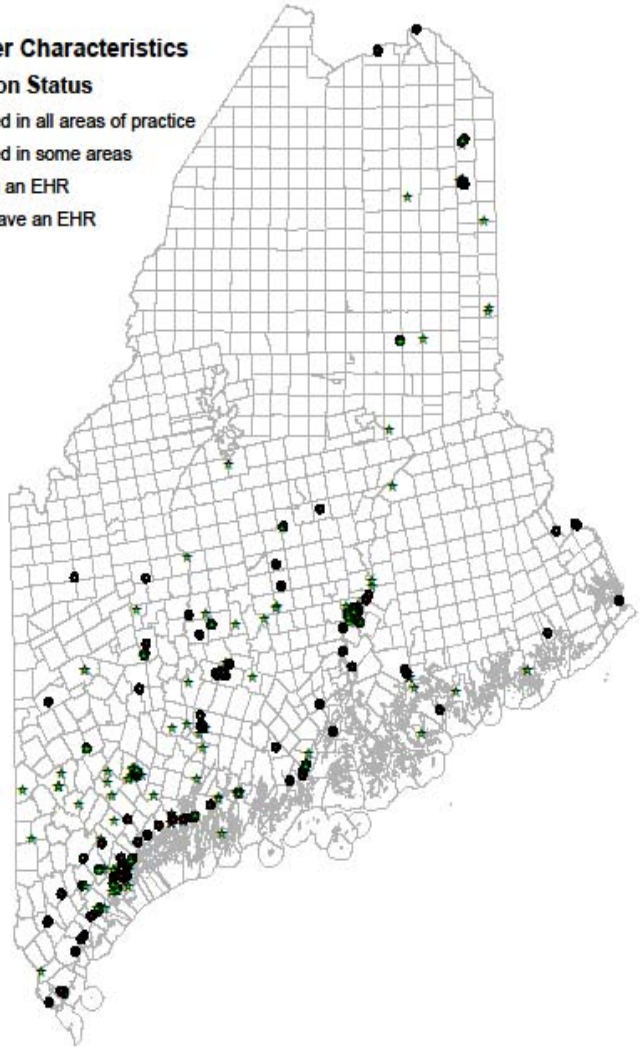


- **<u>EHR Adoption by Practice Size</u>**
  - 68% of 102 large practices (6 or more providers)
  - 60% of 124 medium size practices (3 to 5 providers)
  - 32% of 180 small practices (1 or 2 providers)

Results to Date

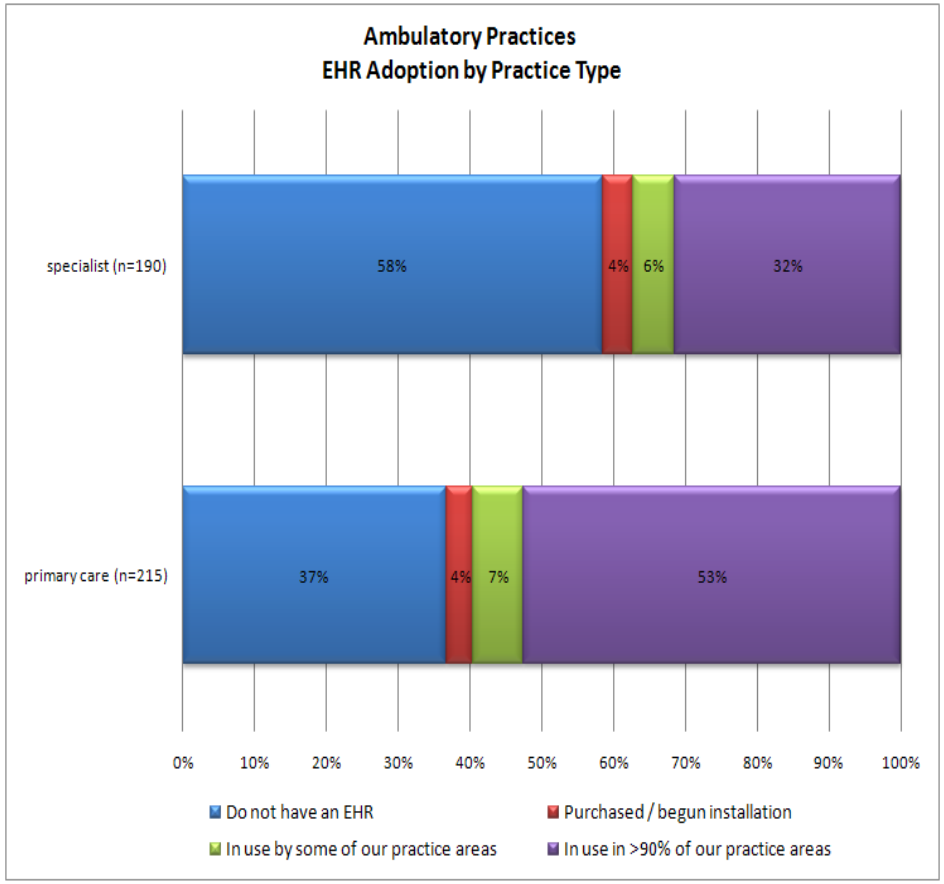
Ambulatory Practice Survey




HIT Provider Characteristics
EHR Adoption Status
EHR used in all areas of practice
EHR used in some areas
Installing an EHR
Do not have an EHR

Results to Date

Ambulatory Practice Survey

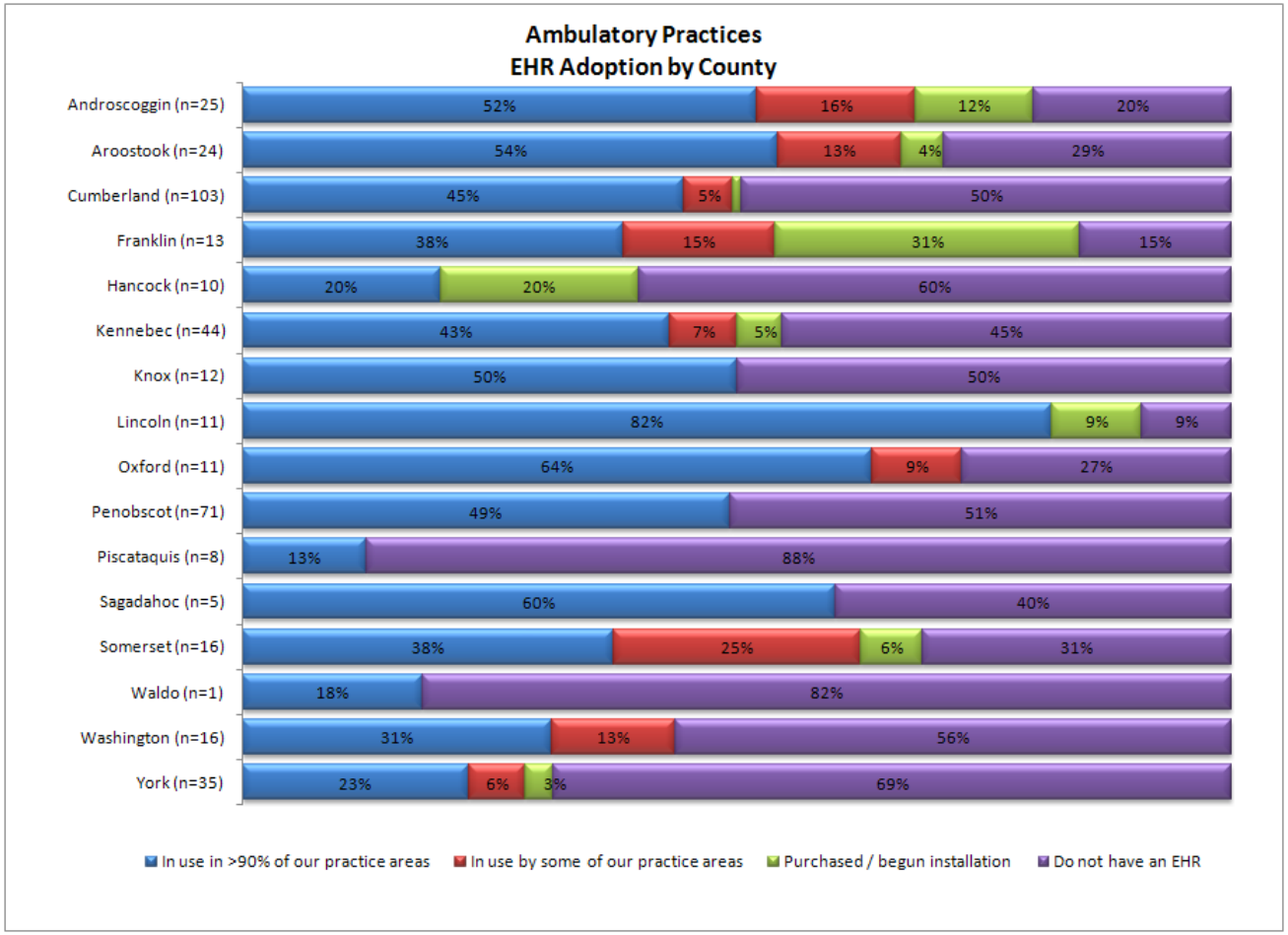


EHR Adoption by Practice Type

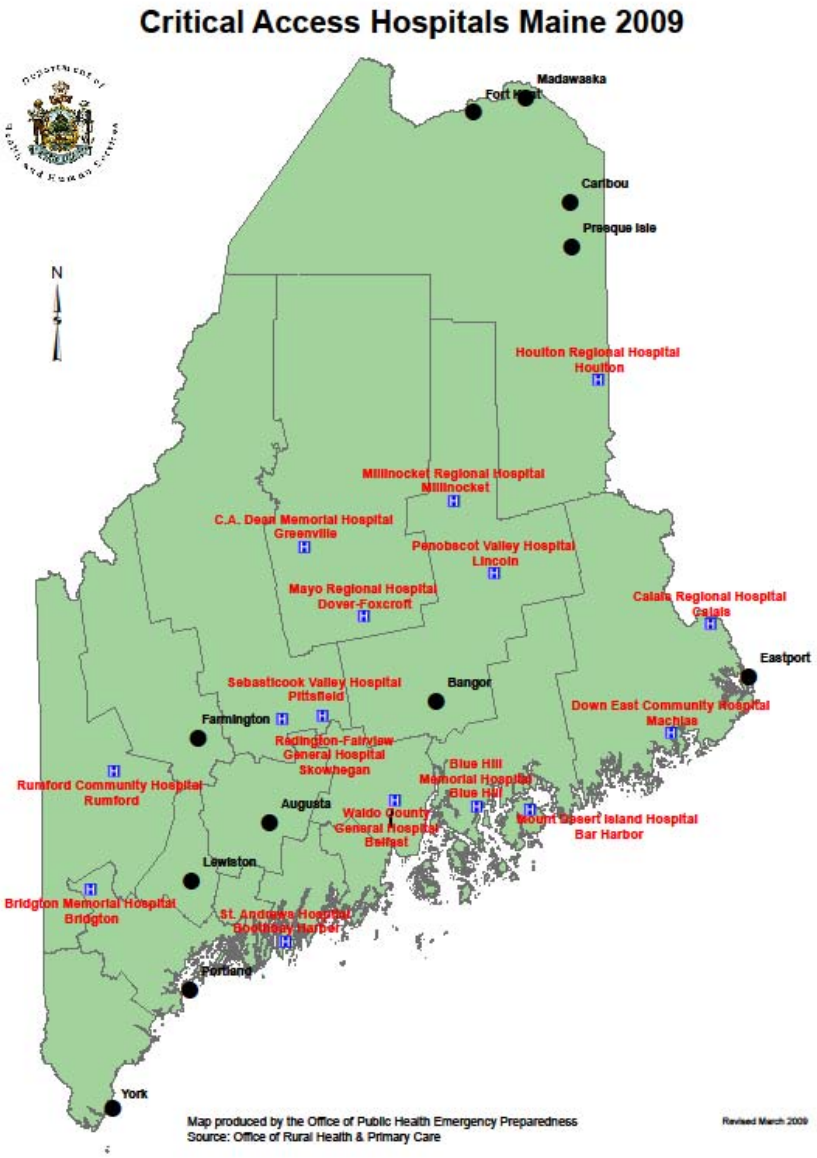
- 38% of 190 specialty practices
- 60% of 215 primary care practices
- Note: Multi-specialty groups are included with specialists and may include primary care providers

Results to Date

Ambulatory Practice Survey



Critical Access Hospitals have Significant Challenges



HIT Initiatives in Maine

HiTech Strategy in Maine

1. Functional HIE Private-Public Partnership
2. State Medicaid HIT Plan Leveraging Federal Resources to Improve Quality
3. CHIPRA Grant – Improve Reporting and Quality of care for Children (IHOC)
4. Bangor Beacon Program – 2 Year Demonstration Using Care Management and HIT
5. Regional Extension Center – Provide Technical Support, Providers Reach Meaningful Use.
6. HIT Workforce Development

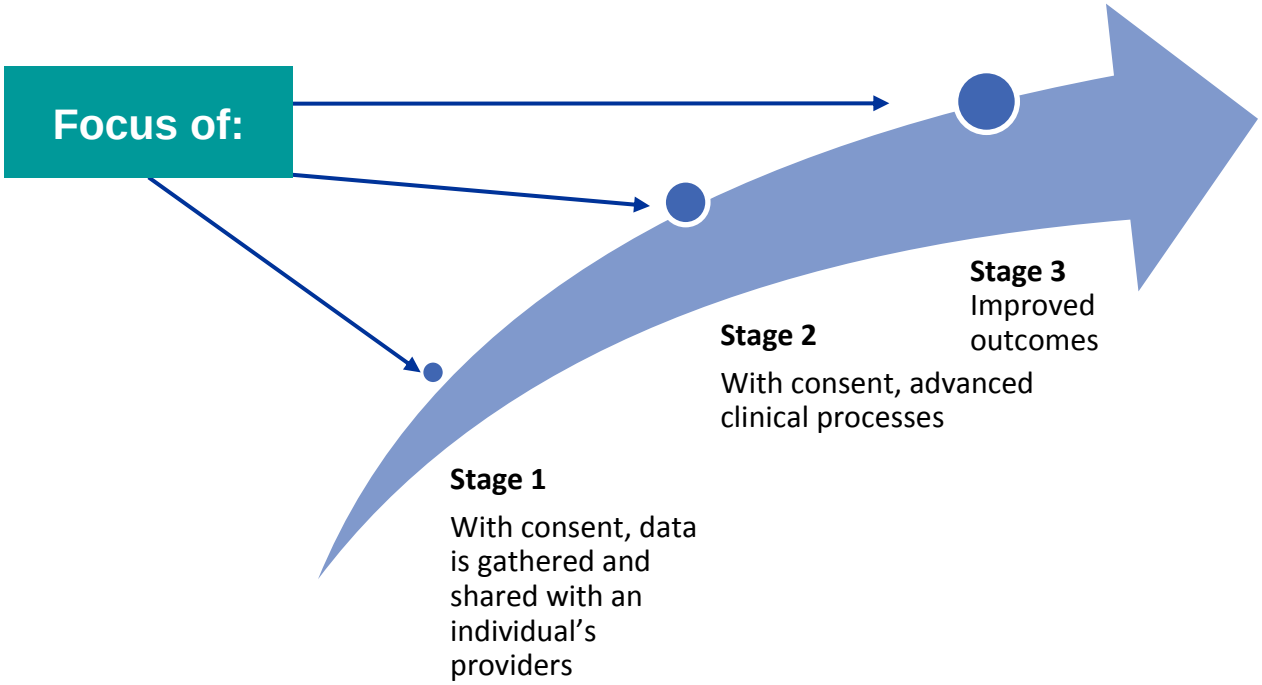
MaineCare HIT Plan

- MaineCare is required to develop systems and strategies to identify and pay providers adopting, implementing, and using HIT in a meaningful way under the Medicaid HIT Incentive Program.

The MaineCare Initiative for Electronic Health Information Technology

Stages of Meaningful Use

- **Year 1**: Providers and hospitals apply and show that they meet program requirements ("attest"), and upon approval by MaineCare, receive payment
- **Year 2 – 6**: Providers and hospitals meet "Meaningful Use" which will be defined in three stages--2011, 2013, 2015
- Meaningful Use represents a graduated approach to achieve integrated, high quality, and efficient health care and improved health outcomes



Payment Program

- MaineCare administers a program that gives significant incentive payments to providers and hospitals to implement or improve their use of Health Information Technology (HIT)

- Incentive payments are paid to providers for using computerized Electronic Health Records (EHR)

Type	Payment per provider/hospital	Est. range of total payments to MaineCare providers and hospitals
Eligible Providers	$63,750	$63 to $100 million
Hospitals	**WILL UPDATE**	

- Currently, less than one-half of Maine providers use computerized EHR. The program incentivizes providers to use EHR by paying providers to adopt, implement, or upgrade their systems.

- MaineCare estimates that between 800 and 1,200 providers will be eligible

- Preliminary review indicates all 39 Maine hospitals will be eligible

- Incentive payments are 100% federal funds

Payment Program

- January 2010--Center for Medicaid and Medicare Services (CMS) approved Maine's pre-planning document
- January 2011 - Maine submitted its final plan to CMS for approval. MaineCare expects to begin processing applications in late summer/early fall 2011.
- Mid-Winter 2011/2012—This schedule allows MaineCare to begin issuing payments as early as mid-winter

Improving Health Outcomes for Children (IHOC)

- In February 2010, Maine, in partnership with the State of Vermont was awarded a five-year child health quality improvement grant that will total $11,277,362.
- The Maine/Vermont program intends to promote the use of quality measures and information technology to improve health outcomes for children (IHOC); improving Medicaid member children's timely access to quality care.

The State of Maine plans to:

- Collect and evaluate the CHIPRA core measures, a set of pediatric quality measures identified by a federal panel of experts, and additional pediatric quality measures identified by Maine stakeholders.
- Report pediatric quality measures to payers, providers, consumers and CMS, and identify barriers and solutions to implementation.
- Refine MaineCare's pay-for-performance program under its new managed care system to provide greater incentive for child health quality improvement.

The State of Maine plans to:

- Align pediatric quality measures selected by the demonstration program with quality measurement activities of other payers, health care organizations, professional organizations, and with MaineCare payment incentives.
- Design, develop and implement HIT linkages and systems within the Maine Department of Health and Human Services and with medical practices and health systems to collect and report EPSDT/Bright Futures preventive measures and other clinical data from the clinical record.
- Design, implement and evaluate an electronic health assessment for children in Maine's child welfare foster care system.

The State of Maine plans to:

- Implement the Bright Futures Resource Toolkit with Maine child health providers and assess the impact on the provision of EPSDT services in Maine.
- Develop and implement “Learning Community” activities with the PCMH Pilot and other medical practices to enhance practice-level capacity for child health quality improvement and to evaluate the impact on quality.
- Build a child health quality improvement partnership in Maine that will be sustained after the grant ends.

Regional Extension Center

- $4.7 million awarded to HealthInfoNet for four years to provide technical assistance and support to priority and eligible providers in adopting, implementing, and using HIT in meaningful ways.

The Maine Regional Extension Center

Mission: Over the next 2 years HealthInfoNet, the Maine REC will manage a process of group purchasing, service contracting and support services targeted at implementing and optimizing the use of EMRs in Maine. The objectives will be to drive down the cost of investment in EMR technology, help providers successfully implement EMRs and to optimize the use of EMR technology by providers in conjunction with “meaningful use” criteria that have been defined by the Center for Medicare and Medicaid Services (CMS) and ONC. HealthInfoNet will work as the REC to deliver interoperability between individual EMR implementations and the exchange of treatment information between providers across the state to better coordinate care, improve patient safety, improve quality outcomes and manage reductions in duplicate testing and other areas of cost.

Vision: The operation of the Maine REC will be guided by goals and objectives defined in the Statewide HIE Strategic Plan. These goals are:

1. By 2015, all people in Maine will be cared for by healthcare providers who share electronic health and health related information securely within a connected health care system using standards-based technologies that promote high quality individual and population health;
2. By 2015, all people in Maine will have access to a flexible comprehensive consumer centric life-long health record – “One Person One Record”;
3. Electronic health care information will be used by the State Coordinator for Health Information Technology to develop appropriate public and private policies throughout the health care system to promote evidenced based, clinically effective, and efficient care for all people.

Geographic Service Area: The State of Maine

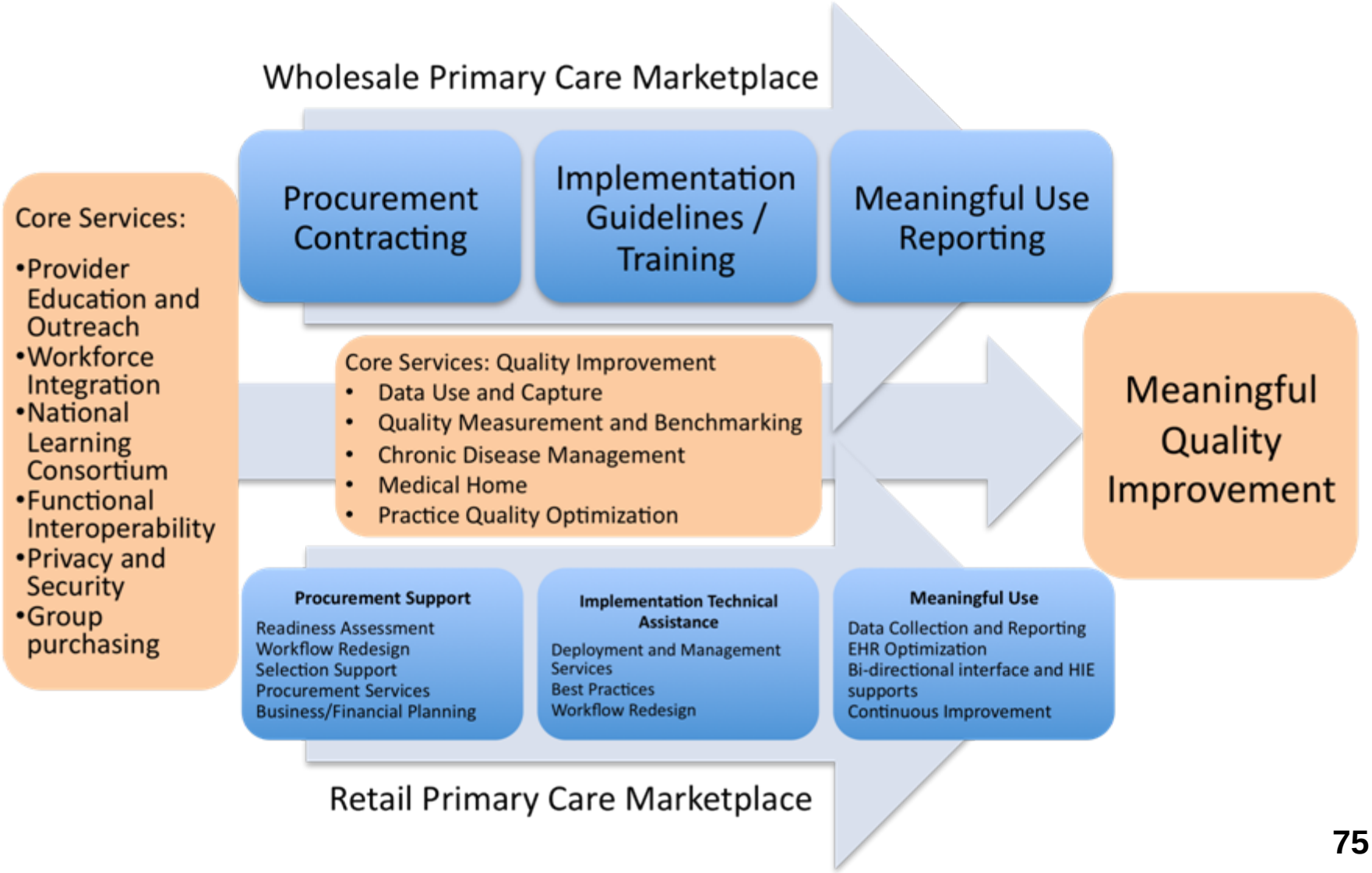
Framework for The Regional Extension Center (REC)

- Based on the Agricultural Extension Service Model
- Organized out of the Office of the National Coordinator – HIN was awarded to service the State of Maine
  - Total Grant Award is $4.7 Million Over First Two Years of Four Year Grant Period
  - $1 Million is Committed to Core Service Requirements
  - $3.7 Million Is Paid to Vendors/Suppliers for Direct Services for 1,002 "Priority Primary Care Providers"
- Targeted on Optimizing Electronic Medical Record Adoption and Utilization by Primary Care Providers
- 90-10 Federal Match Years 1-2, 10-90 Federal Match Years 3-4

Framework for The Regional Extension Center (REC) Cont.

- REC Supports to be delivered to “Priority Primary Care Providers” that include:
  - Licensed doctors of medicine or osteopathy in:
    - Family practice,
    - Obstetrics and gynecology,
    - General internal or pediatric medicine,
  - Physician assistants and nurse practitioners in these specialties.
- To qualify, practitioners must also treat patients in any of the following settings:
  - Individual and small group practices that are predominantly focused on primary care
  - Outpatient clinics associated with public and non-profit Critical Access Hospitals
  - Community Health Centers and Rural Health Clinics
  - Other settings that primarily serve uninsured, underinsured, and medically underserved populations

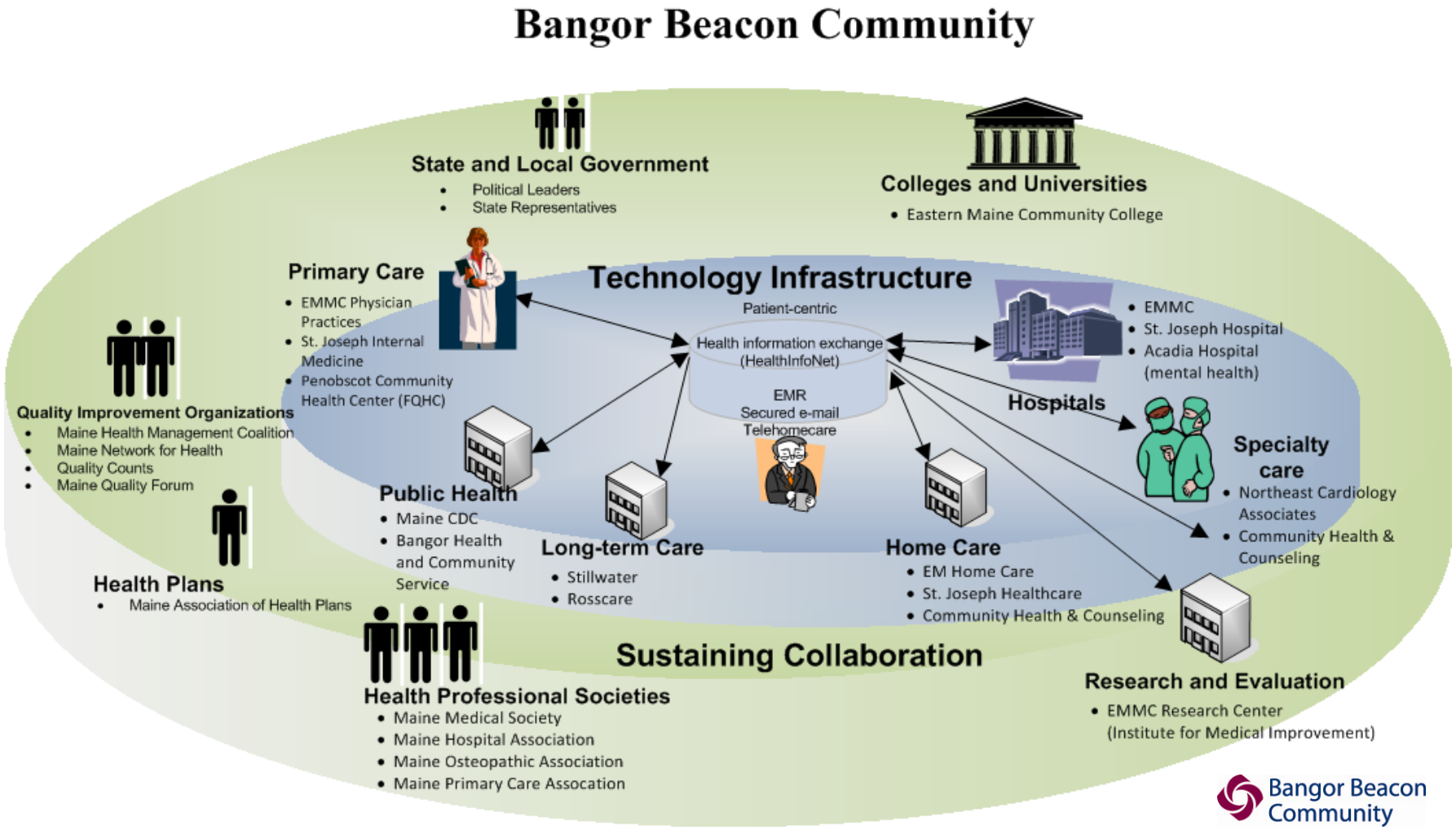
Maine REC Technical Assistance Program



Beacon Community Program

- EMHS awarded $12.7 million to demonstrate improved care coordination and outcomes through a community (Greater Bangor) approach using HIT as a central strategy.

Overview of Technologies (under Beacon)



Bangor is connected to the Statewide Health Information Exchange with some two-way interfaces. Expanded secure email among providers. Expanded use of Telemedicine and Telehomecare. Chronic condition database.

Overview of Technologies (under Beacon)

Technology will enable robust care management

- Providers will have improved access to patient information
  - Medication lists
  - Immunizations
  - Hospital discharge information
  - Laboratory and imaging data
  - Problem lists
  - Secure email

- Increased connectivity and interrelationship will improve quality of life
  - Reduce unnecessary healthcare utilization, testing and prescription
  - Avoid adverse events and reduce denied claims and their associated costs
  - Increase experience for accelerated learning
  - Ensure effective and reliable use of systems

Bangor Beacon Community

Challenges and potential areas of assistance from the Beacon Program

- Privacy laws present prohibitive burdens for electronic exchange of mental health info
- Technology systems store data differently
- Inconsistency of data entry (content and timing)
- Limited availability of evidenced based guidelines (e.g., COPD)
- Change management
- Incomplete standards on the way data are captured, communicated and processed.

Bangor Beacon Community

Other big technology gaps/questions

- Technologies employed by the other Beacon Communities
- Technologies supporting both patient privacy and appropriate provider access (e.g., mental health, HIV)
- Personal health records and patient access to their health information for self-management

Bangor Beacon Community

Workforce Development

- Kennebec Valley Community College and Southern Maine Community College received 2 year grants from ONC to deliver HIT training at the community college level.
- University of New England Project Management Program offers a concentration in health Information
- UMF recently developed a HIT baccalaureate program

Workforce Development

- Significant challenges to estimate the real need for trained HIT professionals
- Sustainability issues
- Coordination with CIO and HIT leadership
- Assistance from HIN in developing communications strategy

HIT

and

2010-2012

State Health Plan

SHP and the HIT Plan

Goal VII.4: Develop a roadmap for continuing to build Maine's health data, analysis, and research infrastructure to support health care payment, delivery system reform, workforce development, and health system performance monitoring to improve health status.

Tasks

Advisory Council for Health Systems Development – December 2010

- Under the auspices of the Advisory Council for Health Systems Development, convene and staff a Health Data Workgroup representing the Advisory Council, Maine Health Data Organization, health plans, healthcare providers and systems, purchasers, Maine Quality Forum, CDC Health Workforce Forum, Health InfoNet, Office of the State Coordinator, Governor's Office of Health Policy and Finance and consumers.
- Conduct an inventory and assessment of current health data sources and systems (including policy and legal basis) and data production and analysis capacity
- Identify and assess models from other states for organizing, funding, and using health data for system performance monitoring and evaluation. Develop a vision for Maine's health data and data use infrastructure.
- Identify technical, organizational, policy/legal, financial, and other gaps and barriers in Maine's health data systems and capacity.
- Develop a roadmap of policy or other actions needed to move Maine toward the health data and data use infrastructure that will be needed.
- Develop data sharing agreements with Maine's tribes and other communities reluctant to share data necessary to understand and address Maine's health disparities.

SHP and the HIT Plan

Goal VII.7 Align state health information technology efforts to achieve efficient and effective health care delivery.

Tasks

- MaineCare and the Office of State Coordinator, with advise from the HIT Steering Committee, will align the 2010 HIT Strategic Plan and the MaineCare HIT Plan by June 30, 2010
- MaineCare will submit a finalized MaineCare HIT Plan to the Centers for Medicare & Medicaid Services (CMS) to qualify for funding to implement MaineCare's HIT incentive program by 9/30/2010.
- The Office of State Coordinator and HealthInfoNet will coordinate technical assistance by the Regional Extension Center to maximize provider opportunities to receive incentive payments by CMS for achieving meaningful use by 12/31/2010.
- The HIT Steering Committee will coordinate with Eastern Maine Health Systems to transfer lessons learned from the Beacon Community Program to other healthcare systems by 12/31/2012.
- The HIT Steering Committee will coordinate with Kennebec Valley Community College and the Department of Labor on reaching training goals of the HIT Training Program 12/31/2011 .

SHP and the HIT Plan

Goal VII.8: Assess the current status of health information technology in Maine.

Tasks

- **<u>The Office of the State Coordinator and MaineCare</u> will work with the Muskie School to establish a baseline of health information technology infrastructure in the state that can serve as a baseline for monitoring progress 8/31/2010 .**

Health Data Workgroup

Recommendation #1: Design a Robust Clinical and Administrative Data System

The Office of the State Coordinator for Health Information Technology should work with an appointed group of private and public stakeholders to develop a feasibility analysis and business plan for a permanent data warehousing capability/system with a report by 9/30/2011.

***Recommendation #2*: Develop Provider, Practice, and Patient Identification and Data Linkage Strategies to Support Quality Improvement and Cost Management Uses of Health Data**

The Office of the State Coordinator for Health Information Technology should convene a Subcommittee of the Health Data Workgroup to evaluate barriers and approaches to provider and patient identification and data linkage and make recommendations to the MHDO, DPC, Legislature (and/or others) to enable provider, practice, and patient identification and data linkage within a secure privacy framework. A report on the results of the Subcommittee's work should be made to the Office, the ACHSD, and other appropriate bodies by September 30, 2011.

OSC Legal Work Group
Final Recommendations

HIT Legal Working Group Membership
Fall 2010

Area of Representation	Member	Organization
1. Physicians/Providers	Andrew MacLean	Maine Medical Association
2. Privacy	Shenna Bellows	Maine Civil Liberties Union
3. Health Information Exchange	Dev Culver	HealthInfoNet
4. Family Planning	George Hill	Family Planning Association of Maine
5. Substance Abuse	Jonathan Edwards	WCPA
6. Beacon Community Grant	Jason Tankel	EMHS
7. Health Law Expert	Steve Johnson	Kozak & Gayer
8. Attorney General's Office (Non-Voting)	Thomas Bradley	Attorney General's Office
9. HIV/AIDS	Matt Twomey	HIV/AIDS Advisory Committee & CMHS
10. Behavioral Health	Carol Carothers	NAMI/Maine
11. Maine Department of Health and Human Services	Dawn Gallagher	Office of MaineCare Services, DHHS
12. Health Information Technology	James Leonard	Office of the State Coordinator for HIT
13. Hospitals	Sandra Parker	Maine Hospital Association
14. Underserved/Rural Providers	Kevin Lewis	Maine Primary Care Association 207.621.0677 Ext.209
Facilitator: Philip Saucier, Bernstein Shur		

The HIT-LWG supports the following policy recommendations:

- Patients should have a meaningful choice to share their sensitive health information for treatment purposes (by a 10-2 vote);
- Prohibit patients from being denied health care treatment or health care benefits based on the patient's decision not to participate in a health information exchange (Unanimous);
- Provide immunity for providers in any civil action or arbitration for professional negligence related to participation or non-participation in the health information exchange(Unanimous); and
- Create a new section in the law specifically related to health information exchange which may include "more robust" opt-out language (Unanimous).

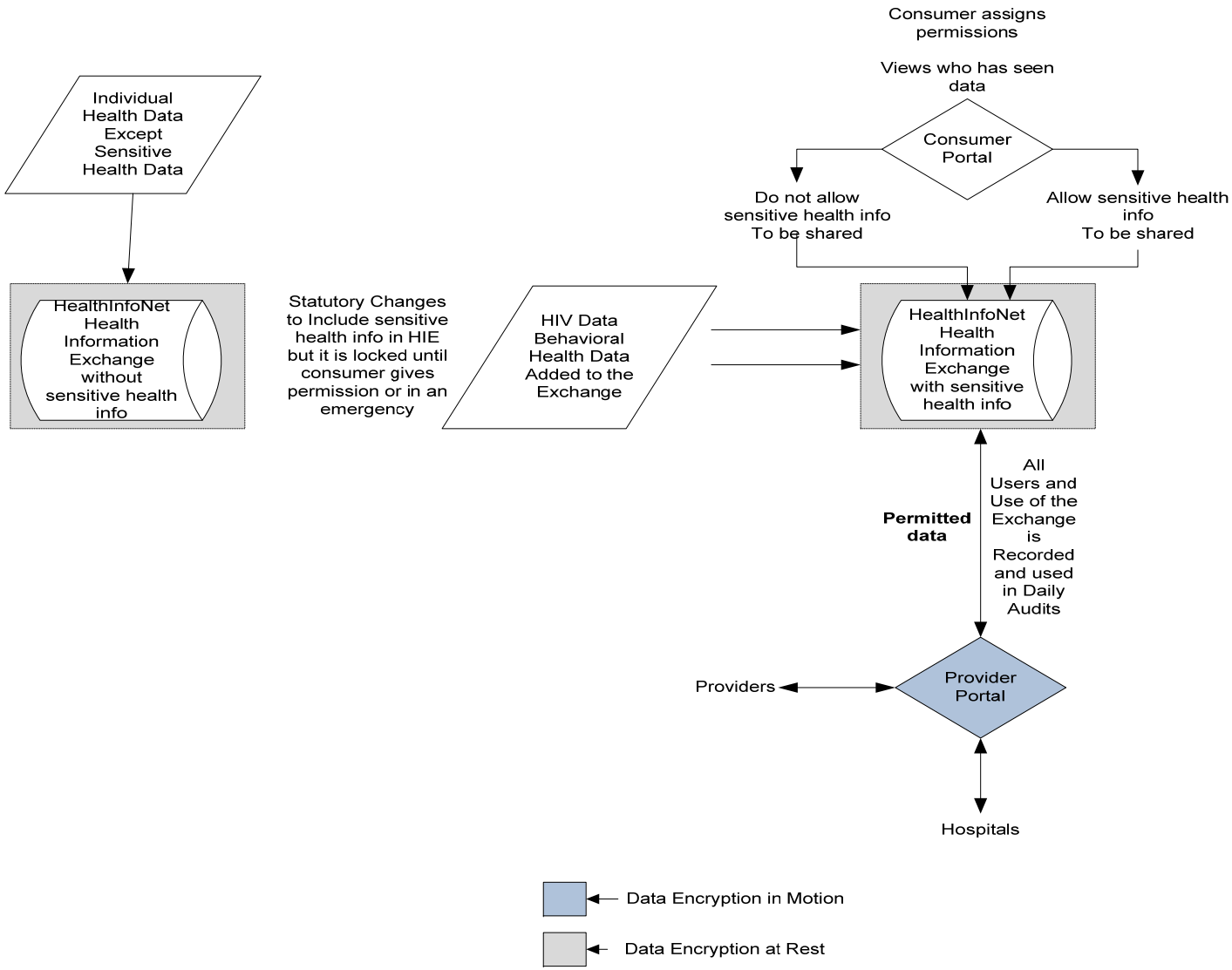
B. Prohibit patients from being denied health care treatment or health care benefits based on the patient's decision not to participate in a health information exchange and **prohibit payers from requiring participation in a health information exchange as a condition of participating in the payer's provider network.**

By a unanimous vote, the HIT-LWG recommends that Maine's health information exchange law be amended to prohibit patients from being denied health care treatment or health care benefits based on the patient's decision not to participate in a health information exchange, **and also to prohibit payers from requiring participation in a health information exchange as a condition of participating in the payer's provider network.** Maine's tremendous success in adopting HIT and HIE is due in part to a voluntary system of participation, and this recommendation would strengthen this policy. The group strongly supports linking Recommendation B and C together in any proposed legislation.

22 M.R.S.A. § 1711-C(18)(A). Participation in a health information exchange.

A health care provider shall not deny a patient health care treatment and a health insurer shall not deny a patient a health insurance benefit based solely on the provider's or patient's decision not to participate in a health information exchange**. Except when otherwise required by federal law, a payer of health care benefits shall not require participation in a health information exchange as a condition of participating in the payer's provider network.**

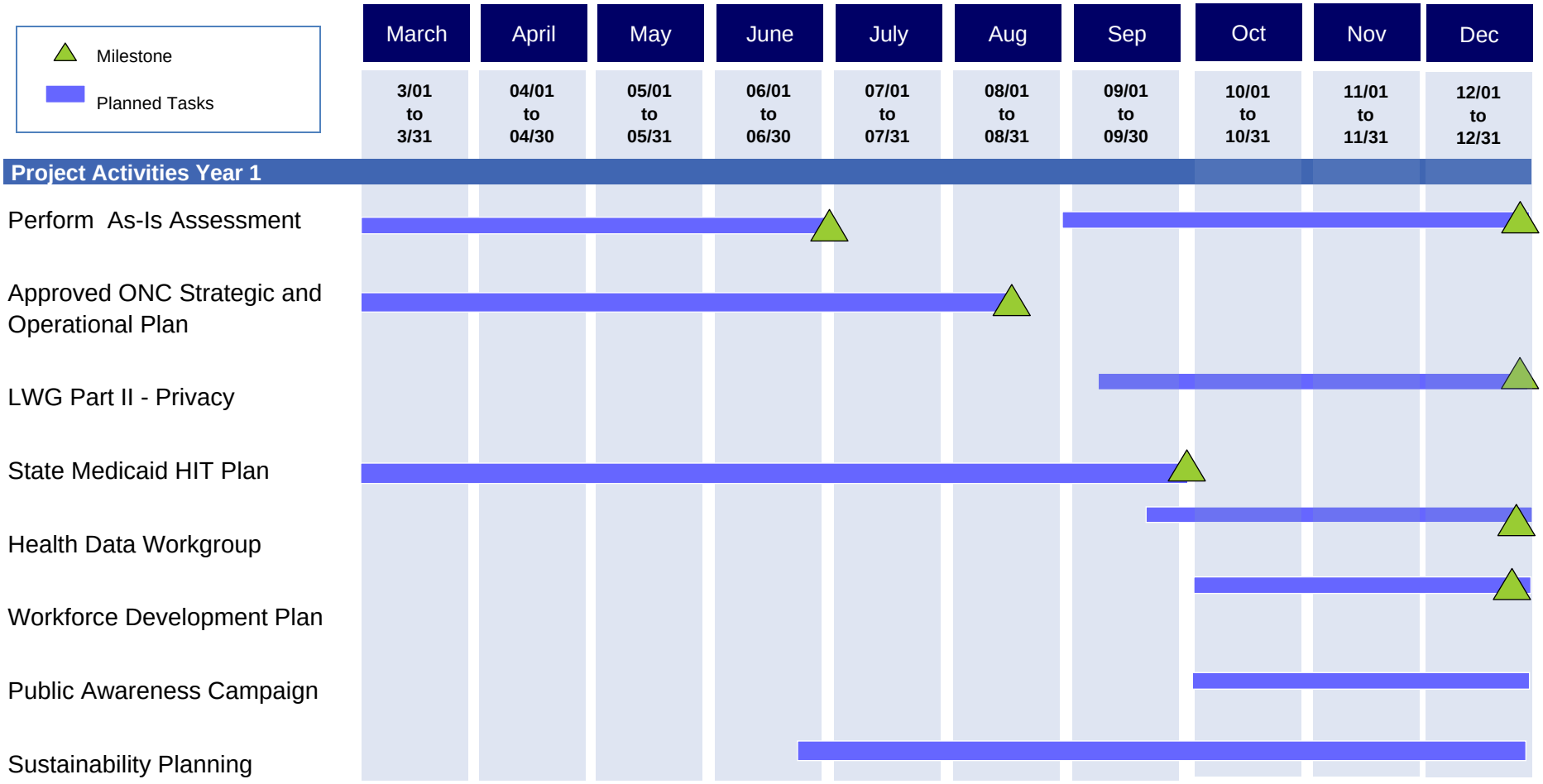
Maine's Health Information Exchange (HealthInfoNet)
Health Data Security and Privacy



DRAFT 1.2

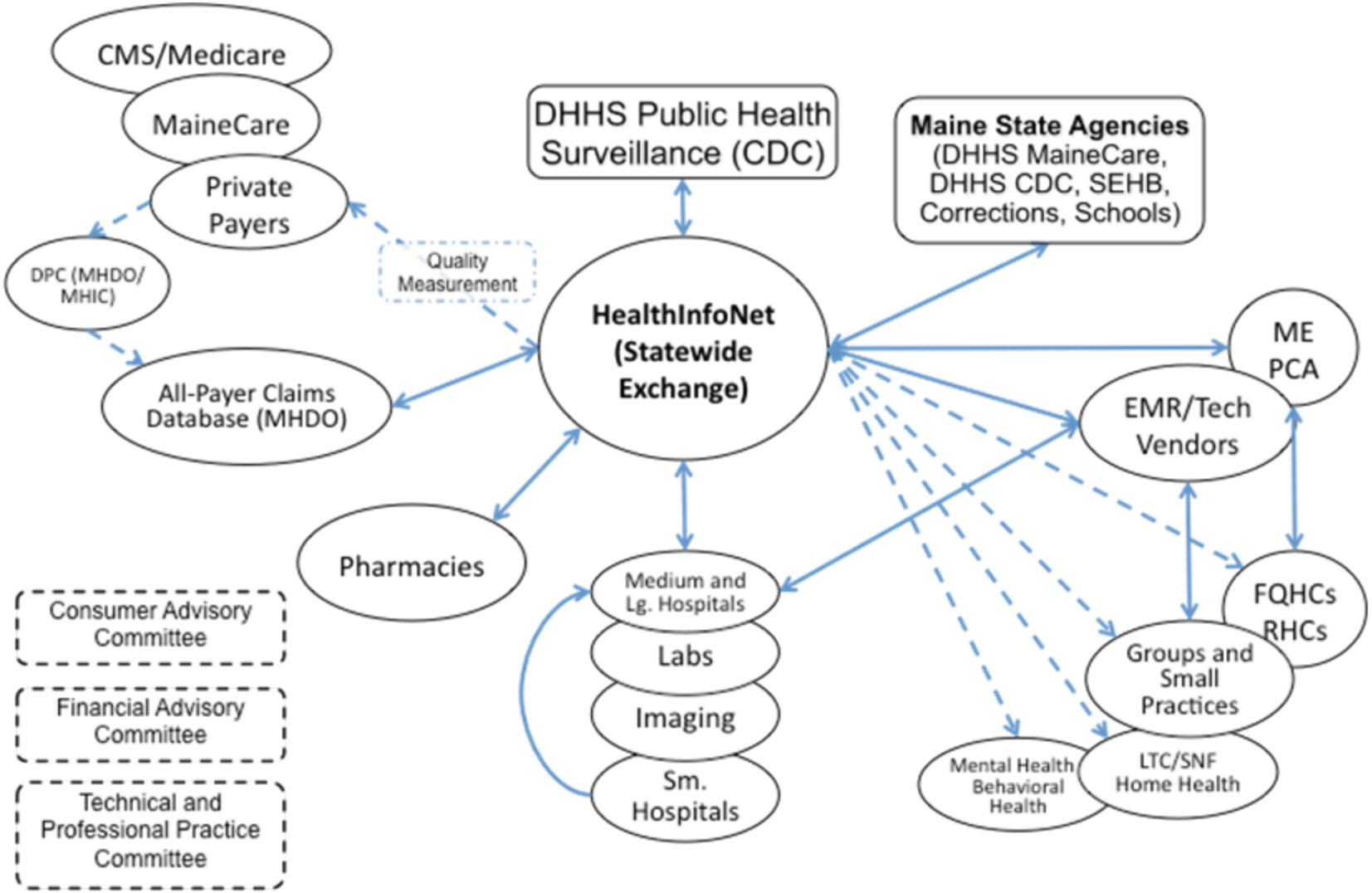
OSC 4 Year Goals, Year 1 and 2 Plans

2010 HIT Plan Project Timeline – Foundation Building



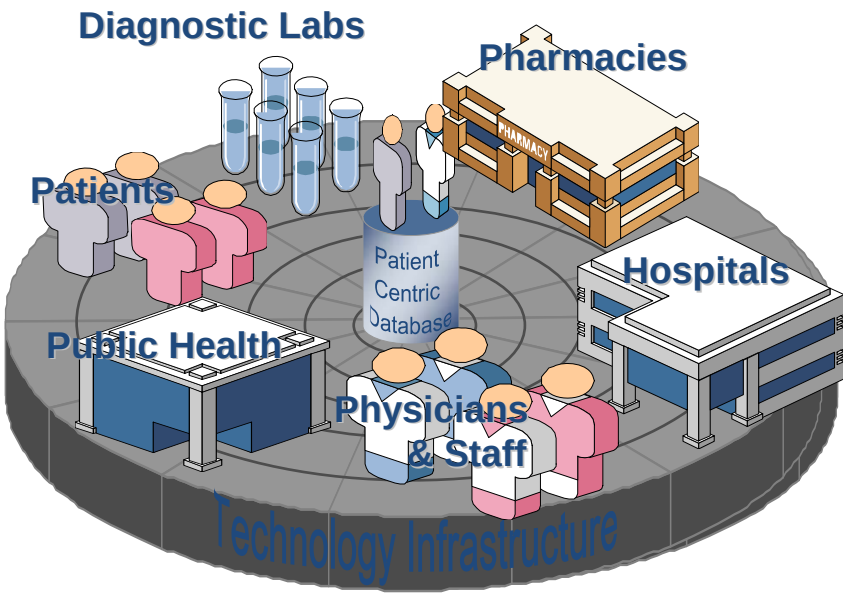
Evolved Maine HIE Operational Model

Is This Our Vision?

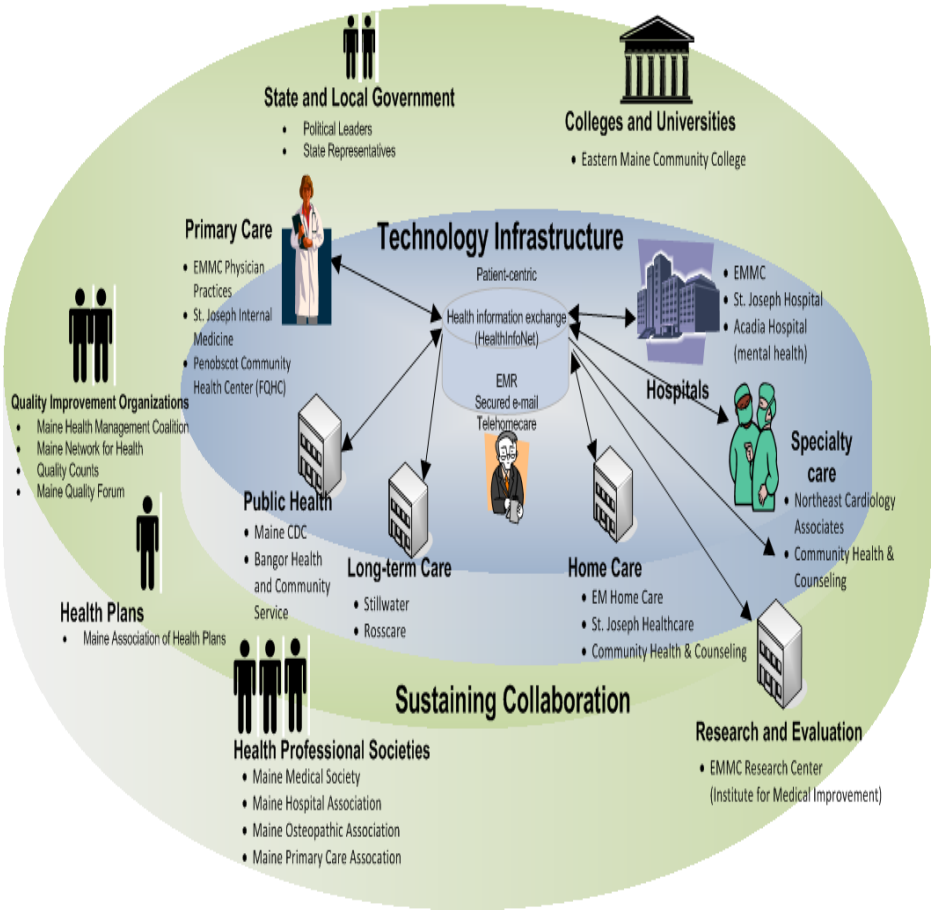


A Comparison of HIN to Beacon; can we reach a statewide Beacon through our effort?

HealthInfoNet



Bangor Beacon Community



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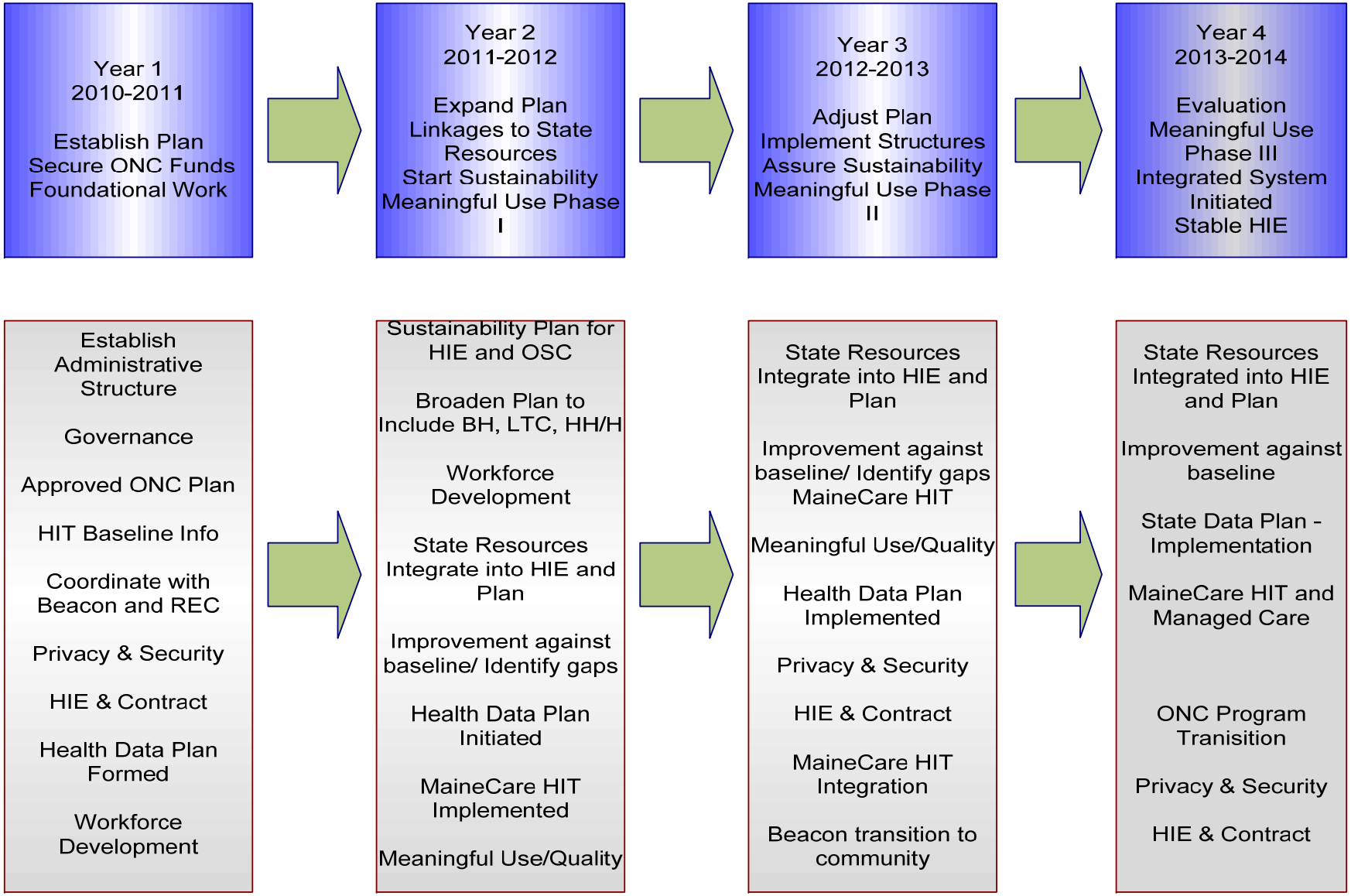
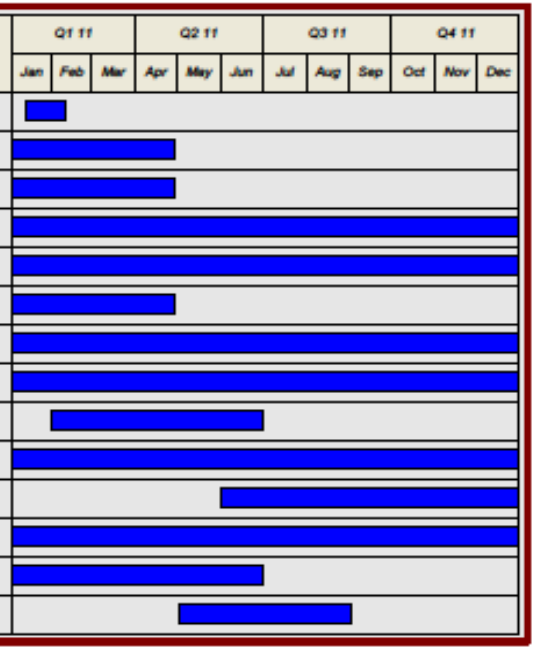
Office of the State Coordinator for HIT
Four Year Statewide HIT Strategic Plan



Office of the State Coordinator for HIT
Strategic Plan Year 2
1/2/11 – 12/31/11

ID	Task Name	Start	Finish	Duration
1	Establish 2011 priorities with Steering Committee	1/13/2011	2/10/2011	4.2w
2	Consent and sensitive health info legislation	1/3/2011	4/29/2011	17w
3	Recommendations on Health Data Plan	1/3/2011	4/29/2011	17w
4	Coordination with MaineCare HIT	1/3/2011	12/30/2011	52w
5	State agency coordination on health information technology	1/3/2011	12/30/2011	52w
6	Approved privacy and security framework	1/3/2011	4/29/2011	17w
7	Identification of state resources to integrate	1/3/2011	12/30/2011	52w
8	HIE Sustainability Plan	1/3/2011	12/30/2011	52w
9	Baseline Analysis of LTC, HH/H, BH completed	2/1/2011	6/30/2011	21.6w
10	Coordination with other ONC and CMS funded programs	1/3/2011	12/30/2011	52w
11	Privacy and Security communications strategy deployed	6/1/2011	12/30/2011	30.6w
12	Meaningful Use coordination on quality information	1/3/2011	12/30/2011	52w
13	Workforce development strategy implemented	1/3/2011	6/30/2011	25.8w
14	Year II evaluation comparison	5/2/2011	9/1/2011	17.8w



Discussion

Identify priority goals and how we work together to meet them.