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THE STIMULUS AND STANDARDS

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THE ONC STRATEGY

- Grants - Accelerating Adoption
- Standards - Interim Final Rule
- Meaningful Use - Notice of Proposed Rulemaking
- Certification - Notice of Proposed Rulemaking



GRANTS

- Regional extension centers (RECs) \$643 million
- Health Information Exchange \$564 million
- Workforce Training Programs \$118 million
- Beacon Communities \$235 million
- Strategic Health Advanced Research Projects (SHARP) \$60 million
- Nationwide Health Information Network/ Standards and Certification \$64.3



INTERIM FINAL RULE

- Content Standards
- Vocabulary Standards
- Transmission Standards
- Privacy/Security Standards



PATIENT SUMMARY RECORD

- Content - CCD or CCR, Convergence to one standard
- Vocabulary
 - Problem List - ICD9/SNOMED, ICD10/ SNOMED
 - Medications - RxNorm mapping to existing commercial products, RxNorm
 - Allergies - None, UNII (Universal Ingredient Identifier)
 - Vital Signs - None, CDA Template
 - Unit of Measure - None, UCUM (Unified Code for Units of Measure)



E-PRESCRIBING

- Drug Formulary Check - NCPDP Formulary & Benefits Standard 1.0, Medicare Part D as it evolves
- Content - NCPDP Script 8.1 or 10.6, NCPDP Script 10.6
- Vocabulary - RxNorm mapping to existing commercial products, RxNorm



ADMINISTRATIVE TRANSACTIONS

- Those required by HIPAA
- X12 4010 now, X12 5010 in 2013
- CAQH Core I implementation guidance



QUALITY

- NQF Health Information Technology Expert Panel Definitions
- PQRI XML, Next generation which could be QRDA



PUBLIC HEALTH LABS

- Content - HL7 2.5.1
- Vocabulary - LOINC interpretation, LOINC, UCUM, SNOMED-CT



PUBLIC HEALTH SURVEILLANCE

- Content - HL7 2.31 or 2.51, Newer versions
- Vocabulary - According to Applicable Public Health Agency Requirements, Geocoded Interoperable Population Summary Exchange (GIPSE)



PUBLIC HEALTH IMMUNIZATIONS

- Content - HL7 2.31 or 2.51, Newer versions
- Vocabulary - CVX (CDC maintained HL7 standard list of immunizations)



TRANSMISSION

- SOAP 1.2
- REST



PRIVACY / SECURITY

- General Encryption and Decryption of Electronic Health Information - AES
- Encryption and Decryption of Electronic Health Information for Exchange - TLS, IPv6, IPv4 with IPsec
- Record Actions Related to Electronic Health Information - Policy
- Verification that Electronic Health Information has not been Altered in Transit - SHA-1 or higher
- Cross-Enterprise Authentication – Policy
- Record Treatment, Payment, and Health Care Operations Disclosures - Policy



MEANINGFUL USE

- Use CPOE
 - Ambulatory - 80% of medications, laboratory, radiology/imaging, and referrals
 - Inpatient - 10% of medications, laboratory, radiology/imaging, blood bank, physical therapy, occupational therapy, respiratory therapy, rehabilitation therapy, dialysis, provider consultants, and discharge/transfers



MEANINGFUL USE

- Implement drug-drug, drug-allergy, drug-formulary checks
- Maintain an up to date problem list of current and active diagnoses (at least one coded entry or "No Problems exist") in ICD9-CM or SNOMED-CT for at least 80% of all patients



MEANINGFUL USE

- Generate and transmit permissible prescriptions electronically (the DEA does not yet allow controlled substances to be e-prescribed) for 75% of all ambulatory prescriptions
- Maintain an active medication list (at least one coded entry or "No Medications taken") for at least 80% of all patients



MEANINGFUL USE

- Maintain an active allergy list (at least one entry or "No Allergies reported") for at least 80% of all patients
- Record demographics including preferred language, insurance type, gender, race, ethnicity, date of birth, and date of death/cause in the event of inpatient mortality for 80% of patients



MEANINGFUL USE

- Record vital signs including height, weight, blood pressure, Body Mass Index (calculated) and growth charts for children 2-20 years for 80% of patients
- Record smoking status for 80% of patients 13 years or older
- Incorporate 50% of clinical lab test results as structured data using LOINC codes



MEANINGFUL USE

- Generate a least one report listing patients with a specific condition. The concept is that such reporting can be used for quality improvement, reduction of disparities, and outreach
- Report aggregate numerator and denominator quality data to CMS in 2011 and exchange it using PQRI XML by 2012



MEANINGFUL USE

- Send reminders to at least 50% of all patients who are 50 years and over for preventative care/followup. The intent is to allow the patient to choose between post card, email, phone reminder, or PHR reminder
- Implement 5 clinical decision support rules relevant to the clinical quality metrics
- Check insurance eligibility and submit claims electronically for at least 80% of patients



MEANINGFUL USE

- Provide 80% of patients who request an electronic copy of their health information in the CCD or CCR format within 48 hours of their request
- Provide 10% of patients with online access to their problem list, medication lists, allergies, lab results within 96 hours of the information being available to the clinician



MEANINGFUL USE

- Provide a clinical summary for 80% of all office visits (problem lists, medication lists, allergies, immunizations, and diagnostic test results) in paper or CCD/CCR format
- At least one test of health information exchange among providers of care and patient authorized entities
- Perform Medication reconciliation for at least 80% of relevant encounters and transitions of care



MEANINGFUL USE

- Provide a summary of care record for at least 80% of transitions of care and referrals. This also implies the ability to receive a record and display it in human readable format
- Perform at least one test of the EHR capacity to submit electronic data to immunization registries
- Perform at least one test of the EHR's capacity to submit electronic lab results to public health agencies



MEANINGFUL USE

- Perform at least one test of the EHR's capacity to submit syndromic surveillance data to public health agencies
- Conduct or review a security risk analysis and implement updates as necessary



SUMMARY

- 2011 standards set a floor and will evolve to more specificity in 2013
- Certification organizations are yet to be named
- There are approximately 25 required projects to achieve meaningful use
- Open Standards are key to interoperability

