

HIT and Health Care Reform 8th Annual Health Information Technology Institute

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Assistant Commissioner of Health Care

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Minnesota Department of **Human Services**

Health Care Reform Goals

- **Improve population health**
- **Improve health care quality and outcomes**
- **Lower cost, greater value**
- **Create more transparent delivery system**
- **Create 21st century health care system**
- **Engage consumer**

Key Strategies

- **Quality improvement and public reporting**
- **Payment reform and health care homes**
- **HIT infrastructure**
- **Evidence-based coverage policy**

Pay for Performance

- **Provides incentives for better outcomes**
- **Lowers cost over time**
- **Helps eliminate health disparities**

Highly Collaborative Process

- **Public/ private sectors in Bridges to Excellence (BTE)**
- **Aggregate funding of incentives for managed care population**
- **Clinics/medical groups rewarded for optimal diabetes and cardiac care**

Public Reporting Efforts

- **Transparency of efficiency and quality**
- **Health plans to provide pricing data on a single website**
- **Institute for Clinical Systems Improvement sets guidelines for diabetes, depression, asthma, imaging**
- **MN Community Measurement publicly reports quality information**

2008 Health Care Reform

- Establishes health care homes
- Mandates e-prescribing
- Uses encounter data for provider peer groupings on quality and efficiency
- Establishes at least 7 baskets of care
- Provides state health improvement plan for obesity reduction and tobacco use
- Requires quality measures and incentive payment systems
- Website: www.health.state.mn.us/healthreform

Quality Measure Requirements

- **Standard measures to assess quality of health care services by provider**
- **Standards to measuring health outcomes**
- **System for risk adjusting quality measures**
- **Annual public reports on provider quality**

Health care homes

- **People with chronic or complex health care conditions may have their care coordinated**
- **Emphasis on primary care and patient centered care**
- **Practice level quality improvement, involvement of families on quality teams**
- **DHS to soon implement primary care coordination for certain clients**

Evidence-based coverage policy

- **Clinical evidence used to set coverage criteria**
- **Clinical input from Health Services Advisory Council**
- **Coverage policies developed for over 20 procedures since 2006**
- **A public, objective process to define high-value care**

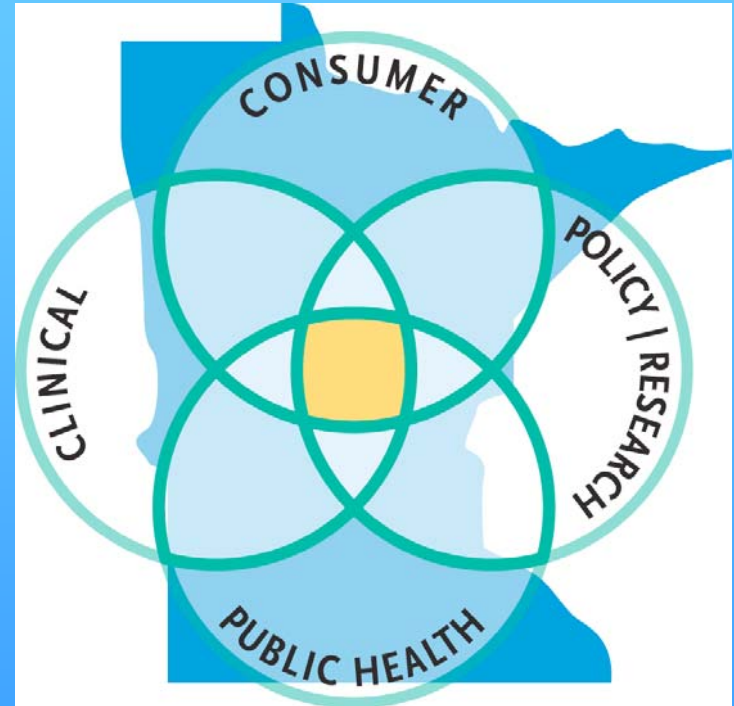
HIT initiatives – facilitate quality and value

- **State e-Health initiatives**
- **Minnesota Health Information Exchange – MN-HIE**
- **HITECH provision in stimulus package**

The Minnesota e-Health Initiative

A public-private collaboration established in 2004

- Legislatively chartered
- Coordinates and recommends statewide policy on e-health
- Develops and acts on statewide e-health priorities
- Reflects the health community's strong commitment to act in a coordinated, systematic and focused way



“**Vision:** ... accelerate the adoption and effective use of **Health Information Technology** to improve healthcare quality, increase patient safety, reduce healthcare costs, and enable individuals and communities to make the best possible health decisions.”

Minnesota Health Information Exchange

- **Vision is to link providers to exchange clinical information in a secure and efficient way**
- **Includes private partners and DHS**
- **Launched in fall 2008 with Rx history**

Other state e-health efforts

- E-prescribing for all providers, plans, pharmacies by 2011
- Uniform administrative transaction required by 2009
- Interoperable electronic health records by 2015
- Personal health portfolio for all state employees by 2009, all Minnesotans by 2011

E-health site:

<http://www.health.state.mn.us/healthreform/ehealth/index.html>

HIT provisions of stimulus plan

- **Provides support and funding for state initiatives**
- **Invests \$2 billion in HIT infrastructure through grants and loans**
- **Includes \$29 billion in Medicare and Medicaid incentives for EHR**

Figure 1: Key Program, Distribution, Use and Recipients for the HITECH Act*

PROGRAM • DISTRIBUTION AGENCY • USE OF FUNDS • RECIPIENTS

• **ONC Focused Funds (\$2 billion)**

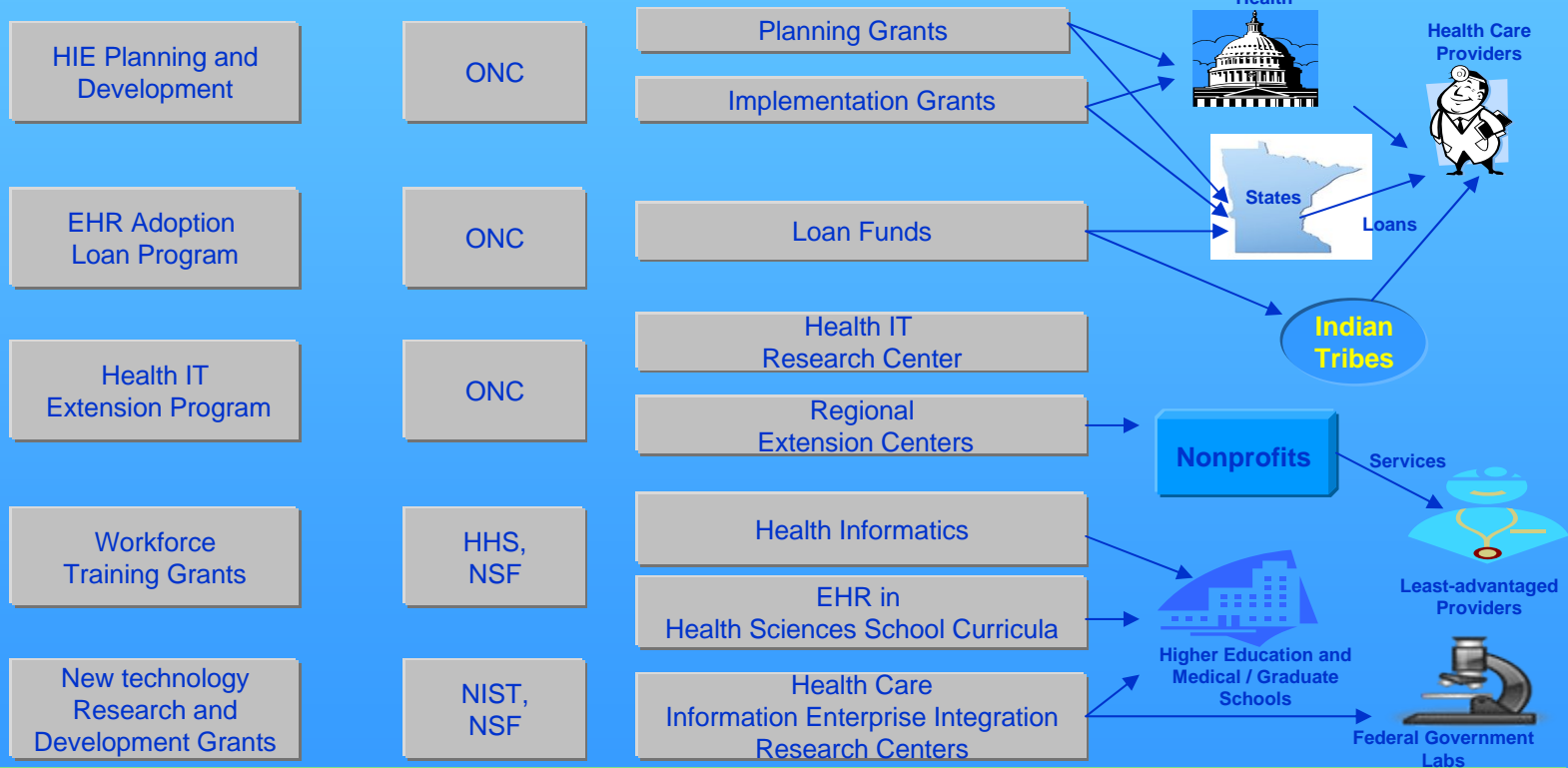


Figure 1: Key Program, Distribution, Use and Recipients for the HITECH Act*

PROGRAM

DISTRIBUTION AGENCY

USE OF FUNDS

RECIPIENTS

CMS Funds (about \$29 billion)

Medicare
Payment Incentives

CMS

Incentive Payments
through Carriers

Medicaid
Payment Incentives

CMS

Incentive Payments
through Minnesota Agencies
*Requires 30% share of Medicaid
(except children's hospitals)*

Requires "meaningful" use of EHR

- Acute Care and Children's hospitals
- Physicians and Dentists
- Nurse Practitioners and Midwives
- Federal Qualified Health Centers

Timeline of Key National and Minnesota HITECH Related Activities

All timeframes are estimated, unless specified in HITECH

Federal Action

- Q1 - Feb 17 - Passage of ARRA
- Q2 - Policy & Standards Committee Appointments
- Q2 Publish Updated Federal HIT Plan
- Q3 RFP for State Grants, HIE's & other
- Q4 - by 12/31/09 Secretary shall adopt an initial set of standards, implementation specifications and certification criteria through rulemaking process.

- Award competitive grants to States & State Loan Programs
- HHS supports adoption of technical, privacy, governance & financing frameworks for HIE
- Health IT regional extension centers funded
- Award Workforce Training Grants
- Award New Technology R&D Grants

- Medicare Incentive payments for Hospitals & Professionals begin
- "Meaningful Use" requirement in effect

- Medicare and Medicaid payment incentives end
- Penalties for failing to adopt and effectively use HIT begin

2009

2010

2011

2016

Stakeholders

- Q1 - Learn about incentives & understand requirements to receive maximum incentives
- Q2 - Create/update your EHR requirements including your clinical, business and technical needs
- Q3 - Complete / update your EHR plan for adoption, effective use of the EHR's using a trusted approach
- Ensure your plan meets criteria for "meaningful use"
- Q4 - Review your vendor plans for getting & staying certified/qualified

Mn e-Health Initiative

- Q1 Host Web-ex meetings
- Establish Minnesota Web Page
- Identify opportunities for funding
- Secure state matching funds and policy changes
- Q2 - Provide learning opportunity at the June 25th Summit
- Q3 - Update 2008 MN e-Health Plan
- Respond to RFPs for State Funding
- Support RFPs for HIE's, Education and Technical assistance
- Q1-Q4 - Provide Input / Review of proposed national standards & policy

Minnesota Action

This document will be updated as more information is available.

Current as of: March 18, 2009

Anticipated Minnesota e-Health Initiative Activities Related to HITECH for 2009

On-Going In 2009 & Beyond

- **Review & provide input on proposed national standards & policy**

First & Second Quarter 2009

- **Identify opportunities for funding**
- **Secure state matching funds and policy changes**
- **Inform Minnesota stakeholders of Recovery Act Opportunities**
 - **Host public informational meetings**
 - **Establish Minnesota web page on HITECH**
 - **Provide learning opportunity at the June 25th Summit**

Third Quarter 2009

- **Update 2008 MN e-Health Plan**
- **Respond to RFPs for state funding**
- **Support RFP's for exchange, education and technical assistance**

Aligning Minnesota Policy in Preparation for HITECH Opportunities

Policy Legislation

- **Updates the Minnesota e-Health Advisory Committee**
- **Assigns new duties to coordinate with national activities**
- **Allows collection of data for assessment & incentive eligibility determination**
- **Identifies the Commissioner of Health as the lead applicant or sole designating authority for 3013 grants**
- **Aligns the Minnesota EHR loan program with HITECH 3014 requirements**
- **Updates requirements for electronic prescribing**

Securing Matching Funds to Seize HITECH Opportunities

- HHS Omnibus Bill signed by Governor
 - \$350,000 base funding for FY 2010 (match for 3013 grant)
 - \$175,000/year base funding for FY 2011-2013 (match for 3014 grant)
 - \$4 million funds for EHR loans
 - \$1.2 million returned to HCAF in 2013

Communications & Recovery Act Resources

- **Minnesota e-Health “Gov Delivery” List**
- **Public Meetings / Webx**
 - May 20, 2009, 4:00 – 6:00 p.m.
 - Snelling Office Park Location
- **HITECH Web Page: www.health.state.mn.us/e-health**
- **Minnesota e-Health Summit**
 - *“Strategies for Success in Challenging Economic Times”*
 - June 25, 2009 – Northland Inn

Resources Available Through the Minnesota e-Health HITECH Web Page

www.health.state.mn.us/e-health/hitech.html

Handouts / Resources

- **Agenda**
- **Factsheets**
 - **Medicare – Hospital**
 - **Medicare-Professionals**
 - **Medicaid incentives**
- **Resource list**
- **Timeline**
- **Figure 1: Key Program, Distribution, Use and Recipients for the HITECH Act**
- **Slides from Public Meetings**
- **Minnesota Statewide Plan - 2008**



Minnesota Department of Health
Protecting, maintaining and improving the health of all Minnesotans

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Minnesota e-Health Initiative

- Home
- Vision
- Annual Summit
- EHR Mandate/Statewide Plan
- Standards
- Privacy
- Population Health/Public Health
- Communications & Education/Training
- Advisory Committee
- MN Reports and Recommendations
- Laws & Legislation
- Consumers & Personal Health Records (PHRs)
- e-Health Resources & Activities

Minnesota e-Health Initiative

The Minnesota e-Health Initiative is a public-private collaborative whose Vision is to accelerate the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs and improve public health.

It is guided by a statewide advisory committee with 26 representatives from interested and affected stakeholders in health information technology (HIT).

The purpose of the initiative is to:

- **Empower Consumers** with information to make informed health and medical decisions.
- **Inform and Connect Healthcare Providers** by promoting the adoption and use of interoperable Electronic Health Records and electronic health information exchange.
- **Protect Communities and Improve Public Health** by advancing efforts to make public health systems interoperable and modernized.

Enhance the Infrastructure through:

- Adoption of standards for health information exchange.
- Policies for strong privacy and security protection of health information.
- Funding and other resources for implementation.
- Assessing and monitoring progress on adoption, use and interoperability.

Subscribe to e-Health Initiative Updates

Quick Links:

For more information about e-Health Contact Bill.Brand@health.state.mn.us or 651-201-5508

If you have questions or comments about this page, please contact MNe-health@health.state.mn.us.

Minnesota e-Health

Announcements

[Register Here for the 2008 MN e-Health Summit!](#)

[2008 MN e-Health Summit Brochure](#)
June 26, 2008

[2008 MN e-Health Legislative Report](#)

[Grants awarded to MN health care providers to support interconnected EHRs Award List](#)

