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Policy Development and Analysis

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Introduction to Health Informatics
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Lecture Objectives

- Method
  - *Policy Analysis*
- Content
  - *Policies that relate to health informatics*

Agenda

- What do we mean when we say "policy" -- policy typology
- What type of method is policy? When is it valuable?
- Policy analysis framework
- Policy: HITECH and meaningful use
- Applying the framework

Big “P”, little “p”

- Policy vs. policy – what’s the difference?
- This lecture is about Policy

Typology

- Legislation
- Regulations

- Programs (Gov't)
- Public-Private Partnerships

Typology Example

- Legislation
  - American Recovery and Reinvestment Act (2009)
    - Health Information Technology for Economic and Clinical Health (HITECH)

Typology Example

- Regulation
  - Meaningful Use (of Certified Electronic Health Records) Regulation
    - Developed by CMS
    - Followed the Rulemaking Process
      - Presented Publicly
      - Period of public comment
      - Response & final rule
      - At least 30 days until it is effective
      - Right to petition for the issuance, amendment, or repeal of a rule

Typology Example

- Federal Program
  - State Health Information Exchange Cooperative Agreement Program
    - Developed by the Office of the National Coordinator for HIT (ONC)
    - Under Title IV of ARRA that gave ONC $2B for support programs
    - Funding to states to develop health information exchange
    - Program design largely decided by ONC

Typology Example

- Public-Private Partnership
  - National eHealth Collaborative
    - Funded by a grant from ONC
    - Established through its own charter
    - Mission is to help address barriers that could thwart the nation's progress toward interoperability
    - Does this by convening different types of stakeholders for specific task forces and educational modules

Typology Revisited

- Legislation
  - What Congress enacts; often vague
- Regulations
  - What Federal agencies enact; where the details get decided
- Programs (Gov't)
  - Additional activities of Federal agencies; lots of different types
- Public-Private Partnerships
  - Typically develop to meet a particular need; lots of different types

Agenda

- What do we mean when we say "policy" -- policy typology
- **What type of method is policy? When is it valuable?**
- Policy analysis framework
- Policy: HITECH and meaningful use
- Applying the framework

- Why don't we use policy for everything?

- When do we use policy?

- Why don't we use policy for everything?
  - "Blunt" instrument
  - Unintended consequences
  - Hard to customize/target
  - **Political**
- When do we use policy?
  - To create or provide something of societal value that markets will not create or provide on their own

Agenda

- What do we mean when we say "policy" -- policy typology
- What type of method is policy? When is it valuable?
- **Policy analysis framework**
- Policy: HITECH and meaningful use
- Applying the framework

Policy Analysis Framework

- Who are the key stakeholders in HI?

1. Government – Policymakers/Federal Agencies
   - Congress
   - HHS - ONC
   - CDC
   - FDA
2. Government – Payers
   - Medicare
   - Medicaid
3. Government – Healthcare delivery
   - Veterans Administration
4. Government – other
   - Public Health (state & local)
5. Advocacy
   - AMA, AHA, AHIP
   - AARP
6. Healthcare delivery (mix of public and private)
   - Health Systems, Integrated Delivery Networks (e.g., Kaiser, Partners, Intermountain, Geisinger)
   - Hospitals
   - Ambulatory Providers
7. Vendors
   - Epic
   - Microsoft
8. The public

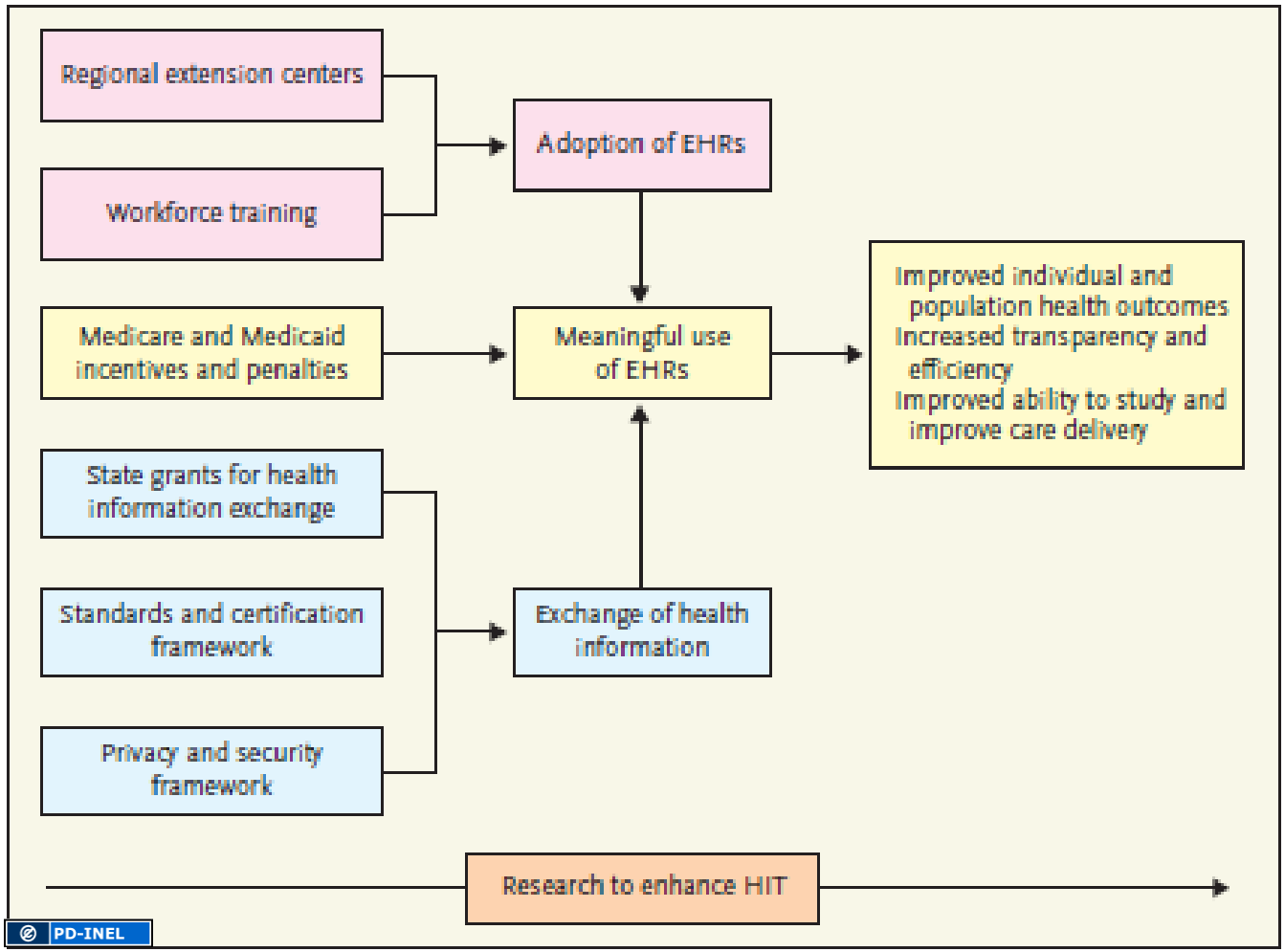
Policy Analysis Framework

- For each:
  - What is their mission/goals? Priorities/incentives?
  - Given these, what will they like and not like about a given policy? How will they benefit and how will they lose?
  - What would they want to change? How would they want to change it?
  - Who will support the proposed changes? Who will oppose the proposed changes? Why?
  - Do they have political power? If so, how can they use it to change/shape the policy? If not, who can they leverage or how can they comprise to gain the necessary political support?

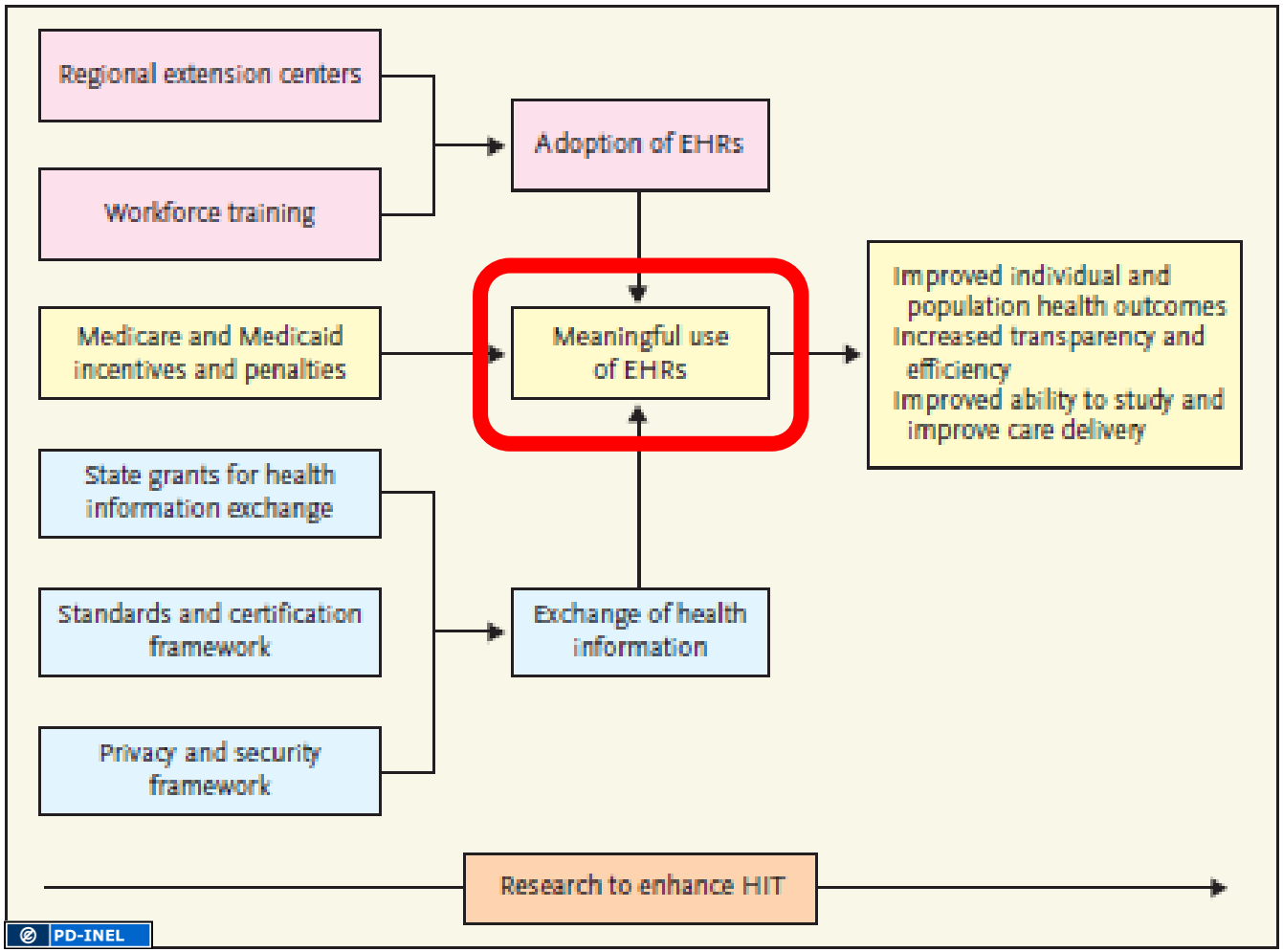
Policy: HITECH

- Part of the American Recovery and Reinvestment Act of 2009
- Signed by President Obama on February 17, 2009
- Incentives for "meaningful use" of Health IT ($27 billion USD)
  - Administered through federal and state government payers (Medicare and Medicaid)
- Additional funding for complementary programs (e.g., state-based Health Information Exchange) ($2 billion USD)
- No long-term funding

Overview of HITECH



Overview of HITECH



Policy Response: HITECH

- Congressional Requirements
  - Computerized prescribing with decision support
  - Automated reporting of quality measures
  - Health Information Exchange

- Meaningful Use -- 3 stages
  - First stage focuses on structured electronic data and basic functionalities
  - Second stage starts requiring widespread use
  - Third stage – demonstrated benefits

- Stage 1 of MU (2011-2014)
  - Gets data into electronic format
  - Start prescribing electronically
  - Requires "ability" to engage in HIE and report quality measures
  - 14-15 core measures, 10 "menu" options

Examples of Stage 1 meaningful use criteria: Flavor 1

OBJECTIVE	MEASURE
Record patient demographics (sex, race, ethnicity, date of birth, preferred language, and in the case of hospitals, date and preliminary cause of death in the event of mortality)	More than 50% of patients' demographic data recorded as structured data
Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children)	More than 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data
Maintain up-to-date problem list of current and active diagnoses	More than 80% of patients have at least one entry recorded as structured data

Examples of Stage 1 meaningful use criteria: Flavor 2

OBJECTIVE	MEASURE
Generate and transmit permissible prescriptions electronically (does not apply to hospitals)	More than 40% are transmitted electronically using certified EHR technology
Computer provider order entry (CPOE) for medication orders	More than 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE
Implement drug–drug and drug–allergy interaction checks	Functionality is enabled for these checks for the entire reporting period
Implement one clinical decision support rule and ability to track compliance with the rule	One clinical decision support rule implemented

Examples of Stage 1 meaningful use criteria: Flavor 3

OBJECTIVE	MEASURE
For individual professionals, provide patients with **clinical summaries for each office visit**; For hospitals, provide an **electronic copy of hospital discharge instructions on request**	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days; more than 50% of all patients who are discharged from the inpatient department or emergency department of an eligible hospital or critical access hospital and who request an electronic copy of their discharge instructions are provided with it
On request, **provide patients with an electronic copy of their health information** (including diagnostic test results, problem list, medication lists, medication allergies, and for hospitals, discharge summary and procedures)	More than 50% of requesting patients receive electronic copy within 3 business days

Stage 2

- Two flavors
- Expand stage 1
  - CPOE for medication orders – 30% of orders → 60% of orders
  - Implement 1 CDS rule → Implement 5 CDS rules
  - >50% of patients who request an electronic copy of health information receive it within 3 days → >50% provided timely online access to health information & >5% view, download, or transmit to a third party

Stage 2

- Two flavors

- New requirements
  - Use secure messaging to communicate with patients on relevant health information – 5% of patients

Just how much $$$ are we talking?

- CMS is making available up to **$27 billion** in EHR incentive payments,
- or as much as **$44,000** (through Medicare) or **$63,750** (through Medicaid) per eligible health care professional.
- Eligible hospitals, including critical access hospitals (CAHs), can qualify for incentive payments totaling some **$2 million** or more.

Fall 2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
	Stage 1											Maximum Payments
			Stage 2									
					Stage 3							
Medicare Incentive Payments	$18,000	$12,000	$8,000	$4,000	$2,000							$44,000
		$18,000	$12,000	$8,000	$4,000	$2,000						$44,000
			$15,000	$12,000	$8,000	$4,000						$39,000
				$12,000	$8,000	$4,000						$24,000
Medicaid Incentive Payments	$21,250	$8,500	$8,500	$8,500	$8,500	$8,500						$63,750
		$21,250	$8,500	$8,500	$8,500	$8,500	$8,500					$63,750
			$21,250	$8,500	$8,500	$8,500	$8,500	$8,500				$63,750
				$21,250	$8,500	$8,500	$8,500	$8,500	$8,500			$63,750
					$21,250	$8,500	$8,500	$8,500	$8,500	$8,500		$63,750
						$21,250	$8,500	$8,500	$8,500	$8,500	$8,500	$63,750

MU Incentives through September 2013

- $16.6 Billion in incentives paid out

- About 308,303 Eligible Providers have attested
  - Approximately **55%** of all eligible providers
  - About **$20,560** USD per provider

- About 4,149 hospitals have attested
  - Approximately **86**% of all eligible hospitals
  - Attestation ≠ meaningful use in 2011; option to Adopt, Implement, Upgrade (AIU)
  - About $**2.4** million USD per hospital

Policy Analysis: Meaningful Use Incentive Program

- Who are the key players?

Policy Analysis Framework

- What is their mission/goals? Priorities/incentives?
- Given these, what will they like and not like about the proposed policy amendment? How will they benefit and how will they lose?
- What would they want to change? How would they want to change it?
- Who will support the proposed changes? Who will oppose the proposed changes? Why?
- Do they have political power? If so, how can they use it to change/shape the policy? If not, who can they leverage or how can they comprise to gain the necessary political support?

Key Points

- There are different types of “policy”
- Policy is the right method only under specific circumstances
- Policy analysis is about understanding **who** the key stakeholders are, **how** they are affected by the policy, and whether they have the **power** to shape/change the policy
- HITECH, and its centerpiece – the meaningful use incentive program – are an unprecedented policy intervention