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Policy Development and Analysis

Julia Adler-Milstein
Introduction to Health Informatics
November 5th, 2013
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
  - 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

   - 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 compromise 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

- Regional extension centers
- Workforce training
- Medicare and Medicaid incentives and penalties
- State grants for health information exchange
- Standards and certification framework
- Privacy and security framework

- Adoption of EHRs
- Meaningful use of EHRs
- Exchange of health information

- Improved individual and population health outcomes
- Increased transparency and efficiency
- Improved ability to study and improve care delivery

- Research to enhance HIT
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

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>MEASURE</th>
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<tbody>
<tr>
<td><strong>Record patient demographics</strong> (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)</td>
<td>More than 50% of patients’ demographic data recorded as structured data</td>
</tr>
<tr>
<td><strong>Record vital signs and chart changes</strong> (height, weight, blood pressure, body-mass index, growth charts for children)</td>
<td>More than 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data</td>
</tr>
<tr>
<td><strong>Maintain up-to-date problem list</strong> of current and active diagnoses</td>
<td>More than 80% of patients have at least one entry recorded as structured data</td>
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## Examples of Stage 1 meaningful use criteria: Flavor 2

<table>
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<tr>
<th>OBJECTIVE</th>
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Examples of Stage 1 meaningful use criteria: Flavor 3

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<thead>
<tr>
<th>OBJECTIVE</th>
<th>MEASURE</th>
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<tbody>
<tr>
<td>For individual professionals, provide patients with clinical summaries for each office visit;</td>
<td>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</td>
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<td>For hospitals, provide an electronic copy of hospital discharge instructions on request</td>
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<tr>
<td>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)</td>
<td>More than 50% of requesting patients receive electronic copy within 3 business days</td>
</tr>
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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.
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<tr>
<td><strong>Medicare Incentive Payments</strong></td>
<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td>$15,000</td>
<td>$12,000</td>
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<tr>
<td><strong>Medicaid Incentive Payments</strong></td>
<td>$21,250</td>
<td>$8,500</td>
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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 compromise 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