

Memo



AMERICAN OSTEOPATHIC ASSOCIATION

Date: June 16, 2010

CC: John Crosby, JD, Mike Zarski, JD,
Government Relations

To: Marcelino Oliva, DO, Chairman,
BOFHP, BOFHP Members

From: Angela Jeansonne, Assistant Director
Federal Affairs

RE: eHealth Initiative HIT Briefing

A key priority area in recommendations submitted by the HIT Policy Committee to define meaningful use is to engage patients and families in their care. The ehealth Initiative is currently working to ensure that patient engagement and access to information is an integral part of HIT going forward. An ehealth Initiative briefing on engaging patients in their care through use of technology was held as part of National Health Information Technology Week. **Note:** The AOA is a partner organization for National HIT Week 2010.

Those participating in this briefing include Joshua Seidman, PhD, Acting Director of the Meaningful Use Division, Office of Provider Adoption Support, Representative Michael Burgess, MD (R-TX), Kate Christensen, MD, Medical Director, Internet Services Group, Kaiser Permanente, and Rushika Fernadopulle, MD, Co-Founder of Renaissance Health.

Dr. Seidman noted that getting to meaningful use can be challenging, but will be rewarding when achieved. He noted that the Office of the National Coordinator for HIT (ONC) has conducted two hearings seeking feedback on patient and consumer engagement. Future hearings will be on the topics of care coordination and population health. Themes that have emerged from the hearings include: patients want real time access to their data, patient-generated data needs to be included in the EHR, and information needs to be collected from patients on their experiences at the point of care. **Note:** Dr. Seidman mentioned that the final rule on Stage 1 meaningful use should be released soon, but no specific date was given. He indicated that he expects that Stage 2 of meaningful use to be an iterative process. His office within ONC is tasked with helping over 100,000 primary care providers achieve meaningful use over the next couple of years. He indicated this will be a great challenge.

Representative Burgess noted that his initial experience with HIT was difficult – he mentioned the cost and workflow challenges that the physician practice he was previously affiliated with faced. He said that the paradigm with regard to HIT changed in 2005 after Hurricane Katrina. Dr. Burgess was part of a delegation that visited a major hospital in New Orleans. He observed firsthand problems that occurred with the loss of important patient medical data. In subsequent discussions with insurers and others, he was asked what he considers to be an ideal HIT system. He noted there is a need to relax Stark requirements, the need for liability protection, and a singular definition of privacy. Once privacy is defined the definition should not change. **Note:** Representative Burgess also stressed the need for flexibility

in the rules that specify meaningful use of HIT. He noted that he was one of the members of Congress that expressed concerns on the published requirements for Stage 1 meaningful use in a letter sent to HHS.

Additional highlights include:

- Dr. Fernandopulle noted that our current system is fundamentally broken and we need new payment models that include use of technology. Changes will not happen with current payment models. Payment needs to reward outcomes and more funds need to be up front to support prevention of disease. HIT is the means not the end – the end is better outcomes and more affordable care. Dr. Fernandopulle works with new practice models. He noted several examples which include: shared care plans which allow individuals to have access to their entire medical record, models that have a wide capability for various forms of e-communication, to include Skype and video chats, and remote monitoring.
- Dr. Christensen spoke of the capabilities of Kaiser Permanente's system. The Kaiser system gives patients the ability to be engaged in their care. Patients have the ability to access their health information online through their patient portal. Patients can email questions to their physicians.
- A stroke survivor spoke of his experience with HIT, focusing on the tele-rehabilitation system that he currently uses. There was a demonstration of this system which highlighted its capabilities including the interaction between the patient and his speech language pathologist.

We will continue to monitor this issue and keep you informed.