



The Office of the National Coordinator for
Health Information Technology



ANA National Quality Conference 2012

Update from the Office of the National Coordinator for Health IT (ONC)

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Putting the **I** in **Health IT** 
www.HealthIT.gov

Objectives



1. Examine perspectives on how nurses can best position themselves to inform Electronic Health Records and Meaningful Use development
2. Outline actions required by nurses to ensure nursing's role in Health Information Technology

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The Time is Now ...



- President Bush's goal in 2004

"... an Electronic Health Record for every American by the year 2014. By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care."

- State of the Union address,
Jan. 20, 2004



- Executive order established the Office of the National Coordinator for Health Information Technology (ONCHIT) as part of the Dept of Health & Human Services (HHS)
 - *Dr. David Brailer appointed the first National Coordinator*

2009 – President Obama vows to continue the HIT Plan begun by President Bush



- President Barack Obama announces an audacious plan:

“Computerize all health records within five years.”

- during a speech at
George Mason University
on January 12, 2009



- February 17, 2009 - the American Reinvestment and Recovery Act (ARRA - Stimulus Bill) is signed into law
 - *HITECH component of ARRA provides an incentive program to stimulate the adoption and use of HIT, especially EHR's*
 - *Dr. David Blumenthal appointed the new National Coordinator*

American Recovery & Reinvestment Act of 2009 (Stimulus Bill)



- HR 1 -- 111th Congress
- \$787 Billion
- Highly partisan vote
- Healthcare gets \$147.7 Billion
 - \$87B for Medicaid
 - \$25B for support for extending COBRA
 - \$10B for NIH
 - **\$19B directly for HIT**



**HITECH = Health Information Technology
for Economic and Clinical Health**

Increasing public & government attention on Safety & Quality

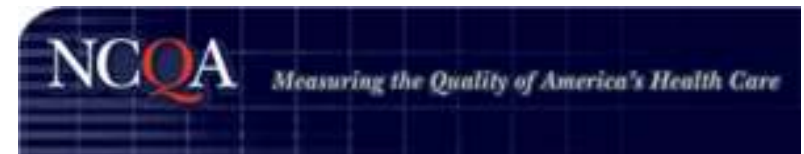


The Washington Post



The New York Times

THE WALL STREET JOURNAL.



That was then ...

This is now ...



That was then ...

This is now ...



*Yet, after many years,
EHR's are still far from widespread*



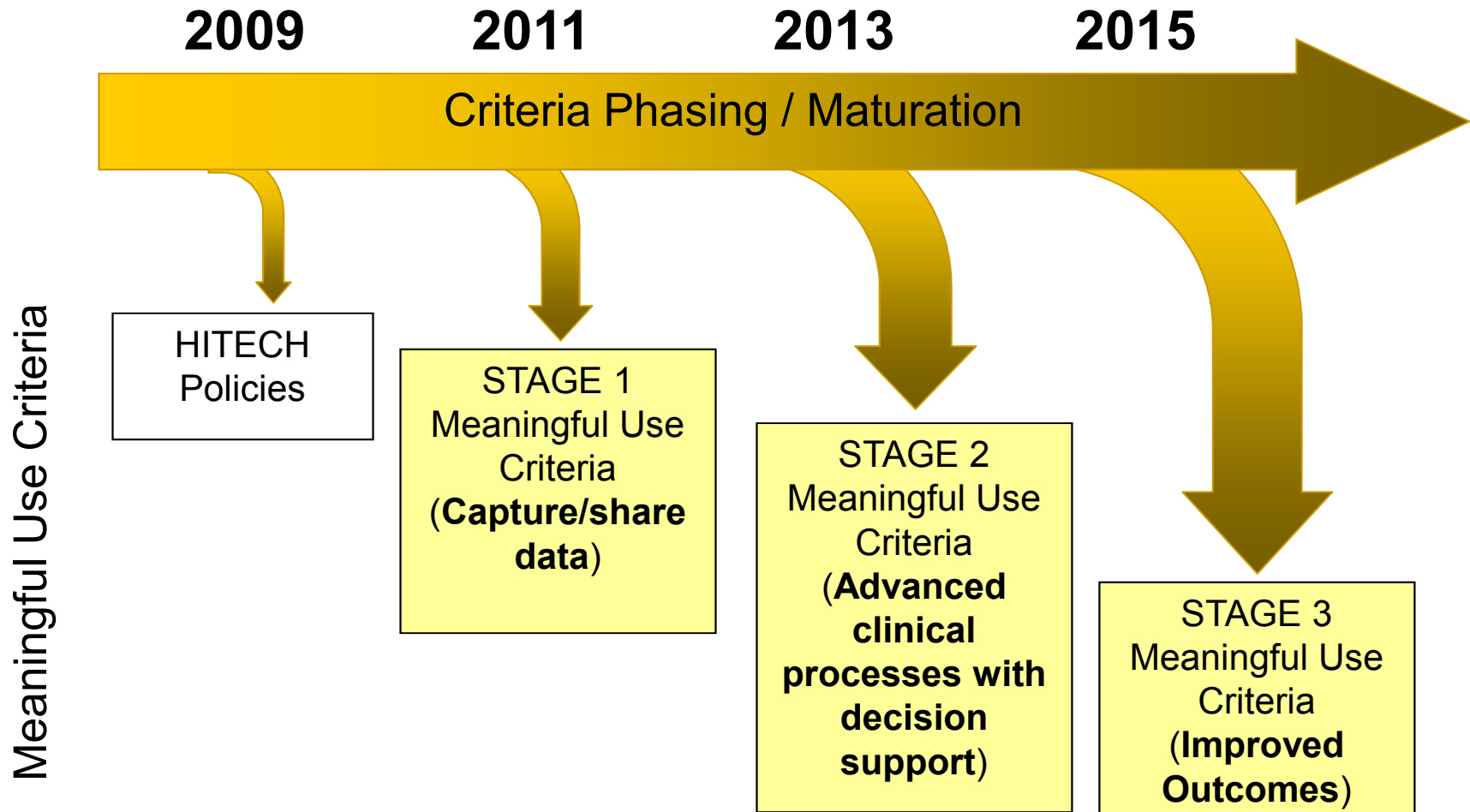
US EMR Adoption Model SM			
Stage	Cumulative Capabilities	2011 Q1	2011 Q2
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	1.0%	1.1%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	3.5%	4.0%
Stage 5	Closed loop medication administration	5.9%	6.1%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	10.7%	12.3%
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	48.4%	46.3%
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable	14.1%	13.7%
Stage 1	Ancillaries - Lab, Rad, Pharmacy - All Installed	6.7%	6.6%
Stage 0	All Three Ancillaries Not Installed	9.6%	10.0%



Data from the HIMSS AnalyticsTM Database © 2011

n=5,275 n=5,310

Health IT- Enabled Health Reform



Phasing of MU Criteria: A Balancing Act



- Urgency of health reform
- Outcomes improvement
- Currently available EHR capabilities
- Time needed to implement
- Small practice realities

Availability of Technical Assistance and Exchange Capabilities

Five Broad Goals for “Meaningful Use”



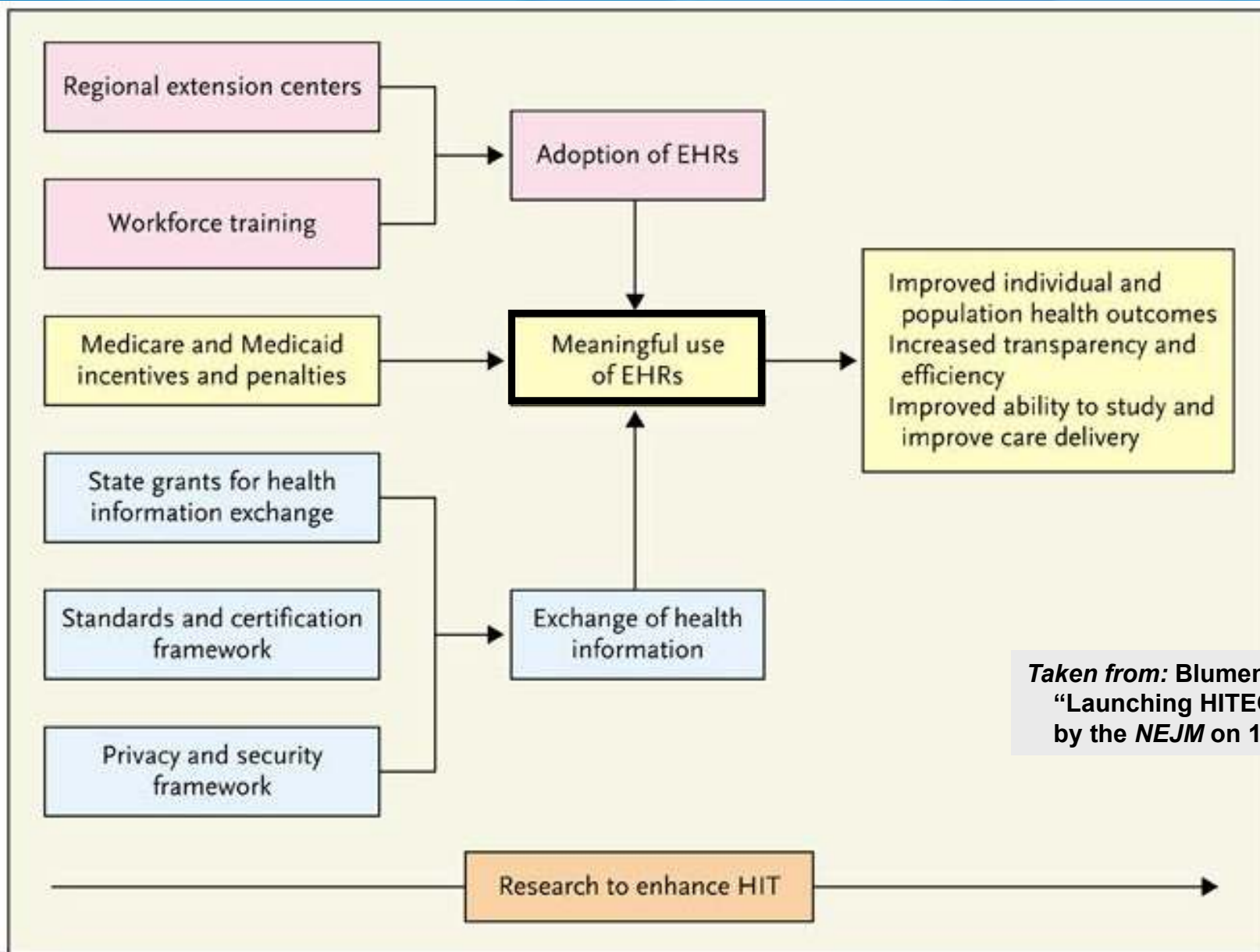
The vision for meaningful use is to enable significant and measurable improvements in population health through a transformed health care delivery system.

The 5 overarching goals are as follows:

1. Improve quality, safety and efficiency
2. Engage patients and their families
3. Improve care coordination
4. Improve population and public health and reduce disparities in care
5. Ensure privacy and security protections

Adapted from National Priorities Partnership. National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare. Washington, DC: National Quality Forum; 2008.

HITECH Framework for MU of EHRs



Taken from: Blumenthal, D. "Launching HITECH," posted by the NEJM on 12-30-2009.

HIT as the means, not the end



Dr. David Blumenthal, previous National Coordinator of HIT, emphasizes

“HIT is the means, but not the end. Getting an EHR up and running in health care is not the main objective behind the incentives provided by the federal government under ARRA. Improving health is. Promoting health care reform is.”



**- At the National HIPAA Summit
in Washington, D.C.
on September 16, 2009**

Update on ONC Initiatives



- Regional Extension Centers - 62 to support physician adoption
- Health Information Exchange - 56 state programs
- Beacon Communities – 17 demonstration projects of EHR value
- SHARP Research Projects – 4 HIT adoption breakthrough advances
 - Security – University of Illinois at Urbana
 - Patient-Centered Cognitive Support – University of Texas
 - Application & Network Design - Harvard
 - Secondary Use of EHR Data – Mayo Clinic
- Standards & Certification interoperability specifications
 - S & I Framework
 - NwHIN
- Workforce Training Programs to support HIT education
 - University Based Programs – 9 universities
 - Community College Consortia – 5 regions
 - Curriculum Development & Competency Exam



Health IT Professionals



University-Based Training

Help more than 1,500 people receive certificates

Community College Consortia

Help train more than 10,500 new Health IT professionals

Curriculum Development Centers

Development of educational materials

Competency Examination Program

Basic Competency Assessment

Focuses on the following professional roles:

- Clinician or public health leader
- Health information management and exchange specialist
- Health information privacy and security specialist
- Research and development scientist
- Programmers and software engineer
- Health IT sub-specialist

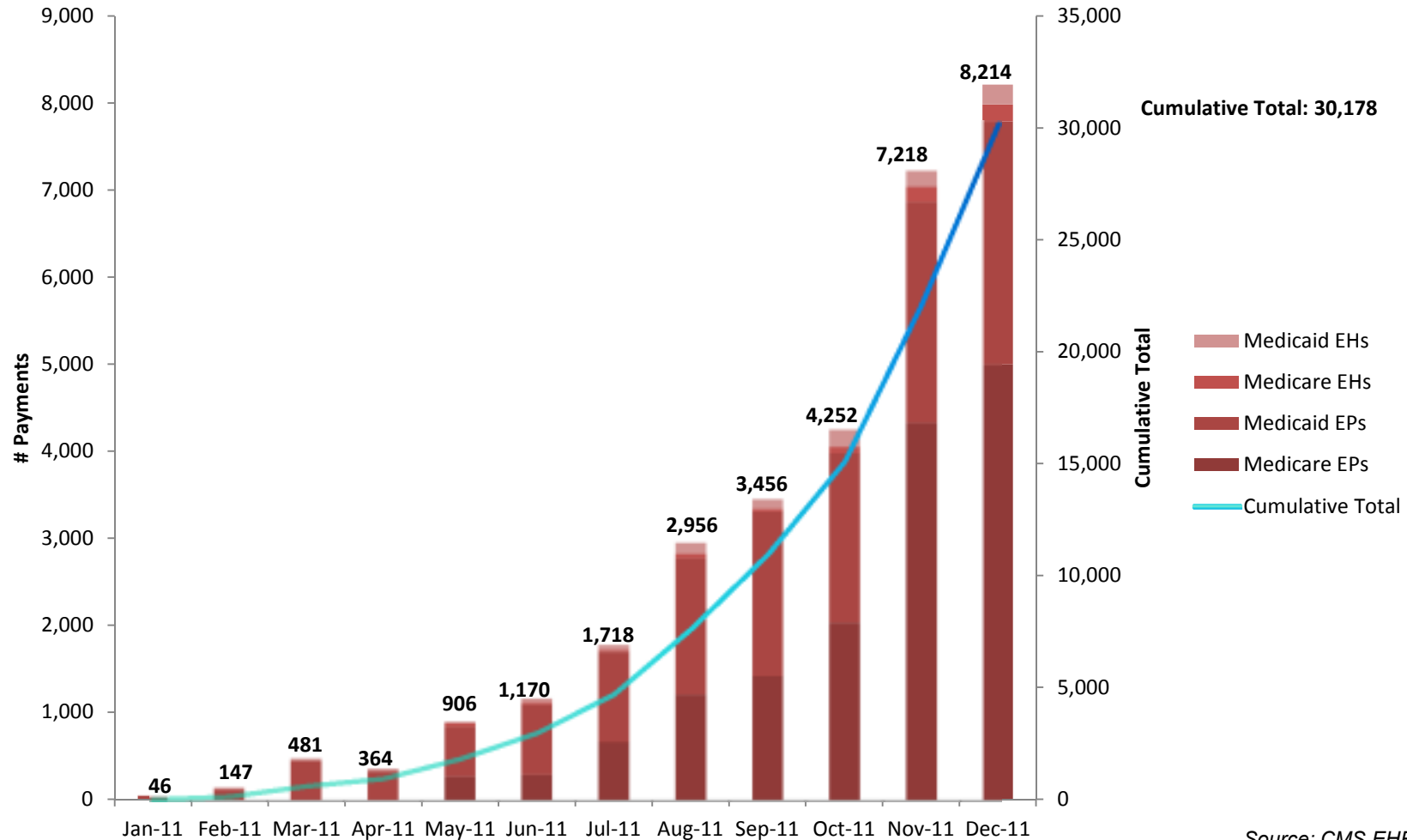
Focuses on the following professional roles:

- Practice workflow and information management redesign specialists
- Clinician/practitioner consultants
- Implementation support specialists
- Implementation managers
- Technical/software support
- Trainers

Meaningful Use – All Providers



All Eligible Providers Receiving Payments Under the Medicare or Medicaid EHR Incentive Programs

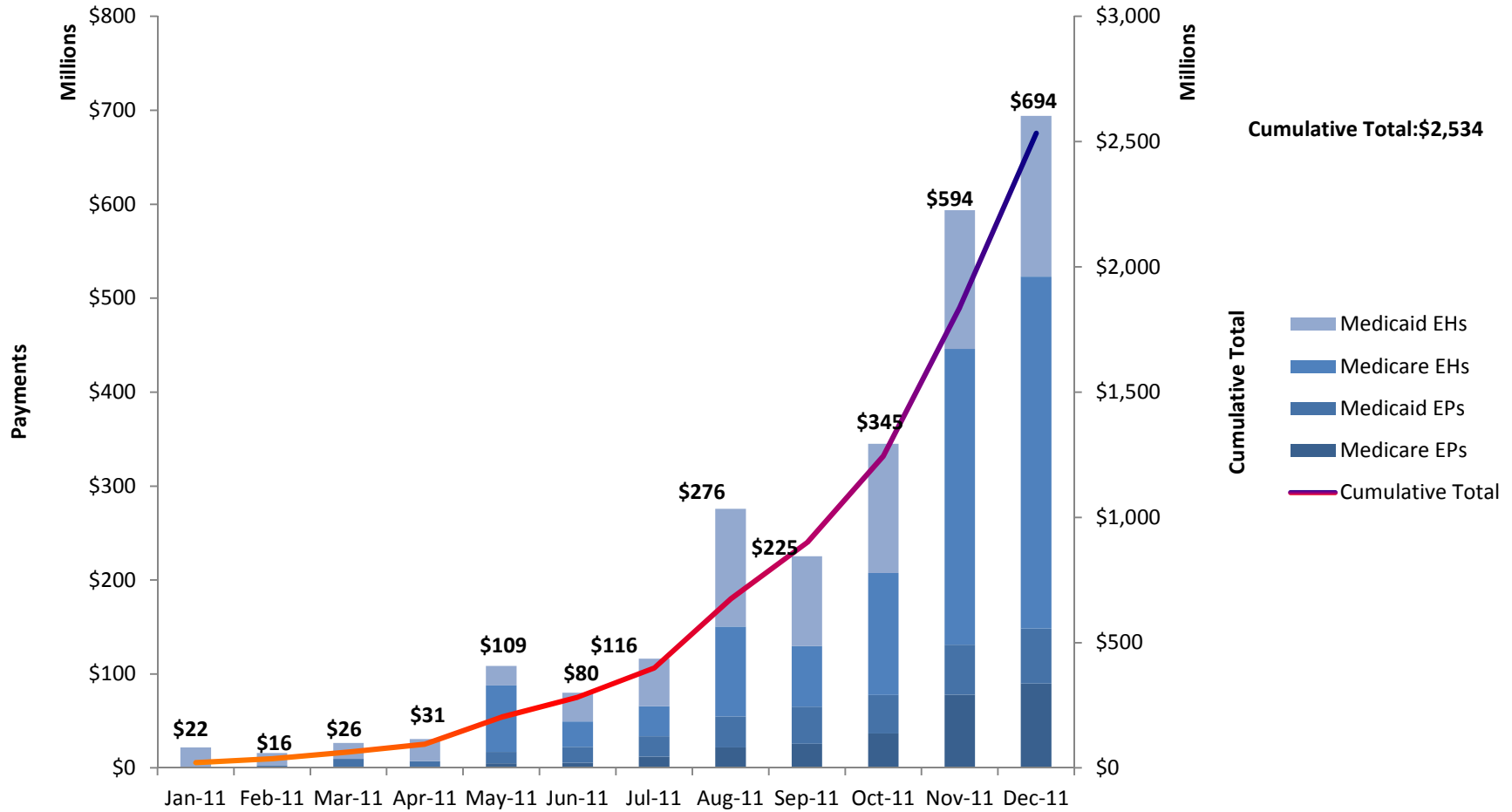


Source: CMS EHR Incentive Program Data as of 12/31/2011

Meaningful Use - All Payments

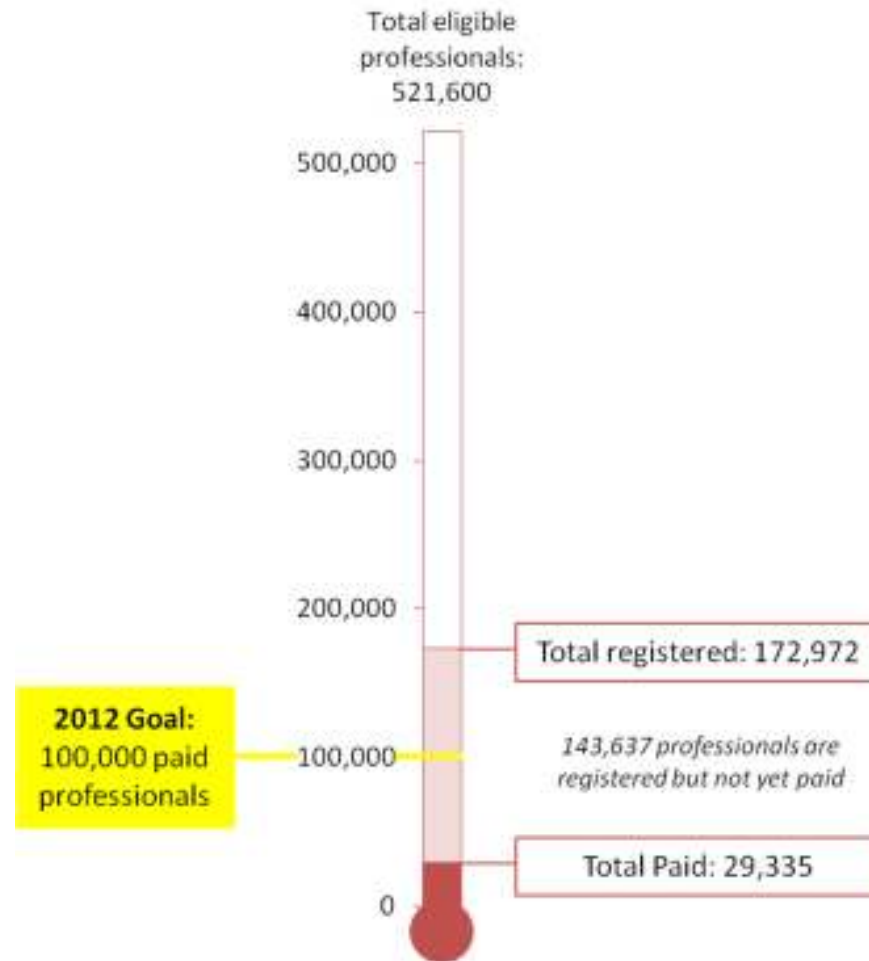


All Eligible Providers Payments Under the Medicare or Medicaid EHR Incentive Programs



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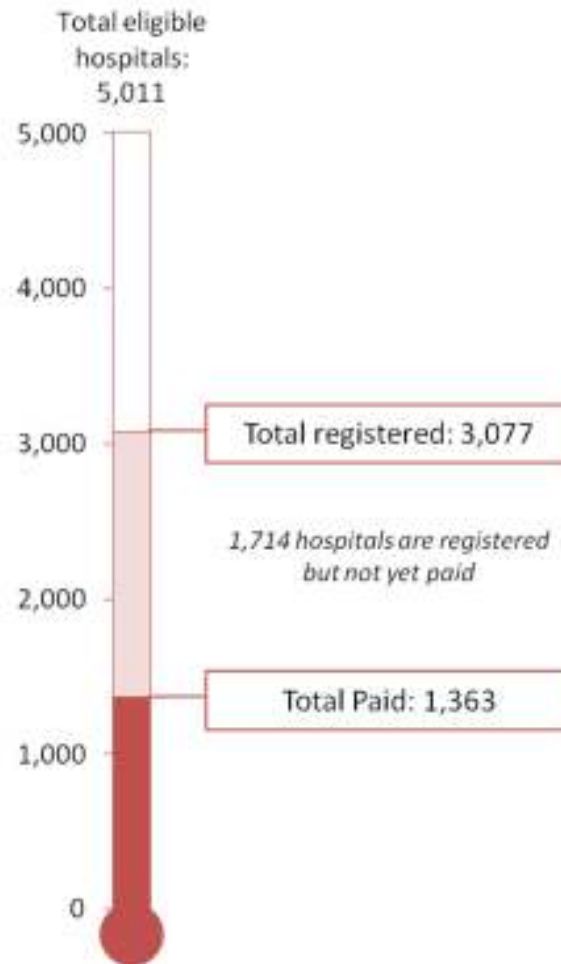
Medicare or Medicaid EHR Incentive Payment - Eligible Professionals



Note: Figures reflect number of unique professionals who have received a payment from either the Medicare or Medicaid EHR Incentive Payment Programs. Figures may be slightly different than the number of *payments* that have been made to eligible professionals by the programs.

Source: Number of professionals registered and paid are from CMS EHR Incentive Program Data as of 12/31/2011. Number of total eligible professionals is from the impact analysis in the Medicare and Medicaid EHR Incentive Program Final Rule.

Medicare or Medicaid EHR Incentive Payment - Eligible Hospitals



Note: Figures reflect number of unique hospitals that have received a payment from either the Medicare or Medicaid EHR Incentive Payment Programs. Figures are different than the number of *payments* that have been made to eligible hospitals by the programs because hospitals can receive payments under both programs.

Source: Number of hospitals registered and paid are from CMS EHR Incentive Program Data as of 12/31/2011. Number of total eligible hospitals is from the impact analysis in the Medicare and Medicaid EHR Incentive Program Final Rule.

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Meaningful Use

On the Frontlines of Health Information Technology

Privacy and Security

HITECH Programs

Certification Program

Federal Advisory Committees

Registration is now open for [Medicare and Medicaid EHR Incentive Programs!](#) Learn more about how to become a [meaningful user](#) of EHRs.

PAUSE

A website to preview our upcoming campaign:
Putting the I in HealthIT

Health IT Journeys
Stories from the road.

It's Time to Get Connected!
Learn More

Why Health IT?

Health information technology (health IT) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. Health IT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people's health information.

Improving Patient Care

What's New

» Research Finds EHRs Have Positive Effect on Diabetes Care

New research by the *New England Journal of Medicine* revealed that physician practices using electronic health records had significantly higher achievement and improvement in meeting standards of care and outcomes in diabetes than practices using paper records. Read the Health IT Buzz blog to learn more about these important findings!

Putting the I in Health IT Campaign



Blog | Office of the National Coordinator (ONC)



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“I am the future of health care.”

Putting the I in HealthIT

Like Lydon Neumann and 66 others like this.



Providers & Professionals >

- Learn why adopting electronic health records (EHRs) matters
- Find out how to start your own transition to EHRs
- Get EHR implementation support
- Learn about financial incentives
- Find resources to help you select an EHR system

Patients & Families >

- What is health IT?
- Learn how health IT can lead to safer, better, and more efficient health care
- Take control of your health with e-health tools
- Get tips on protecting your health information privacy
- Learn how to be more involved in your own health care

Impact Point for Nursing: EHR as Enabler for Clinical Practice Change



- Plan and execute the EHR project as a *practice* change that is *facilitated* by technology; and not as an IT implementation
- Create the Nursing Practice Model and framework for care planning & documentation before automation
- Technology change needs to take a supportive role to the people/process/practice change enabled by the technology
- Be clear about the purpose of the EHR, as demonstrated by the “meaningful use” objectives and quality measures
- EHR implementation as the *means to an end*, and not as *an end unto itself*

Impact Point for Nursing: Focus on Patient and Patient-Centric Care



- “Patient as Partner” - Increasing patient participation in care
- Customizing delivery of information to the patient - electronic copy of discharge instructions and summary of care
- Interoperability and portability of electronic records – EHR to/from PHR, EHR to/from EHR in different care venues
- Improving care coordination between all care venues - hospitals, clinics, physicians, home care, pharmacies
- Encouraging patient use of a Personal Health Record (PHR)

ANA Pledge as part of the eHealth Consumer Campaign →

Consumer eHealth Campaign



U.S. Department of Health & Human Services

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Helping Consumers Be Partners in Their Own Health

September 8, 2011, 2:37 pm

[Lygela Ricciardi](#) / Senior Policy Advisor for Consumer e-Health

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We at the Office of the National Coordinator for Health Information Technology (ONC) know that patients are asking themselves, "How do I manage my health information?" We are working to bring the U.S. health care system into the 21st century through technology to address that concern. We understand that it's not all about health care providers and hospitals—it's also about you: the patient, the individual, the *person* who should be the focus of the health care system.

Managing Your Health Information Includes Being Involved

Many of us don't think about our health until something goes wrong. Maybe it's something small, like a sore elbow. Or maybe it's big, like a diagnosis that turns your world upside down. Then, all at once, you fall through the looking glass into the health care system: a bewildering world of people in uniforms, tests, procedures, medications and forms. The lights are fluorescent, the customs are curious, and the language is often incomprehensible. At this point you may be in pain, tired, or frightened. It may not be the best time to find out that the U.S. health care system needs you to get engaged with your care, but it's true.

Highlights

Request for Comment: Federal Strategic Plan to Reduce Health IT Disparities

Working to ensure all Americans benefit from health IT is one of the principles guiding the development and execution of the federal health IT strategy. ONC wants to hear your feedback on the Federal Health IT Strategic Plan.

[Learn More >](#)

Beacon Community Program

Read updates from ONC's Beacon Communities about how they are helping the nation transition to electronic health records. Beacon Communities serve as examples of health IT in action.

[Learn More >](#)



“The American Nurses Association, in support of one of the strongest tenets of nursing — to educate the health care consumer — pledges to **develop educational and instructional materials for nurses to share with consumers on the importance and benefits of using electronic Personal Health Records and Patient Portals.** Additionally, ANA, as the only full-service organization representing the interests of the nation’s 3.1 million registered nurses, will **promote the design of innovative ways to use electronic personal health information to improve health and health care, including increased participation in patient portals.** ANA values its trusted relationship and partnership with healthcare consumers and their families and looks forward to further engaging consumers in improving their own health through information technology.”

How Nurses can Help



- Lead by example
- Get educated; stay informed on health care policy and advocacy issues – local, state and federal
- Take ownership; understand that these are Nursing Practice Changes and not IT Implementations. Treat as such.
- Consider creating a department of Nursing Informatics/Transformation/Integration that reports to Nursing
- Ensure strong dedicated “transformation” team and “superuser” group for ongoing support
- Get to know your Informatics Nurse(s)

How Nurses can Help, continued



- Become a Champion
- Take the time to provide input and constructive suggestions about the clinical applications
- Consider the interplay between the nursing workflow, the hardware used, and the software application when designing the practice change
- Recall nurses are Knowledge Workers ... ensure HIT system supports the process of critical thinking ... nursing *thoughtflow*
- Make sure Nursing does their own competency-based training and incorporates content and process/workflow changes, not just IT application skills
- Be patient; remember the journey



Thank you!

*For more information, contact:
judy.murphy@hhs.gov*