MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

February 26, 2019

The Michigan Health Information Technology Commission is an advisory Commission to the Michigan Department of Health and Human Services and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



February 2019 Meeting

- Welcome and Introductions
- Commissioner Updates
- Commission Business
 - Review of November 2018 Minutes
 - 2018 HIT Commission Annual Report
 - Commission Co-Chair
- HIMSS Presentation
 - HIMSS Introduction
 - Federal and State Perspectives
 - Collaborative to Advance HIT/HIE





Michigan HIT Commission Meeting

February 26, 2019







Introduction





Mission and Vision

HIMSS Mission

 Lead global endeavors optimizing health engagements and care outcome through information technology

HIMSS Vision

Better health through information and technology

MI HIMSS Role

- Promote the interests of HIMSS
- Provide affordable and accessible opportunities for education and idea exchange
- Create a sense of community among healthcare IT professionals in the region



Membership

- Great opportunity to connect with HIT professionals and build a professional network for career opportunities, peer-to-peer support and HIT/informatics knowledge experts
- Resources include HIMSS JobMine, Career Services, HIMSS Foundation Scholarships, Member Advancement
- Who are Michigan's 1,500+ HIMSS members?
 - Chief Information Officers (CIOs), CEOs, CFOs at health systems/hospitals
 - Physicians/clinical informatics nurses
 - IT Directors/Managers, security analysts
 - Local vendor leadership and staff
 - Organizational Affiliates (OAs) e.g. large health systems or non-profits
 - Local HIT consultants
 - Practice transformation staff
 - Physician organization leadership
 - State and local health department leadership
 - University and Community College faculty and students



Organizational Structure

- Board Composition
 - Officers
 - Committee Chairs
 - Members At Large

HUNSS Chapter Board Members



Angela Vanker, MPH President





Jerry Morin, CPHIMS, CFCHE Immediate Past President

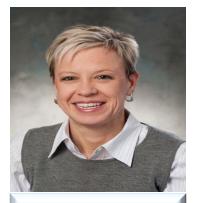


Mark Szmigiel
Treasurer

HUNSS Chapter Board Members



Lucy Mancini Newell, MBA, FHIMSS Communications Director



Denice Toby, MBA *Membership Outreach Chair*



M.T. Joseph Secretary



Advocacy Chair

HUNSS Chapter Board Members



Lynda McMillan
Programs





Mary Anne Ford, MHSA Sponsorship



Jacqueline
Rosenblatt
RN, Ph.D., CPHIMS,
FHIMSS
Member-at-Large,
Professional
Development



Organizational Structure

Committees

- Provide opportunity for member involvement; train and develop future leaders
- Scheduled monthly so Board can take prompt action to support Committee activity at BOD meetings



Committees

Programs

 Responsible for developing and implementing plans for annual education and networking opportunities that will have a value to our members and the wider healthcare community

Sponsorship

 Responsible for developing relationships with vendors to raise money for the various chapter events

Member Outreach

 Works to identify opportunities for collaboration and engages with industry stakeholders on key topics, events and roundtables across Michigan



Committees

Marketing/Communications

 Responsible for engaging with our membership community and industry stakeholders across Michigan through social media, web sites, blogs and email communications

Professional Development

Responsible for developing appropriate educational materials and opportunities to targeted audiences

Advocacy/Public Policy

 Keeps Chapter membership informed and educated on legislative topics affecting Healthcare IT



Governance

Policies & Bylaws

 Document standard operating procedures, code of conduct or guidelines around recurring issues or situations

Elections

 Staggered positions for Board continuity and smooth transition of planning activities



Programs

2018 included:

- HIMSS18 Chapter Reception Focus on Henry Ford Health System Davies Award
- Connecting Michigan for Health Sponsor HIMSS Public Policy Address Jeff Coughlin
- 2018 Fall Conference –focused on Healthcare Disruption and featured leading speakers from Google, start-ups, and payers to discuss the national and local landscape of healthcare disruption
- Sparrow Health System presentation shared details on the three use cases to their EMRAM Stage 7 accomplishment

• 2019

- HIMSS19 Chapter Reception over 100 Michigan healthcare professionals networked and gained connections while at the global conference
- Events in the works:
 - Wayne State University's Big Data Analytics Summit Sponsor March 21-22 Detroit
 - Connecting Michigan for Health Sponsor details in planning
 - Hour-long program sessions on telehealth, QI, Success in HIT, among others
 - 2019 Fall Conference October 3 @ Novi-Sheraton

Thank You!

Angela M. Vanker, MPH President, Michigan Chapter of HIMSS

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Michigan's Accomplishments in HIT/HIE 2005 - Present



HIT/HIE Milestones for Michigan

- 2005 launch of multi-stakeholder statewide HIE planning initiatives by Governor Granholm
- Public Act 137-06
 - First legislation creating a commission to "facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in Michigan." Created in August 2006, met in Oct 2006
- 2006-2008: \$10 million funding led to two rounds of grants for HIE development, for an HIE resource center, six regional HIEs, and Conduit to Care I and II (Michigan's strategic roadmap to HIE)
- 2008 first year of Michigan strategic plans in annual reports to the HIT Commission & Legislature



National Recognition for MI HIT/HIE

- 2007 HIMSS gives Michigan its first Statewide Leadership Award
 - "...we are delighted to honor the State of Michigan. Its bipartisan leadership and vision for an improved healthcare system through health information technology is a model for the nation."
 - State CIO Teri Takai, MDCH Director Janet Olszewski and State Rep. Gary Newell are recognized by HIMSS for HIT / HIE initiatives and progress "...[they] have been instrumental in streamlining the state's government through IT, developing a state-level RHIO, and establishing a Resource Center for regional HIE efforts."
- HIMSS recognizes Sen. Stabenow, Sen. Snowe with 2007 Federal Leadership Advocacy Award for non-partisan HIT/HIE support



Early National Progress for MI HIT/HIE

- 2007 MI participates in six-state HIMSS / GSA e-Authentication pilot
- 2008 Michigan HIT Commission funds Wiring Michigan for Health Information Exchange,
 - First state-wide HIT/HIE conference
 - Nine HIEs and broad stakeholder group, including MI HIMSS, Blue Cross, MSMS and MHA provide support
 - Conference, now Connecting Michigan, is in its 11th year
 - Leading event known for its depth. breadth and national reach

HIT/HIE Innovation in MI

- 2009 Michigan HIMSS, HIMSS and MI HIE Resource Center sponsor Michigan Day on Capitol Hill in D.C. – 90 cross-sector MI stakeholders meet with federal agencies about funding opportunities
- 2009 MI HIE (SEMHIE) wins Social Security Administration e-Disability Claims grant, demonstrates at ONC S&I Framework events in DC and at HIMSS10 Las Vegas
- 2010 SE Michigan team wins Beacon award for healthcare improvement in Detroit using HIT/HIE
- 2010 founding of state-level HIE (MiHIN) under ONC Cooperative Agreement
- 2010 present: State of Michigan leads nationally in redevelopment of HIT / HIE, receives significant Medicaid CMMI funding for its innovative work



HIT/HIE Innovation in MI Today

- Nine+ regional HIEs operate in conjunction with MiHIN, under a huband-spoke, network-of-networks, cost-effective use-case-driven approach to healthcare information exchange in Michigan
 - MiHIN provides innovative technology services to the State, HIEs and payors and acts as a state-wide convener for important use cases (ADT, medication reconciliation, common key, PDMP, quality measures, public health, etc.)
- Regional HIEs have flourished too
 - Great Lakes Health Exchange has gained significant adoption among providers interested in its life time community health record services, participates in national HIE organizations
 - UPHIE has developed a successful network to coordinate care, including behavioral health in the Upper Peninsula



Notable Achievements in HIT/HIE in MI

- The successful partnership between the HIT Commission, State of Michigan, MiHIN, payers, health systems and providers is unusual among the 50 states and territories
 - MiHIN is a key technology partner for the State, providing a national advantage for Michigan
 - Blue Cross and Michigan Medicaid incent health system and provider participation in multiple HIE use cases leading to improved coordination of care, quality outcomes
 - The State of Michigan is recognized nationally for the quality of its Data Warehouse, advances in HIT/HIE for Behavioral Health, SIM II, PCMH and other innovative work

Notable Achievements in HIT/HIE in MI

- Michigan has long been recognized as a leader in Public Health (MICR is just one example)
- Michigan is a leading center for development of Learning Health Systems (LHS), supporting national efforts as well as the local LHS work of Dr. Charles Friedman at the UM Medical School
- Michigan is a leader in Cybersecurity
 - Michigan Health Care Cybersecurity Council (MiHCCi)
 - CyberMichigan, Cyber Range, Michigan Civilian Cyber Corps
 - Multi-year Cybersecurity Conferences in Detroit, Grand Rapids



Notable Achievements in HIT/HIE in MI

- MiHIN's Connecting Michigan for Health is now a multi-day event, including a FHIR Connectathon, a Legal Summit and a two day conference focused on HIE that draws national speakers, attendees
- MI HIMSS has sponsored Connecting Michigan since its inception
- MI HIMSS and HIMSS North America partnered with MSMS, MHA and MiHIN to put on a 1.5 day event at June 2016 Connecting Michigan and a second day long session in January 2017
 - Building Community-based Solutions to Connect for Public Health, led by Dr. Karen DeSalvo, ONC National Coordinator and Assistant Secretary HHS, and Carla Smith, EVP HIMSS North America, cross-sector panel of healthcare stakeholders
 - Expanded nationally beyond Michigan (and Flint) to include areas affected by hurricanes and other disasters to develop models for effective and interoperable response

National Leadership

- MiHIN has developed/acquired technical expertise that gives it a leadership position in interoperability and standards nationally
 - FHIR expertise and participation in advancing standards thru HL7, DaVinci and other national initiatives
 - Development of a behavioral health consent standard in HL7
 - Interoperability Land (Velatura)
 - Membership in Commonwell, The Sequoia Project, CareEquality, Direct, SHIEC and other national organizations focused on advancing interoperability
- MiHIN, through its subsidiary, is providing HIT/HIE services to several large states (including NJ, CN, OR)
 - Brings revenue back to the State of Michigan to ensure long term HIE viability, protecting Michigan's investments

Thank You!

Helen L. Hill, FHIMSS

Board Director Public Policy and Past President, Michigan Chapter of HIMSS Board Director, MiHIN Principal, The Kiran Consortium Group

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Michigan HIT Commission Meeting

Part II
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transforming health through information and technology"

HIMSS North America: Overview and Opportunities for Michigan

Michael Zaroukian, MD, PhD, MACP, FHIMSS Immediate Past Chair HIMSS Board of Directors and HIMSS North America Board of Directors





HIMSS is a global voice, advisor and thought leader of health transformation through health information and technology.

With a unique breadth and depth of expertise and capabilities, we work to improve the quality, safety, and efficiency of health, healthcare and care outcomes.

With more than 400 employees, HIMSS is headquartered in Chicago, IL, with operations in:

North America I Asia Pacific I Europe I The Middle East I United Kingdom



Our Vision

Better health through information and technology.

Our Mission

Lead global endeavors
that optimize health
engagements and care
outcomes through
information and
technology.

How Is HIMSS Leading Change?

FIVE KEY STRATEGIES

1

MEMBERSHIP enhance value delivered to HIMSS members



LEADERSHIPadvance the ecosystem of thought leadership

THOUGHT



develop the breadth and reach of HIMSS adoption models (beyond EMRAM)

MODELS



expanded
opportunities for
engagement through
new innovationcentric offerings



expand our international footprint to become the global leader in health

INTERNATIONAL

innovation



HIMSS Works Through Industry Constituents to Drive Change

Engaging the Ecosystem

MEMBERS

80K+ Corporate and Individual Members





STAKEHOLDERS

Healthcare Providers, Executives, Payers, Administrators, Patients









INFLUENCERS

Government, Public/Private Sector, Technology Vendors, Policy, Finance, Education













HIMSS' Industry Role Attracts a Powerful, Highly Engaged Global Audience



HIMSS Events

Topic-Focused Face-to-Face Events

Our deep dive events bring together the nations top innovators and decisionmakers looking to address the industry's toughest challenges.





















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Learn more at <u>www.himss.org/events</u>

The HIMSS Ecosystem

The right information no matter the location























HIMSS Provides ...

News
Thought Leadership
Research
Analytics
Health Policy
Consulting
Networking
Education

... and a Meeting Center



HIMSS Analytics – Maturity and Adoption Models

We Drive the Health IT Market in the Direction it Needs to Go



EMRAM

EMR Adoption Model



O-EMRAM

Outpatient EMR Adoption Model



Infrastructure Adoption Model



Continuity of Care Maturity Model



Digital Imaging Adoption Model



Analytics Maturity Adoption Model

MORE TO COME!



Improved Patient Care and Health IT Insights

55,000

O-EMRAM Physician **Practices Scored**

Hundreds

of Facilities Assessed Across Other Maturity Models

6,500

FMRAM Hospitals Scored

300+

EMRAM Stage 7 Hospitals

~230

EMRAM Stage 6 Hospitals

Countries

Countries

33

Countries

HIMSS Public Policy Efforts

Ensure HIMSS is **the trusted** organization global government policy leaders involve as thought leaders, collaborators and conveners on all policy matters where health information and technology advance healthcare transformation --

Leverage diverse member and organizational resources, and coalition-building

capabilities to **support** government decision making

- Harness the value of health information & technology to:
 - Supporting Healthcare Transformation
 - Expanding Access to High Quality Healthcare
 - Increasing Economic Opportunity
 - Making Communities Healthier



Pictures at an Exhibition: HIMSS19





HIMSS 2018 State Official of The Year

Cynthia Green-Edwards and Former Governor Jim Douglas (R, VT)











A Visit to Velatura's Interoperability Land



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ONC Leadership Q&A





Bipartisan
Collaboration on
Interoperability:

Seema Verma, Michael Leavitt, Dr. Karen DeSalvo, Aneesh Chopra



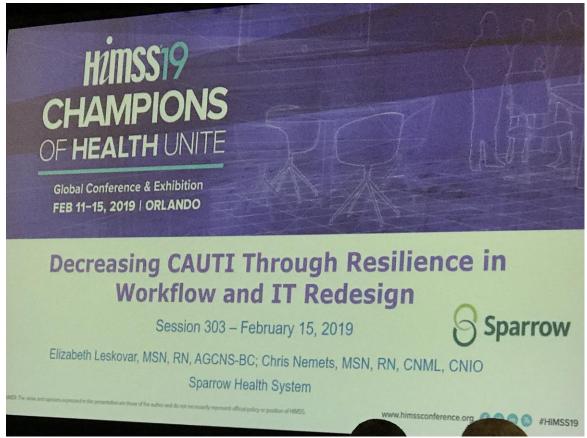




HIMSS CEO Hal Wolf and ONC National Coordinator DR. Don Rucker Discuss the Future of Healthcare





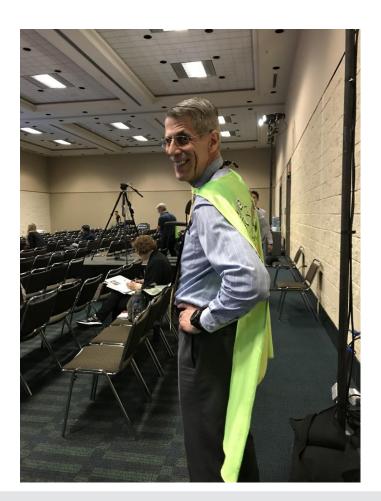


Sparrow Health Team's
Davies Award Presentation
(Chris Nemets and Elizabeth
Leskovar)



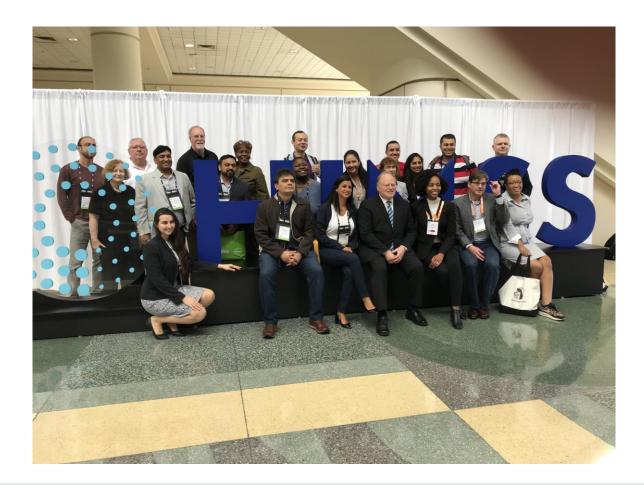


Dr. Mike Zaroukian Champion of Health!





HIMSS19 Orlando FL







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State Government Affairs



HIMSS 2019 State Official of the Year!

Cynthia Green- Edwards
Chief Compliance Officer, Michigan Department of Health
and Human Services





Cynthia Green Edwards and former Governor Jim Douglas (VT) Discuss Building a Culture of Health Leveraging Health Information & Technology





HIMSS 2018-2019 Strategic Advocacy Framework

Focus on the value of health information and technology through:

- Supporting Healthcare Transformation
 - Ensuring Interoperability Across the Spectrum of Care
- Expanding Access to High Quality Care
 - Particularly for underserved (both urban and rural) patient populations
- Increasing Economic Opportunity
 - Economic Growth by expanding health IT export opportunities
- Making Communities Healthier
 - Healthcare Payment/Delivery System Reform/Innovations in Care Delivery
 - Expanding Public Health Information Technology Infrastructure

Hot Topics Across the States

How many governors are talking about:		
Health Care Costs	24	
Prescription Drug Costs	7	
Medicaid Program Operations	10	
Medicaid Expansion	14	
Health Care Coverage	11	
General Behavioral Health	24	
Heroin & Opioid Abuse	26	
Criminal Justice	10	
Health Care Workforce	14	
Misc. Health Issues	33	
Culture of Health	8	





Data Should be a Part of Key Health I&T Infrastructure Considerations

NCSL identified infrastructure as one of the top 10 challenges States will face this year. Key word is "modernization"

- Focus on 21st Century infrastructure and building a secure data highway that informs policymaking and population health/public health
- It is also expected that lawmakers will be busy updating policies and regulations that no longer work in this rapidly changing market.
- Focus is on creating a modular two-way system—where customers are also producers, managers and market ... The impact of 5G and blockchain is also a consideration
- There has been a lot of global interest in the European Union's recent <u>General Data Prot</u>
 <u>Initiative</u>, which sets specific rules on how businesses may process personal data





Feb 12. Governor Whitmer Outlined Several Michigan Executive Level Priorities

- Medicaid Expansion
 - Governor Gretchen Whitmer Commented on the commitment to protect Healthy Michigan, the state's Medicaid expansion plan. Healthcare Coverage
 - Committed to ensuring all residents have access to good quality, affordable health care, and noted that the state has joined the 19 other states currently in the federal lawsuit to defend the ACA.
- Other Healthcare/Public Health Priorities...?
 - Emphasized protection of the health and safety of all state residents. Noted that in addition to
 the water crisis in Flint, toxic chemicals are also a significant concern. Will create a new
 agency tasked with ensuring access to safe and clean drinking water.

transforming health through information and technology*

Reflections on 2017 Health IT Needs Identified in Michigan

- Fundamental health IT challenges exist related to effective detection of, and response to public health emergencies, health I&T infrastructure, information exchange across the care continuum
 - Communities need a widely-implemented foundational IT infrastructure: How do they ensure connectivity across the spectrum of care?
 - Communities must learn how to identify linkages with existing mobile/telehealth/social media technologies/IoT
- Profound IT policy, governance, and execution challenges exist around security, interoperability, C&BI

Five Critical Domains to Interoperate or Integrate

Leveraging or rechanneling existing funding streams, integration of governmental services, utilization of open data and partnerships with health information exchanges are foundational requirements to more effectively respond to health crises and facilitate better health outcomes through legal, regulatory and/or policy changes across the following five critical domains:

- 1. Public health
- 2. Public safety
- 3. Environmental health
- 4. Human and social services
- 5. Emergency medical services



Key State Policy Levers for Advancing Health Information & Technology

Coordinating Bodies

Governor's Office/Taskforce

State HIT Coordinator

Local Health Department

State Health Department

State Medicaid Department

State Legislative Taskforce

Mayor's Office/Taskforce

State Health Information Exchange

HIMSS Chapters!!!





State Health IT Roadmap

State Medicaid IT Plan
State Plan Amendments (Medicaid)

State HIE Plans

State Innovation Plan

State Health Improvement Plan

State Emergency Preparedness Plan



Opioid Crisis/Substance Abuse

Behavioral Health

Broadband

Social Determinants

Access to Care

Chronic Disease Management

Medicaid & Medicare

Emergency response and Disaster Preparedness

Healthcare Transformation and budgets

Public Health/Prevention



How can HIMSS Support Michigan Health IT Policy Development and Implementation?

HIMSS State Government Affairs encourages our members and partners to consider the following checklist of actions that may create:



- Political will through strong chapter/grassroots advocacy
 - <u>A local brain trust</u> with public-private engagement to advance technologies for emergency response, data analysis and policy decision making
 - <u>Information sharing</u> (via state health information exchanges, mobile devices including satellite mobile phones for rural/remote community settings, etc.)

√ Build a State Health IT Plan or Roadmap

- Focus on preparation for coordinated surveillance, detection, and response during health emergencies (a standalone plan or a part of a broader state health IT plan or emergency response plan) and policymaking relevant to health crises
- Empower state policy leaders to provide critical analyses of the array of legal and policy
 areas by leveraging the ONC guidance, <u>Connecting Public Health Information Systems</u>
 and <u>Health Information Exchange Organization</u>; <u>Lessons from the Field</u>, which
 stresses the importance of developing consensus on policy issues and impediments to
 information sharing and of incorporating systematic monitoring and evaluation of health

√ Create cross sector health data platforms or open health data portals to collect data across the five domains

- This approach can be useful in creating targeted interventions, emergency response plans for all hazards/emergencies including the opioid crises, communicable disease outbreaks and other non-health data
- May employ similar strategies such as the <u>Indiana Management Performance</u>
 <u>Hub</u> that pulls together Medicaid data, environmental, public health surveillance data, emissions data, transportation, etc., to support health impact assessments that policymakers can leverage to make informed decisions during all hazards.



✓ Utilize Federal Planning & Funding Initiatives to Support Your State's Health IT Goals Cont'd

- "States may be able to access enhanced federal Medicaid matching funds for costs to state Medicaid agencies of implementing and operating technology to improve data-sharing capabilities as part of the <u>Medicaid Information Technology</u> <u>Architecture (MITA)</u>
- States could use this authority and enhanced match to develop connections
 between mental health care providers and schools, hospitals, primary care, criminal
 justice, and faith communities, consistent with the discussion of "interoperability"
 contained in the final rule on this topic See recent guidance

HIMSS is Here to Help

- Michigan HIMSS Chapter advocacy and education to inform and empower state health I&T policies/legislation
- Identify, document and share model practices HIMSS offers a peer exchange network through its State Advisory Roundtable
- Technical Assistance HIMSS subject matter experts and collaboration with federal government stakeholders and partner organizations (e.g. ATA, NCSL, NGA, ASTHO, etc.)

- Webinars, conferences, 1:1 meetings
- Review state legislation, comment letters

Strategic planning – developing roadmaps, network mapping transforming health through information and technology.

Questions & Discussion



Thank you!

Valerie Rogers, MPH
Director State Government Affairs
HIMSS Government Relations
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Federal Government Affairs



Value-Based Care Delivery Critical to Healthcare Transformation

- Value-based approach favored by both parties
 - Economic argument
 - Value-based care is required for the sustainability of Medicare and entire health system
 - Lower healthcare costs will be key to economic growth policies
 - Quality argument
 - Higher quality care will deliver better outcomes and more value



HIMSS Interoperability Call to Action

- Demand Integration between the Interoperability Approaches and Trusted Exchange Frameworks for the Public Good
- Ensure Stakeholder Participation from Across the Care Continuum, Including Patients and Caregivers
- Identify the "Minimum Necessary" Business Rules for Trusted Exchange to Enhance Care Coordination
- Educate the Community to Appropriately Implement Existing and Emerging Standards, Data Formats, and Use Cases to Ensure a Comprehensive, Integrated Approach to Care
- Standardize and Adopt Identity Management Approaches
- Improve Usability for Data Use to Support Direct Care and Research



Access the Full Call to Action Here!

Interoperability Through Empowering Patients with Information



- Provide patients electronic access and true control of their information
- Share with whomever they want
- Choose the provider that best meets their needs then give that provider secure access
- Make more informed decisions
- Place patients at the center of the system



Blue Button 2.0 a Key Component of MyHealthEData

- Allow Medicare beneficiaries to access and share personal health data
- Connect claims data with secure applications, providers, services, and research programs they trust
- Find better ways to use claims data to serve patients' health needs





CMS Interoperability Proposed Regulation

- CMS is proposing to require that payers, such as Medicare Advantage Plans, Medicaid, Children's Health Insurance Programs, and qualified health insurance plans in Federallyfacilitated exchanges deploy standardized, open APIs to make certain information available to enrollees
 - Would impact Medicare Advantage Plans, Medicaid, Children's Health Insurance Programs, and qualified health insurance plans in Federally-facilitated exchanges
 - Payers would have to implement, test, and monitor an openly-published HL7 FHIRbased APIs to make patient claims and other health information available to patients
- CMS is using this rule to revise the Medicare and Medicaid Conditions of Participation for participating hospitals by adding a new standard that would require hospitals to send electronic patient event notifications of a patient's admission, discharge, and/or transfer to another health care facility or to another community provider



Interoperability Defined in 21st Century Cures Act

- Establishes a new federal definition of interoperability
- Capabilities include:
 - Enabling the secure exchange of electronic health information with, and use of electronic health information from, other health IT without special effort on the part of the user
 - Allowing complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law
 - Does not constitute information blocking (as defined in law)
- •Strengthens "trusted exchange framework" and requires ONC to collaborate with other federal agencies



Information Blocking Exceptions

- Seven exceptions proposed:
 - Preventing Harm
 - Promoting the Privacy of Electronic Health Information
 - Promoting the Security of Electronic Health Information
 - Recovering Costs Reasonably Incurred
 - Responding to Requests that are Infeasible
 - Licensing of Interoperability Elements on Reasonable and Non-Discriminatory Terms
 - Maintaining and Improving Health IT Performance



HHS Implementing 5-Point Strategy to Combat the Opioid Crisis

- HHS has a comprehensive strategy to empower local communities on the frontlines
- Opioid epidemic is one of the Department's top priorities





CMS Expanding the Use of Telehealth and RPM

- CMS finalized the addition of several codes to the list of telehealth services in 2018.
- CMS reviewing broader stakeholder comments about additional steps that the agency could take to expand access to telehealth services within its current statutory authority
 - Pay appropriately for services that take full advantage of communication technologies
- Medicare payment for telehealth services is restricted by statute
 - Establishes the services initially eligible for Medicare telehealth and limits the use of telehealth by defining both eligible originating sites and the distant site practitioners who may furnish and bill for telehealth services
- CMS also finalized a code for separate payment for Remote Patient Monitoring in 2018
 - Focused on the collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time



Goals of the HHS Draft Strategy on Addressing Clinician Burden Issues

- Burden Reduction Goals
 - Reduce the effort and time required to record information in EHRs for health care providers during care delivery
 - Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and health care organizations
 - Improve the functionality and intuitiveness (ease of use) of EHRs

Questions?





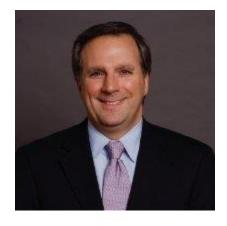
Thank You!

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HIMSS

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How the HIT Commission Can Collaborate with HIMSS To Advance HIT/HIE Strategy at State and National Levels:

A Discussion and Next Steps

