



**national partnership
for women & families**

Because actions speak louder than words.



Health IT Policies and Standards:

*Overview of
federal
approach*

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Summary

- ~ **National Partnership overview**
- ~ **HIT Policy Committee**
 - Charge & duties
 - Members
 - Relationship with Standards committee
 - Workgroups
 - Milestones
- ~ **HIT Standards Committee**
 - Charge & duties
 - Members
 - Workgroups
 - Progress

The National Partnership

- ~ Nonprofit organization with 38 years of experience working on issues important to women and families.
 - National level, as well as in states and communities
- ~ **Our Priorities:**
 - Improve access to quality and affordable health care
 - Promote fairness in the workplace
 - Advance policies that help women and men meet the dual demands of work and family.



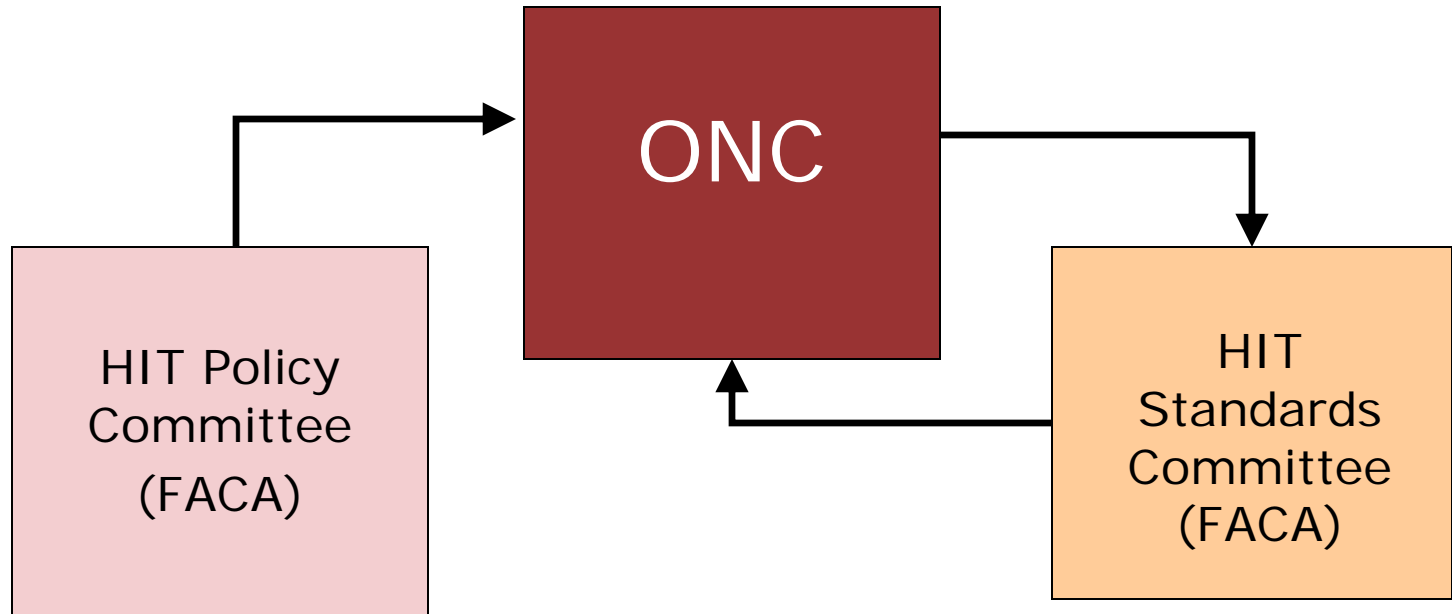
ARRA

- ~ ARRA created two **federal advisory committees** governed by FACA
 1. HIT Policy Committee
 2. HIT Standards Committee

- ~ Bifurcation of roles is important
 - Past experience (AHIC)

- ~ Relationship between policy and standards is important

Relationship of Policy and Standards Committees



HIT Policy Committee

- ~ **Multi-stakeholder federal advisory committee**
- ~ **Charge:**
 - Recommend to the National Coordinator a **policy framework** for the development and adoption of a nationwide health information infrastructure
 - Recommend **order of priority** for development, harmonization and recognition of standards, specifications and certification criteria
 - Serve as **forum** for participation of broad range of stakeholders
 - Make recommendations on **HIT infrastructure**, including some specific areas for standards:





HIT Policy Committee

- ~ Specific areas for standards **HIT infrastructure**, include:
1. Technologies that protect privacy and security
 2. Infrastructure for use and exchange of health information
 3. Use of certified EHR for each person in the U.S. by 2014
 4. Technologies that allow for an accounting of disclosures
 5. Use of certified EHRs to improve the quality of health care
 6. Technologies that render information unusable, unreadable, or indecipherable to unauthorized individuals
 7. Use of technology to collect data on race, ethnicity, language and gender (to reduce disparities)
 8. Technologies that address the needs of children and other vulnerable populations

HIT Policy Committee Members

- ~ David Blumenthal, MD (chair) – ONC
- ~ Roger Baker, Veteran's Affairs
- ~ David Bates, MD – Brigham and Women's Hospital
- ~ Christine Bechtel – National Partnership for Women & Families
- ~ Jim Borland - Social Security Admin.
- ~ Neil Calman, MD – Institute for Family Health
- ~ Richard Chapman – Kindred Health Care
- ~ Adam Clark, PhD – Lance Armstrong Foundation
- ~ Arthur Davidson – Denver Public Health Department
- ~ Connie White Delaney, PhD, RN – Univ. of MN School of Nursing
- ~ Paul Egerman – Congressional Appointee, businessman
- ~ Judith Faulkner – Epic Systems Corp.
- ~ Gayle Harrell – Former FL State Rep.
- ~ Charles Kennedy – WellPoint, Inc.
- ~ Michael Klag, MD – Johns Hopkins University School of Public Health
- ~ David Lansky – Pacific Business Group on Health
- ~ Deven McGraw – Center for Democracy and Technology
- ~ Frank Nemec, MD – Congressional Appointee
- ~ Marc Probst – Intermountain Healthcare
- ~ Latanya Sweeney, PhD – Carnegie Mellon University
- ~ Paul Tang, MD – Palo Alto Medical Foundation
- ~ Tony Trenkle - CMS
- ~ Michael Weiner – Dept of Defense
- ~ Scott White – 1199 SEIU Training and Employment Fund



HIT Policy Committee Workgroups

1. Meaningful Use
2. Health Information Exchange
3. Adoption and Certification
4. NHIN and State HIEs
5. Privacy & Security
6. Strategic Plan and Policy Framework

Some Key Milestones

- ~ Recommended definition of **meaningful use** for 2011 in July 2009
 - Definition now in rule-making process (notice of proposed rule making from CMS by Dec. 31)
- ~ Released recommendations around **certification** of EHRs in August 2009
 - ONC working to implement
- ~ Immediate work beginning on **NHIN** Governance and **Policy Framework**



HIT Standards Committee

- ~ **Multi-stakeholder federal advisory committee**
- ~ **Charge:**
 - Make recommendations to the National Coordinator for Health IT on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information.
 - Consistent with Federal HIT Strategic Plan
 - In accordance with policies developed by HIT Policy Committee

HIT Standards Committee

Members

- ~ **Jonathan Perlin**, Hospital Corporation of America (Chair)
- ~ **John Halamka**, Harvard Medical School (Vice Chair)
- ~ **Dixie Baker**, Science Applications International Corporation
- ~ **Anne Castro**, BlueCross BlueShield of South Carolina
- ~ **Aneesh Chopra**, Chief Technology Officer, OSTP
- ~ **Christopher Chute**, Mayo Clinic College of Medicine
- ~ **Janet Corrigan**, National Quality Forum
- ~ **John Derr**, Golden Living, LLC
- ~ **Carol Diamond**, Markle Foundation
- ~ **James Ferguson**, Kaiser Permanente
- ~ **Steven Findlay**, Consumers Union
- ~ **Linda Fischetti**, Department of Veterans Affairs
- ~ **Douglas Fridsma**, Arizona State University
- ~ **Cita Furlani**, National Institutes of Standards and Technology
- ~ **C. Martin Harris**, Cleveland Clinic Foundation
- ~ **Stanley M. Huff**, Intermountain Healthcare
- ~ **Kevin Hutchinson**, Prematics, Inc.
- ~ **Elizabeth O. Johnson**, Tenet Healthcare Corporation
- ~ **John Klimek**, National Council for Prescription Drug Programs
- ~ **David McCallie, Jr.**, Cerner Corporation
- ~ **Judy Murphy**, Aurora Health Care
- ~ **Nancy J. Orvis**, Director, Health Standards Participation, Department of Defense
- ~ **J. Marc Overhage**, Regenstrief Institute
- ~ **Gina Perez**, Delaware Health Information Network
- ~ **Wes Rishel**, Gartner, Inc.
- ~ **Christopher Ross**, MinuteClinic
- ~ **Richard Stephens**, The Boeing Company
- ~ **Sharon Terry**, Genetic Alliance
- ~ **James Walker**, Geisinger Health System



HIT Standards Committee Workgroups

1. Privacy and Security

- Focus on authentication, authorization, auditing, secure data transmission standards

2. Clinical Quality

- Standardized electronic quality measures for use in EHR

3. Clinical Operations

- Standards required for EHRs, e-prescribing, clinical summaries, laboratory and radiology report functionality

4. Implementation

- How to bring “real-world” implementation experience into the HIT Standards Committee recommendations, esp. strategies to accelerate the adoption of proposed standards, or mitigate barriers.



Milestones

- ~ HIT Policy Committee made recommendations to ONC on **areas** in which standards, implementation specifications, and certification criteria are needed
 - included those to protect privacy, ensure security, account for disclosures, encrypt information and use EHRs for quality improvement (Section 3002)

- ~ HIT Standards Committee August 20th recommendations:
 - Initial standards on Meaningful Use
 - Initial standards on Privacy & Security
 - Mapped 30 standardized performance measures to MU requirements

Milestones

- ~ HIT Standards Committee to develop a schedule for assessment of the policy recommendations developed by the HIT Policy Committee (Section 3003)
 - Should correspond to policy framework and strategic plan, as well as ARRA requirements
 - Plan for the plan issued May 2009

- ~ Interim Final Rule on Standards to support Meaningful Use by 12/31.



thank you

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www.nationalpartnership.org