

Source	Title	Date	Link	Category																		
BB&T Capital Markets	HCIT Update: Meaningful Use Preliminarily Defined	June 17, 2009	Analyst Report	Industry News																		
<p>After months of waiting, we finally have a better picture of "meaningful use" and the bar that providers must surpass in order to be eligible for stimulus dollars from the HITECH Act of the American Recovery and Reinvestment Act of 2009 (ARRA). Hitting the sweet spot for Healthcare IT vendors. For 2011, the Healthcare IT Policy Committee is recommending 14 major and 22 total objectives to enable the exchange of health information and increase capacity for change over time. What is clear to us is that providers must adopt systems that have the ability to capture key data pieces and be able to provide reports on that data.</p> <p>From our vantage point, this level of meaningful use is high enough to require significant investment by providers into systems that have considerable functionality. Getting by "on the cheap," particularly at the ambulatory setting, is unlikely as using shrink-wrapped software is not going to have enough functionality. However, the bar has not been set so high that only the elite systems have the ability to satisfy the requirements, which might create an artificial barrier. With meaningful use set not too low or too high, we view the committee as hitting the sweet spot.</p> <p>Meaningful use is just the first step. Beyond the definition of "meaningful use" lies a creation of standards/certifications. Once those standards are in place, through technical assistance and workforce development, healthcare providers should adopt the use of electronic health records (EHRs).</p> <p>Expecting to build off of 2011. The goal is for providers to have adopted and be actively utilizing EHR systems in compliance by 2015, otherwise they could be subject to financial penalties by Medicare. The committee also proposed objectives for 2013 and 2015 that build off of the criteria set for 2011. In looking at the timetable, we feel the one year-plus time period to get providers capturing and sharing data is lofty, but the next steps of advanced care processes with decision support by 2013 and improved outcomes by 2015 may be even more aggressive and dependent upon rapid early adoption. We are skeptical and believe that it is plausible for these time frames to get extended if obstacles are identified that prevent providers from swiftly adopting EHRs.</p> <p>CMS releases implementation timeline. In addition to the preliminary definition of "meaningful use" that was provided by the Healthcare IT Policy Committee, the Centers for Medicare and Medicaid Services (CMS) also issued a statement with its own timeline, which is highly dependent on the collaboration of the Healthcare IT Policy Committee with the National Coordinator for Health Information Technology.</p> <table border="1" data-bbox="727 804 1547 1297"> <thead> <tr> <th colspan="2">CMS' Preliminary Timeline</th> </tr> <tr> <th>Date</th> <th>Milestone</th> </tr> </thead> <tbody> <tr> <td>2009</td> <td>Coordinate with ONC to develop policies such as the definition of meaningful use Develop proposed rules to allow public input to the incentive program policies Plan systems and other requirements needed to support the incentives programs Plan national outreach program</td> </tr> <tr> <td>2010</td> <td>Conduct outreach to eligible professionals and providers and to State Medicaid Agencies Develop systems to support the payment of incentives Develop final rules to establish policies needed to pay incentives Develop systems to monitor and evaluate incentive payments</td> </tr> <tr> <td>No sooner than Oct 2010</td> <td>Start to pay hospital incentives for Medicare and monitor payments</td> </tr> <tr> <td>No sooner than Jan 2011</td> <td>Start to pay eligible professionals for Medicare and monitor payments Begin and monitor Medicaid incentive payments to eligible professionals and hospitals</td> </tr> <tr> <td>2011 - 2016</td> <td>Continue paying hospital incentives for Medicare and monitor payments Continue paying eligible professionals incentives for Medicare and monitor payments</td> </tr> <tr> <td>2011 - 2021</td> <td>Continue paying Medicaid incentives to eligible professionals and hospitals and monitor payments</td> </tr> <tr> <td>2015 and thereafter</td> <td>Initiate payment reductions to Medicare hospitals and eligible professionals that fail to adopt EHRs</td> </tr> </tbody> </table> <p>Under the terms of the HITECH Act, eligible professionals who demonstrate "meaningful use" of a "certified EHR" are eligible to receive Medicare financial incentives starting in January 2011. For qualified hospitals, Medicare incentives payments are expected to begin a bit earlier in October 2010.</p> <p>Currently, no definitive date exists for Medicaid incentive payments; however, taking into account the range of regulatory and planning activities that states must go through before being able to make provider incentive payments, CMS does expect the states to make such payments until 2011.</p> <p>On June 16, the Healthcare IT Policy committee outlined its initial recommendations for defining "meaningful use" of EHRs. While the committee's recommendation did not include a formal definition of "meaningful use," it consists of three parts: (1) data capture and data sharing by 2011, (2) advanced clinical processes by 2013, and (3) improved outcomes by 2015. Some of the committee's objectives and measures from 2011–2015 broken down into five distinct categories: (1) improve quality, safety, and efficiency; (2) engage patients and families; (3) coordinate care; (4) improve population and public health; and (5) ensure privacy and security protection.</p> <p>The next Healthcare IT Policy Committee meeting is scheduled for July 16. The committee plans to refine its recommendations for 2011 and 2013 within the next three months and will issue its final recommendations to the Department of Health and Human Services (HHS) and CMS shortly thereafter. HHS will then publish an interim final rule by the end of the year, which CMS will take into account when it develops its own formal definition of the term to support EHR incentive programs as required by ARRA. We have provided CMS's preliminary timeline, which is highly dependent on the collaboration of the Healthcare IT Policy Committee with the National Coordinator for Health Information Technology and is subject to change.</p>					CMS' Preliminary Timeline		Date	Milestone	2009	Coordinate with ONC to develop policies such as the definition of meaningful use Develop proposed rules to allow public input to the incentive program policies Plan systems and other requirements needed to support the incentives programs Plan national outreach program	2010	Conduct outreach to eligible professionals and providers and to State Medicaid Agencies Develop systems to support the payment of incentives Develop final rules to establish policies needed to pay incentives Develop systems to monitor and evaluate incentive payments	No sooner than Oct 2010	Start to pay hospital incentives for Medicare and monitor payments	No sooner than Jan 2011	Start to pay eligible professionals for Medicare and monitor payments Begin and monitor Medicaid incentive payments to eligible professionals and hospitals	2011 - 2016	Continue paying hospital incentives for Medicare and monitor payments Continue paying eligible professionals incentives for Medicare and monitor payments	2011 - 2021	Continue paying Medicaid incentives to eligible professionals and hospitals and monitor payments	2015 and thereafter	Initiate payment reductions to Medicare hospitals and eligible professionals that fail to adopt EHRs
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Advancweb	Open Source EHRs Set to Grow	June 17, 2009	http://budurl.com/awOpenSource	Industry News																		
<p>Government backing gives open source a boost. On the surface, open source technology seems questionable -- software engineers finagling with code and cobbling together a system that constantly evolves from countless minds. In reality, open source is a viable option for HIT, and its ability to retool and reshape rapidly may prove beneficial as new technologies and health care innovations emerge.</p> <p>Federal Attention: Open source options for health care started gaining ground in government last September, when Rep. Pete Stark promoted its low-cost approach to EHRs in a proposed bill. The Health-e Information Technology Act of 2008 called for standards and deadlines for widespread EHR adoption and noted the potential open source technology has to help small and rural hospitals get on board. Open source popped up again on Feb. 17, with the signing of the American Recovery and Reinvestment Act, which echoed many of Rep. Stark's suggestions. While it doesn't champion open source as the solution, ARRA does call for an investigation into open source options for HIT. The deadline for study results is slated for Oct. 1, 2010.</p> <p>Getting Certified: As open source gains popularity, it'll have to contend with certification issues. By its nature, the community-based technology is constantly evolving, which makes it difficult to certify by today's standards. The Certification Commission for Healthcare Information Technology (CCHIT) is currently the main certifying body for EHRs, but its criteria do not accommodate the open source approach, critics say.</p>																						