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Agenda

• Brief Background on HIMSS
• Mid-Term Elections
• Key Health IT Public Policy Issues
  – Value-Based Care Delivery
  – 21st Century Cures Act Implementation
  – Recent Payment Regulations
  – Opioids
  – HIPAA RFI
• Where to Focus Your Advocacy Efforts
  – Building Relationships at the State Level
  – What Chapters Should Consider Addressing
• Q&A
Brief Background on HIMSS
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.

Our Vision

Better health through information and technology.

Our Mission

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

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

North America  Asia  Europe  United Kingdom
Service Lines
The right information no matter the location

HIMSS Provides …
News
Thought Leadership
Research
Analytics
Health Policy
Consulting
Networking
Education
… and a Meeting Center
Maturity and Adoption Models - HIMSS Analytics

We drive the health IT market in the direction it needs to go.

EMRAM - EMR Adoption Model
O-EMRAM - Outpatient EMR Adoption Model
AMAM - Analytics Maturity Adoption Model
CCMM - Continuity of Care Maturity Model
DIAM - Digital Imaging Adoption Model

Improved Patient Care and Health IT Insights

More To Come
HIMSS 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) and remotely located 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
Our Advocacy Focus

Shift to Value-Based Care  

Coverage Provisions Under ACA
Our Advocacy Focus

- Shift to Value-Based Care
- Coverage Provisions Under ACA
Mid-Term Elections
Election Results

- **Democratic Controlled House** – 227 Democrats - 198 Republicans - 10 Races
  TBD (Democrats Leading in 5, Republicans in 5)

- **Republican Controlled Senate** – 52 Republicans - 47 Democrats - 1 Race
  Undecided (FL); Projecting MS as a Republican victory

- Divided Government

- This is the first time since 1986 that we have a Republican President, Republican Senate, and Democratic House
  
  - First time since 2010 that Democrats have a House majority

- This is the third time in the past 100 years that the party holding the White House has gained seats in the Senate in a mid-term election while losing seats in the House
  
  - The same outcome also occurred in 1970, 1962, and 1914
Factors Behind Democrats Winning a House Majority

- Midterm elections are always a referendum on the President
- President Trump’s unpopularity in urban and suburban Congressional districts was a big factor
- Majority of Democratic seat pick-ups took place in suburban Congressional districts across the country
- High voter turnout and enthusiasm
Factors Behind Republicans Retaining Control of the Senate and Gaining Seats

- President Trump’s high level of popularity in rural areas
- Unfavorable Map – Democrats went into the night defending 26 seats to 9 Republicans seats
- Most competitive races took place in states Trump won in 2016
- Democratic Senate losses in Indiana, Missouri, and Florida, are states Trump won in 2016
Post-Election Dynamics in the House

- ACA repeal, restructuring of Medicaid are settled issues
- Oversight, oversight, oversight (House has subpoena power)
- Potential positive for non-defense spending negotiations during 2020 budget cliff debate
- Potential for bipartisanship on an infrastructure package
- New Committee leadership & new Members = learning curve
- The next Democratic speaker (likely Nancy Pelosi) will have to navigate a divided caucus of centrists and progressives
Post-Election Dynamics in the Senate

• “Bad blood” between Majority Leader McConnell and Pelosi
• Opposing Agendas in the House and Senate
• Bipartisanship as a necessity bodes well for health IT priorities (opioids, cyber, telehealth, etc.)
• With an expanded Republican majority, the Senate can easily confirm judges and cabinet nominees
• Still need 60 votes to end debate and pass legislation
State Election Results Overview

- There were more than 6,000 state legislative seats open along with 36 governorships
- The latest results
  - Democrats took seven governorships, with Georgia still outstanding; Republicans took one governorship (Alaska)
  - Trifectas changed in 11 states, with one state undecided (Georgia)
    - The new trifecta count stands at:
      - 14 Democratic
      - 22 Republican
      - 13 Divided
Impact of Healthcare on State Elections

• Overall, healthcare was a significant lynchpin in the 2018 state mid-term elections. Candidates prioritized healthcare focusing on Medicaid expansion from ACA.

• Medicaid Expansion is important to the health information and technology community because it expands access to coverage for millions of Americans.
  – CMS has granted states opportunities through the Medicaid 1115 waiver program or the 90% enhanced federal financial participation (FFP) for Medicaid technology investment (aka 90/10 Match) to modernize state health IT systems and improve prevention, early identification, and treatment of both physical and behavioral health needs.

• Expansion states have access to new more flexible funding opportunities that can empower states and local health providers to improve response to public health crises such as the opioid epidemic and chronic diseases through surveillance, and care integration across the spectrum of community providers.
State Medicaid Expansion Efforts

• The mid-term state elections saw a number of states place healthcare directly on their ballot
  – Voters from Idaho, Nebraska, and Utah approved measures to adopt Medicaid Expansion

• Utah added a stipulation to increase in their sales tax from 4.7 to 4.85 percent help finance the expansion

• Montana and Oregon, both of which have expanded the Medicaid program, left the decision of how to continue financing the expansions to their constituents

• The citizens of Oregon chose to increase assessments/taxes on health insurance premiums to create additional revenue to support the Medicaid expansion in specific hospitals

• Montana voters declined to increase taxes on all tobacco products (even electronic cigarettes) to fund the expanded eligibility of Medicaid and other health programs
  – Without this additional funding, some services will expire in mid-2019
Opportunities at the State Level Post Election

- Based on the 2018 mid-term elections, HIMSS Chapters should seek opportunities to elevate health information and technology issues by taking action to address the following areas
  - State Action on the Opioid Crisis
  - Health IT & Public Health Modernization
  - Medicaid Expansion
    - Expanding access to care to underserved populations
    - Telehealth
Key Health IT Public Policy Issues
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
HHS Moving Forward on Value-Based Care Delivery Goals

### VALUE-BASED PROGRAMS

<table>
<thead>
<tr>
<th>Year</th>
<th>Legislation Passed</th>
<th>Program Implemented</th>
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<tbody>
<tr>
<td>2008</td>
<td>MIPPA</td>
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<tr>
<td>2010</td>
<td>ACA</td>
<td></td>
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<tr>
<td>2012</td>
<td>ESRD-QIP</td>
<td>HVPB, HRRP</td>
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<tr>
<td>2014</td>
<td>PAMA</td>
<td>HAC, VM</td>
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<tr>
<td>2015</td>
<td>MACRA</td>
<td>SNF-VBP, MIPS</td>
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<tr>
<td>2018</td>
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<tr>
<td>2019</td>
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**Legislation**
- ACA: Affordable Care Act
- MIPPA: Medicare Improvements for Patients & Providers Act
- PAMA: Protecting Access to Medicare Act

**Program**
- APMs: Alternative Payment Models
- ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
- HACRP: Hospital-Acquired Condition Reduction Program
- HRRP: Hospital Readmissions Reduction Program
- HVBP: Hospital Value-Based Purchasing Program
- MIPS: Merit-Based Incentive Payment System
- VM: Value Modifier or Physician Value-Based Modifier (PVBM)
- SNF-VBP: Skilled Nursing Facility Value-Based Purchasing Program

Graphic courtesy of the Centers for Medicare & Medicaid Services
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
Open APIs Without Special Effort

• The Cures Act builds on the 2015 Edition of ONC’s health IT certification criteria by calling for the development of modern APIs that do not require “special effort” to access and use
  – Allow one software program to access the services provided by another software program
• Using technology to put patients in charge of their own data
  – Accelerating individuals’ ability to access and send their health information via their electronic devices to shop for and coordinate care
• ONC campaigning for APIs to be standardized, transparent, and pro-competitive
• Open and accessible APIs have transformed many industries
  – They can help transform health care
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
Upcoming Information Blocking Rule

• ONC to Release a Proposed Rule on Information Blocking in the Fall of 2018
  – One of the significant pieces to keep in mind is that ONC will be looking to define what the exceptions should be for blocking information
    • When is it acceptable for a provider, vendor, or other entity to not allow for the seamless exchange of information?
  • Federal Trade Commission and the HHS Inspector General will lead enforcement activities
    – ONC serving as technical advisor
• Possible civil monetary penalty not to exceed $1 million per violation
• ONC to create standardized process for the public to submit reports/claims of products failing interoperability or info blocking tests
Goals of the Trusted Exchange Framework and Common Agreement

**GOAL 1**
Build on and extend existing work done by the industry
The Draft Trusted Exchange Framework recognizes and builds upon the significant work done by the industry over the last few years to broaden the exchange of data, build trust frameworks, and develop participation agreements that enable providers to exchange data across organizational boundaries.

**GOAL 2**
Provide a single “on-ramp” to interoperability for all
The Draft Trusted Exchange Framework provides a single “on-ramp” to allow all types of healthcare stakeholders to join any health information network they choose and be able to participate in nationwide exchange regardless of what health IT developer they use, health information exchange or network they contract with, or where the patients’ records are located.

**GOAL 3**
Be scalable to support the entire nation
The Draft Trusted Exchange Framework aims to scale interoperability nationwide both technologically and procedurally, by defining a floor, which will enable stakeholders to access, exchange, and use relevant electronic health information across disparate networks and sharing arrangements.

**GOAL 4**
Build a competitive market allowing all to compete on data services
Easing the flow of data will allow new and innovative technologies to enter the market and build competitive, invaluable services that make use of the data.

**GOAL 5**
Achieve long-term sustainability
By providing a single “on-ramp” to nationwide interoperability while also allowing for variation around a broader set of use cases, the Draft Trusted Exchange Framework ensures the long-term sustainability of its participants and end-users.

Graphic courtesy of the Office of the National Coordinator for Health IT
# Nationwide Interoperability Efforts

<table>
<thead>
<tr>
<th>Network</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>eHealth Exchange</td>
<td>2012*</td>
</tr>
<tr>
<td>Sequoia</td>
<td>2014</td>
</tr>
<tr>
<td>Carequality</td>
<td>2014</td>
</tr>
<tr>
<td>Care Everywhere (EPIC)**</td>
<td>2008</td>
</tr>
<tr>
<td>CommonWell Health Alliance</td>
<td>2013</td>
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<tr>
<td>NATE</td>
<td>2013</td>
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<tr>
<td>Surescripts</td>
<td>2008</td>
</tr>
<tr>
<td>Patient Center Data Home™ (SHIEC)</td>
<td>2015</td>
</tr>
<tr>
<td>Community HIEs</td>
<td>2014</td>
</tr>
<tr>
<td>DirectTrust</td>
<td>2011</td>
</tr>
<tr>
<td>CARIN Alliance</td>
<td>2016</td>
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</tbody>
</table>

**Key:**
- Network-to-Network
- Person-centric network
- Provider-centric network
- Secure messaging network/RLS
- Consumer-directed network

*Year of launch

** For these purposes, HIMSS used EPIC to represent one example of vendor-mediated exchange
How Does ONC Envision the Trusted Exchange Framework Will Work?

RCE provides oversight and governance for Qualified HINs.

Qualified HINs connect directly to each other to serve as the core for nationwide interoperability.

QHINs connect via connectivity brokers.

Each Qualified HIN represents a variety of networks and participants that they connect together, serving a wide range of end users.

Graphic courtesy of the Office of the National Coordinator for Health IT
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!
Near-Term Horizon Releases

• ONC is planning a busy autumn, with the release of several interoperability-related documents
  o A draft rule on the conditions of health IT certification, with a focus on creating a federal definition on what is information blocking
    – ONC must also identify through rulemaking the reasonable and necessary activities that do not constitute information blocking
  o A second iteration of the Trusted Exchange Framework and Common Agreement (TEFCA) draft guidance
  o A competitive funding opportunity announcement for the Recognized Coordinating Entity (RCE) envisioned under TEFCA
    – Looking for a private sector organization to operationalize TEFCA
• CMS to publish a proposed rule to move the health care industry toward a more accessible and interoperable health care ecosystem
  o Implementing the MyHealthEData Initiative
CMS Added Several PFS Telehealth Codes in 2018

- CMS finalized the addition of several codes to the list of telehealth services, including: HCPCS code G0296 (visit to determine low dose computed tomography (LDCT) eligibility) and CPT codes 90839 and 90840 (Psychotherapy for Crisis)
  - Eliminating the required reporting of the telehealth modifier GT for professional claims
- 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
- QPP does not prioritize the use of telehealth or digital technologies in its 2018 Final Rule
  - No specific telehealth-related Improvement Activities in this Final Rule's inventory
Separate PFS Payment for Remote Patient Monitoring Added in 2018

• CMS finalized CPT code 99091 for separate payment in 2018
  – For 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

• The information must be interpreted by a physician or other qualified health care professional

• Practitioner must obtain advance beneficiary consent for the service and document this in the patient’s medical record

• CMS is requiring initiation of the service during a face-to-face visit with the billing practitioner, such as an Annual Wellness Visit or Initial Preventive Physical Exam
  – This code cannot be reported more than once in a 30-day period

• CMS also alluded to forthcoming coding changes through the CPT process that it anticipates will better describe the role of RPM
Two Components to 2019 PFS/QPP Rule

**Physician Fee Schedule**
- Virtual Check-Ins
  - Practitioners paid separately for these services
- Telehealth Services
  - ESRD
  - Rural Health Clinics and FQHCs
- Streamlining E/M Documentation Requirements
  - Additional options available for reporting

**Quality Payment Program**
- Two tracks remain
- Advancing Care Information
  - Now known as MIPS Promoting Interoperability Performance Category
- Additional clinician types for 2019
  - Physical therapist, social worker
- Low-Volume Threshold remains consistent with 2018, with one small change
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
HR 6 Enacted: SUPPORT for Patients and Communities Act

• The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act

• Key provisions formally endorsed by HIMSS
  – Advance electronic prescribing of controlled substances and electronic prior authorization under Medicare Part D
  – Add additional flexibility for the HHS Secretary to waive restrictions on the use of telehealth to treat substance use disorders

• Creates a pilot program through CMMI to incentivize EHR adoption for behavioral health providers and strengthens prescription drug monitoring programs

• Builds on the success of the ECHO Act, establishing comprehensive opioid centers that utilize technology-enabled collaborative learning and capacity building models
HIPAA Request for Information

• HHS looking at the provisions of the HIPAA Rules which present barriers that limit or discourage coordinated care and case management among providers, payors, and patients
  o What regulatory burdens may impede the transformation to value-based health care without providing commensurate privacy or security protections for PHI?
• Maintain patients’ ability to control the use or disclosure of their PHI and to access PHI
• Will seek comment on the following:
  o Methods of accounting of all disclosures of a patient's protected health information
  o Patients' acknowledgment of receipt of a providers' notice of privacy practices
  o Creation of a safe harbor for good faith disclosures of PHI for purposes of care coordination or case management
  o Disclosures of protected health information without a patient's authorization for treatment, payment, and health care operations
  o The minimum necessary standard/requirement
Where to Focus Your Advocacy Efforts
How HIMSS Supports Chapter Advocacy

Grasstops Engagement
• State Advisory Roundtable (SAR)
  – Inform CAR initiatives
  – Expand thought leadership
• Strategic Partnerships
  – NCSL, NGA, NAMD
  – Meetings, briefings and events
  – Whitepapers, issue briefs, comment letters

Grassroots Support
• Chapter Advocacy Roundtable (CAR)
  – Education & Resources
  – Situational Awareness
  – Technical Assistance
  – State HIT Advocacy Days
• Coordination with Federal Initiatives with state/local grassroots
Building Relationships at the State Level

- Critical to interact with officials from both state and local levels of government
  - State HIT Coordinators
  - State Medicaid and Health Directors
- Look to like-minded organizations as potential partners
  - Non-Profit Associations
  - Health Information Exchanges
  - Academia
  - Provider health settings
  - State Innovation Model Awardees
What Chapters Should Consider Addressing

- What health IT topics is your State or Chapter prioritizing?
  - Opioids and health IT
  - Broadband
  - Interoperability
  - Telehealth
  - Medicaid Data and Innovation
- How is your Governor or State Legislature supporting health IT?
- Has there been passage of key health IT legislation in your state?
- Which organizations are you working with as it relates to your advocacy goals?
- What are your advocacy success stories?
Virtual March on States

- 2018 Virtual March on the States: Write to your state officials to address the opioid crisis through health IT

- Asks include:
  - Enact Electronic Prescribing of Controlled Substances (EPCS)
  - Act on new provisions outlined in the recent CMS State Medicaid Directors Letter to initiate the following:
    - Integrate state-based Prescription Drug Monitoring Programs (PDMPs) into EHRs as only a handful of states are currently on that path
    - Promote telehealth as a tool to increase healthcare access to rural and underserved populations suffering from substance use disorders
  - Implement a centralized integrated state-level data infrastructure (cross-sector data hub)
State Health IT Improvement Plans

- HIMSS challenged chapter advocates to support health IT advancement in their state by working with state officials to create a new or update an existing State/Territory Health IT strategic plan or roadmap
  - Provide subject matter expertise and convene stakeholders to set the vision for health IT in their state
- Nearly all states have a health IT strategic plan or several related plans that aim to coordinate all activities surrounding health IT progress and health system transformation occurring in that state
  - Examples include state Health Improvement Plans, state Medicaid IT Plans
- Only 15 states and territories have a state level health IT strategic plan that have been updated within the last four years
- HIMSS selected five groups as the recipients of the challenge funding
  - Central/North Florida, South Florida, Puerto Rico
  - Greater Illinois
  - Montana
  - New York State
  - Texas (Austin, San Antonio, Houston, Lubbock-Texas, and Dallas-Fort Worth)
- Challenge participants are building or revising their state/territory health IT roadmaps and connecting to other plans in their state
Become Involved in Chapter Advocacy

- Invite state and federal legislators and district staff on **FACILITY TOURS**
- **SCHEDULE MEETINGS** with members of Congress and state legislators in their district offices
- Make advocacy a priority in your chapter. **FUND ATTENDANCE** at public policy event
- **INVITE LEGISLATORS** to your chapter events ~ *year round*
- Weigh in on current issues – **YOUR OPINION COUNTS**
- Present a member of Congress or state official with an award or **REQUEST A RESOLUTION**
- Advocacy resources you provide for your members every day – **PUBLICIZE IT!**
- **FOLLOW UP** with the legislators and staffers
- **PLAN** your 2019 Advocacy calendar
Leverage HIMSS Staff for Resources

• Lean on HIMSS Government Relations Team
• Chapter Advocacy Roundtable monthly meeting
  – Updates on federal initiatives
  – Sharing lessons learned and model practices
• HIMSS Assets
  – Legislative Action Center
  – Health IT Policy Update Newsletter
  – Subject matter expertise, whitepapers, and issue briefs
Setting the Stage for Success

• Hear from people who are affected creates more compelling storytelling

• Focus on issues rather than an organizational brand
  – State officials reach out to you first regarding any state health information and technology policies/proposed legislation

• Work in coalition
  – Exercise network mapping or create a list of both chapter and national partners working at the state/local level

• Non-partisan agenda with clear and simple messages

• Know how federal legislation, budgets and program can impact your state
  – Consider the +/- of all factors
Factors Crucial to the Success of Your Advocacy Program

- Strong Voice
- Respected Source
- Trusted Collaborator
- Policy Impact
- State Policies
- Federal Policies & Initiatives
MARK YOUR CALENDAR AND MAKE PLANS TO JOIN US NEXT YEAR...

Himss19

Global Conference & Exhibition | Feb 11-15, 2019
Orlando | Orange County Convention Center

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Questions?
Thank You!

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