



PAeHI NEWS

Moving Healthcare Forward

CHAIRMAN'S MESSAGE

Dear PAeHI Community:

It is a pleasure to have the opportunity to introduce myself: my name is Sharon Dorogy. I am the IS Director for The Children's Institute in Pittsburgh, and the newly-elected Board Chair of the Pennsylvania eHealth Initiative. I come to this position at a critical time for healthcare in the Commonwealth and the nation, and have big shoes to fill. Martin Ciccocioppo, PAeHI's board chair since its inception, has stepped down to take on the role of Board Secretary, allowing him to focus more time on his duties as Vice President for Research for the Health and Hospital Association of Pennsylvania. I look forward to and am grateful for the opportunity of working with all of you in these busy, exciting times. Now on to the news...



Board Elections

In December, PAeHI elected its 2010 Board of Directors and Officers. One new member was elected to serve a two-year term on the Board of Directors: **JoAnn Klinedinst**, (HIMSS), representing health care professional organizations.

Re-elected to serve on the twelve-member Board were: **Kenneth D. Coburn**, M.D., President, Chief Executive Officer & Medical Officer, Health Quality Partners, representing quality improvement organizations; **Ellen Marshall**, Deputy Director, Camden Area Health Education Center (AHEC), representing consumers and members-at-large; and Jay Srin, Chief Innovation Officer, University of Pittsburgh Medical Center Health Plan, newly representing payer organizations.

Elected as officers for 2010 were: **Sharon L. Dorogy**, Director of Information Systems, the Children's Institute, elected Chairperson, replacing **Martin Ciccocioppo**, Vice President of Research, The Hospital & Healthsystem Association of PA; **Jay Srin**, UPMC Health Plan, elected to her second term as Vice Chair; **Bernie Lynch**, Senior Director, Payer Relations, Pennsylvania Medical Society, newly appointed to the board and elected Treasurer; and **Martin Ciccocioppo**, elected to his first term as Secretary.

Other voting board members include: PA State Senator Mike Folmer; Dan Jones, Quality Insights of PA; Dr. Don Levick, Lehigh Valley Hospital; Phil Magistro, PA Governor's Office of Health Care Reform; Elliot Menschik, MeDecision; and Dr. Jean Stretton, Gateway Medical Associates. In addition to its eleven members, the Board also currently includes seven

(7) Ex-Officio, non-voting members including: Steve Fox, Post & Schell; William Gillespie, Wellspan Health System; Mark Jacobs, Wellspan Health System; Darlene Kauffman, PA Medical Society; Dr. James Walker, Geisinger Health System; Robert Torres, PA Department of Health; and Dr. Donald Wilson, Quality Insights of PA. Mark Stevens continues on in his third year as Executive Director.



November 2009 All Committee Event

On November 18, 2009 PAeHI hosted its third and final All Committee event of 2009 at the PA Medical Society. A capacity crowd of 115 PAeHI members joined keynote speaker – and sponsor NaviNet - for a day of committee engagement and education, including panels discussions on HIT workforce development & training and an update from the Pittsburgh Regional Health Initiative. Thanks to our speakers, sponsor and attendees, and our Platinum Corporate Sponsor Highmark for a great event!

New Task Forces, Initiatives

Currently, PAeHI is working on five (5) Board-vetted projects, including 1) participation in the PA HIT Regional Extension Center collaborative, 2) the formation of a Privacy & Security Task Force, 3) the DocSite PQRI program, 4) the Pennsylvania State Immunization Information System Interoperability program and 5) the Local Health Information Exchange "How To" Guide. The Board is about to consider several new projects, including the formation of two new task forces on HIT workforce development and training and Telehealth. PAeHI has also been asked by Philadelphia Congresswoman Allyson Schwartz to help her organize an HIT Summit in Philly early this spring to explore ways to maximize federal stimulus dollars.

Upcoming PAeHI Events

PAeHI will be hosting its first All Committee Event of 2010 at the PA Medical Society on Wednesday, February 24th. The full agenda includes keynotes by Phil Magistro and Larry Clark regarding the latest on the State's plans to spend HIT stimulus dollars, as well as panel discussions on Meaningful Use and the use of HIT in pediatric care. The event is open to PAeHI members only. RSVPs may be sent to Angela Robison [link: arobison@pamedsoc.org]. Registration is also now open for PAeHI's annual HIT Summit, this year to be held in partnership with the PA chapter of AHIMA and their Annual Meeting on Tuesday, May 11th at the Hersey Lodge. Please visit www.PHIMA.org for details and instructions. PAeHI members will receive a discount, and registration is open!

We hope you enjoy this first edition of PAeHI News for 2010. We will be working hard to make this newsletter an even better, more valuable educational tool for you and your colleagues as we enter this new age of "Meaningful Use". And, as always, we welcome your feedback, suggestions. Until then, thank you for all you do to Move Healthcare Forward in PA.

Sharon L. Dorogy
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STATE OUTLOOK/NEWS

GOHCR Proposed HIE Plan/PAeHI and Other Public Comments/ Public Hearing

On November 20, 2009, the Pennsylvania Governor's Office of Health Care Reform (GOHCR) issued a draft Pennsylvania Health Information Exchange (PHIX) Proposed Strategic Plan, for a 30-day public comment period. PAeHI along with more than forty other organizations and individuals submitted comment on the proposed plan. Based on the public comments, the most controversial recommendations in the plan were to fund the PHIX through a small assessment on paid health care claims and to enter into an intergovernmental compact with the Delaware Health Information Network (DHIN) to leverage the DHIN's policies and procedures as well as the DHIN's contract with Medicity to build the PHIX technical infrastructure. The Senate Communications and Technology Committee held a hearing on January 27, 2010 to better understand GOHCR's recommendation to "piggy back" on the DHIN Medicity contract rather than going through a more open state procurement process.

Ann Torregrossa, Director of GOHCR, and Phil Magistro, GOHCR Deputy Director, presented testimony for the state and responded to questions from Senator Mike Folmer, Majority Chair of the Committee and other members of the committee. Kelly Lewis, President and CEO of TechQuest Pennsylvania, was the only other witness at the hearing. Mr. Lewis acknowledged that the DHIN technology partners were good companies, but questioned why other good companies were not given a chance to compete to build the PHIX through an open, expedited, bidding process. Ms. Torregrossa said that she would be consulting with the Health Care Reform Cabinet and the Governor before finalizing a PHIX Strategic Plan for submission to the Office of the National Coordinator for Health Information Technology. The PHIX Proposed Strategic Plan and public comments – including those of PAeHI - can be found at: <http://www.gohcr.state.pa.us/>

DPW Conducts Health Information Technology Listening Tour

On December 9, 2009 the Pennsylvania Department of Public Welfare (DPW) held the first of six planned statewide stops on its Health Information Technology Listening Tour with a public meeting in Harrisburg. DPW is seeking feedback and input on its Health IT Vision Document entitled **Transforming Health Care Delivery Through the Use of Information Technology: The Role of the Department of Public Welfare, Office of Medical Assistance Programs**. Through the American Recovery and Reinvestment Act (ARRA), the federal government is providing both administrative funding for Pennsylvania and incentive payments to Medicaid providers for the implementation of health information technology (HIT) and the exchange of electronic health records. DPW's Health IT Vision Document and other related resources, along with dates and locations for the remaining stops on DPW's Health IT Listening Tour can be accessed at: <http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/MAHITI>

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FEDERAL OUTLOOK/NEWS

Health Care Reform Advisory: CMS Issues Proposed Rule on Meaningful Use of EHR Technology

1/4/2010 - By Stephen R. Bentfield, Mintz Levin

On December 30, 2009, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule (Proposed Rule) implementing incentive payments under the Medicare and Medicaid programs for the "meaningful use" of certified electronic health records (EHR) technology. Congress mandated the Medicare and Medicaid EHR incentive programs as part of the American Recovery and Reinvestment Act of 2009 to incentivize eligible health care providers (professionals, hospitals, and critical access hospitals) to adopt EHR technologies. Incentive payments for eligible hospitals may begin as early as October 2010, while payments to other eligible providers may begin in January 2011.

To qualify for Medicare or Medicaid incentive payments, eligible providers must demonstrate that they are meaningful users of certified EHR technology. Under the Proposed Rule, a "meaningful EHR user" is one that, during the specified reporting period, demonstrates meaningful use of certified EHR technology in a form and manner consistent with certain objectives and measures specified in the regulation. The proposed objectives and measures include use in a manner that improves quality, safety, and efficiency of health care delivery; reduces health care disparities; engages patients and families; improves care coordination; improves population and public health; and ensures adequate privacy and security protections for personal health information.

The Proposed Rule distinguishes between "meaningful use" by health care professionals and hospitals by establishing 25 objectives and measures applicable to professionals participating in Medicare fee-for-service and 23 objectives and measures applicable to hospitals and critical access hospitals. Additionally, the definitions would establish a minimum standard for eligible providers under the Medicaid EHR incentive program, and the Proposed Rule would permit states to request CMS approval to implement additional meaningful use measures.

CMS has proposed a phased approach to implementing the requirements for demonstrating meaningful use of EHR technology. The December 30, 2009 Proposed Rule specifies the Stage 1 criteria, and CMS will develop additional criteria for two additional stages that build upon the experiences from Stage 1 through future rulemaking.

In addition, the Office of the National Coordinator for Health Information Technology (ONC) simultaneously issued a separate interim final rule (Interim Final Rule) setting initial standards, implementation specifications, and certification criteria for EHR technology. Both the Proposed Rule and the Interim Final Rule are open for [60 days'] public comment [following their January publication in the Federal Register].

ONC Community College HIT Curriculum Funding

On January 22 applications were due for ONC's Community College Consortia to Educate Health Information Technology Professionals cooperative agreements funding opportunity, with up to \$70M to be funded under the American Recovery and Reinvestment Act of 2009 (Recovery Act), Public Law 111-5. The purpose of the Community College Consortia to Educate Health Information Technology Professionals in Health Care cooperative agreement is to "provide assistance to institutions of higher education, or consortia thereof, to establish

or expand medical health informatics education programs to ensure the rapid and effective utilization and development of health information technologies.” Consistent with the legislation the Director of the National Science Foundation has been consulted and supports this program. Awards are due out March 15th.



Beacon Communities: Shining a light on the real impacts of Health IT

Dr. David Blumenthal

Today, December 2, 2009, the administration announced the availability of \$235 million in funds to support the Beacon Community Program. The Beacon Community Program (BCP) will help to accelerate and demonstrate the ability of health IT to transform local health care systems, and to improve the lives of Americans and the performance of the health care providers who serve them. The Program will take communities at the cutting edge of electronic health record (EHR) adoption and health information exchange and push them to a new level of health care quality and efficiency. The resulting experience will inform efforts throughout the United States to support the meaningful use of EHRs, the primary goal of the Federal Government’s new health IT initiative.

\$220M of the funds will support 15 communities, which are expected to have rates of EHR adoption that are significantly higher than published national estimates. These communities are best positioned to lead the way in accomplishing meaningful use of EHRs and to provide valuable lessons to other localities on the preferred approaches to elevating the performance of local health systems using health IT. An additional \$15 million will subsequently support technical assistance to the communities and an independent evaluation of the program.

As part of the \$220 million in cooperative agreements that will support the 15 chosen communities, recipients will be asked to define, track, and report on progress toward concrete, measurable health and efficiency goals that are related to EHR adoption and meaningful use. These might include reductions in blood pressure among hypertensives, reduced blood sugar levels among diabetics, lower smoking levels, or reductions in health care disparities among populations. The resulting data will provide information for mid-course corrections and will also help independent evaluations judge the success of the program.

SHARP

ONC announced on December 17 a HIT research funding opportunity with up to \$60M available nationwide, applications due January 25 and an award date of March 15. This funding opportunity is for four cooperative agreements to be funded under section 3011 of the Public Health Service Act, as added by the American Recovery and Reinvestment Act of 2009 (Recovery Act), Public Law 111-5. The purpose of the Strategic Health IT Advanced Research Project (SHARP) awards is to fund research focused on achieving breakthrough advances that are needed to address well-documented problems that have impeded the adoption of health IT. The research will also accelerate progress towards achieving nationwide meaningful use of health information technology in support of a high-performing, learning health care system.

These projects focus on areas where “breakthrough” advances are needed. For example,

potential security breaches represent a major threat to public trust in the electronic maintenance and exchange of health information. Research would identify new methods to create tools that will, through their incorporation into deployed technology, enhance data security. In doing so, the program will, in critical areas, close the gap between the promise of health IT and its realized benefits. The projects will be specifically designed and dedicated to supporting the goals of HITECH and overcoming health IT challenges to adoption and meaningful use.

CCHIT updates certifications to go with new standards rule

January 20, 2010 | Healthcare IT News, Diana Manos, Senior Editor

CHICAGO – The Certification Commission for Health Information Technology has updated its electronic health record technology certification programs to conform to the newly issued standards rule.

The Interim Final Rule, titled "Health Information Technology: Initial Set of Standards, Implementation Specifications and Certification Criteria for Electronic Health Record Technology," was published Jan. 13 by the Department of Health and Human Services in the Federal Register, along with a Notice of Proposed Rulemaking describing the meaningful use objectives and incentive payment schedules for adoption of certified EHRs.

"Our aim is to ensure that hospitals and doctors have enough time to purchase and implement certified EHRs and achieve meaningful use in time to qualify for HHS financial incentives in 2011 and 2012," said Alisa Ray, the CCHIT's executive director. "With eligibility for hospitals opening in October 2010, there is an urgent need for certification programs to be in place."

Ray said the IFR contained "no big surprises," allowing the CCHIT to quickly update its comprehensive and modular certification programs to conform to the rules.

She also indicated that the approximately two dozen vendors who had already achieved certification under CCHIT's latest programs will be offered incremental testing at no fee to close any gaps. For all other EHR vendors, the updated criteria and scripts will be published soon and applications for certification will be accepted beginning Feb. 12, she said.



Scott Brown's victory: Back to square one on healthcare reform?

*Christian Science Monitor, By Gail Russell Chaddock
Staff writer / January 20, 2010*

In the wake of Hurricane Scott Brown, centrists on both sides of the aisle are calling for a pause in the rush to complete healthcare reform. For some, like Sen. Jim Webb (D) of Virginia, it's a pause long enough to seat Republican Senator-

elect Scott Brown, whose upset victory in Tuesday's Massachusetts vote stunned Capitol Hill. Calling the race "a referendum not only on healthcare reform but also on the openness and integrity of our government process," Senator Webb said Democrats need to hold off on further action until Brown is formally sworn in to the chamber.

'Suspend further votes on healthcare'

"It is vital that we restore the respect of the American people in our system of government and in our leaders. To that end, I believe it would only be fair and prudent that we suspend further votes on healthcare legislation until Senator-elect Brown is seated," he said.

But other moderates say that the lesson from the Bay State vote runs deeper than who is the 60th Senate vote – it's a repudiation of the partisan business as usual on Capitol Hill. On Tuesday, Sens. Evan Bayh (D) of Indiana – the lone Democrat to vote against raising the debt limit last December – and Sen. Joseph Lieberman (I) of Connecticut called for Democrats to shift their agenda back to the center.

Sen. Ben Nelson (D) of Nebraska and, on the Republican side, Sens. Susan Collins and Olympia Snowe of Maine, today called on President Obama and Democratic leaders to start over with a broad, bipartisan strategy. Republican moderates insist that there is still interest in GOP ranks to work on healthcare, but in a more modest range.

Starting from scratch on a consensus bill

"I think it's a mistake for the administration to constantly try to find the 60th vote," says Senator Collins, often approached by Democrats to break ranks and become that 60th vote on major legislation. "We haven't been sent to Washington to play just a negative role. We are happy to work with the president to start from scratch to work with a bipartisan group of senators to achieve a consensus bill that would have bipartisan support."

Senator Snowe, viewed by Democrats as the most likely Republican to join them on healthcare, said today that the strategy of trying to peel off one vote was a "profound error." "Instead of peeling off votes, they should have tried to come up with the right policy," she said. For moderates, often blasted by the base of their respective parties, the Massachusetts shocker is a way to reopen the case for a centrist path.

A new bipartisanship?

"The issue coming out of the Massachusetts isn't just about Mr. Brown, it's about whether there will be bipartisanship," says Senator Nelson. "I got my head handed to me by the political left when I said healthcare bill should be 65 votes. But if the other side thinks they have no obligation to work with Democrats, their day is coming, too."

The mood was somber coming out of Wednesday's Senate Democratic caucus meeting. Even some Democrats with a strong record of working across party lines expressed doubts that there was the political will to revive a bipartisan approach, especially on healthcare.

"It's a good time to take a deep breath and to listen – not just to one another but to voices outside the nation's capital," says Sen. Thomas Carper (D) of Delaware. "In the end, no Republicans were willing to work with us in a real bipartisan basis on healthcare reform. If my life depended on telling you what our Republican friends think our health policy should be, I'd be a dead man. I'm not sure what they're for, and I don't think they know, either."

At a press conference Wednesday, reports the Washington Post, Senator-elect Brown offered a conciliatory note on healthcare reform. "We're past campaign mode: I think it's important for everyone to get some form of healthcare," he is quoted as saying.

INDUSTRY NEWS

CalRHIO closes, but board to help state on IT

Friday, January 8, 2010, San Francisco Business Times - by Chris Rauber

CalRHIO, which once hoped to be the conduit for much of California's health care data, is defunct, and Sacramento is moving in a different direction on developing a statewide health information exchange that ultimately could receive billions in federal stimulus dollars.

After a ruinous feud with rival CAeHC — formally the California e-Health Collaborative — the San Francisco-based California Regional Health Information Organization lost out late last month on gaining designation by state officials to run a statewide HIE and immediately shut down operations. CAeHC also lost out, but representatives of both organizations are working with the state to salvage the situation.

Jonah Frohlich, the state department of Health and Human Services' point man on the fraught IT project, told the Business Times on Jan. 5 that he's working with board members of the two contenders, which he can't publicly identify, and has given them until mid-January to work out a solution. At this point, creation of a new nonprofit entity appears to be the most likely scenario.

"We do not anticipate at this time that a new branch of government would be created," Frohlich said, but a new nonprofit "is a possibility."

In November, Frohlich, California's deputy secretary of health information technology, asked the two rivals to fix deficiencies in earlier proposals and work together on a joint plan. He gave them a Dec. 9 deadline. In the short term, nearly \$40 million in stimulus funding is at stake, but down the road billions of dollars could be distributed through the state's designated HIE entity — which now will likely be a new nonprofit, rather than a program run by CalRHIO, CAeHC or some combination of the two.

Molly Coye, CalRHIO's former chair, CEO and co-founder, confirmed that she has left the organization, which currently consists solely of a board of directors that is working with state officials to help set up a new governance entity to handle the federal HIT stimulus funds. Coye told the Business Times she hopes to take four months off before charting long-term future options, other than "to head for scuba diving" and helping several unnamed federal and private advisory groups, as well as Oakland's Public Health Institute.

"Of course we were disappointed," Coye said, "but it's a long and complex process and the state really has the opportunity to make a clear decision and start something new."

Coye said CalRHIO's staff has already moved on, and that some may help the state organize the new effort. Coye told a Business Times conference in late October that CalRHIO hoped to win the state designation, hire dozens of new employees and sign a lease for a significantly larger space, none of which is now in the cards.

A statement on CalRHIO's web site from the board said the organization "is honoring our commitment to the state not to compete with a new governance entity established for this purpose."

CAeHC, meanwhile, said Jan. 6 that it's working with state officials and other players on an

open, transparent and consensus-oriented strategy. While details are sketchy, CAeHC and Chairman Lori Hack appear to be backing an incremental approach. That said, CAeHC said it hopes to provide the state with data "on the extent and severity" of electronic health record deficiencies in California within eight to 12 weeks, to develop a definition of needed "shared services" for a state RFP by March, and to work with state officials to develop "a multi-pronged strategy that does not depend on any single vendor or methodology."

Finally, "as requested by the State, CAeHC will work to identify the board, strategy and implementation process" for the new state HIT governing entity.

Critics say CalRHIO came up with a proposal that never gained traction, in part because it depended on outside vendor Medicity Inc. and on huge players like Kaiser Permanente and Sutter Health using CalRHIO's IT infrastructure and sharing information they preferred to keep proprietary. Some observers think the state and other powerful players used CAeHC to essentially torpedo CalRHIO's bid to run the designated entity.

CalRHIO's disintegration, and the state's decision not to designate either it or CAeHC to run the program, mean that representatives of both organizations will likely be asked to help coordinate the state's approach.

Insiders say Don Crane, president and CEO of the California Association of Physician Groups and a CalRHIO board member, and David Lansky, CEO of the Pacific Business Group on Health, an influential consortium of huge West Coast employers that switched sides to back CAeHC's position, have been tentatively selected to co-chair the entity to salvage the situation. crauber@bizjournals.com / (415) 288-4946

Epic releases iPhone app

January 14, 2010 | Healthcare IT News, Jack Beaudoin, VP, Content

CUPERTINO, CA – Electronic health record vendor Epic has just released Haiku, an iPhone application that provides authorized users with secure access to schedules, patient lists, health summaries, test results and notes.

The app is a free download on iTunes, but the user must belong to an organization that licenses Haiku and is currently on Epic's Summer 2009, according to the product description on iTunes.

Haiku was released on Jan. 8 with relatively little fanfare. In fact, a perusal of the Epic Web site doesn't even mention its release. According to Mobihealthnews' Brian Dolan, who first reported on Haiku's appearance in the iTunes store on Wednesday, rumors about the app have been floating around for three months. That's when the Wall Street Journal first reported an iPhone pilot project at Stanford Hospital & Clinics that enabled staff to access patient charts.

So far, there are no user reviews published on the iTunes store, nor are there any customer ratings yet.

Haiku, of course, isn't the only health records app in the iTunes store. In fact, there are nearly 1,800 free and paid apps in the store's medical section. Most are consumer-facing applications that cover a variety of interest ranging from emergency scanners to weight-loss programs. However, the top two free applications are Medscape and Epocrates, which have

clinical uses.

Among electronic health records on the iTunes store, most are personal health records that are unaffiliated with an enterprise vendor. Allscripts, the Chicago-based EHR vendor, showed an iPhone application at HIMSS09 that has been available to clinicians via iTunes for about ten months. Allscripts Remote is currently at version 1.0.38 and has 258 ratings.

Like the Haiku offering, the free Allscripts Remote includes a patient summary, prescription list, notes, tasks and reminders for users of Allscripts EHR.

HITSP to Continue to Blaze a Trail

January 26, Patty Enrado, EHRWatch

It was reported on Jan. 26 that the Healthcare Information Technology Standards Panel, better known as HITSP, will close shop when its contract expires Jan. 31, but John Halamka, MD, said a contract extension will keep HITSP operational until ONC awards work for the next evolution of standards development.

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PAeHI WELCOMES NEW MEMBERS!

WOW Communications
Consulate of Canada – Philadelphia
3M Health Information Systems
NextGen Healthcare Information Systems
MEDecision Incorporated
NaviNet Inc.
Xtium, LLC
Atiba Technology Solutions, Inc

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NEW MEMBER PROFILE/GUEST ARTICLE

Information Exchange: Achieving the Full Potential of Health IT

Kasey B. Poon, MD MS, 3M Health Information Systems

Health information technology (HIT) increasingly is being viewed as a means to improve quality, increase access and reduce the costs of health care in the United States. While simply adopting and using technology is an important step in improving health care, getting systems to communicate with each other and exchange data is perhaps even more crucial to realizing all of the benefits that HIT promises.

Healthcare facilities have disparate information systems that collect, store and use a vast array of data. The data may vary in quality and complexity, and because systems rarely store data in any explicitly defined context, they cannot interpret or exchange data in a meaningful way. Meaningful, or semantic, information exchange is being recognized as the key to achieving the full potential of HIT.

In December 2009, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule outlining electronic health record (EHR) incentive programs, including criteria

for determining “meaningful use” of EHR technology. At the same time, the Office of the National Coordinator for Health Information Technology (ONC) published an interim final rule describing adopted standards, implementation specifications, and certification criteria for EHR technology.

The initial set of standards adopted by ONC begins to define a common language to ensure accurate and secure health information exchange across different EHR systems. It also establishes a path forward toward semantic interoperability between systems. The ONC interim final rule relies heavily on existing standards for the interoperability of health information systems, including SNOMED CT, ICD-9-CM (and eventually ICD-10-CM), LOINC, and RxNorm.

The challenge for healthcare organizations that try to comply with the standards is how to do it in an efficient and economical manner. Hiring and training staff to perform the data standardization work in-house can be time-consuming and costly for many facilities, creating a barrier to standards adoption.

Many organizations that lack the intensive resources required to make their systems standards compliant have turned to 3M Health Information Systems for help. Vocabulary standards recommended by ONC currently reside in the 3M Healthcare Data Dictionary, a vocabulary repository that contains mappings of legacy terminologies to standards and allows multiple systems to effectively share information.

The key to standardizing data is mapping, which is done by 3M’s established team of terminology experts, who come from a variety of clinical backgrounds. With experience in using the 3M Healthcare Data Dictionary over many years, these terminology specialists have helped both federal and commercial clients become compliant with standards, including hospitals, standalone laboratories, health information exchanges, and integrated delivery networks.

Now that meaningful use requirements have been officially defined, healthcare organizations must address data standardization. Instead of hiring staff and devoting time and resources to achieving standards compliance, facilities can consider outsourcing the work, relying on experienced subject-matter experts to do the same tasks more quickly and at lower cost. Putting the burden of standards compliance onto a third party has the added benefit of allowing your facility to focus on compliance with the many other meaningful use requirements.

More information about the 3M Healthcare Data Dictionary and 3M Terminology Consulting Services can be found at www.3mtcs.com.

COMMENTARY

Reporting Challenges of Meaningful Use

Health System CIO Blog Posted by Mark Jacobs on January 23rd, 2010, please visit:
<http://healthsystemcio.com/2010/01/23/reporting-challenges-of-meaningful-use/>



Mark J. Jacobs, MHA, CPHIMS, FHIMSS
Chair, PAeHI Business Analysis & Technology Committee

Reporting requirements will undoubtedly increase with Meaningful Use. Replacing paper potentially faster than any other point in a health system will change the tenants of the traditional health establishment because structured information does a far better job at enforcing quality of care and improving population health. Health Information Technology tools like Decision Support, Clinical Repositories and databases are many times still tucked behind sophisticated Storage Area Networks, Networks, and Interface engines. A percentage of the stakeholders requiring meaningful data may really not know how to request it in an HC Enterprise. They know what they would do, left alone, with an IT Analyst to quantify it on behalf of meaningful use. As we debate our philosophies on the possibilities, we jeopardize care for the patient, and raise questions on care quality because of the applications, the lack of applied standards, and interoperability challenges.

Now we have registries, mostly undervalued and misunderstood and loosely interpreted. Today, these registries (such as disease registries) are really databases that collect clinical data on patients with a specific disease (diabetes, asthma, CHF, hypertension, etc); however is that not what the traditional decision support or a clinical repository is supposed to be for the enterprise? Lots of confusion out there, and I would like to hear your thoughts.

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ONLINE RESOURCES

Visit the www.PAeHI.org homepage and click on "ARRA/HITECH & Meaningful Use/Learn More" to peruse the updated and expanded listings for information and resources regarding the latest rules, regulations and funding opportunities in the world of HIT. Take a look - and then tell us what you think! Please send comments to: mstevens@paehi.org. Thank you!

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UPCOMING EVENTS

February 24, 2010, Next All Committee Event

March 1-4, 2010, HIMSS Annual Conference, Atlanta

March 17, 2010, PA HIMSS HIT Advocacy Day Webinar

April 20, 2010, PA HIMSS HIT Advocacy Day Legislative Breakfast & Luncheon

May 10-12, 2010 PHIMA Annual Meeting, Hersey, PA

May 11, 2010, PAeHI Annual Statewide HIT Summit, Hersey, PA

May 26, 2010 PAeHI Spring All Committee Event

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UPCOMING PROGRAMS/ANNOUNCEMENTS

SAVE THE DATES!

Delaware Valley and Western PA HIMSS Co-Sponsoring Third Annual PA HIMSS Healthcare IT Advocacy Event!

This year's PA HIMSS Healthcare IT Advocacy Event: Better Care Through Information Technology, will build on the momentum of the last two years and has been redesigned to enable you to meet personally with your legislators at your convenience in your district home office!

With so much federal funding flowing to the states in 2010 to advance the adoption of health information technology, it is more important than ever that we help our legislators make informed decisions.

We'll start with a Q&A teleconference on Tuesday February 23rd from 12-1pm to explain the new event design and how you will be able to register and participate in advocacy no matter where you live in Pennsylvania.

Next we'll be holding a webinar event on March 17 that will provide you with all the information, interactive education and materials you will need to schedule your legislator visits and make them a success.

Between March 18 and April 19th you will meet with your own legislators at your convenience in your home district.

You'll then have the opportunity to attend an event celebration luncheon and golf outing on April 20th at the Country Club of Harrisburg to meet with other constituents, key legislators and report out the results of your meetings. Stay tuned for additional details. Thank you and we look forward to your participation this year.

Tom Pacek
President, DVHIMSS

Bonnie B. Anton
President, WPHIMSS