



PAeHI NEWS
Moving Healthcare Forward

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Chairman's Message
Martin Ciccocioppo
Pennsylvania
eHealth Initiative



Dear Friends:

These are truly exciting times to be engaged in health information technology from any perspective. Just since our last newsletter much in the way of historic HIT development has occurred! Below (and on www.PAeHI.org), we have detailed, important information regarding the Federal Economic Stimulus package, as well as State, member and calendar news. But first, an update on PAeHI...

New Board Members, Leadership

In December 2008, PAeHI Board of Directors elections were held for open seats for clinician, hospital and support member class representation. We are pleased to welcome: [FULL ARTICLE](#)

Strategic Planning Retreat

On January 15 and 16, PAeHI held a strategic planning retreat at The Hospital & Healthsystem Association of Pennsylvania's headquarters in Harrisburg, with author and corporate strategist Dr. Marilee Adams serving as facilitator. [FULL ARTICLE](#)

February All-Committee Event

On February 26, 2009, PAeHI hosted another excellent All-Committee Meeting at the Pennsylvania Medical Society's Harrisburg Headquarters with over 80 attendees from across the state. The day's programming included a thorough look at the American Recovery and Reinvestment Act, and specifically its investment in HIT, presented by **Mark Segal**, Director of Federal

ACT NOW!

PROGRAM ANNOUNCEMENT
Healthcare Policy and IT Initiatives - What a Difference a Year Makes!

Date: Fri., Mar. 13, 2009 **Time:** 9:30 AM - 3:30 PM

Location: Siemens Healthcare HQS, Malvern, PA
For **more information, registration** please visit: www.dvhimss.org
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Affairs for
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Next All-Committee Meeting

Due to the PAeHI Health Information Technology Summit on May 4, 2009, there will not be an All-Committee Meeting held in the second quarter of this year. All-Committee Meetings will resume on **Wednesday, August 26, 2009** at the Pennsylvania Medical Society's headquarters in Harrisburg. [FULL ARTICLE](#)

Privacy & Security White Paper

The PAeHI Privacy & Security white paper is on track for final approval by the PAeHI Board and public distribution by early April. [FULL ARTICLE](#)

PAeHI HIT Summit

PAeHI is excited to confirm that it will hold its second statewide educational "Health Information Technology Summit" – "HIT: It's a Team Sport!" this spring. Themes for the day will be three: Telehealth, Health Information Exchange, and the Medical Home. [FULL ARTICLE](#)

New PAeHI Office

Look out for a formal announcement soon regarding the opening of PAeHI's new office in May at the HAP headquarters building located on Lindle Road in Harrisburg...

Thanks for all you do to help *Move Healthcare Forward* in Pennsylvania...
Take care,

Martin

Martin J. Ciccocioppo

PAeHI Board Chairman and
Vice President, Research, The Hospital &
Healthsystem Association of Pennsylvania
phone: (717) 561-5363
email: martinc@haponline.org

CHAIRMAN'S MESSAGE

Dear Friends:

These are truly exciting times to be engaged in health information technology from any perspective. Just since our last newsletter much in the way of historic HIT development has occurred! Below (and on www.PAeHI.org), we have detailed, important information regarding the Federal Economic Stimulus package, as well as State, member and calendar news. But first, an update on PAeHI...

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new \$250M contract
from CMS
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PAeHI WELCOMES
NEW and RETURNING
MEMBERS!
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GUEST ARTICLE
*Pennsylvania
Healthcare Advocacy
Groups Join to
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By Nancy Bucceri,
Mohamad Arif Ali and
Sri Denduluri
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Health Quality
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executive
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ONLINE RESOURCE
GUIDE
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EVENTS CALENDAR
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In December 2008, PAeHI Board of Directors elections were held for open seats for clinician, hospital and support member class representation. We are pleased to welcome:

Dr. Jean Stratton, Gateway Medical Associates, Exton, PA as the new Clinicians and Clinician Organizations representative to the PAeHI Board and we offer our heartfelt gratitude to Dr. F. Wilson Jackson III, Jackson Siegelbaum Gastroenterology, Camp Hill, PA for his three years of service representing physicians on the Board.

Sharon Dorogy, The Children's Institute, Pittsburgh, to fill a second hospital seat on the Board and to have **Dr. Don Levick**, Lehigh Valley Health System, return for a second two-year term representing hospitals on the Board.

Dr. Elliot Menschik, Hx Technologies, Philadelphia, to represent Supporting Member Organizations on the Board and we offer our heartfelt gratitude to **Mark Jacobs**, Wellspan Health for his three years of service representing supporting organizations on the Board. We look forward to Mr. Jacobs' continued service as an ex-officio Board member and the new chair of our Business Analysis & Technology Committee.

State Senator Mike Folmer (R-District 48) Majority Chair, Senate Communication & Technology Committee, who has accepted the Board's invitation to represent the Pennsylvania General Assembly on the Board.

Robert Torres, Deputy Secretary for Administration, PA Department of Health, as the newest ex-officio member of the Board and the new vice-chair of our Policy Committee and we extend our heartfelt thanks to Anthony Wilson, PA Department of Health, for the years he represented the Administration on the PAeHI Board.

In January, the 2009 PAeHI Board of Directors elected officers for 2009. I am pleased to announce the 2009 PAeHI Board leadership:

Chairman – **Martin Ciccocioppo**, The Hospital & Healthsystem Association of Pennsylvania

Vice Chair – **Jay Srini**, University of Pittsburgh Health Plan

Treasurer – **Scott Gillam**, Highmark, Inc.

Secretary – **Darlene Kauffman**, The Pennsylvania Medical Society

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Strategic Planning Retreat

On January 15 and 16, PAeHI held a strategic planning retreat at The Hospital & Healthsystem Association of Pennsylvania's headquarters in Harrisburg, with author and corporate strategist Dr. Marilee Adams serving as facilitator. We were very fortunate to have nearly fifty leading healthcare stakeholders from across the state help us develop questions and answers to strategic plan development goal: Identify the unique contribution(s) that PAeHI can make to the well being of all Pennsylvanians by enabling all healthcare stakeholders to improve their use of healthcare information and knowledge. The retreat participants, Board interviews, stakeholders interviews and PAeHI membership volunteers have provided valuable insights and direction for the expanded PAeHI Strategic Planning Committee. The committee has held a series of conference calls following the retreat and is well on its way to developing a strategic plan around three strategic and tactical themes for PAeHI as it moves forward: Leadership Forum, Balanced Scorecard (Best Practices and Reporting Metrics) and Communications/Education. The committee's goal is to present an updated strategic plan for Board approval by the end of April and to publicly release the new strategic plan during our HIT Summit in Harrisburg on May 4, 2009. We would like to thank Highmark, Inc. for helping to underwrite expenses associated with our Strategic Planning Retreat in January.

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February All-Committee Event

On February 26, 2009, PAeHI hosted another excellent All-Committee Meeting at the Pennsylvania Medical Society's Harrisburg Headquarters with over 80 attendees from across the state. The day's programming included a thorough look at the American Recovery and Reinvestment Act, and specifically its investment in HIT, presented by Mark Segal, Director of Federal Affairs for GE Healthcare. Attendees also enjoyed presentations on PAeHI's on-going strategic planning process, and regarding its Privacy & Security white paper (a draft of which is now available on www.PAeHI.org under "Resources" for review, edits, comment). An overview and update on PAeHI's immunization registry and related health information exchange initiatives was also provided by Bill O'Byrne, HIT coordinator for New Jersey, and Sue Salkowitz of Salkowitz and Associates. PAeHI would like to thank GE Healthcare for sponsoring the event. (Please Note: Mr. Segal's PowerPoint presentation, the draft privacy & security white paper (for

editing purposes) and all other February All Committee presentations are now available for download under "Resources" at www.PAeHI.org.)

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Next All-Committee Meeting

Due to the PAeHI Health Information Technology Summit on May 4, 2009, there will not be an All-Committee Meeting held in the second quarter of this year. All-Committee Meetings will resume on **Wednesday, August 26, 2009** at the Pennsylvania Medical Society's headquarters in Harrisburg.

Privacy & Security White Paper

The PAeHI Privacy & Security white paper is on track for final approval by the PAeHI Board and public distribution by early April, following the expected March 28, 2009 release of the Healthcare Information Management Systems Society (HIMSS) Journal of Health Information Management (JHIM), in which an abbreviated version of our paper is to be published.

PAeHI would like to thank the dozens of collaborators from across the state who contributed to this important work, in particular Buddy Gillespie and Steve Fox who chaired the effort, Bob Mitchell, of ADVANCE Magazine for editorial support and Glen Marshall, the project's managing editor. If you would like you more information on this project, please contact PAeHI Executive Director Mark Stevens at markwstevens@verizon.net or by phone at 610.363.2588.

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PAeHI HIT Summit

PAeHI is excited to confirm that it will hold its second statewide educational "Health Information Technology Summit" – "HIT: It's a Team Sport!" this spring. Themes for the day will be three: Telehealth, Health Information Exchange, and the Medical Home. Speakers will include the Honorable Robert Casey, the junior U.S. Senator from Pennsylvania.

Working in concert with the two state HIMSS chapters, along with dozens of other sponsors and co-sponsoring organizations from across Pennsylvania, the PAeHI HIT Summit will be held in Harrisburg on Monday, May 4, 2009 and followed on Tuesday, May 5, 2009 by the second annual PA HIMSS Healthcare IT Advocacy and Awareness Day. Both events will be held at the Crowne Plaza in downtown Harrisburg. A reception and Healthcare IT Solutions Showcase will also be held Monday afternoon and evening in the East Rotunda of the State Capitol Building. An official launch of the event(s) will occur next Monday, March 16, after which on-line event registration will be available through www.dvhimss.org and www.wpahimss.org.

New PAeHI Office

Look out for a formal announcement soon regarding the opening of PAeHI's new office in May at the HAP headquarters building located on Lindle Road in Harrisburg...

Thanks for all you do to help Move Healthcare Forward in Pennsylvania...
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STATE OUTLOOK/NEWS

Highmark and Independence Blue Cross withdraw applications to combine

Source: Highmark website

On January 21, Highmark Inc. and Independence Blue Cross (IBC) announced they had withdrawn their applications to the Pennsylvania Insurance Department (PID) to combine the two companies. They submitted the applications to the PID in April 2007.

In a joint statement, Kenneth R. Melani, M.D., president and chief executive

officer of Highmark, and Joseph A. Frick, IBC's president and chief executive officer, said:

"During the last 21 months, our proposed combination has been closely examined in an unprecedented, wide-ranging, and open review with extensive public comments, outside expert analysis, and 10 public hearings. However, in recent days, it became clear to us that despite the well-documented advantages of the consolidation for our customers and our communities, the Insurance Department would not approve the transaction because of its belief that there would be an adverse impact on competition.

"To address its concern about the combination's impact on competition, the PID told us that we would have to relinquish the use of either the Blue Cross brand or the Blue Shield brand. Throughout the review process, we have stated repeatedly that we would not give up one of our brands. We have spent more than 70 years developing our brands' value in our markets and they are an integral part of our corporate identities and reputation. While we believe that the combination as originally proposed would have been of great benefit to all of our stakeholders, we concluded that giving up one of our brands would preclude the new company from delivering to our customers, communities, and the Commonwealth the full results we had projected. This is genuinely disappointing.

"As we move forward as separate, financially stable, Pennsylvania-based companies, we believe we will continue to be the health insurer of choice in each of our markets because of our passionate commitment to serving our customers' needs. We will also continue to look for opportunities to collaborate with other Blues, the PID, the governor, the General Assembly, and other key stakeholders in health care to achieve our mission: to improve access to affordable, quality health care and strengthen the well-being of the communities we serve."

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PAeHI partners with DocSite to help Pennsylvania physicians qualify for CMS PQRI Bonus Incentives – Results In

With only a few weeks left for physicians to qualify for bonuses under Medicare's 2008 Physician Quality Reporting Initiative (PQRI), PAeHI issued an open letter to its membership in mid-December announcing the availability of DocSite PQRI™ through the end of the year – at a significant discount. The program, negotiated with DocSite by PAeHI, made it possible for any Pennsylvania physician to participate in 2008 PQRI and earn up to a 1.5 percent bonus from the Centers for Medicare and Medicaid Services (CMS). In addition, PAeHI members would also be able to participate in the 2009 program, which provides up to a two percent incentive bonus for Medicare PQRI registry quality measure submissions, as well as a two percent e-prescribing bonus.

PAeHI felt it could demonstrate value through negotiated pricing with DocSite and initiating an open-letter for the PQRI alternative reporting tool. We felt this technology-based tool would benefit providers in a manner that would further promote the use of Electronic Health Records. It's a creative way where the PAeHI can determine favorable technology-based opportunities for our Stakeholders in order to drive quality care in Pennsylvania," said Mark J. Jacobs, MHA, FHIMSS, 2008 Co-Chair of the PAeHI Board.

CMS authorized the PQRI Alternative Reporting Method for 2008, a way for physicians to qualify for the PQRI bonus with no impact on the charge capture or billing system. DocSite PQRI provides physicians with a simple and effective method to comply with guidelines for the PQRI Alternative Reporting Method. Typically, the process can be completed in a few days with as little as two hours of staff effort.

Results from the PAeHI DocSite PQRI initiative are in: There were three organizations that implemented a rapid response to the opportunity, representing a few hundred physicians, as well as over 35 individual and independent physicians from across PA that took advantage of the PAeHI DocSite initiative to qualify for CMS incentives. As a result, the eligible Pennsylvania providers and practitioners who submitted are expected to collectively generate between an estimated \$600,000 to \$800,000 from CMS in incentive payments – a figure five to seven times the size of PAeHI's annual budget.

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Stimulus and HIT

Source: HIMSS.org website

On February 17, 2009, President Barack Obama signed into law the American Recovery and Reinvestment Act (ARRA) of 2009, H.R. 1. The legislation is designed to develop a solid health information infrastructure for healthcare and stimulating the economy through new investment and job growth. The following is a breakdown of the total health IT funding and where the funding is located:



- \$17.2 billion in incentives through the Medicare and Medicaid reimbursement systems to assist providers in adopting EHRs
- \$4.7 billion for the National Telecommunications and Information Administration's Broadband Technology Opportunities Program
- \$2.5 billion for the U.S. Department of Agriculture's Distance Learning, Telemedicine, and Broadband Program
- \$2 billion for the Office of the National Coordinator (ONC)
- \$1.5 billion for construction, renovation, and equipment for health centers through the Health Resources and Services Administration
- \$1.1 billion for comparative effectiveness research within the Agency for Healthcare Research and Quality (AHRQ), National Institutes of Health (NIH), and the Department of Health and Human Services (HHS).
- \$500 million for the Social Security Administration
- \$85 million for health IT, including Telehealth services, within the Indian Health Service
- \$50 million for information technology within the Veterans Benefits Administration

For more information, visit HIMSS.org and/or PAeHI.org under "Resources" to access the February All Committee Economic Stimulus presentation of Mark Segal, Director of Federal Affairs for GE Healthcare.

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Big money in stimulus package for HIT users, but prepare now, experts say

Source: *Healthcare IT News*, March 04, 2009



WASHINGTON – The economic stimulus package has allotted \$17.2 billion to reward Medicare and Medicaid providers who can prove they are using certified healthcare IT "in a meaningful way." The incentives are scheduled to take effect starting Oct. 1, 2011. Experts say providers should not waste time getting prepared because there is a shortage of change management experts available to help.

According to Dave Garets, president and CEO HIMSS Analytics, 94 percent of hospitals currently don't have enough healthcare IT in place to meet the stipulations required to receive bonuses. Under the new law, they must prove "meaningful use," which will require capturing certain data. Garets expects that healthcare organizations will adopt healthcare IT "with a vengeance" in 2009. He and other members of the Healthcare Information and Management and Systems Society are concerned there are "precious few" change management experts to help providers make the complicated transition to healthcare IT by 2011.

Garets said it's not as simple as hiring a software technician to make the transition. There is a need for qualified people who know how to help with workflow adaptation and how to implement software packages so they work for the organization. "These people are extremely valuable and extremely rare," he said.

Payments under the American Reinvestment and Recovery Act are graduated in descending amounts for federal fiscal years 2011 and 2015. After 2015, there are penalties for providers that do not use healthcare IT. The sooner a provider is ready to go with healthcare IT, the more likely they are to cash in on the maximum possible, Garets said.

According to HIMSS leaders' interpretation of the law, physicians can earn from \$44,000 to more than \$60,000 in extra payments over the five-year period, including \$18,000 the first year. Incentives for hospitals will start at a base of \$2 million annually.

To qualify for bonuses, providers must have certified electronic health record technology capable of providing clinical decision support to physician order entry and capturing query information relevant to healthcare quality. The system must also be able to exchange and integrate electronic health information with other sources.

The maximum payment for qualifying physicians under the stimulus package is \$18,000 for the first year, \$12,000 for the second year, \$8,000 for the third year, \$4,000 for the fourth year and \$2,000 for the fifth year. For those failing to use certified qualifying healthcare IT by 2014, Medicare payments will be reduced to 99 percent in 2015, 98 percent in 2016 and 97 percent thereafter.

Hospitals will have to submit data on clinical quality measures and other measures to be determined by the Department of Health and Human Services secretary. Payment for hospitals is a complicated formula that includes the discharge amount and Medicare share a hospital receives.

The state is authorized to make bonus payments, beginning in 2011, to physicians who provide Medicaid services, are not hospital-based and have at least 30 percent Medicaid patient volume. Federally qualified health centers or rural health clinics with at least 30 percent Medicaid patient volume can receive up to \$63,750 in incentives and will not face reductions in Medicaid payments if they do not adopt certified EHR technology.

The "meaningful use" of healthcare IT is yet to be determined by the HHS secretary under the new law. On March 2, President Barack Obama nominated **Kansas Gov. Kathleen Sebelius** to fill this role. If Sebelius is confirmed by the Senate, she will also oversee standards development and select clinical quality measures used to determine providers' worthiness for receiving healthcare IT incentives under the new law.

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ONC Requests HIT Standards and Policy Committee Nominations by March 16

Source: ONC Website

The American Recovery and Reinvestment Act of 2009 (Act), Pub. L. 111-5 amends the Public Health Service Act (PHSA) to add new sections 3002 and 3003. The new section 3003 of the PHSA establishes the HIT Standards Committee to make recommendations to the National Coordinator for Health Information Technology on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of health information technology adoption. The HIT Standards Committee members are to be appointed by the Secretary of the Department of Health and Human Services with the National Coordinator taking a leading role. Membership of the HIT Standards Committee should at least reflect the following categories of stakeholders and will include other individuals: providers, ancillary healthcare workers, consumers, purchasers, health plans, technology vendors, researchers, relevant Federal agencies, and individuals with technical expertise on health care quality, privacy and security, and on the electronic exchange and use of health information.

In addition, we also seek nominations to the HIT Policy Committee (established by the new section 3002 of the PHSA), which makes recommendations to the National Coordinator on the implementation of a nationwide health information technology infrastructure. The HIT Policy Committee will consist of at least 20 members. Three of these members will be appointed by the Secretary of the Department of Health and Human Services. Of the three members, one must be a representative of the Department of Health and Human Services and one must be a public health official. If, 45 days after the enactment of the Act, an official authorized under the Act to make appointments to the HIT Policy Committee has failed to make an appointment(s), the Act authorizes the Secretary of HHS to make such appointments. The Department of Health and Human Services is consequently accepting nominations for the HIT Policy Committee. New section 3008 of the PHSA allows the Secretary to recognize the NeHC (if modified to be consistent with the requirements of section 3002 and 3003 of the Act and other federal laws) as either the HIT Policy Committee or the HIT Standards Committee. At this time, the Department of Health and Human Services is evaluating options regarding the National eHealth Collaborative and its role in relation to those Committees.

For appointments to either the HIT Standards Committee or the HIT Policy Committee, I am announcing the following: Letters of nomination and resumes should be submitted by March 16, 2009 to ensure adequate opportunity for review and consideration of nominees prior to appointment of members.

ADDRESS: Office of the National Coordinator, Department of Health and Human Services, 200 Independence Avenue, NW, Washington, DC 20201, Attention: Judith Sparrow, Room 729D. Email address: HIT_FACA_nominations@hhs.gov. Please indicate in your letter or email to which Committee your nomination belongs.

FOR FURTHER INFORMATION CONTACT: ONC/HHS, Judith Sparrow, (202) 205-4528

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HHS Establishes Office of Recovery Act Coordination; Dennis Williams to lead new Office; Statement by Acting Secretary

Source: HHS website

HHS has been entrusted with the responsibility for implementing many

major provisions of the American Recovery and Reinvestment Act (ARRA), which President Obama signed into law two weeks ago. We have rapidly established new policy and technical processes to review spending plans and address the fundamentally new reporting, transparency, and accountability requirements of the Act.

HHS leaders have been meeting together to carefully decide how best to spend the estimated \$137 billion that has been made available to HHS to produce more jobs, expand health care and the health care workforce, provide an advance payment on health reform priorities in Health IT, Prevention, and Comparative Effectiveness Research, expand social services, and speed progress in biomedical research.

To staff the processes HHS has created over the past two weeks, and handle the complexity of HHS' role in Recovery Act, HHS is establishing an Office of Recovery Act Coordination. This Office will ensure that the Act's requirements and OMB's guidance are followed. This will include making sure that reporting due dates are met, maintaining a repository of official HHS ARRA information, establishing and tracking performance outcomes, mitigating risks, and keeping the public constantly informed through the web and other means of communication. This new Office will coordinate and oversee all ARRA activities for the Department, and convene those involved in ARRA implementation to accomplish tasks in a timely manner.

This new Office will report to the Assistant Secretary for Resources and Technology (ASRT), since many of the Offices with which it needs to coordinate are within ASRT. Leadership will be provided by a new Deputy Assistant Secretary for Recovery Act Coordination. Most Recovery Act work will be completed by OPDIVs and OS Offices, but this Office will have a dedicated staff to coordinate among the various organizations and prepare reports, updates, and compile official HHS Recovery Act material.

It is my pleasure to announce that one of HHS' experienced and talented leaders, Dennis Williams, will be HHS' Deputy Assistant Secretary for Recovery Act Coordination. Mr. Williams most recently served as HRSA's Deputy Administrator, a post he held from 2002-2009. Prior to joining HRSA, Williams served as acting Assistant Secretary in HHS' Office of the Assistant Secretary for Management and Budget (OASMB, currently ASRT) from 2001 to 2002. From 1985-2001 he served as Deputy Assistant Secretary for Budget in OASMB.

Charles E. Johnson
Acting Secretary

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Commonwealth Fund Study: "Technology Proven to Lower Costs, Improve Patient Care"

Source: Commonwealth Fund website

In a study published in January in the Archives of Internal Medicine, finds that when physicians in hospitals use health information technology (health IT) to its full potential there are fewer deaths, fewer complications, and lower health care costs. The study, supported by The Commonwealth Fund and led by Ruben Amarasingham M.D., M.B.A., Associate Chief of Medicine at Parkland Health & Hospital System and Assistant Professor of Medicine at UT Southwestern Medical School and Neil Powe, M.D., M.P.H., M.B.A., Professor of Medicine at the Johns Hopkins University School of Medicine, surveyed physicians from 41 hospitals in Texas treating a diverse group of patients across a variety of conditions including heart attack, heart failure, and pneumonia.

The survey directly measures physicians using health IT in a hospital setting. Respondents were asked about their use of several different types of health IT including electronic notes and records, order entry, and clinical decision support. Researchers found that relatively modest increases in technology use had dramatic results—a 10 point increase in the use of electronic notes and medical records was associated with a 15 percent reduction in the likelihood of patient death. And, when physicians electronically entered their instructions for patient care, there was a 55 percent reduction in the likelihood of death for some procedures. Increased use of health IT was also linked to lower costs: hospitals with automated test results, order entry, and decision support experienced lower costs for all hospital admissions (-\$110, -\$132, and -\$538, respectively per admission).

"These findings tell us, straight from the physicians using it, that this technology works to improve quality of care for patients—the first priority of health information technology," said Commonwealth Fund Vice President for Quality Improvement and Efficiency Anne-Marie Audet, M.D. "But, in order to save lives and keep costs down, health information technology has to be used to its fullest extent. As President Obama and his health care team consider investing in this technology for the nation, it would make sense to factor in on-going support and training for health care providers so that the

technology can live up to its potential."

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PAeHI BOARD and MEMBER NEWS

HAP Wins AHRQ Grant

On February 20, the Agency for Healthcare Research and Quality selected 10 state hospital associations, including the Hospital and Healthsystem Association of Pennsylvania (HAP) and three patient-safety organizations to participate in a three-year initiative aimed at reducing central-line-associated bloodstream infections in intensive-care units.

The 13 organizations will strive to reduce central-line infections by 80% from the current national average of five infections per 1,000 catheter days to one infection per 1,000 catheter days, AHRQ said. In addition, hospitals will conduct evidence-based practices and team education for staff and hold monthly assessment meetings through the federal initiative. PAeHI Board Chair, **Martin Ciccocioppo** is Vice President for Research for HAP, which is a Charter Member of PAeHI.

Highmark Medicare Services awarded new \$250M contract from CMS

In January, Highmark Medicare Services was selected by The Centers for Medicare & Medicaid Services (CMS) to process Medicare fee-for-service claims from hospitals and other institutional providers, physicians and health care practitioners in Ohio and Kentucky. The new contract is expected to create up to 480 new positions. PAeHI Treasurer, Scott Gillam, is Director of eHealth Services for Highmark, which is a Platinum Sponsor and Charter Member of PAeHI.

NOTE: Please send news items you'd like referenced to markwstevens@verizon.net – thank you!

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PAeHI WELCOMES NEW and RETURNING MEMBERS!

PAeHI would like to welcome and thank its new and returning members, including:

GE Healthcare

- * PA Health Care Quality Alliance
- * Concurrent Technologies Corporation
- * Lantek Medical Systems
- * CHOP
- * Phytel
- * Pinnacle Health System
- * Hahnemann University Hospital
- * Siemens Medical Solutions
- * Virtual OfficeWare, Inc.
- * e4 Services, LLC
- * ePlus Inc.
- * Joe Ingemi
- * Mohamed Ali

* *New members*

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GUEST ARTICLE

The Pennsylvania Chapters of HIMSS and PAeHI
Source: Western PA Hospital News

Pennsylvania Healthcare Advocacy Groups Join to Promote Reform

Federal Economic Stimulus to Invest \$20B in Healthcare IT, Spurs Effort to Educate, Prepare

By Nancy Bucceri, Mohamad Arif Ali and Sri Denduluri

Pennsylvania has been first in many things– the first US capital, the first medical school, the first hospital – even the first zoo. While we're known for our soft pretzels, did you know the Big Mac and the sundae were first developed in Pennsylvania? Today, Pennsylvania's hospitals and health systems are leaders in the use of information technology, outpacing hospitals nationally in their adoption of clinical information technology (IT)

and management systems¹. But despite this leadership, only 17 percent of Pennsylvania hospitals report that most of their medical practitioners routinely use IT for clinical interventions such as ordering medications².

Two organizations, the Pennsylvania eHealth Initiative (PAeHI) and the Pennsylvania chapters of the Health Information and Management Systems Society (HIMSS) are working to change that. PAeHI is a statewide not-for-profit membership organization whose mission is to foster the broader adoption of electronic health records and health information exchange. HIMSS is an international membership organization exclusively focused on providing leadership for the optimal use of healthcare IT and management systems. They have been among several organizations working in concert with payers, providers, state government and the private sector to leverage IT to improve the quality and lower the cost of healthcare for all Pennsylvanians. This article provides an overview of their work to reform healthcare and a preview of related events on the horizon.

On March 27, 2008, Governor Ed Rendell created the Pennsylvania Health Information Exchange (PHIX) and named PAeHI an Advisory Organization. The purpose of PHIX is to provide IT architecture to support statewide interoperable electronic health records and electronic prescribing. PAeHI's role on this council will be to provide research, analysis and recommendations relative to the unique needs of the state. PAeHI has provided thought leadership in the areas of e-prescribing, health information exchange, security and privacy.

Last year, HIMSS held its first Advocacy Day in Harrisburg with the theme, Better Care Through Information Technology, including 80+ professionals from the healthcare industry that shared their experiences with 110 legislators on how IT, such as electronic medical records, has helped save lives and lower costs. A resolution naming May 12, 2008 Pennsylvania Health Information Technology Awareness Day was passed unanimously by the General Assembly in recognition of the importance IT plays in the commonwealth's goal of reducing costs, improving quality and saving lives. The event was the topic of an acclaimed national HIMSS Journal of Health Information Management article and winner of the Spirit of HIMSS Award.

This spring, the Pennsylvania HIMSS chapters are partnering with PAeHI to build on the success of last year's Advocacy Day with a two-day event in Harrisburg on May 4-5 that will combine an educational summit to discuss – from a Pennsylvania perspective - Telehealth, health information exchange and the concept of the medical home on day one, followed by the second Advocacy Day on day two. PA US Senator Bob Casey is among those slated to speak. At the request of legislators at last year's event, Pennsylvania providers will also be providing demonstrations on how they use IT to improve outcomes and lower costs in a "Solutions Showcase" to be held in the East Rotunda of the Capitol. "Given the recent reauthorization of SCHIP and the Federal economic stimulus package," said event coordinator, Mark Stevens, Executive Director of PAeHI and co-chair of Advocacy for the Delaware Valley chapter of HIMSS, "this year's combined Summit and Advocacy Day should be the most important healthcare IT event in Pennsylvania of this decade."

President Obama signed the American Revitalization and Reinvestment Act into law on February 17, which included a \$20B investment in healthcare IT and \$2B in comparative-effectiveness studies. For policy makers, healthcare providers and consumers, the questions now are what does all this mean, and how will it impact Pennsylvania and the nation? Join PA HIMSS and PAeHI and help provide the answers. For more information, please contact Mark Stevens at markwstevens@verizon.net.

About the authors: Nancy Bucceri is a director on the Delaware Valley chapter of HIMSS and member of the PA HIMSS Advocacy Day Planning Committee. Mohamad Arif Ali and Sri Denduluri are members of the PA HIMSS Health IT Advocacy Day Communications Team.

About HIMSS: The Healthcare Information and Management Systems Society is the healthcare industry's membership organization exclusively focused on providing global leadership for the optimal use of healthcare information technology (IT) and management systems for the betterment of healthcare. Founded in 1961 with offices in Chicago, Washington D.C., Brussels, and other locations across the United States and Europe, HIMSS represents more than 20,000 individual members and over 300 corporate members that collectively represent organizations employing millions of people. For more information, please visit www.himss.org.

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MEMBER PROFILE

*Health Quality Partners chief executive, **Dr. Ken Coburn**, serves on the PAeHI Board of Directors*

PA Group Improves Health, Lowers Cost

Source: Philadelphia Inquirer, Feb. 11, 2009

A Doylestown nonprofit may have cracked a costly medical conundrum: how to keep the sickest Medicare patients out of the hospital and save taxpayer money in the process.

The group's approach? Educate patients who have chronic diseases and give them monthly face-to-face contacts with nurses. The program could inspire ongoing efforts by Medicare, Gov. Rendell, New Jersey officials and others across the U.S. to find better ways to manage chronic illness, which accounts for a huge portion of the nation's \$2 trillion health-care bill.

A study in today's Journal of the American Medical Association examined 15 Medicare-sponsored care-management programs and found that Health Quality Partners was one of the few that showed some success at holding down costs and reducing hospitalizations. The nonprofit's fee to manage care was nearly offset by the lower spending on its patients, the study found. And for the 30 percent of patients whose illnesses were the most severe, the group significantly cut costs and hospital visits.

"If you want to save money, you need to focus your efforts on those people at highest risk," concluded Randall Brown, health research director at Mathematica Policy Research Inc. in Princeton and senior author of the study.

While patients with less serious conditions may benefit from coordination, the cost for that group will likely dwarf any savings, Brown said.

"That doesn't mean 'Don't do something for the other patients,' but maybe not something as intense and expensive," Brown said.

Among the reasons for the group's success, according to the medical journal's analysis, are that it developed relationships with community physicians and hospitals and that its nurses - sometimes working out of doctors' offices - had regular one-on-one contact with patients. **Ken Coburn, the group's chief executive and medical director**, said the benefits to chronically ill patients might not become clear for years because many patients live for long periods before their diseases require hospital care.

"The jury is not yet in that this . . . is going to bear fruit if we just stick it out, but I believe it will, and we have some anecdotal data to suggest it will work," said Coburn, a physician and public health researcher.

One reason the group enrolled low- and moderate-risk patients was to learn if better coordinated care would help them, Coburn said.

Take Loretta Nelson. The 83-year-old Doylestown resident did not know she had dangerously high blood pressure when she first met her nurse coordinator a year ago. She also had high cholesterol and trouble reaching items on the top shelves in her kitchen. Nelson credits nurse Nancy Davis with helping her get - and keep - her cholesterol and blood pressure under control. The twice-weekly exercise classes the group offers have helped Nelson reach the top shelf without a problem. And she has lost more than 20 pounds.

"I feel wonderful," Nelson said yesterday.

Health Quality Partners enrolled 740 chronically ill patients 65 and older in the study. All were in traditional Medicare. One third of the group's patients had heart disease, and a quarter had diabetes. All patients had at least one face-to-face meeting a month with their nurse. Health Quality Partners received \$50 a month for each low-risk patient and up to \$130 for the sickest. Compared with patients who did not get care coordination, those in the program were twice as likely to be taught how to exercise and follow a healthy diet. The group's patients were also more likely to get pneumococcal vaccines and colon cancer screenings.

Health Quality Partners has 16 employees and an annual budget of \$1.8 million, mostly from this program. Don Liss, a medical director for health insurer Aetna Inc., said the ability of Coburn's group to work closely with primary-care doctors was important to the program's success. But he said he doubted many payers, including Medicare, would be willing to wait long for results.

"That argues for a more targeted approach," Liss said. "Identifying those

who have both severe illness and are likely to incur hospitalization . . . is the big challenge."

And that is where Health Quality Partners' ongoing work might help. The group's program was one of two from the original 15 that Medicare continues to pay for.

"We are continuing to follow these patients, and this is a great opportunity to identify who these interventions will help," Coburn said.

In Pennsylvania, Rendell's chronic-care initiative last year launched a public-private collaborative to change the way primary-care doctors practice. That effort seeks to make doctors and other primary-care providers more accessible and to educate patients to better care for themselves. Independence Blue Cross, Aetna, and four other insurers plan to spend \$13 million over three years to pay for the first phase of the initiative at 32 local primary-care practices. Over the next several months, the effort will expand across the state, ultimately to include primary-care practices with 750,000 patients.

"It is not going to happen overnight," said Ann S. Torregrossa, director of the Governor's Office of Health Care Reform, "but we just can't not try to do something about all the money that is being spent for avoidable hospitalizations and avoidable ER visits and the toll that takes on people with these conditions."

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ONLINE RESOURCE GUIDE

www.hqp2.org	Health Quality Partners
www.phcqa.org	PA Health Care Quality Alliance
www.cms.hhs.gov	CMS
www.haponline.org	HAP
www.pamedsoc.org	PA Medical Society
www.docsite.com	DocSite
www.dvhimss.org	Delaware Valley HIMSS
www.wpahimss.org	Western PA HIMSS

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UPCOMING EVENTS

Event Calendar

March 13, 2009

HIMSS National Initiatives, Event, Siemens, Malvern, PA

April 4-9, 2009

HIMSS National Conference, Chicago

May 4, 2009

PAeHI HIT Summit, Solutions Showcase and Reception, Harrisburg

May 5, 2009

PA HIMSS Healthcare IT Advocacy Day, Harrisburg

August 26, 2009

Next PAeHI All Committee Event (no event in May due to PAeHI Summit)

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UPCOMING PROGRAMS



Healthcare Policy and IT Initiatives – What a Difference a Year Makes!

This program features a keynote address that will focus on the HIT aspects of the American Recovery and Reinvestment Act (ARRA). Keynote presenters are The Honorable Allyson Y. Schwartz, member of the U.S. House of Representatives from Pennsylvania, and Meredith Taylor, Director, HIMSS Congressional Affairs. The program also includes an overview of national initiatives, implications of these initiatives specifically around quality measurement and pay for performance, and an update on Pennsylvania

Healthcare Reform and HIT plans. The afternoon session includes a thought leader panel whose participants will share their views on the implications and impact of the ARRA on the adoption of interoperable electronic health records.

Date: Friday, March 13, 2009 Time: 9:30 AM to 3:30 PM

Location: Siemens Healthcare HQs – Auditorium A & B – Corporate III building

Address: 51 Valley Stream Parkway, Malvern, PA 19355 (off Route 202)

Cost: \$30 for all HIMSS, ACHE/HLNDV1, DVNCN, & PAeHI members, \$40 for non-members

For more information, registration please visit: www.dvhimss.org.

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