SCOTTSDALE INSTITUTE

INSIDE IE EDGE

How IT Vendors are Responding to Meaningful Use

EXECUTIVE SUMMARY

In our last issue of Inside Edge we explored how hospitals and health systems are structuring themselves to make decisions and respond to meaningful use criteria given the ambiguity of what the final rule will look like. In this issue we turn to HIT vendors to determine how meaningful use is shaping their roles and relationships with provider organizations.

The ambiguity continues, but not for long. It bears repeating: the CMS Notice of Proposed Rulemaking will be out December 31, followed by a 60-day comment period. Publication of the Final Rule is expected late spring 2010.

Still, it's nearly unanimous from experts on all sides that even a few months delay in moving toward meeting meaningful use criteria is unwise. For this issue of IE we talked to three diverse HIT vendors—Carefx, Cerner and IntraNexus—and two third-party players with important but different perspectives on the market—KLAS and the Certification Commission for Healthcare Information Technology (CCHIT).

Finally, provider organizations should be under no misconception: vendors and their technology comprise just a piece of the meaningful use puzzle. Ultimately meeting meaningful use is up to the end-user organization—no vendor can do it for you.

Some clarity

While meaningful-use requirements have yet to be finalized, it's still possible to project their arc enough to be decisive in certain areas, says Eric Leader, VP of technology architecture and product management, at Scottsdale, Ariz.-based Carefx.

Interoperability, for example, can be defined broadly as data access. "We view interoperability as extending the health record out to all the care providers, patients and their families," he says. "And that healthcare record is cross-organizational, meaning it comes from all sources. Rather than just moving data between systems, we focus on how it's used. Availability of the entire healthcare record is the real intent of meaningful use."

Going forward, says Leader, meaningful use is focused on performance and key quality metrics. As a result, hospitals should focus on developing the ability to provide more comprehensive key quality measurements across the continuum of care, across all venues they treat the patient. In other words, extend

September 2009
Volume 15, Number 8

Scottsdale Institute Conferences 2009-2010

Spring Conference 2010
April 14-16
Camelback Inn,
Scottsdale, Ariz.

Fall Forum 2010
Hosted by Intermountain Healthcare
Sept. 30-Oct. 1, 2010
Salt Lake City, Utah

SCOTTSDALE INSTITUTE

Membership Services Office:
1660 Highway 100 South
Suite 306
Minneapolis, MN 55416
T. 952.545.5880
F. 952.545.6116
E. scottsdale@scottsdaleinstitute.org
W. www.scottsdaleinstitute.org

quality metrics into cross-organizational information exchange.

"We see a lot of healthcare providers really struggling in this area," he says, adding that most organizations are at a basic level using spreadsheets to frame such criteria. Partly that's because hospitals hesitate to do more until there's more specificity to meaningful use criteria. Accepting the ambiguity and yet sensing a direction within it, Carefx has shaped its product accordingly.

"There is no single definition of meaningful use. We believe the meaningful use requirements will change over time. It's not a matter of just releasing the first set of requirements and then it's over."

CAREfx®
Simply Advancing Healthcare

Eric Leader, VP, Carefx, Scottsdale, Ariz.

"We're trying to provide a flexible platform for clients. There is no single definition of meaningful use. We believe the meaningful use requirements will change over time. It's not a matter of just releasing the first set of requirements and then it's over. That's why Carefx has built a solution that can adapt to changing needs," Leader says.

Feedback loop

For example, the Office of the National Health IT Coordinator has promulgated a requirement—and funded it—for researching the effectiveness in enhancing the quality of care, the results of which will be fed back into the meaningful use requirements. "So, we fully believe those requirements will be modified around more efficient and effective care as the result of a built-in feedback cycle," he says.

Carefx is offering clients a base of services for accessing and displaying data and business logic to execute the tasks of care giving—using Service Oriented Architecture (SOA). "We think that's the key to having the agility to respond to all meaningful use requirements. It's going to be really difficult if you have an inflexible architecture, an opinion that is shared by a number of our customers and prospects. It's going to take hospitals and vendors longer to change their systems than the proposed schedule will allow," says Leader.

Carefx views a platform utilizing SOA as the most rapid way to modify its products and implement new applications. It's Fusionfx solution suite delivers interoperable workflow solutions that include identity and access management, clinical portals, composite applications (referral management, medication reconciliation, etc.), and health information exchanges.

"What we've done is reprioritize new development efforts to get that flexible platform ready for reporting quality metrics," says Leader. "We're also investing more into HIE, which has gotten a boost because one of the basic meaningful use requirements for interoperability is for outside users to be able to connect into a regional or national HIE. We see a trend there—HIEs have a broader agenda now. Even two years ago they were primarily interested in simply moving data around. Now they're interested in establishing metrics, supporting telemedicine and providing a personal health record. All previous attempts at PHRs were tethered to health insurers or providers

but it makes more sense to have it associated with an HIE," he says.

Leader expects that as studies are done, meaningful use criteria will increasingly combine clinical and financial factors, including the effectiveness of treatment of chronic diseases like diabetes. "One of the best aspects of HIEs would be to facilitate public disease surveillance beyond today's approach, which is typically just point to point through such tools as state-run registries."

Cerner

"This has been a real interesting target, a very compressed timeframe," says John Travis, senior director and Solution Strategist for Compliance, at Kansas City-based Cerner Corp. "We're all having to work off educated guesses."

Using a risk-assessment approach, however, is helpful in shaping some useful conclusions, he says. Judging from the recommendations out of the HITECH policy and standards committee this summer that cover areas like interoperability and measurement, it's clear that CPOE is of paramount importance. Also, Cerner, like most HIT vendors, is paying close attention to the newly released guidelines from CCHIT.

Cerner has formed a special business unit to help it be more nimble and responsive to new developments and innovations and has applied the same concept to a new unit to address the HITECH stimulus. The consulting services unit has been working with clients to review gaps in their current IT portfolios and help them develop roadmaps to achieve compliance by the deadlines.

CERNER® All Together™

John Travis, senior director, Cerner, Kansas City, Mo.

Some recommendations from the HITECH policy and standards committees for meaningful use compliance are a bit frustrating for vendors, Travis notes. For example, an early recommendation of the use of NCPDP 10.x for an e-prescribing standard cannot yet be certified because SureScripts, which validates e-prescribing standards for vendors, has not been able to develop a program for it yet. "No vendor could get certified today for that standard," he says.

Targeted development

Still, while meaningful use criteria pose challenges to the healthcare industry generally, they are most impactful for specific development areas at Cerner more than for the company at large. "Meaningful use is not causing us to reprioritize corporate strategy. Broadly speaking, we have to make sure we're hitting the mark on interoperability for meaningful use not just for certification but for client adoption," says Travis.

More specifically, the company is raising emphasis for development in areas like public health reporting and biosurveillance. These are areas where many providers have been subject to local or state level requirements for which interoperability standards are only recently coming into use. For

As studies are done, meaningful use criteria will increasingly combine clinical and financial factors, including the effectiveness of treatment of chronic diseases like diabetes. "One of the best aspects of HIEs would be to facilitate public disease surveillance beyond today's approach, which is typically just point to point through such tools as state-run registries."

meaningful use, many providers may still prove compliance with the local or state level requirement for things such as immunization reporting or infectious disease reporting. However, vendors such as Cerner will likely also need to enable the use of standards such as HL7 messaging standards for reporting this information to public health authorities.

"It's ambiguous and it's on our watch list. It's hard to predict what states will do," he says, and whether meaningful use will require the HL-7 format and/or what individual states require.

Another area of ambiguity is the requirement to provide an electronic summary for patients' records, which could end up either being prescriptive or subject to wide latitude interpretation. Ultimately, Travis says, it's important to be careful to meet meaningful use in a way that helps the client, what he terms "usefully usable" solutions.

"There may be a range of options for meeting certain requirements. That's the biggest grayness. We don't want to get literal-minded. At the same time, it's not a free for all," he says.

CCHIT

"The new stimulus law changed everything for everyone," says Mark Leavitt, MD, PhD, chair of CCHIT. "The impacts are much more far-reaching than HIPAA." That was clear when CCHIT conducted a live one-hour web conference Sept. 3 that attracted 700 attendees and answered 150 questions about meaningful use and its impact on the certification process. [The one-hour audiovisual session is accessible on the web at www.cchit.org, click on "Town Hall;" also see SI Teleconference, "An Update On EHR Certification," members click on "Teleconferences" on www.scottsdaleinstitute.org]

Mark Leavitt, MD, PhD, chair, CCHIT, Chicago

Notably, he says, two thirds of the vendors on the call were not previously certified. "These are newly interested companies because we've opened this up to more than just EHRs." CCHIT forecasts that the final 2011 requirements will be the same or less stringent than current HIT Policy and Standards Committees recommendations.

While the HIT Policy Committee recommended a transition process to a new certifying process that includes multiple certifying bodies—likely in place spring 2010—it's expected that CCHIT will be accredited and that EHR systems and technology certified in CCHIT's new 2011 programs will qualify for ARRA incentives. CCHIT is launching certification now because of the fast approaching deadlines.

"If provider organizations wait to buy EHRs in fall 2010, they'll never meet meaningful use in 2011 or 2012," says Leavitt. "If you wait until all the rules are final you'll never make the initial incentive window. We think the degree of uncertainty is very modest and that we can certify now and tweak later. That's a much lower risk than waiting."

SI TELECONFERENCES

October 21
Health System National Quality and Efficiency Benchmarks: Value of BI
- Jean Chenoweth, senior vice president, 100 Top Hospitals Programs, Thomson Reuters, Ann Arbor, Mich.

October 22
Services Revolutionizing Revenue Cycle
- Graham Triggs, senior research manager, Professional Services, KLAS Enterprises, Orem, Utah

October 27
U.S. Healthcare 2015
- Jordan Battani, principle researcher,Health Plans, CSC, Los Angeles
- Erica Drazen, managing partner, Emerging Practices, CSC, Boston

November 4
Update on Meaningful Use
- John P. Glaser, PhD, VP/CIO, Partners Healthcare, Boston and HHS/Office of the National Coordinator for Health Information Technology, Washington, D.C.
- Mitch Morris, MD, principal, Deloitte Consulting, Costa Mesa, Calif.

November 5
RIS Workflow and Enterprise Imaging Strategies: Conflict or Convergence?
- Ben Brown, general manager, Medical Imaging/Medical Equipment, KLAS Enterprises, Orem, Utah

continued on next page

When town hall attendees were polled after hearing this forecast, 60 percent agreed or strongly agreed and a third were unsure. "They basically said, 'Yes, we think you're right,'" he said. CCHIT is taking vendor applications beginning Oct. 7.

Two paths

The key to CCHIT's new program is that it offers two avenues for certification: 1) A premium certification for comprehensive EHR systems that includes integrated functionality and meets or exceeds federal standards for security, privacy and interoperability. 2) A basic Preliminary ARRA 2011 Certification that covers technology modules—the minimum amount of technology to meet federal standards for security, privacy and interoperability required for either eligible providers or hospitals.

"I think this will satisfy both parts of the market," says Leavitt. "It's up to the provider to meet all 28 meaningful use objectives defined by the HIT policy committee. Using the modular approach a vendor doesn't have to build, and a provider doesn't have to buy, a single comprehensive system to qualify." In other words, hospitals that already have a billing system do not have to buy a complete new system.

In spring 2010 after the final CMS rule is published, CCHIT will offer incremental testing to premium and basic certified clients if needed to meet Final ARRA 2011 requirements. The organization will also update all its requirements to meet those final requirements. Also, in June of next year, CCHIT will launch additional programs including optional "add-ons" for specialized systems like behavioral health and clinical research.

CCHIT offers an online application process at www.cchit.org/get_certified. "It's a level playing field," says Leavitt, noting that it's first come, first served for the certification process, which typically takes 90 days or less. Pricing ranges from $6,000 for a single module in the basic program to $49,000 for an inpatient EHR in the premium program.

Still, despite updated certification, it's critical that provider organizations not assume that once they invest in certified technology, the have met meaningful use criteria. "You have to be a *meaningful user* of certified technology. That's not simply the implementation and adoption of it. Just *buying* the certified technology is not enough," he says.

Getting out with clients

"Almost every HIT vendor has launched a campaign to get out and help measure how far along their customers are," says Kent Gale, founder and chairman of the board at KLAS. "It's been a fairly proactive strategy to get customers locked in."

Most vendors, he says, are satisfied they're providing the tools to support the meaningful use components like outcomes measurements, CPOE and e-prescribing. Interoperability is a different animal altogether. The problem arises if the vendors have to tell organizations they're not ready yet. "The hospitals in this economic climate have cut staff, which makes it difficult to achieve implementation and adoption of new IT applications like CPOE.

continued

November 9
Order Management in CPOE
- Beverly Bell, partner, Clinical Implementation Practice Director, Healthcare Group, CSC, Cincinnati, Ohio
- Jane Metzger, principal, Emerging Practices, CSC, Boston
- Donna Schmidt, CNO, CSC, Atlanta

November 12
HIT Standards Committee Report
- John Travis, senior director/solution strategist, Regulatory Compliance, Cerner Corporation, Kansas City, Mo.

November 16
Cerner Collaboration No. 18
- Judy Van Norman, senior director, Care Transformation, Banner Health, Phoenix
- Joel Shoolin, DO, VP, Clinical Information, Advocate Healthcare, Oak Brook, Ill.

November 19
From ICD-9 to ICD-10
- Christine Armstrong, principal, Deloitte Consulting, Dallas

December 17
HIT Policy Committee Report
- Marc Probst, CIO, Intermountain HealthCare, Salt Lake City and HIT Policy Committee Member, Office of the National Coordinator for HIT, Department of Health and Human Services, Washington, DC

To register for any of these teleconferences or to listen to ones from our archives, go to www.scottsdaleinstitute.org.

"That creates a gap, so many provider organizations conclude they need to rely on their vendor or a consulting firm. However, there aren't enough resources to go around if everyone expects to meet meaningful use criteria."

Kent Gale, founder/ chairman, KLAS, Orem, Utah

"That creates a gap, so many provider organizations conclude they need to rely on their vendor or a consulting firm. However, there aren't enough resources to go around if everyone expects to meet meaningful use criteria," says Gale.

KLAS estimates there are about 4,000 community hospitals, roughly half of which belong to IDNs that can provide at least some support to achieve meaningful use. The remaining 2,000 stand-alone hospitals may choose to align themselves with a compliant IDN to afford and implement a robust EHR. It's unlikely those hospitals would be able to go it alone to achieve meaningful use because of what Gale describes as the "triple whammy": lack of IT staff, internal funding and access to capital.

What might fill the bill for community hospitals is either a remotely-hosted clinical IT solution or one with a web-based "light footprint" that would be relatively fast and easy to implement while being comparatively low cost.

A basic EMR in six months

Light footprint is just what IntraNexus, a small Virginia Beach, Va.-based HIS vendor, aims to provide. The company is targeting the small-to-medium community hospital market with its comprehensive, web-based system that includes among its components CPOE and medication management applications.

"We can install a basic EMR in six months," says Rick O'Pry, IntraNexus CEO, adding that the company will guarantee the implementation meets meaningful use criteria. That schedule includes an initial multi-week clinical review by a third party the vendor enlists. "We're fairly insistent on somebody doing a clinical review that establishes current state and future state, especially when a hospital is going from paper to completely automated. It's good to have an objective third party perform the review—it's not us and it's not the hospital" that determine the clinical workflow changes necessary, he says.

Rick O'Pry, CEO, IntraNexus, Virginia Beach, Va.

Many hospitals, especially community hospitals, have not caught on to the reality of meaningful use deadlines, he says, and it's those hospitals that will welcome the benefits of a light-footprint EMR: comprehensive but flexible, fast and relatively easy to implement, and affordable for hospitals with 200 beds or less. Because it was designed for the web from the ground up the applications can run on an iPhone or any other computing device with a browser and IP address—allowing doctors to check

lab results at a soccer game or at home at 2:00 am.

"It sounds pretty easy that hospitals have to have at least 10 percent CPOE by 2011," says O'Pry. "But it's not, especially when you look at the national adoption rate, which is abysmal. What people miss is that it's 100 percent CPOE in 2013. That's a big leap, to go from 10 percent to 100 percent in two years on a system you haven't even put in yet."

Conclusion

On a certain level, meaningful use is a gauntlet thrown down by the federal government in the face of the health-care industry, a challenge to drag its fragmented, inefficient and error-prone self kicking and screaming into the 21st century. The criteria and deadlines are shaping health systems' clinical IT strategies, and they are impacting the HIT vendors who serve them. We may be looking 'through a glass darkly' as the poet said, but it's not too dark to see the shape of the future that's almost at our doorstep.

"That's a big leap, to go from 10 percent to 100 percent in two years on a system you haven't even put in yet."

MARK YOUR CALENDAR
for our annual
Spring Conference
in Scottsdale, Arizona
on April 14-16, 2010.

CHECK OUT THE AUDIO PRESENTATIONS
of our Fall Forum, "Healthcare Reform and Achieving Meaningful Use: The Pivotal Role of Clinical Business Intelligence" on our website, www.scottsdaleinstitute.org

SCOTTSDALE INSTITUTE MEMBER ORGANIZATIONS

Adventist Health System, Winter Park, FL

Advocate Health Care, Oak Brook, IL

Alegent Health, Omaha, NE

Ascension Health, St. Louis, MO

Banner Health, Phoenix, AZ

BayCare Health System, Clearwater, FL

Billings Clinic, Billings, MT

Catholic Health Initiatives, Denver, CO

Cedars-Sinai Health System, Los Angeles, CA

Children's Hospitals & Clinics, Minneapolis, MN

Children's Memorial Hospital, Chicago, IL

CHRISTUS Health, Irving, TX

Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Community Medical Center, Missoula, MT

HealthEast, St. Paul, MN

Heartland Health, St. Joseph, MO

Integris Health, Oklahoma City, OK

Intermountain Healthcare, Salt Lake City, UT

Legacy Health System, Portland, OR

Lifespan, Providence, RI

Memorial Health System, Springfield, IL

Memorial Hermann Healthcare System, Houston, TX

Munson Healthcare, Traverse City, MI

New York City Health & Hospitals Corporation, New York, NY

New York Presbyterian Healthcare System, New York, NY

North Memorial Health Care, Minneapolis, MN

Northwestern Memorial Healthcare, Chicago, IL

Norton Healthcare, Louisville, KY

Parkview Health, Ft. Wayne, IN

Partners HealthCare System, Inc., Boston, MA

Piedmont Healthcare, Atlanta, GA

Provena Health, Mokena, IL

Saint Raphael Healthcare System, New Haven, CT

Scottsdale Healthcare, Scottsdale, AZ

Sentara Healthcare, Norfolk, VA

Sharp HealthCare, San Diego, CA

Sparrow Health, Lansing, MI

Spectrum Health, Grand Rapids, MI

SSM Health Care, St. Louis, MO

Sutter Health, Sacramento, CA

Texas Health Resources, Arlington, TX

Trinity Health, Novi, MI

Truman Medical Center, Kansas City, MO

UCLA Hospital System, Los Angeles, CA

University of Missouri Healthcare, Columbia, MO

Virginia Commonwealth University Health System, Richmond, VA

SPONSORING PARTNERS

Deloitte.

Microsoft

INGENIX

hp invent

KORN/FERRY INTERNATIONAL

CSC

THOMSON REUTERS

Compuware
We make IT rock around the world

CAREfx
Simply Advancing Healthcare

CERNER
All Together

STRATEGIC PARTNERS

KLAS
Honest. Accurate. Impartial.

HealthTech