

Health Information Technology: Enabling Care Anytime, Anywhere



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CMIO Stratis Health

North Dakota eHealth/HIMSS Summit
November 19, 2014

Outline

- The need for a better way
- HIT use in the community
- Patient Portals to support engagement
- Status of Meaningful Use
- Where is ONC headed
- What is HIMSS doing?
- What can you do?

But first, a Commercial...

Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
 - Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Working at the intersection of research, policy, and practice

Stratis Health

- Medicare Quality Improvement Organization for Minnesota, Wisconsin and Michigan
- Program areas
 - Health disparities
 - Health information technology
 - Rural health

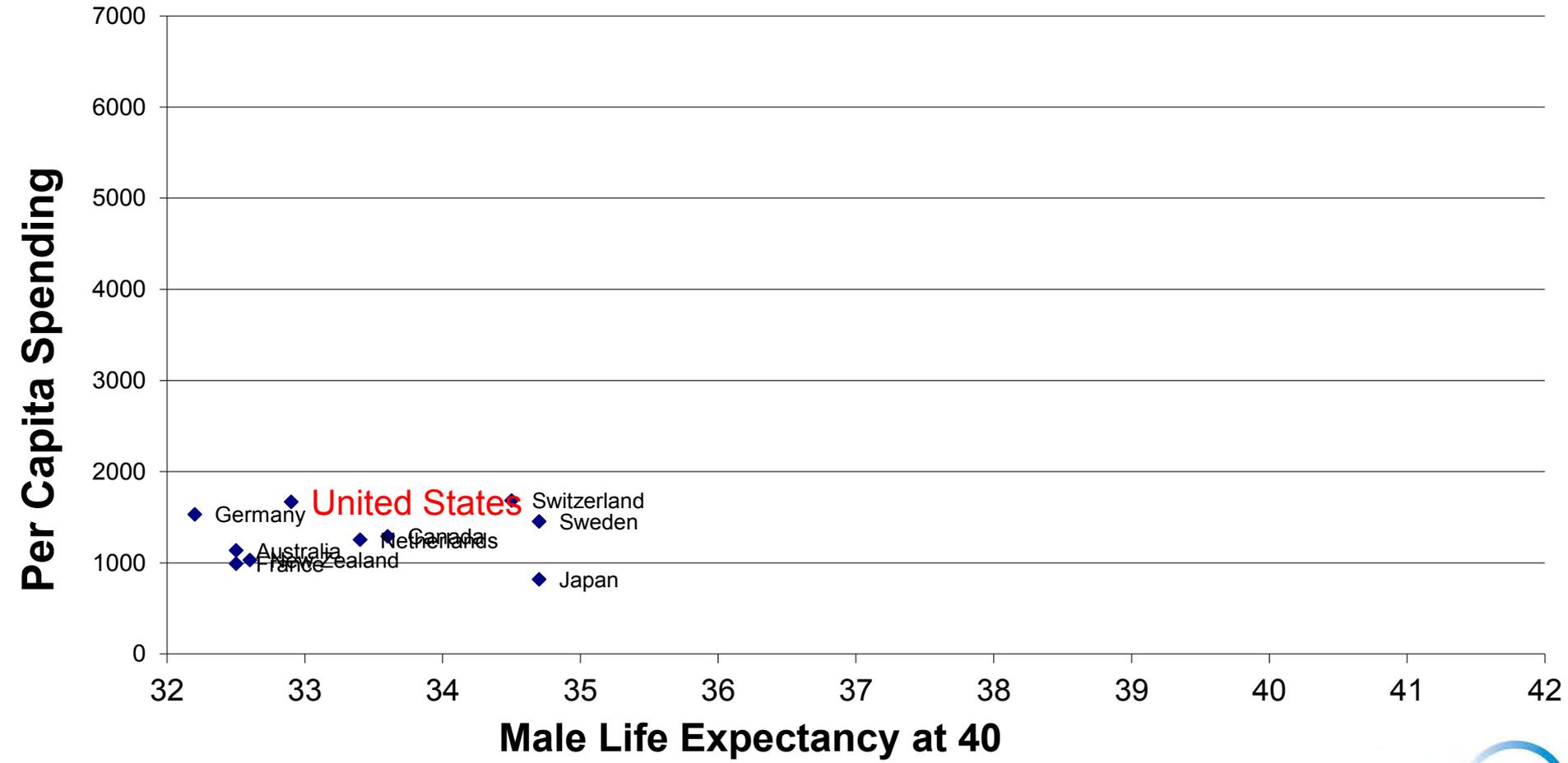
Regional Extension Assistance Center for HIT (REACH)

- A Health Information Technology Extension Center serving North Dakota and Minnesota since 2010
- Project of Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica
- In cooperation with:
 - Quality Health Associates of North Dakota
 - University of ND, Center for Rural Health
- Supported by the Recovery Act to assist primary care providers and small hospitals in adopting Health Information Technology



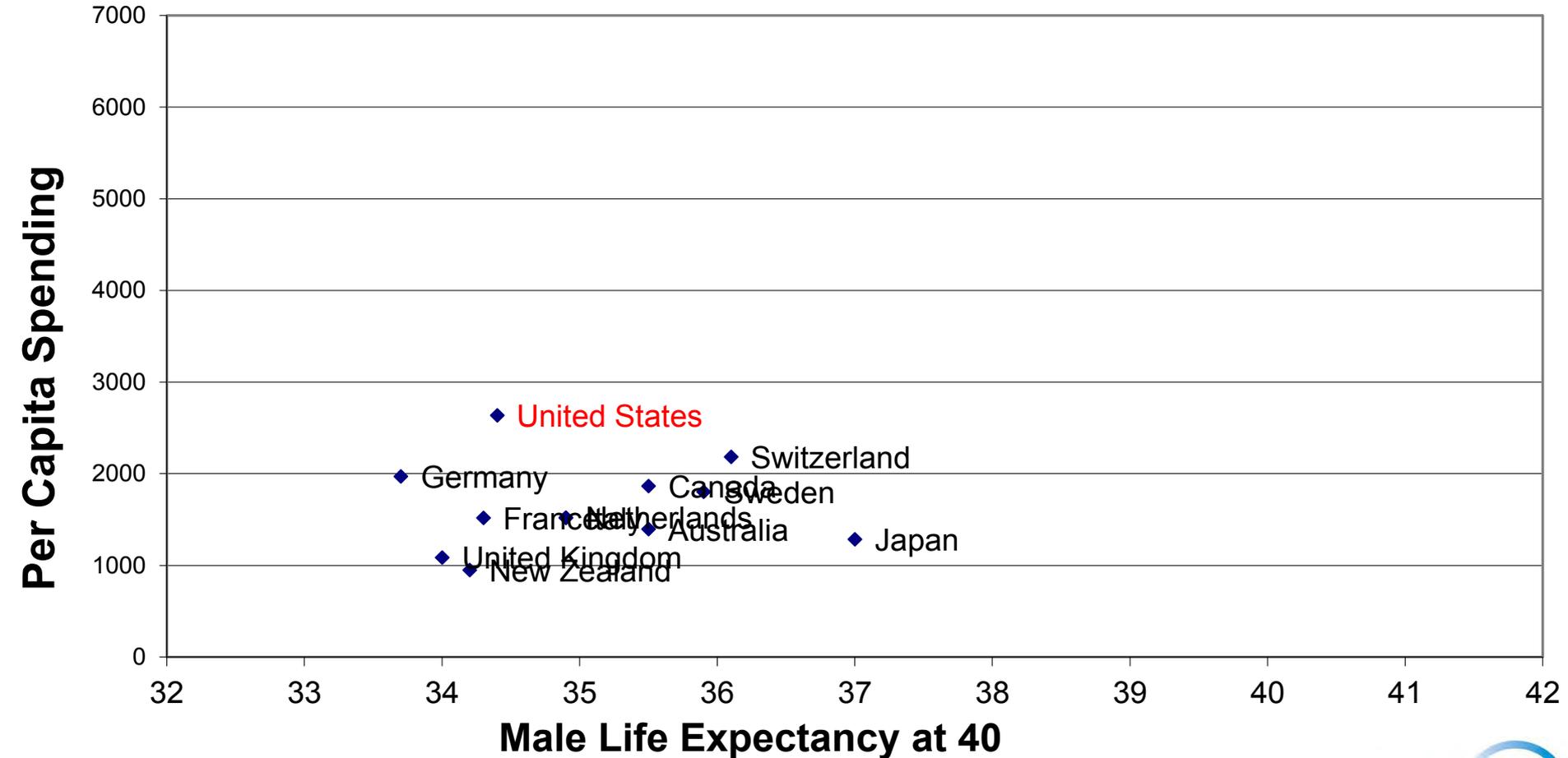
The Need for a Better Way

Spending and Life Expectancy 1976



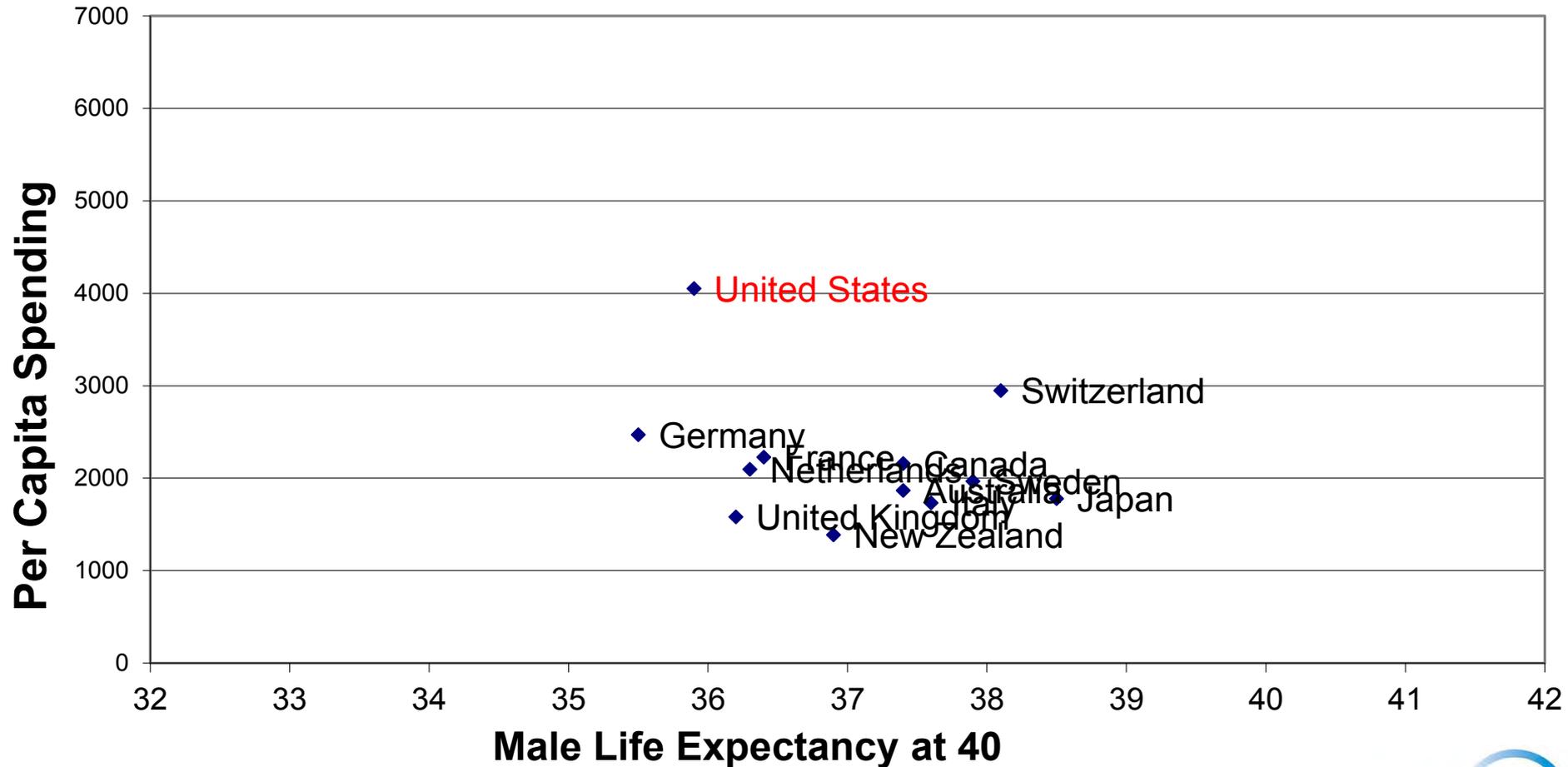
Adapted from a slide by Sherry Glied, Wagner School, NYU

Spending and Life Expectancy 1986



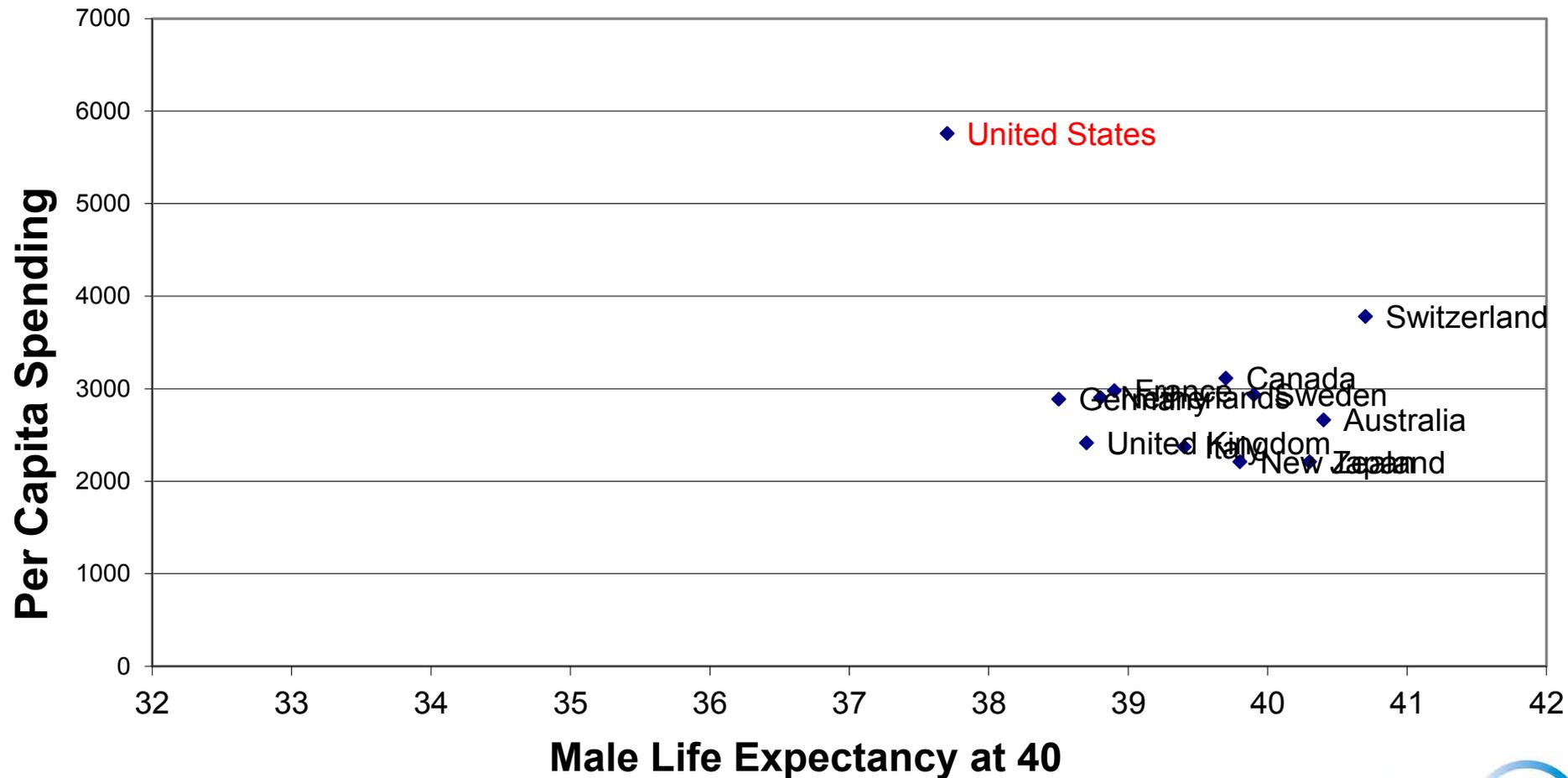
Adapted from a slide by Sherry Glied, Wagner School, NYU

Spending and Life Expectancy 1996



Adapted from a slide by Sherry Glied, Wagner School, NYU

Spending and Life Expectancy 2006



Adapted from a slide by Sherry Glied, Wagner School, NYU

Spending and Life Expectancy 2011



Modeled after slides by Sherry Glied, Wagner School, NYU

What is the problem for the provider?

- My doctor sent me to see you. Didn't he send you any information?
- Let's see, when was your last colonoscopy?
- I was told to come see you after my hospitalization...
- This blood pressure medicine does not appear to be working, what have we had you on before?
- I see you have diabetes. Lets see, are you up to date on your lipids, eye exam, foot...?
- Vioxx is being recalled. Now which of my patients do I need to contact?
- I wonder if some of my diabetes patients have fallen through the cracks?

What is the problem for the patient?

- Now what did they tell me to do after I got home?
- Which pills am I supposed to stop and which am I supposed to start?
- What did the doctor say?
- I want to ask my doctor something but calling during office hours is inconvenient
- My doctor wants me to see a specialist in the city, I sure wish I could be seen in her office

The problem is...

- A person's medical record is
 - Stored in paper charts
 - That are locked in different chart rooms
 - That cannot be searched
 - That can be illegible
 - That can only be in one place at a time
 - That are not accessible by the patient
 - That are not accessible by others providing care
 - And cannot be checked for errors

And the solution is...

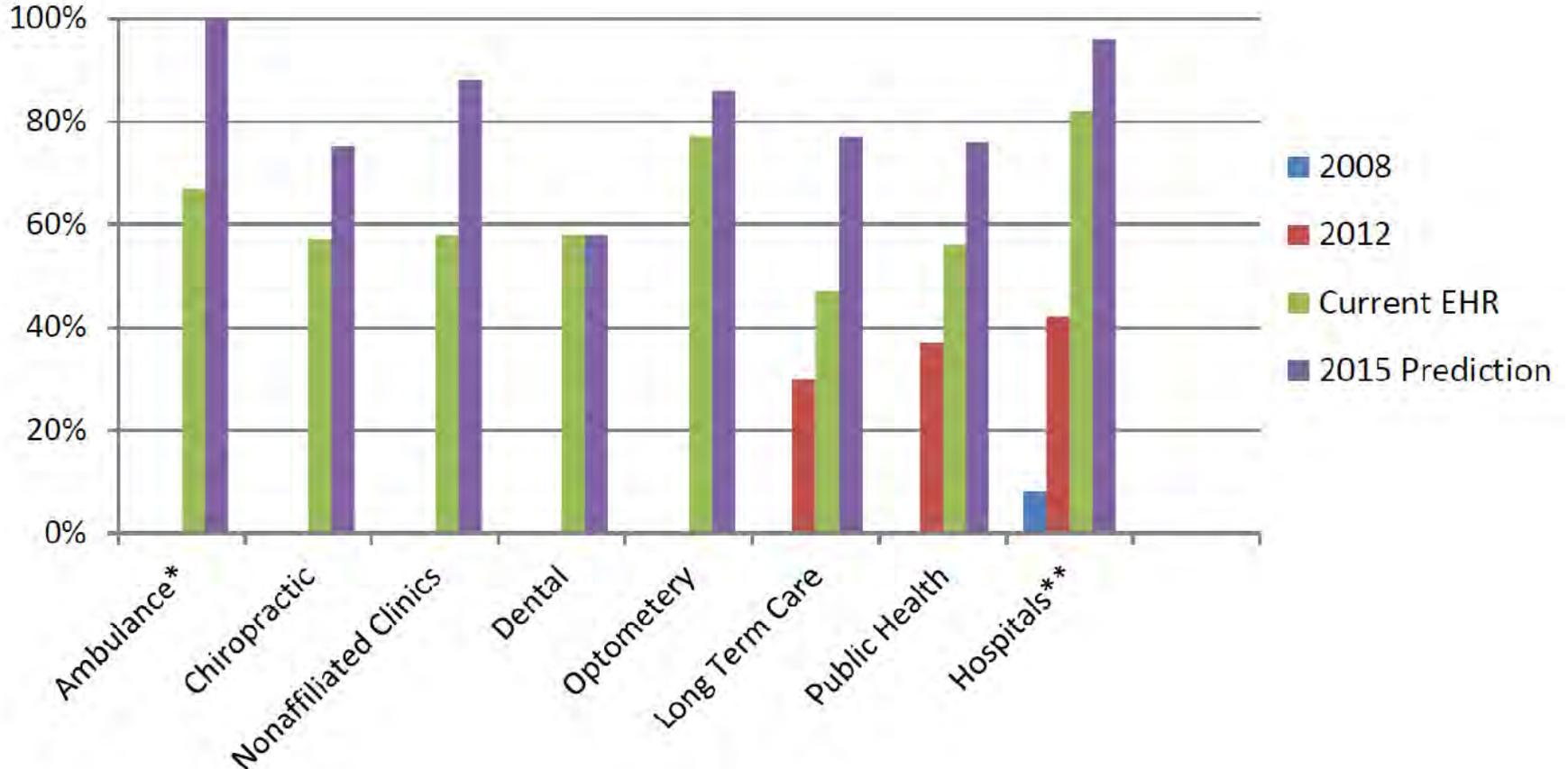
- Interoperable, shared electronic health records across the continuum of care...
- We have come a long way...
- ...but still have a long way to go

- So how far have we come?

Health Information Technology Use in the Community

EHR Adoption in North Dakota

- Rate of EHR adoption in North Dakota 2008 – 2013, 2015 predicted.



* Ambulances were surveyed on the use of electronic patient care reports (PCRs)

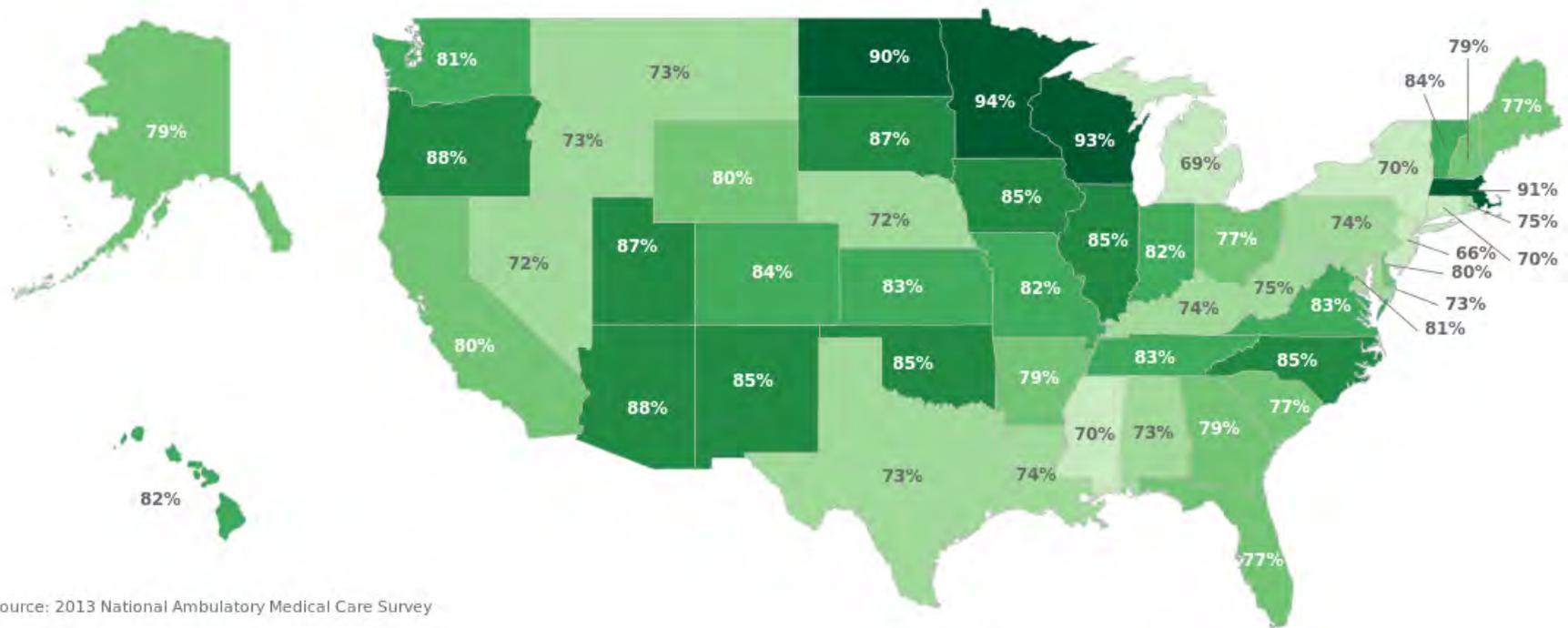
** Rate of implementation of ONC certified EHRs

Source: UND Center for Rural Health Survey

North Dakota Ambulatory EHR Adoption 2013

% of all Physician Practices that have Adopted Any EHR | National Average = 78%

■ Less than 71%
 ■ 71 - 76 %
 ■ 77 - 80 %
 ■ 81 - 84 %
 ■ 85 - 89 %
 ■ More than 89%

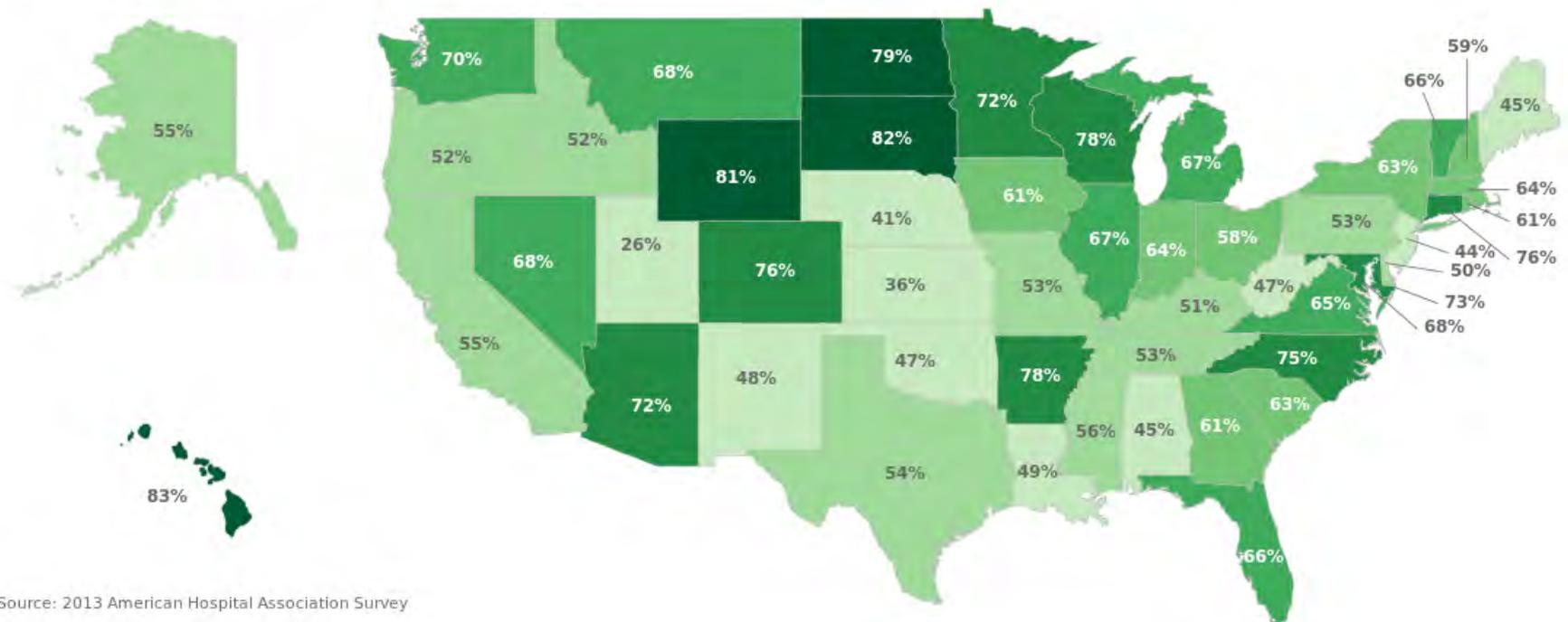


<http://dashboard.healthit.gov/dashboards/dashboards.php>

North Dakota Hospital EHR Adoption 2013

% of all Hospitals that have Adopted a Basic EHR with Notes | National Average = 59%

■ Less than 50%
 ■ 50 - 57%
 ■ 58 - 64%
 ■ 65 - 71%
 ■ 72 - 78%
 ■ More than 78%



Source: 2013 American Hospital Association Survey

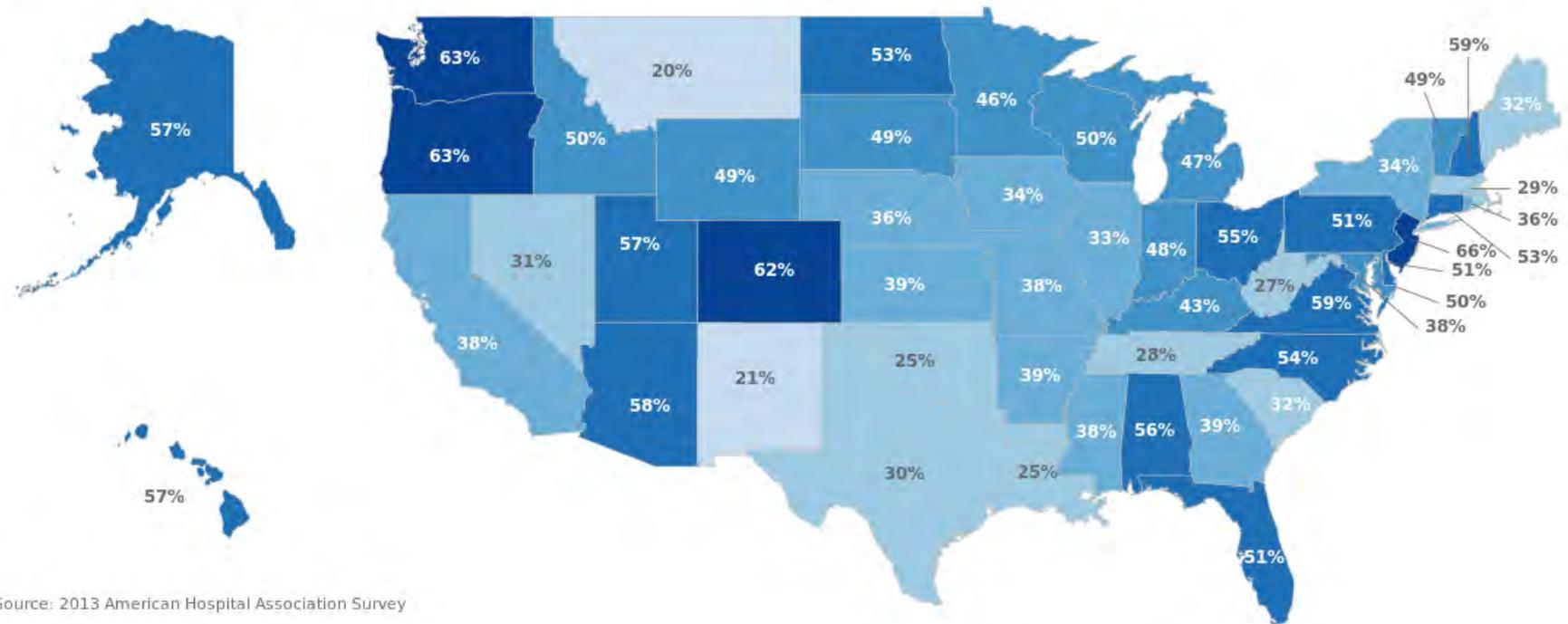
<http://dashboard.healthit.gov/dashboards/dashboards.php>



Hospitals capable of exchange outside their health system 2013

% of Hospitals with Exchanging Clinical Care Summaries with Any Providers Outside their Health System | National Average = 42%

■ Less than 22%
 ■ 22 - 32%
 ■ 33 - 41%
 ■ 42 - 50%
 ■ 51 - 60%
 ■ More than 60%



Source: 2013 American Hospital Association Survey

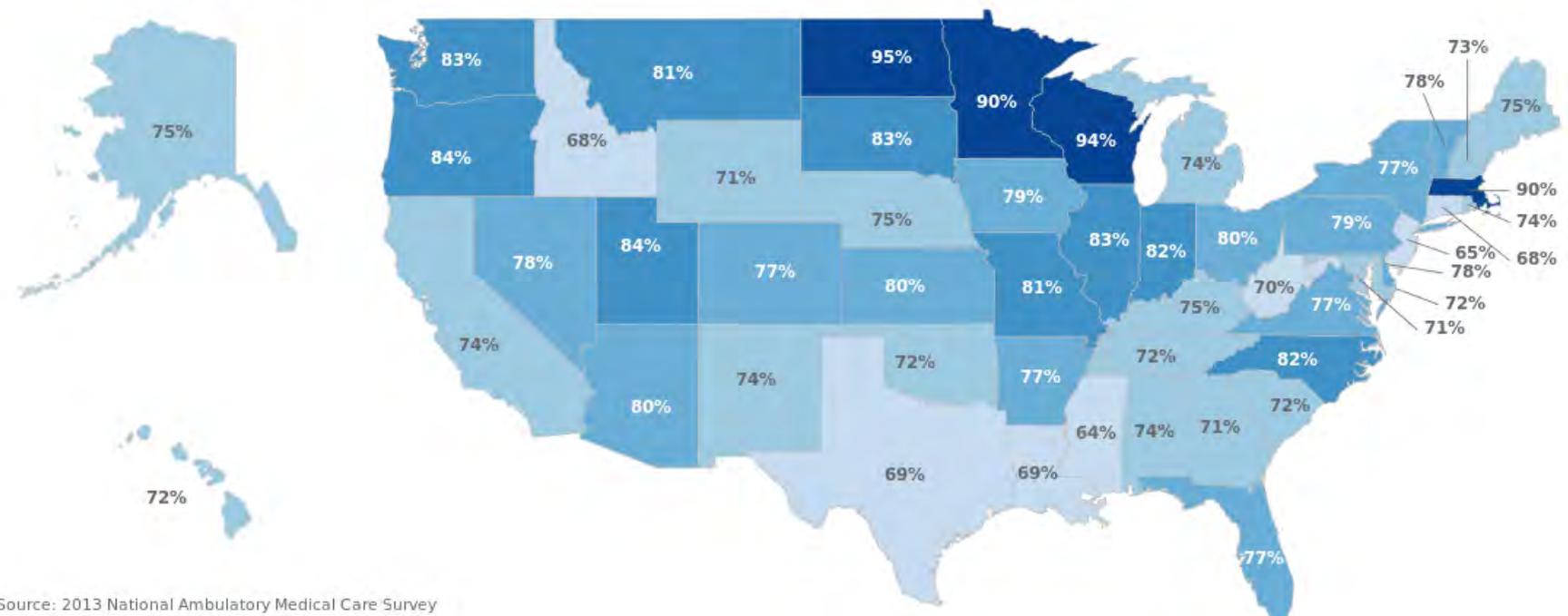
<http://dashboard.healthit.gov/dashboards/dashboards.php>



Ambulatory providers able to view labs electronically, 2013

% of Physicians with Computerized Capability to View Lab Results | National Average = 77%

■ Less than 71%
 ■ 71 - 76%
 ■ 77 - 80%
 ■ 81 - 84%
 ■ 85 - 89%
 ■ More than 89%



Source: 2013 National Ambulatory Medical Care Survey

<http://dashboard.healthit.gov/dashboards/dashboards.php>



So what does having an EHR mean?

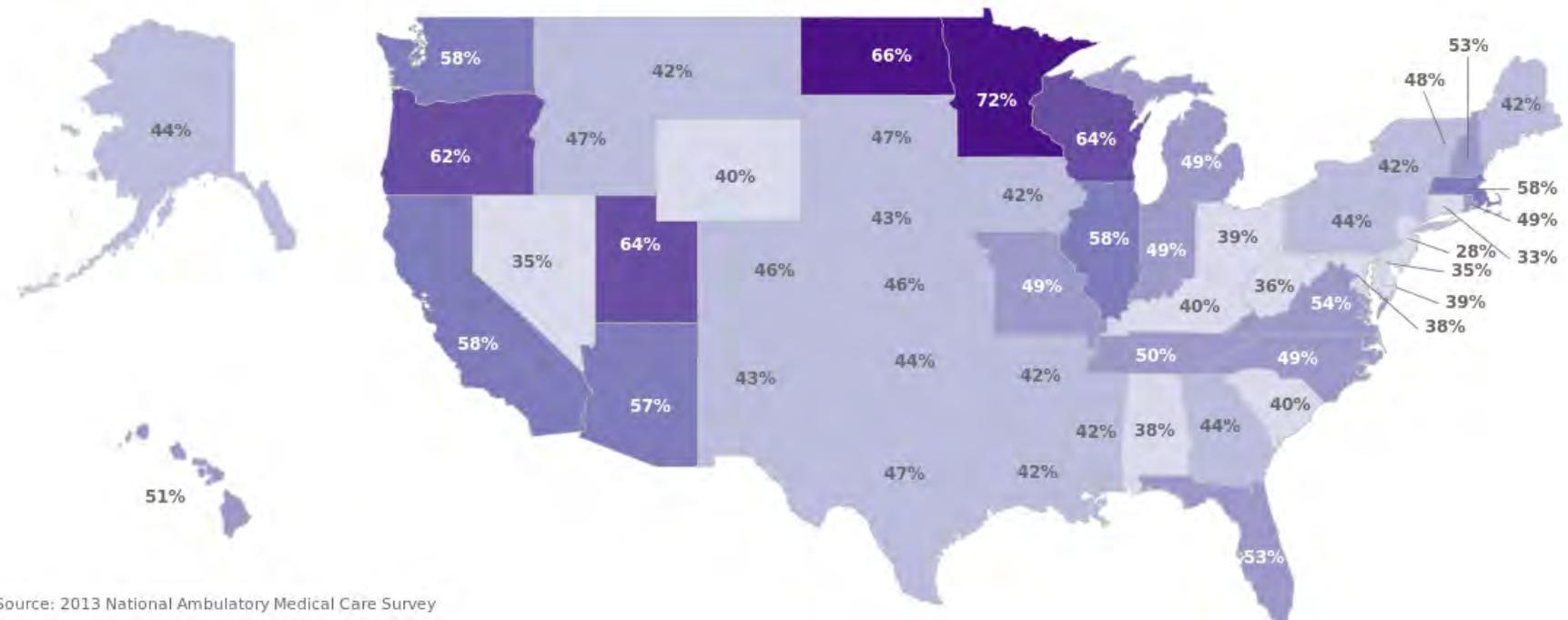
- Ease in finding the chart
- Prevention reminders
- Disease specific flow sheets
- Can be viewed by different people in different locations
- Can be searched
- Performance can be measured

Patient Portals

Secure message Exchange with Patients 2013

% of Physicians with Capability to Exchange Secure Messages with Patients | National Average = 49%

Less than 42%
 42 - 48 %
 49 - 54 %
 55 - 59 %
 60 - 65 %
 More than 65%



Source: 2013 National Ambulatory Medical Care Survey

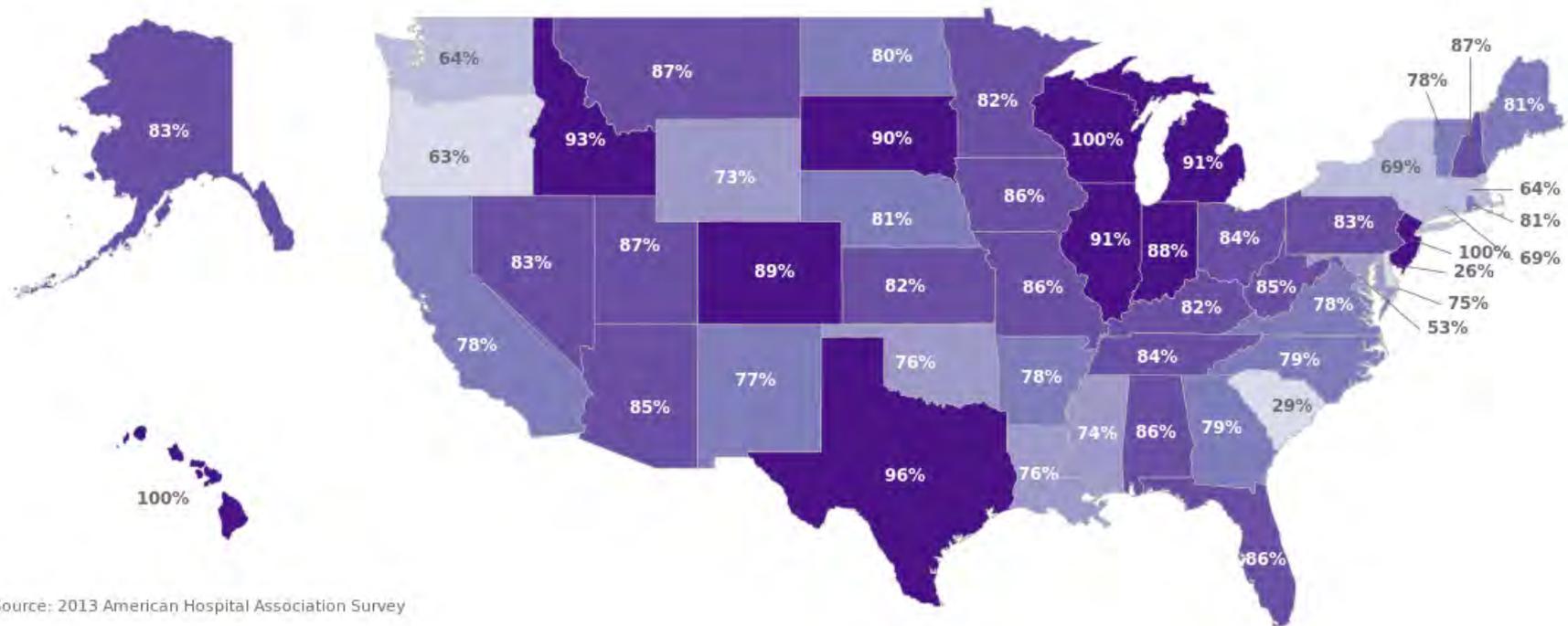
<http://dashboard.healthit.gov/dashboards/dashboards.php>



Hospitals that can send an ecopy of a patient record 2013

% of Hospitals with Capability to Provide Patients an Electronic Copy of their EHR within Three Business Days of the Request | National Average = 87%

Legend:
■ Less than 64%
■ 64 - 70%
■ 71 - 76%
■ 77 - 81%
■ 82 - 87%
■ More than 87%



Source: 2013 American Hospital Association Survey

<http://dashboard.healthit.gov/dashboards/dashboards.php>

Patient Portals

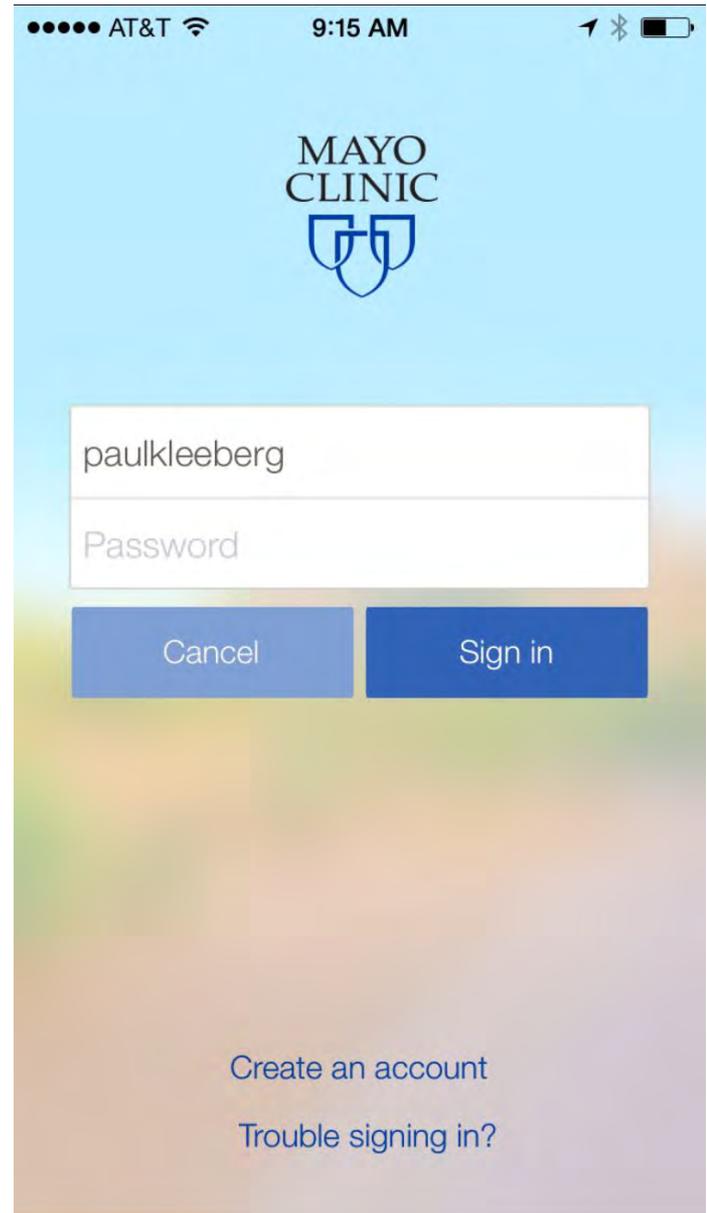
- Secure messaging
- Appointment requests
- Medication renewal
- Lab results
- Medication list, problem list, allergies
- After visit summaries
- Discharge summaries

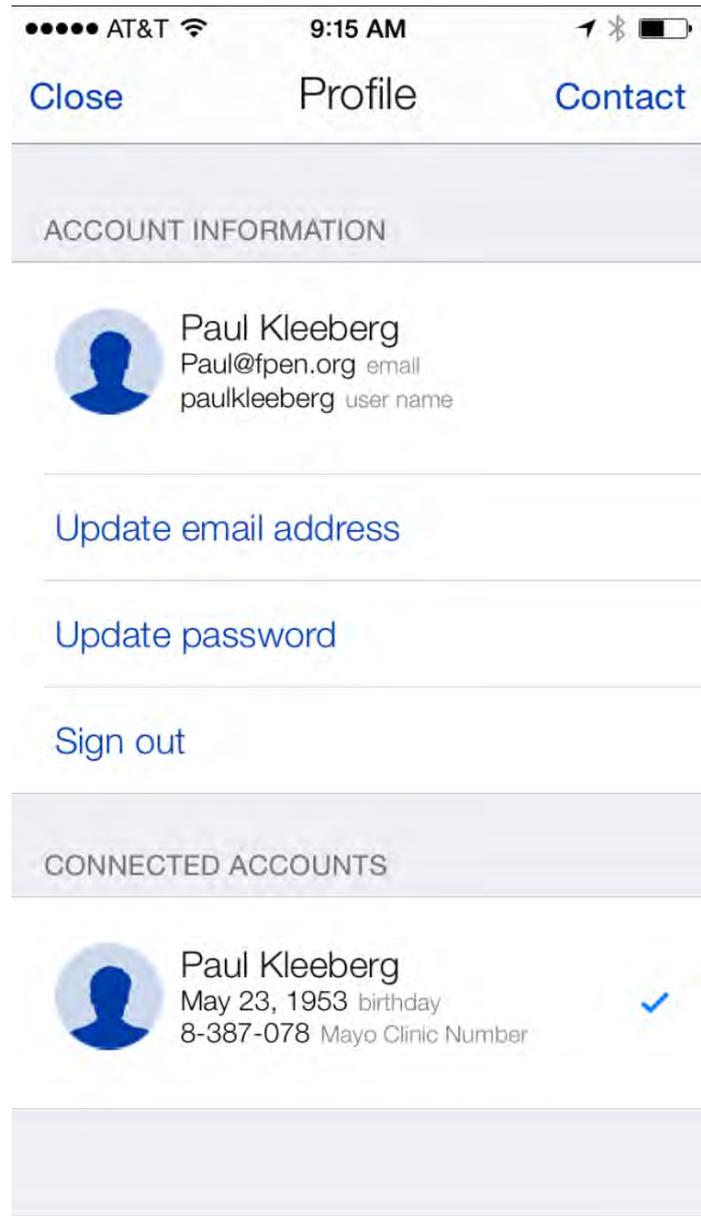
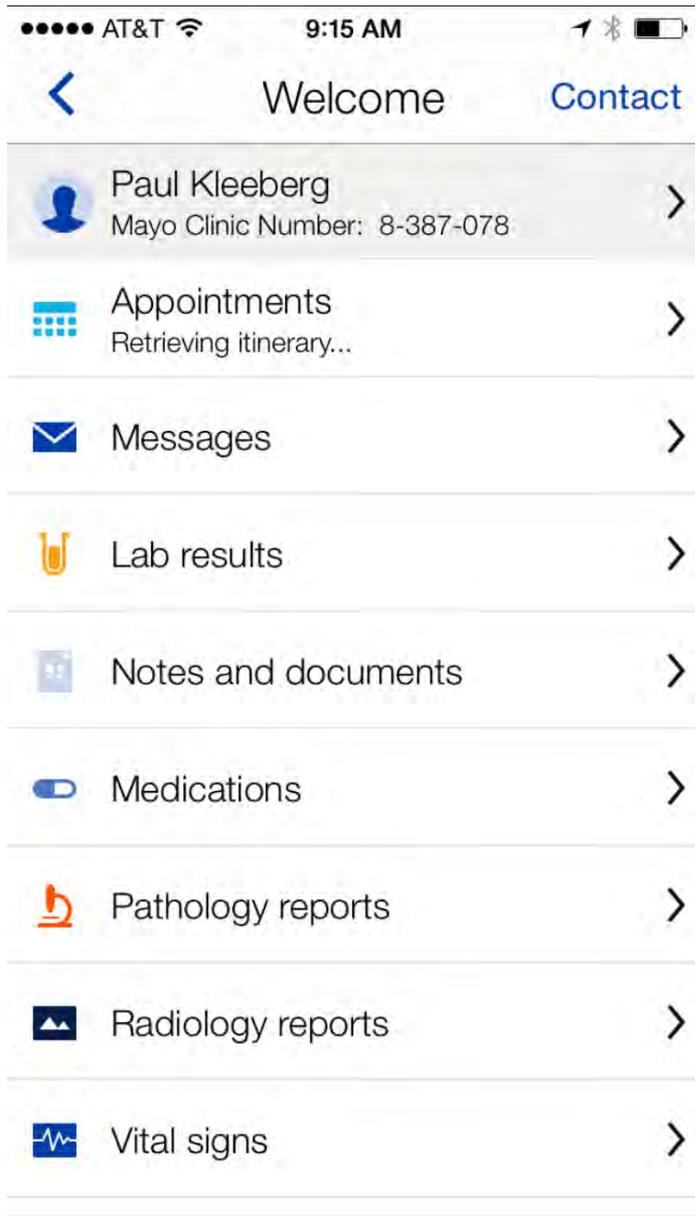
Patient Portals enable patient engagement

- Patients at higher levels of activation had more positive experiences than patients at lower levels seeing the same clinician
 - Greene, Jessica, et al. "When Seeing The Same Physician, Highly Activated Patients Have Better Care Experiences Than Less Activated Patients." Health Affairs 32.7 (2013): 1299-1305.
<http://content.healthaffairs.org/content/32/7/1299.short>
- Activated patients have better health outcomes

Patient portals can allow the patient to participate

- Describing a reason for visit
- A review of symptoms before coming in
- Reviewing their medication list
- Providing information from monitoring devices: glucometers
- Updating information in their record
- Correcting errors





 AT&T  9:15 AM   

[←](#) **Welcome** [Contact](#)

 **Paul Kleeberg** [>](#)
 Mayo Clinic Number: 8-387-078

 **Appointments** [>](#)
 Retrieving itinerary...

 **Messages** [>](#)

 **Lab results** [>](#)

 **Notes and documents** [>](#)

 **Medications** [>](#)

 **Pathology reports** [>](#)

 **Radiology reports** [>](#)

 **Vital signs** [>](#)

 AT&T  9:16 AM   

[← Back](#) **Appointments** [Options](#)

October 24, 2014

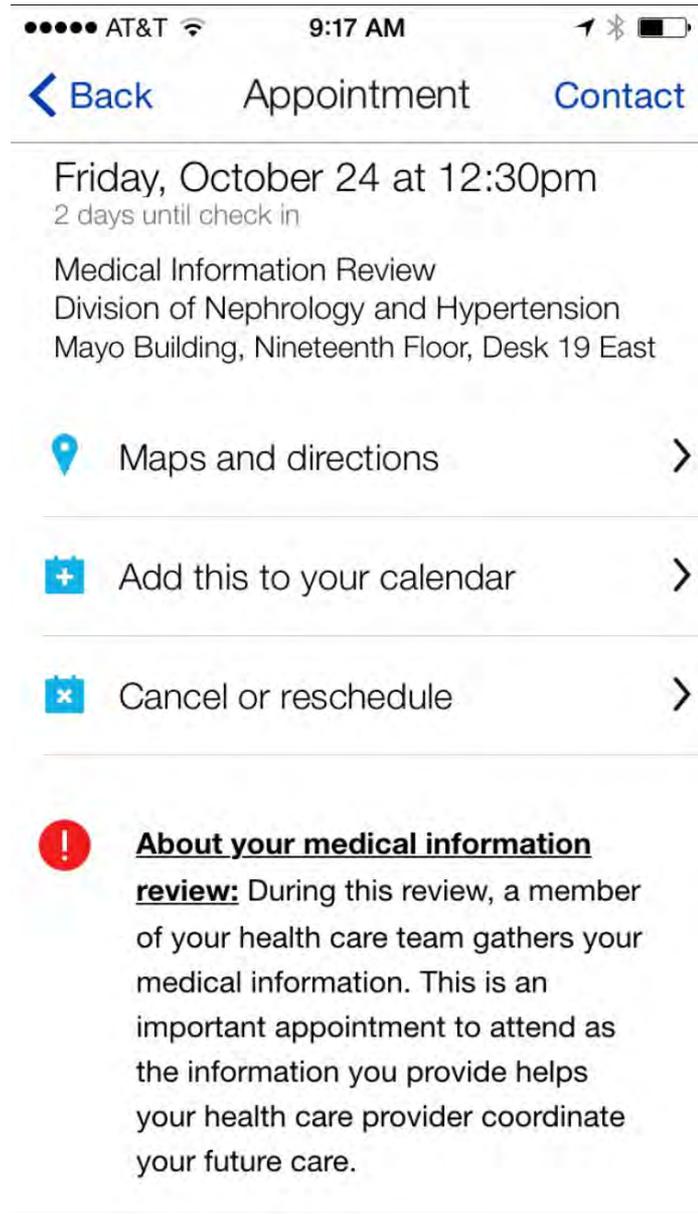
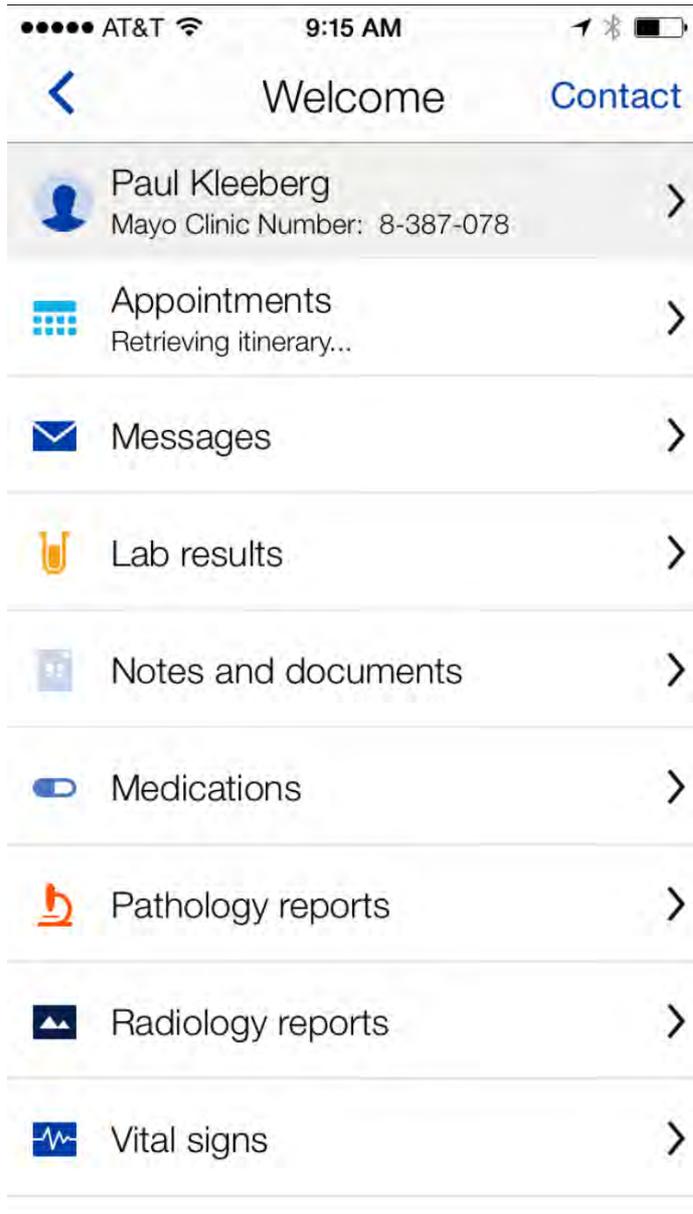
Blood Tests [>](#)
 Friday, October 24, 2014 at 9:00am
 1 day until check in

Penicillin Allergy Testing [>](#)
 Friday, October 24, 2014 at 10:30am
 2 days until check in

Ms. Kari L. Rossow, Penicillin Allergy Consult [>](#)
 Friday, October 24, 2014 at 11:30am
 2 days until check in

Medical Information Review [>](#)
 Friday, October 24, 2014 at 12:30pm
 2 days until check in

Dr. M. C. Hogan, Office Visit [>](#)
 Friday, October 24, 2014 at 1:00pm
 2 days until check in



Friday, October 24 at 12:30pm
2 days until check in

Medical Information Review
Division of Nephrology and Hypertension
Mayo Building, Nineteenth Floor, Desk 19 East

Maps and directions >

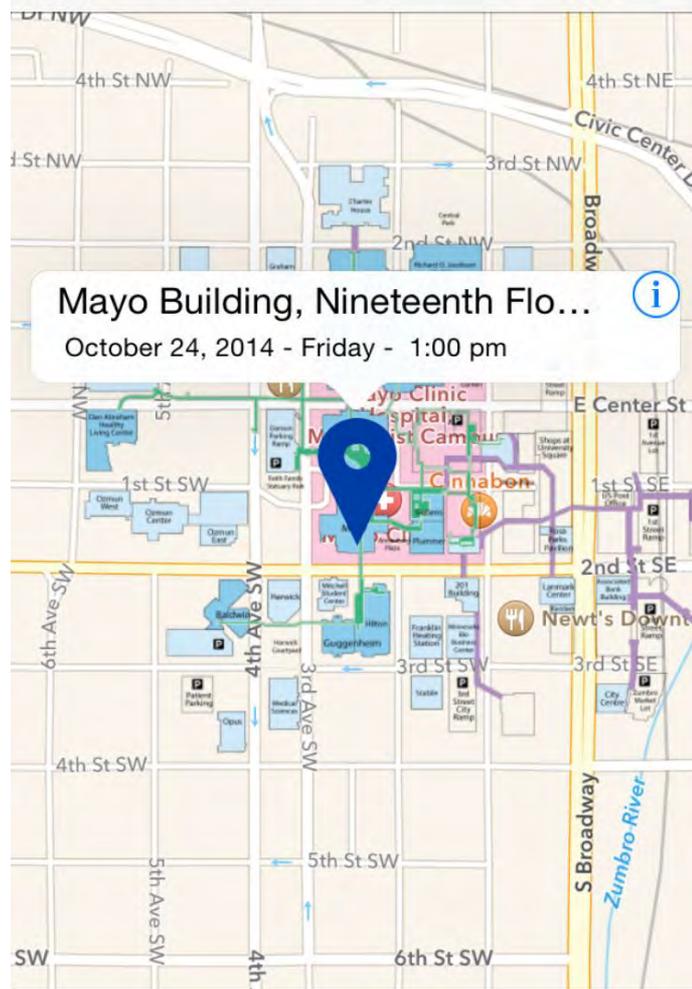
Add this to your calendar >

Cancel or reschedule >



About your medical information

review: During this review, a member of your health care team gathers your medical information. This is an important appointment to attend as the information you provide helps your health care provider coordinate your future care.



Arant, Caroline R Yesterday >
A Message From Your Health Care Team
Dr. Kleeberg,

Mayo Clinic 10/14/14 >
Message
Dr. Kleeberg,

Mayo Clinic 9/17/14 >
Gastroenterology and Hepatology Mess...
Dr. Kleeberg,

Mayo Clinic 9/17/14 >
Gastroenterology and Hepatology Mess...
Dr. Kleeberg,

Mayo Clinic 9/2/14 >
Nephrology Appointment Request
Dr. Kleeberg,

Mayo Clinic 8/27/14 >
Sleep Medicine Message
Dr. Kleeberg, thanks for your note. The...

Mayo Clinic 7/29/14 >

Nephrology & Hypertensio... 10.21.2014 11:48 AM >
Arant, Caroline Ruth, RN
NepHt Floor Practice
MAYO CLINIC ROCHESTER • FINAL

Colon & Rectal Surgery Co... 10.20.2014 5:11 PM >
Cima, Robert Roland, MD
CRS Floor Practice
MAYO CLINIC ROCHESTER • TRANSCRIBED

Nephrology & Hypertensio... 10.15.2014 3:40 PM >
Mueller, Theodore Leo, RN
NepHt Floor Practice
MAYO CLINIC ROCHESTER • FINAL

Colon & Rectal Surgery Mi... 10.14.2014 12:03 PM >
Holycross, Rachelle Lee, R...
CRS Floor Practice
MAYO CLINIC ROCHESTER • TRANSCRIBED

Nephrology & Hypertensio... 10.11.2014



Nephrology & Hypertension PAME

Oct 24, 2014 12:50 PM

Hogan, Marie C, MD, PhD

MAYO CLINIC ROCHESTER • FINAL

DEMOGRAPHIC INFORMATION

Clinic Number: 8-387-078

Patient Name: Paul Kleeberg, M.D.

Age: 61 Y

Birthdate: 23-May-1953 Sex: M

Address: 7811 128th Street West City: Apple Valley, MN 55124-6280

Service Date/Time: 24-Oct-2014 12:50

Provider: Marie C. Hogan, MD, PhD Pager: [8-9377](tel:8-9377)

Service: NEPHT Type/Desc: PME Status: Fnl Revision #: 6

REVISION HISTORY

Nov-05-2014 12:32:47 - Modification to VITAL SIGNS

REFERRAL

Self-referred

CHIEF COMPLAINT/PURPOSE OF VISIT

1. Chronic kidney disease, stage 4, secondary to polycystic kidney disease.
2. Solitary kidney disease with history of Wilms' tumor and nephrectomy in childhood.
3. Hypertension and gout.

HISTORY OF PRESENT ILLNESS

Dr. Kleeberg returns for followup.

CURRENT MEDICATIONS

allopurinol 100 mg tablet 1 TABLET by mouth one time daily.

atorvastatin 10 mg tablet 1 TABLET by mouth one time daily.

calcium carb-vit D tablet 1 TABLET by mouth one time daily.

Colcrs 0.6 mg tablet 3 tablets by mouth one time daily as needed.

Indication, Site, and Additional Prescription Instructions:
as needed

lisinopril 20 mg tablet 1 TABLET by mouth one time daily.

Indication, Site, and Additional Prescription Instructions:
reduced 4/10/14

torsemide 10 mg tablet 1 TABLET by mouth one time daily.

Vitaline CoQ10 tablet 1 TABLET by mouth one time daily.

CT RSC2

Jun 6, 2014 9:17 AM

FROEMMING, ADAM T.

MAYO CLINIC ROCHESTER • FINAL

06-Jun-2014 09:17:00 Exam: CT RSC2

Indications: Chronic Kidney Disease (CKD) Stage IV GFR

15-29:Hypertension HTN Chronic:Polycystic Kidney Autosomal Dominant
ORIGINAL REPORT - 06-Jun-2014 09:53:00 ROMAYOEXAM: CT of the abdomen and pelvis without contrast according to the renal stone quantification/composition characterization protocol, including reformatted images of the kidneys using dual-energy technique with 3D post-processing on an independent workstation.
COMPARISON: None.

IMPRESSION:

1. Solitary left kidney with numerous cysts, many complicated by chronic hemorrhage/debris. The appearance is consistent with polycystic disease.

2. Two tiny nonobstructing calyceal tip stones.

FINDINGS:Right nephrectomy. Numerous left renal cysts, several which measure up to 4 cm. Many of the cysts contain hyperdense and dependent layering contents consistent with chronic hemorrhage and debris. There are two areas of tiny calcification near the calyces in the left upper and left mid kidney consistent with nonobstructing stones (series 8 images 80, 70). No hydronephrosis.

Renal stone quantification evaluation pending validation. Initial estimate includes:

Right kidney (A/V) N/A

Left kidney (A/V) 17.17/18.09

Dual energy CT characterization blue color-coding indicates that the stone material is most likely non-uric acid in composition. Correlation with clinical data is recommended for confirmation.

OTHER: There are a few small probable hepatic cysts or hemangiomas. Pancreatic duct is mildly prominent (series 3 image 33), but this is difficult to confidently evaluate on a non-contrast exam. The liver, spleen, pancreas, and adrenals are otherwise negative. No lymphadenopathy. Degenerative changes of the lumbar spine lumbar curvature. Aortoiliac calcifications.

Electronically signed by:

E. Sviggum MD 127-08352 (R203) 06-Jun-2014 09:53 A. Froemming MD
3-4326 06-Jun-2014 09:53

NY Times: “Medical Records – Top Secret”

- “...many hospitals and doctors have created a series of hurdles that must be cleared before patients can get their information.”
- “Some providers contend that releasing information might somehow compromise patient privacy and confidentiality concerns laid out in Hipaa [sic]”
- “...sharing data goes against hospitals’ and doctors’ financial interests when they are jockeying to hold on to patients in a competitive market.”

<http://www.nytimes.com/2014/11/09/sunday-review/medical-records-top-secret.html>

Status of Meaningful Use

Meaningful Use

- Born of the Recovery act
- Ignited a transformation from quill and parchment to 20th century information technology
- Infused funds into the system
- Not without flaws

Canada EMR Adoption ModelSM

Stage	Cumulative Capabilities	2011 Q2	2013	
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	0.0%	0.0%	
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	0.5%	0.6%	
Stage 5	Closed loop medication administration	0.2%	0.2%	
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	1.7%	3.8%	+123%
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside radiology	33.2%	32.2%	-3%
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging, HIE capable	23.9%	29.1%	+21%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	12.2%	14.5%	+19%
Stage 0	All Three Ancillaries Not Installed	28.3%	19.8%	-30%

Data from HIMSS Analytics® Database © 2012 HIMSS Analytics

N = 639

N = 640



US EMR Adoption ModelSM

Stage	Cumulative Capabilities	2011 Q2	2013	
Stage 7	Complete EMR, CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	1.1%	2.9%	+160%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	4.0%	12.5%	+212%
Stage 5	Closed loop medication administration	6.1%	22.0%	+260%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	12.3%	15.5%	
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside radiology	46.3%	30.3%	
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging, HIE capable	13.7%	7.6%	-45%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	6.6%	3.3%	-50%
Stage 0	All Three Ancillaries Not Installed	10.0%	5.8%	-42%

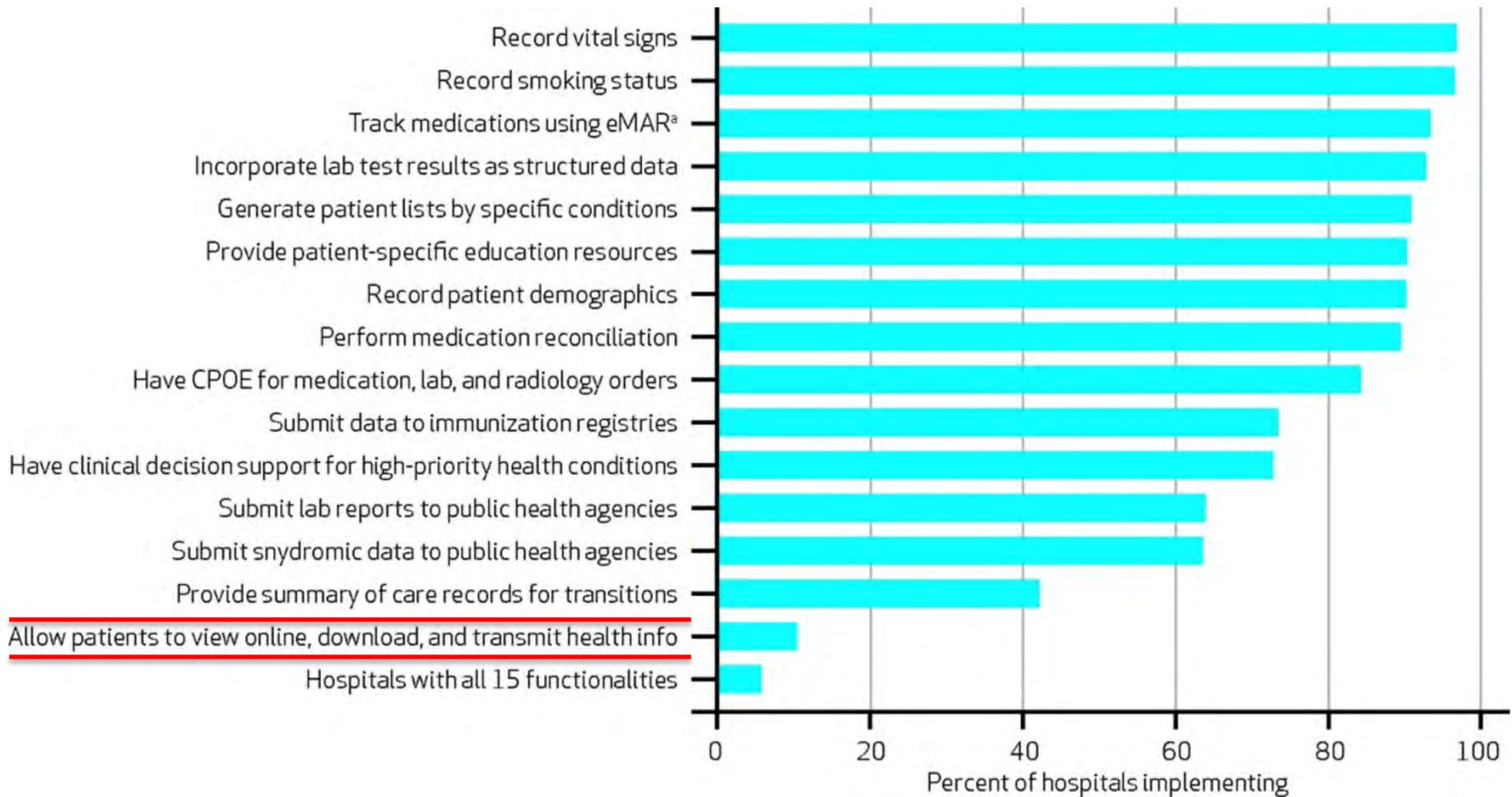
Data from HIMSS Analytics® Database © 2012 HIMSS Analytics

N = 5439

N = 5458



Stage 2 hardest objectives (survey)



<http://content.healthaffairs.org/content/early/2014/08/05/hlthaff.2014.0453.full>

Measures of Stage 2 Success: Payments

- Stage 2 adoption has been slow
 - Vendor issues dealing with requirements
 - Client challenges in implementing new workflows and buggy software

	2011	2012	2013	2014	2014 Stage 2
EPs	108,362	257,060	303,774	8,059	2,282
EHS	2,320	3,308	4,192	369	93

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/September2014_Summary_Report.pdf

Where is ONC Headed?

Nationwide Interoperability Roadmap

- 5 Critical Building Blocks:
 - Core technical standards and functions
 - Certification to support adoption and optimization of health it products and services
 - Privacy and security protections for health information
 - Supportive business, clinical, cultural, and regulatory environment
 - Rules of engagement and governance of health information exchange
- Requesting comments
 - email Admin@siframework.org to set-up a confluence (Wiki) account to participate
 - Comments may be viewed without an account

<http://confluence.siframework.org/display/NIRCH/Nationwide+Interoperability+Roadmap+Community+Home>

Jason Report

- Be agnostic as to the type, scale, platform, and storage location of the data
- Use public APIs and open standards, interfaces, and protocols
- Encrypt data at rest and in transit
- Separate key management from data management
- Include with the data the corresponding metadata, context, and provenance information
- Represent the data as atomic data with associated metadata
- Follow the “robustness principle”: be liberal in what you accept and conservative in what you send
- Provide a migration pathway from legacy EHR systems.

Stage 3 Recommendations

- Inclusion of patient entered data
- Increased technical specifications for some current EHR functions
- eNotification of significant patient events
- Referral and lab result notification
- Unique Device Identifiers (UDI) recorded for implanted devices

NPRM for Stage 3 this winter?

- Congress supports HIT but is mixed about MU
- Professional societies calling for a change
- ONC leadership is listening
- CMS?

What is HIMSS doing?

About HIMSS

- Founded in 1961
- HIMSS Vision
 - Better health through information technology.
- HIMSS Mission
 - Globally, lead endeavors optimizing health engagements and care outcomes through information technology
- Encompass
 - More than 52,000 individuals
 - two-thirds work in healthcare provider, governmental and not-for-profit organizations across the globe
 - Over 600 corporations
 - 250 not-for-profit partner organizations

HIMSS Activities

- Meaningful Use one Source
- Educational sessions for members of Congress
- Providing feedback and offers to help with ONC's 10 year plan
- EHR Value Suite
- Assembling members to provide input and create resources.

Meaningful Use One Source

HIMSS
transforming health through IT™

Home News Professional Development Resource Library

Home > Resource Library > Browse by Topic > Meaningful Use

In this Section

- Meaningful Use News & Updates
- What is Meaningful Use?
- Meaningful Use Final Rule
- Meaningful Use Final Rule - Second Edition
- Definitions & Acronyms
- Law & Rules
- MU for Eligible Hospitals
- MU for Eligible Professionals
- Getting Help - RECs
- Quality Measures & Reporting
- EHR Adoption, Engagement & Implementation
- Standards
- Certification
- Privacy & Security
- Health Information Exchange
- Education and Workforce
- Public Health

Meaningful Use OneSource

Meaningful Use OneSource assists eligible healthcare **providers** and **professionals** in understanding Meaningful Use Stage 1 and Stage 2 requirements, timelines. Our dynamic and living body of documents and tools fully prepares you to:

- › Meet Meaningful Use Stage 1 and Stage 2 certification criteria and standards
- › Receive Medicare and Medicaid incentive funding and avoid penalties
- › Implement Meaningful Use specifications practically and successfully
- › Get updates on federal and state regulations with content vetted by industry experts!

Meaningful Use OneSource Final Rule

For detailed information regarding the Meaningful Use OneSource final rule, [please our Final Rule overview page](#). Included you will find news releases, analysis, and fact sheets on the Final Rule.

Meaningful Use OneSource Final Rule – Stage 2, 2014 Edition Release 2

For detailed information regarding this release, [please our Final Rule, 2014 Edition Release 2 overview page](#). Included you will find news releases, analysis, and fact sheets on the Final Rule.

Meaningful Use Resources

Detailed resource materials on Meaningful Use OneSource and the road to the Final Rule can be found by accessing the links on the left-hand navigation.

Latest News

11/03/2014
CMS Releases Final Payment Rules for the Medicare Program
On October 31st, the Centers for Medicare & Medicaid Services (CMS) sent out a press release detailing the “released final rules outlining how Medicare will pay major health care providers and suppliers in 2015”.

- Provides
- News and updates
- Definitions
- Access to the Rules with interpretations
 - For Professionals
 - For Hospitals
- Information on Standards, certification, privacy and security, quality measures, RECs

Educating Members of Congress: The Congressional Luncheon Seminar Series

The screenshot shows the website for the Institute for e-Health Policy. The header includes the organization's name and tagline, "Transforming Policy into Practice", along with a navigation menu. The main content area is titled "Congressional Luncheon Seminar Series" and features a "20 YEARS" anniversary logo. Below the logo, the text describes the "CAPITOL HILL Steering Committee on Telehealth and Healthcare Informatics" and lists topics for the 2014 sessions.

INSTITUTE FOR e-Health Policy
Transforming Policy into Practice

Home Staff Seminar Series NHIT Collaborative Internship Program Intern Research Projects Executive in Residence

Congressional Luncheon Seminar Series

[2014 Sessions](#) [2013 Sessions](#) [2012 Sessions](#) [2011 Sessions](#) [2010 Sessions](#)

CAPITOL HILL

Steering Committee on Telehealth and Healthcare Informatics Since 1993

20 YEARS

A major component of the Institute for e-Health Policy's programs is leadership of the 21-year-old Capitol Hill Steering Committee on Telehealth and Healthcare Informatics. Since 1993, the Steering Committee has convened more than 170 widely attended educational sessions and healthcare information technology demonstrations for members of Congress, congressional staff, key federal agency officials, industry professionals and the general public.

Topics in 2014 are expected to include:

- "Engaging Underserved Communities using HIT Tools: Bringing Quality Care to Rural, Underserved, Minority and Disparate Populations"
- "Moving Toward Health Information Exchange: Portable, Interoperable, and Secure Solutions to Get the Data Where and When it is Needed"
- "Meaningful Consumer Engagement: The Personal Health Record, Collaborative Care, and Care Coordination in an e-Enabled Healthcare Environment"
- "Using HIT to Facilitate ACOs, Medical Homes, Shared Savings Programs, and Value-Based Purchasing"
- "Hey You, Get on My Cloud: On-Demand Network Access to a Shared Pool of Computing Resources for Healthcare"
- "Implementing Social Networking Tools Toward an e-Enabled Healthcare Environment"
- "Rapid Technology Advances in Military Medicine: Research and Development Meets Fielded Care"
- "Mobile Healthcare Applications: Advances in Disease Monitoring / Chronic Care Management Technologies"
- "HITECH Implementation Update: RECs, MU, States, Beacon Program"
- Health IT as an International Trade Issue
- Electronic Health Records and the Departments of Defense and Veterans Affairs
- The Role of Health IT in Reforming Healthcare Payment Systems
- Making Health IT Work for Patients - Interoperability, Standards, Data Exchanges, and Privacy and Security

Videos and presentations from many previous sessions are available at the links above.

- Operational for 20 years
- Geared to members of congress
- Open to the public
- Develop legislative priorities and awareness related to:
 - Telehealth,
 - eHealth
 - Healthcare informatics

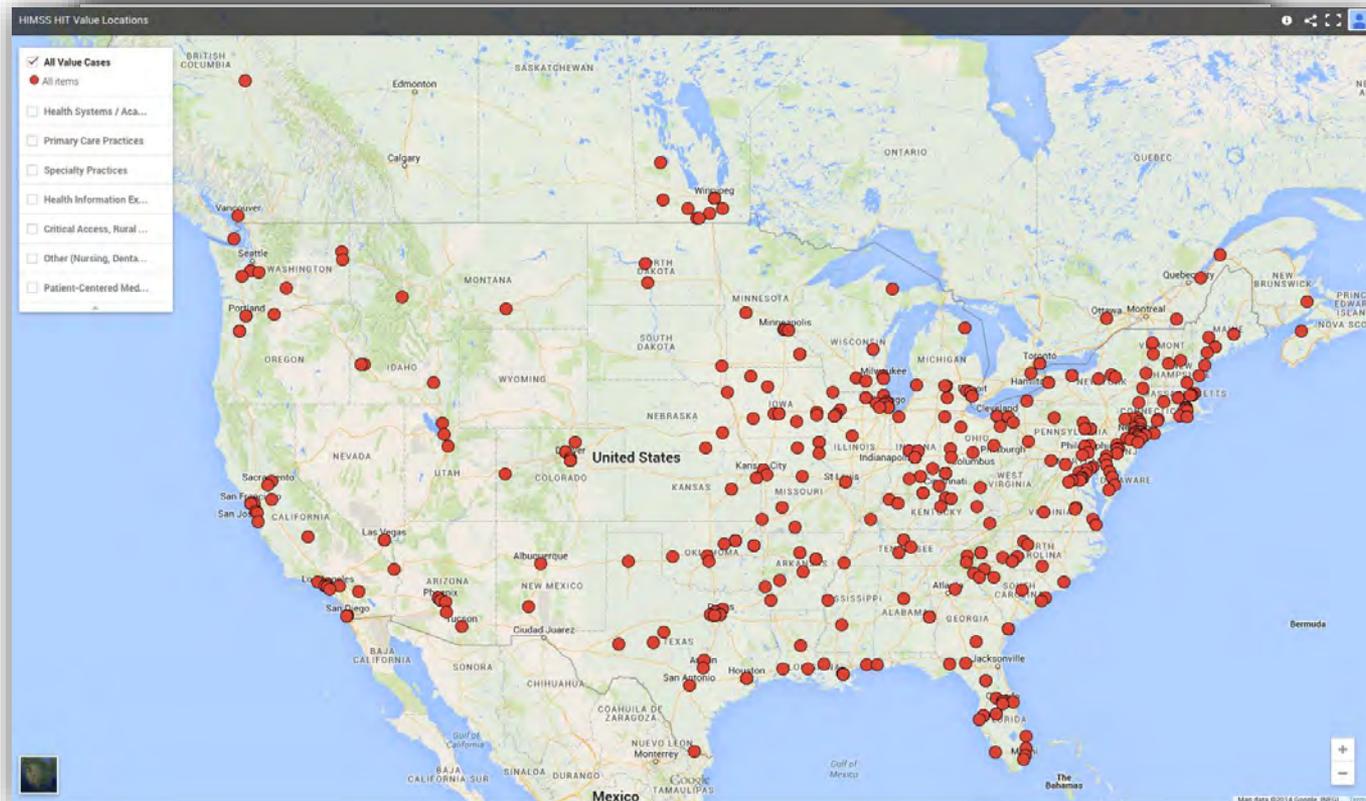
Providing feedback and help to ONC and CMS

Some Recent Examples:

11/4	Submitted a letter to Secty Burwell regarding ONC leadership and Stage 2
10/31	Provided comments on CMS RFI on Health Plan Innovation Initiatives focused on Telehealth and mHealth Initiatives
10/10	Submitted a response to NIST's RFI on the field's experience with NIST's Framework for Improving Critical Infrastructure Cybersecurity.
10/1	Submitted a letter to Secty Burwell and Karen DeSalvo regarding MU recommending 3 month reporting in 2015, interoperability and CQMs
10/1	Submitted a response to Karen DeSalvo on ONC's draft interoperability vision
9/30	Letter to House Energy and Commerce leaders for congress to take action on telehealth and remote patient monitoring
8/30	Response to the CMS Physician Fee Schedule NPRM

EHR Value Suite

- Designed to answer several questions:
 - How do we know Health IT works?
 - How does Health IT improve patient care?
 - Can others duplicate the type of value others have achieved?



Network of Volunteers: Professional Communities

- Clinical & Business Intelligence
- Connected Patient
- Emerging Professionals
- Federal Health
- HIT User Experience (formerly “Usability”)
- Health Information Exchange
- Innovation
- Latino
- Management Engineering & Process Improvement
- Medical Practice and Health Center (CHC)
- mHealth
- Nursing Informatics
- Physician
- Provider-Payer
- Rural Health
- Senior Executive

Network of Volunteers: Committees

- Ambulatory Information Systems
- Annual Conference Education
- Career Services
- Clinical & Business Intelligence
- Connected Patient
- CPHIMS
- Distance Education
- Enterprise Information Systems
- Health Business Solutions
- Healthcare Information Exchange
- HIT Usability
- Innovation
- Interoperability & Standards
- Management Engineering & Process Improvement
- mHealth
- Nursing Informatics
- Physician
- Privacy & Security
- Public Policy
- Quality, Cost Safety

What can you do?

What can you do as a provider?

- Comment on ONCs 10 year plan
- Comment on eHealth advisory plan
- Get involved in HIMSS activities
- Ask your vendor to adopt and support data standards
- Advocate for true interoperability of health records and individual data elements

What can you do as a consumer?

The same things as a provider, plus:

- Demand complete access to your medical record
 - Request electronic copies of things not in the patient portal
- Request corrections for inaccuracies in your medical record
- Become a demanding consumer
- Assemble a complete copy of your health record

Health IT as the enabler of Quality Care, Anytime, Anywhere

- Improved data standards with allow for more fluid exchange and consumption of health information
- Connected different types of providers will expand the continuum of care
- Mobile technologies and telehealth will
 - Extend the reach of providers
 - Allow people to receive care where and when needed
- Distance will become less of an issue
- Care will become more efficient
- **↓costs + ↑quality + ↑convenience + ↑population health = Increased value and achieving the Triple Aim**

Thank you!

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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