Perspectives and Updates on
Health Care Information Technology

HIT Perspectives Biopharma Insights

About the newsletter

HIT Perspectives Biopharma Insights is published by Point-of-Care Partners. Individuals at the leading management consulting firm assist healthcare organizations in the evaluation, development and implementation of winning health information management strategies in a rapidly evolving electronic world. The team of accomplished healthcare consultants, core services and methodologies are focused on positioning organizations for success in the integrated, data-driven world of value-based care.

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POINT-OF-CARE PARTNERS
Health IT Management Consultants

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By Tony Schueth, Editor-in-Chief

Poet Carl Sandburg called Chicago "The City of the Big Shoulders." Its big shoulders were definitely needed for the 2015 meeting of the Healthcare Information and Management Systems Society (HIMSS). This was the largest HIMSS conference yet, with a record-setting 1,300 exhibits and 43,000-plus attendees.

The Point-of-Care Partners (POCP) team used its time productively via face-to-face discussions with stakeholders, attendance at presentations, discussions with exhibitors and investment in a lot of shoe leather. Here are our observations about this year's meeting.

1. FHIR. The biggest buzzword at the meeting was FHIR (Fast Health Interoperability Resources). It's among the newest in HL7's family of standards, and everyone is excited about its simplicity and potential, especially because it will facilitate the exploding use of application program interfaces (APIs) developed in response to meaningful use (MU) stage 3 and other drivers. FHIR is a modern web services approach used by Yahoo, Facebook and Google, among others. It is data-centric, which makes it easier for systems to exchange discrete pieces of information. This contrasts with the document-centric approach of C-CDA (Consolidated Clinical Document Architecture), in which the exchange of entire documents is required. FHIR also allows access to smaller or "granular" data elements that are not included in some clinical documents. The ability to isolate and exchange well-defined pieces of patient and clinical data has been a pressing need. While FHIR's potential is exciting, the jury is still out as to whether it will catch fire (pun intended) or flame out.

2. Interoperability. Interoperability has been highlighted at HIMSS the past several years. It took on added importance and buzz this year because of recently announced efforts by the Office of the National Coordinator for Health Technology (ONC) to address the perceived need for truly interoperable health care. Ironically, it was hard to find a lack of interoperability among the HIMSS15 vendors. Everyone seemed to be showcasing how easily their products connected to the health information technology (healthIT) ecosystem.

3. EHRS. In past years, electronic health record (EHR) vendors hyped the "next big thing." There seemed to be a dearth of that this year. Instead, vendors emphasized existing products that are improved and easier to use. Process improvement was much in evidence. We suspect that vendors this year are reacting to providers who've said they are frustrated with their EHRs to the point of replacing them and considering opting out of MU.

4. Population health. The importance of data analytics was reinforced in the focus on population health at HIMSS15. The 26th Annual HIMSS Leadership Survey, which was unveiled at the meeting, highlights the importance of healthIT-driven population health management, patient engagement and strategic planning to improve care quality and delivery. The survey shows strong executive support for adoption and use of healthIT infrastructure, such as clinical analytics. The move toward better data and analytics was typified by the collaboration by NextGen and Milliman to license new technologies that offer risk analysis and predictive modeling, which will facilitate population health management and collaborative care initiatives. Milliman will be in charge of stratification and analysis of Medicare patient data, the exchange of health data among providers and patient risk scoring. NextGen will be responsible for managing EHR work flow and addressing collaborative care management processes. This is a great example of how the results of data analysis and modeling are being made actionable within the physician's EHR work flow.

5. Patient engagement. With the related requirements under MU stage 3, it's no longer a matter of when patient engagement will happen but how to expand it. Personal health records were barely represented and have been relegated to "yesterday's news." Portals — "the" solution from last year — are evolving to a "portal of portals," consolidating access to multiple sites in a single view, driven by the recognition that patients won't log in to multiple Web sites to access data from each of their physicians. They will consolidate data obtained from wearables, monitoring devices and other innovations, expanding consumer involvement. However, this raises the question of what a clinician finds valuable versus what is "noise." What was missing was how to motivate patients to become — and stay — engaged. Research shows that use of health and wellness technologies tends to drop and stay off after an initial surge. Humana President and CEO Bruce Broussard clearly had some solutions for that from a payer standpoint. We think it's this kind of collaboration among health care stakeholders that will lead to the answer of the question of how to keep patients motivated to become true participants in their health care.

6. Medication management. Pharmacy traditionally has been underrepresented at HIMSS but is now coming into its own, if this year is any indication. There were sessions about ePrescribing (such as how it's progressing in Europe) and medication management (such as a patient-centered pharmacy home for the chronically ill). However, what really brought home the rise of medication management at HIMSS was the first-ever pharmacy-related keynote by Alex W. Gourlay, Walgreen's president and executive vice president of its Boots Alliance. The world's biggest drug retailer, Walgreens has more than 8,200 stores in the US alone and 4,500 more that are branded as Boots in Europe. Gourlay talked about Walgreens' traditional line of business but then provided a twist: Walgreens' movement to technology-driven care management. He shared his vision of how the company will use various technologies, such as mobile video calls with doctors to teleprescribe antibiotics and the medication reminder app Walgreens developed for the Apple Watch, among other things. This definitely signals a change in the world of medication management and will create related opportunities in the world of healthIT.

7. Size matters. HIMSS is one of the country's largest meetings of any type. Its size is both a blessing and a curse. On one hand, just about everybody in the healthIT world is there, making networking and building of business relationships efficient. It is truly one-stop shopping, which creates value for the investment of time and resources it takes to be there. On the other hand, the size of the meeting makes it impossible to see all the exhibits and attend very many sessions. Moreover, HIMSS really needs to think about the education sessions that were sparsely attended because of competing opportunities, for sure, but perhaps also because they require proposals to be submitted so many months before the event, making many of the sessions irrelevant when the meeting occurs. By the way: the calls for 2016 closed on May 1 for educational sessions and will close on June 15 for other proposals.

All in all, HIMSS15 was a valuable — if exhausting — meeting. Let us know if you need any help with the trends and opportunities emanating from the big event.

See you next year in Las Vegas.

2 Part 2: Meaningful Use Stage 3 Creates Opportunities for Pharma

By Brian Bamberger, Life Sciences Practice Lead

The federal government recently released the long-awaited draft rule for meaningful use stage 3 (MU3). When finalized, this regulation will dictate how the final stage of the incentive program for electronic health records (EHRs) will work beginning for the nation's providers in 2018. It will definitely create opportunities for pharmaceutical manufacturers.

In short, MU3 expands some previous measures, such as electronic prescribing (ePrescribing) and use of computerized provider order entry (CPOE). Moreover, it significantly expands patient engagement and reporting requirements for public health entities and disease registries. Not surprisingly, there is new emphasis on required use of application program interfaces (APIs). The government hopes this will spur entrepreneurial developers to greatly expand interoperability across EHRs as well as facilitate patient engagement and public health reporting.

At the same time, the mindset of ambulatory providers toward EHRs changes when they buy new systems. Many, in fact, are ready for new EHRs due to system obsolescence or mergers and acquisitions. The latter is an important trend created by ambulatory practice purchases by hospitals and the movement toward accountable care organizations.

What providers are looking for now are ease of use and better work flow integration. These needs, taken together with MU3 requirements, have far-reaching implications across the medication landscape. For example:

- **Electronic prescribing.** While ePrescribing has been on the rise, MU3 seeks to raise the bar to more than 80% of eligible prescriptions being sent electronically beginning in 2018. Pharmaceutical companies can help educate prescribers by making their product promotional content reflect ePrescribing norms to make nontablet products easier to prescribe. Such issues with key pieces of patient medication and prescribing data have been barriers to use among many ambulatory providers.

- **CPOE.** MU3 similarly requires that 80% of medication orders be recorded using CPOE for hospitalized patients and those presenting in hospital emergency departments. Again, pharmaceutical companies need to work with hospital leadership to secure formulary positions in hospitals and pull those positions through to orders with updated EHR order sets. This will help to improve the quality and safety of patient care, which is something everyone can get behind, and will, in turn, spur CPOE adoption.

- **Patient engagement.** MU3 significantly expands requirements for ways providers engage their patients (for a deeper dive, read the article in this issue of *Biopharma Insights*). Of interest to pharmaceutical companies is Measure 2 of Objective 5. It builds upon MU2 measures by requiring eligible providers to make available patient-specific access to educational resources based on "clinically relevant" information in the EHR for 35% of patients. This is an easy way to engage patients and provide value, especially from the patient's point of view. What is missing is content, which is where pharmaceutical companies come in. Manufacturers have a wealth of patient resource information that have already been developed and represent sunk costs. Opportunity lies in working with EHR vendors and API developers to make this information available to providers and accessible to

patients. The pass-through from provider to patient should be a sure bet in response to MU3 requirements — vastly expanding the dissemination of resource information and increasing the return on investment for the development of materials.

- **Integrating patient application data.** Finally, the need to accept more data from patients has the potential to overwhelm physicians. Patients today are collecting more health-related data than ever before, and we suspect even more will collect data as methods to provide such data to their physicians increase. Pharmaceutical companies can help formulate the future in their disease state by researching and distributing methods to analyze disease-specific patient information and converting them to data-driven insights that physicians can use as they discuss treatment options with patients.

Although the MU3 implementation horizon is a few years away, pharmaceutical manufacturers should start now to capitalize on the opportunities MU3 requirements present. Let Point-of-Care Partners help you better understand what can be done and how to get started.

3 Part 3: The Impact of MU Stage 3 on Patient Engagement

By Michael Burger, Senior Consultant

The newly issued draft rule for meaningful use - stage 3 (MU3) has greatly expanded requirements for patient engagement. Point-of-Care Partners (POCP) believes this area has huge potential for the future. Here is our high-level take on MU3 and its impact on patient engagement.

A glide path to MU3. The new regulation proposes a glide path to ramped up requirements for MU3, which is required for everyone beginning in 2018. In the meantime, the new rule suggests changes to MU stage 2 that would significantly reduce requirements for patient access. To meet the requirements under the proposal, only one patient has to view, access, download or transmit records — and that is down from a paltry 5%. The government is responding to industry feedback that this requirement has been very challenging to meet.

Impact of MU3 Objective 5. The first Objective 5 measure requires that 80% of patients be provided online access to view, download and transmit health information within 24 hours of availability. On first blush, this might not be so easy to achieve. It sounds like a lot but actually within the realm of possibility for many large health systems, accountable care organizations (ACOs) and even individual practices. Many have been ramping up to provide patient access via portals and other means in response to MU2 requirements as well as the emerging business case for practices and organizations involving value-based care and reimbursement. It should be noted the measure only requires that eligible professionals (EPs) provide access and instructions for accessing the information. This should help EPs meet the 80% threshold.

The government hopes that innovation and interoperability can be achieved for this and many MU3 objectives through the use of application program interfaces (APIs). The emphasis on APIs creates opportunities for technology entrepreneurs to spur patient engagement by providing innovative means of online access and communication mechanisms.

The potential of APIs can be seen with the launch of the Apple Watch. For example, Anthem and CareEvolution announced an Apple Watch application (app) called the comprehensive Family Health Record (cFHR), which is available as a free iPhone download. The app is designed so that consumers may easily and conveniently receive alerts, review new medical information and manage their health care from their wrist. Consumers would be notified of suggested preventive screenings, gaps in disease management and prescription refills, and potential drug interactions, the companies said.

Measure 2 of MU3 Objective 5 builds on MU2 measures by requiring EPs to provide patient-specific access to educational resources based on "clinically relevant" information in the electronic health records (EHRs) for 35% of patients. This is an easy way to engage patients and provide value, especially from the patient's point of view. Pharmaceutical manufacturers and other content sources willingly provide in-depth educational content for various conditions. We see a big opportunity for API developers to provide innovative ways for furthering this kind of patient engagement.

Moreover, many organizations can achieve this MU3 Objective 5 measure — and many Objective 6 measures, for that matter — simply by targeting their chronic disease populations. Eligible professionals and hospitals adopting value-based care strategies are already targeting these populations. As a result, many are in a position to build on what they've already got in place to increase communication and engagement with a significant number of their patients with chronic illnesses.

Impact of MU3 Objective 6. Measure 1 of Objective 6 requires engagement of 25% of patients by viewing, downloading or

transmitting their health information to a third party. Measure 2 requires that 35% of patients must send or receive a secure message. Patient health data must be recorded in the EHR for only 15% or more of patients to meet Measure 3. Some of these Objective 6 measures are increased from MU2, such as secure messaging increasing from a low 5%. Meeting all of these measures sounds daunting, but EPs only need to meet 2 measures to satisfy the objective.

The Centers for Medicare and Medicaid Services (CMS) hopes that API developers will come forward with solutions that make Objective 6 measures more easily achievable. Providers are already aware of the potential, such as in the area of mobile health. According to a recent survey, nearly half of health care professionals would like to incorporate smartphone apps into their practices within five years and 72% believe that health apps will encourage patients to take more responsibility for their health. Patients also are coming onboard. Survey results indicate that 32% of mobile health app users share information collected by apps with their doctors. This certainly bodes well for new and expanded products that sync with the MU stage 3 requirements.

To ease the burden of achieving these measures, the government has increased the kinds of communications that count toward the goal. They include secure messages from the care team; data from such providers as nutritionists and physical therapists; data from the patient him/herself or an authorized representative; and fitness data from a wearable. These expanded data sources also should make it easier for providers to achieve the goal as well as create expanded patient engagement opportunities.

Patient engagement will increase by allowing authorized representatives such as caregivers access to a patient's health information, which counts toward meeting MU3 Objective 6. This is crucial because so many elderly and chronically ill have others in charge of their day-to-day care, who will benefit from having more complete information about their patients. This new MU3 requirement opens new doors for patient engagement. APIs can offer new tools to do so, and the government is hopeful they will. Alternatives such as Blue Button already are available and gaining traction.

MU3 Measure 3 calls for EHRs to collect patient-generated health data for 35% of patients.To be sure, there is a lot of complexity involved in gathering, vetting and storing patient-generated data in the EHR. We believe that this is a huge opportunity for innovation for entrepreneurs and API developers, as well for mainstream EHR vendors, who can use such functionality as a market differentiator.

MU3 is only part of the story. MU3 will help drive patient engagement, but it's not the only driver. As we have noted in previous issues of HIT Perspectives, the move toward value-based care — especially the advent of ACOs — is also a powerful driver for patient engagement. Both public and private payers have recognized the value of patient engagement in terms of reducing costs, improving outcomes, and increasing patient satisfaction. This was underscored by findings of the 26th Annual Leadership Survey, sponsored by the Healthcare Information and Management Systems Society (HIMSS), which found that patient engagement is a success factor. Nearly three-quarters of respondents reported that consumer and patient considerations — such as patient engagement, satisfaction and care quality — would be the top business issue for their organization over the next two years. Again, this is in sync with MU3's intent and time frames.

Moreover, such topics also are measures on which providers are graded and paid. Money talks and this creates the business case for driving patient engagement at the provider level. The results of the HIMSS survey make that clear.

However, the business case for providers concerning patient engagement is only part of the story. Tools are needed to make more and better patient engagement a reality. This is where MU3 comes in, providing additional impetus and a roadmap for what needs to be done technology-wise — both for EHRs and EHR add-ons using APIs. Now vendors have their own business case to build new features to meet the requirements.

What happens next. It remains to be seen how MU3's percentage measures survive public scrutiny. Our guess is that the objectives will remain the same, but some of the measures may be ratcheted downward to make them even easier to meet. That certainly has been the practice in the past — especially in response to pushback from provider organizations, which undoubtedly will be very vocal when it comes to MU3. Moreover, MU3 is the government's last chance for rule making for this program, so it is logical that the proposed measures are more aggressive than some might have anticipated. On the other hand, we believe that MU3's objectives and measures will help drive patient engagement, with the business case from value-based purchasing acting as an afterburner.