



2011 Interoperability Paper: Draft 1

***The HITECH Act:* A Shared Professional Practice Framework Offers Major Advantages In Pursuit of Federal IT Incentives**

Despite growing uncertainty about the fate of Obama administration's healthcare initiative, at least one major reform program appears to be on track and moving ahead. The Health Information Technology for Economic and Clinical Health Act (known informally as the HITECH Act), creates a process designed to accelerate the adoption of electronic health records (EHRs) among provider organizations nationwide.

For hospitals and physicians, the ambitious, \$19 billion initiative marks a unique opportunity to receive financial assistance in support of information technologies that can improve the quality, safety and efficiency of patient care. As the program advances over the next five years, participating organizations will be required to deploy progressively more complex clinical and reporting functionality.

Because achieving the program's goals will require not only robust technologies but also significant clinical process and workflow changes, it is essential that providers adopt an approach that can address HITECH's anticipated technological as well as human process requirements.

For more than a quarter-century, the CPM Framework™ -- developed by the CPM Resource Center (CPMRC) in Grand Rapids, Michigan -- has fostered transformative healthcare via a scalable blueprint for providing interdisciplinary, evidence-based care. This approach has been tested, validated and continually improved through a collaborative process involving nearly 300 hospitals in the CPM Consortium. As such, the Framework represents an ideal platform for meeting the HITECH objectives.

Indeed, the overall goals of the HITECH Act's 'meaningful use' criteria -- better care through evidence-based clinical guidelines, data standardization, and interoperability between and among clinicians -- are consistent with the benefits the Framework has been producing for hundreds of North American hospitals for over 25 years.

That means organizations that incorporate the Framework into their EHR will have an enormous advantage on their journey toward HITECH compliance. With the Framework and its components providing a comprehensive foundation for evidence-based care, providers can avoid 'reinventing the wheel' in the creation of the clinical guidelines and other key documentation elements at the heart of HITECH's transformative vision. As a result, they should be able to accelerate their IT build and meet the aggressive compliance timelines established by the HITECH Act.



Similarly, the CPM Framework also creates a powerful engine for facilitating provider-to-provider integration through emerging models like the Medical Home and Accountable Care Organization. Hospitals and physicians that are contemplating a shift toward a new delivery model consequently will find the CPM Framework a potent catalyst for optimizing integrated care.

HITECH Advancing, Despite PPACA Controversy

Risks and opportunities abound throughout healthcare as the new decade begins. Calls to repeal the Obama administration's far-reaching reform law continue to grow in the wake of the Republicans' decisive mid-term Congressional victory, even as provisions of the act begin to take effect. Whether the Patient Protection and Affordable Care Act (PPACA) can or will be rolled back remains to be seen. But until a definitive answer emerges, questions about the act's long-term viability will likely cause major planning problems for employers, payors and provider organizations.

The good news for hospitals and physicians is that the HITECH Act appears to be moving ahead, unencumbered by the controversy surrounding the administration's broader reform package. Passed in 2009 as part of the American Recovery and Reinvestment Act, HITECH is not connected to the PPACA and thus enjoys far greater political support, according to Washington insiders.

As a result, experts believe it is unlikely that the law will be pulled into the ongoing debate surrounding PPACA and the potential gridlock that may overwhelm it. That's a major plus for providers and patients, since all will likely benefit – directly or indirectly -- from the program.

The Evolution of 'Meaningful Use'

So where does HITECH stand today? The Office of the National Coordinator for Health Information Technology – a newly created entity which will oversee implementation of the HITECH Act – last fall released a final rule for compliance with Meaningful Use Stage 1, beginning in 2011.

The rule requires that provider EHRs meet a certification criteria and privacy and security requirements. Stage 1 also mandates that hospitals and eligible professionals, including office-based physicians, comply with a set of core objectives which collectively constitute a viable starting point for meaningful use of EHRs. These objectives focus on tasks essential to the creation of a medical record, such as entering basic patient information like demographics and vital signs, active medications and allergies and up-to-date problem lists of current and active diagnoses.¹

In addition to complying with the core requirements, Stage 1 also requires that providers select any five of 10 additional tasks or objectives from a menu. The menu includes tasks such as conducting drug-formulary checks, incorporating clinical laboratory results into EHRs, issuing reminders to patients for needed care, identifying and providing patient-specific health educational resources, and employing EHRs in support of patient transitions between care settings or personnel.²



Work Underway on Stage 2 and 3

Meaningful Use Stage 2 and 3 definitions, which are set to be released in 2011 and 2013, respectively, will focus on a wide range of more advanced EHR capabilities and functionality, including clinical documentation, decision support, disease management, medication management and ultimately, quality, safety and efficiency benchmarks.

The HITECH quality measures currently are being developed by the National Quality Forum. NQF is a multi-stakeholder organization whose mission is to improve healthcare quality by setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance and promoting the attainment of national goals through education and outreach programs.

Ensuring standardization around the NQF quality measures by harnessing existing evidence-guidelines which are consistent with NQF requirements is essential in developing a successful response to the HITECH initiative. Fortunately, the more than 200 evidence-based guidelines incorporated into the CPM Framework are among the most well-vetted and up-to-date available anywhere, and therefore will likely meet all NQF standards with little or no modification.

'Begin with the End in Mind'

In addition to providing quality measures, it is widely anticipated that the Stage 2 definitions also will mandate SNOMED CT (Systemized Nomenclatures of Medicine – Clinical Terms) as the required computer taxonomy for identifying and organizing clinical terminology within hospitals and office-based physician settings.

It is important that entities begin the HITECH journey with an existing, practice-based clinical framework and then work back to the taxonomic structure. Approaching HITECH from the other direction – attempting to map the taxonomy to existing practice patterns – will likely prove unworkable.

That's because the HITECH program is a complex, resource-intensive, multi-stage process that requires providers achieve a range of advanced functionality at the end of a five-year period. As such, it is vital that organizations launch the process in a way that ensures the desired end-state. In other words, providers should 'begin with the end in mind' and not simply focus on the taxonomy without first ensuring that the underlying practice-based framework will accomplish the desired ends.

For that reason, hospitals and physician groups will be well-served by investigating tools already available that can be harnessed to help achieve program goals in the fastest, most compliant and most cost-effective manner possible.

A Proven Solution

Through years of development, testing and validation, the CPM Framework and its practice consortium of nearly 300 hospitals have anticipated many of the objectives outlined in the HITECH Act. Specifically, the Framework creates a common professional



practice infrastructure for standardizing quality-advancing interoperability at the point of care. Compatible with all major EMRs, the Framework effectively breaks down silos of information and provides consistency in how patient information is documented and shared.

As part of this process, the Framework's embedded evidence-based clinical guidelines help ensure consistent and appropriate care across the continuum, regardless of the provider. Significantly, the Framework has been replicated in multiple healthcare settings and, with proper security safeguards, can be made available across diverse provider organizations and networks.

Interoperability Elements

Key elements needed to support and sustain true practice interoperability include:

- **Intentionally designed automation (IDA)TM** expedites interoperable systems by preparing and engaging clinicians, supporting an evidence-based practice framework and delivering quality outcomes.
- **Practice interoperability** supports utilizing a professional practice framework to exchange patient information and interdisciplinary professional services across all clinical settings.
- **Content interoperability** involves the use of consistent professional data that is exchanged accurately and effectively within the technological systems across the continuum of care.

Practice standards must integrate with emerging HIT standards needed to securely and effectively exchange patient and clinician information. Put another way, if the HIT standards represent the underlying infrastructure, or railroad tracks, then an integrated care framework is the train that moves across the tracks.

The Human Factor

The concept of interoperability at the heart of the HITECH meaningful use criteria is generally considered to represent the ability of information systems to seamlessly share data across the spectrum of care. But interoperability also involves people. It is the clinician's ability to understand, use, and exchange clinical information in near-real-time across multiple disciplines, care settings and distances, that truly brings to life transformative, interdisciplinary care.

For that reason, CPMRC, in its collaborative work with its Consortium hospitals, has placed a great deal of emphasis on behavioral capabilities and disciplines, including -- organizational development, communications theory, interpersonal dynamics, systems thinking, complexity science and healthcare best practices.

By synthesizing these elements, a powerful new culture can be created to support patient-centered, evidence-based, interdisciplinary care. Combining this culture with



ubiquitous documentation tools and evidence-based clinical guidelines can result in dramatic improvements at the point of care. In simplest terms, the CPM Framework provides a complex but flexible platform for supporting practice interoperability standards and sustaining safe, consistent, high-quality, patient-centered and efficient evidence-based care.

Six Clinical Practice Models

Within the CPM Framework, six interactive practice models collectively deliver the essential components of transformative care. Each model provides supportive infrastructures and tools to move organizations into action with sustainable results.

- The **Health and Healing Care Model** is patient-focused and family-centered and supports health and healing across all settings in which care occurs. The model ensures a health, respectful, caring and safe environment to support those who give and receive care.
- The **Partnership Culture Model** supports partnering relationships and a council infrastructure where a healthy culture can thrive. The model exists to develop and enhance relationships and leaders, and facilitate meaningful conversation in order to achieve the shared vision and mission of best clinical outcomes for patients, families and the community.
- The **Interdisciplinary Integration Model** is focused on integrating the professional processes of care that emphasize individual and integrated practices at the point of care. This calls for partnership between all members of the health care team to coordinate, integrate and deliver healthcare across the continuum.
- The **Applied Evidence-Based Practice Model** supports care providers in clinical decision-making and applying best practices through evidence-based screens and scales and evidence-based content to strengthen clinical inquiry, reasoning and judgment.
- The **Health Informatics Model** brings the theoretical underpinnings of data, information, knowledge and wisdom to the Framework to assist organizations in managing the practice-technology polarity. This includes robust evidence-based content that is intentionally designed to support interdisciplinary professional practice.
- The **International Consortium Model** is a group of organizations united around a common vision for sustainable healthcare transformation through the use of the CPM Framework. Consortium organizations have the opportunity to participate in collective thought leadership, implementation science and clinical scholarship.

Strength in Numbers



The CPM Consortium — a voluntary organization made up of nearly 300 existing users of the CPM Framework — plays an essential role in providing invaluable feedback, advice and validation regarding the CPM Framework and evidence-based processes and tools.

This involvement creates a continuous feedback loop that helps ensure that the framework and guidelines reflect not only the best scientific and clinical information but also conform to realities faced by patients, clinicians and working healthcare organizations.

CPMRC's unique combination of a tested practice framework, evidence-based guidelines and broad-based consensual validation conducted by diverse healthcare organizations has resulted in some of the most comprehensive and intensely scrutinized decision-support systems in the world.

More than Implementation, Transformation at the Point of Care

The CPM Framework follows a rigorous and tested implementation process that carries organizations from Strategy and Engagement through Preparation, Activation and, ultimately, Sustaining and Optimizing processes and outcomes. Just as the CPM Framework has evolved over time, so has its transformation implementation methodology, or CPM Transformation Science™. The hope of HITECH is the true transformative process that must occur for the desired outcomes. The good news is that CPM and its Consortium members have pioneered this process at multiple sites over a number of years.³

The Journey Ahead

Regardless of how, when and to what extent the Patient Protection and Affordable Care Act is implemented, providers face an unprecedented opportunity to transform care via the HITECH Act.

In essence, HITECH has been created to move the care system from the capture and sharing of data through advanced care processes and decision support to improved outcomes via evidence-based, benchmarked performance. The CPM Framework, in collaboration with a consortium of hospitals across the U.S. and Canada, has anticipated and continues to perfect this progression. The result is a system that today represents the most advanced “EHR-ready” culture and professional practice framework available anywhere. Organizations that are truly committed to achieving HITECH compliance therefore should give serious consideration to partnering with CPMRC to ensure that they arrive at their intended vision and HITECH destination.

¹ David Blumenthal, M.D., and Marilyn Tavnner, R.N., “The ‘Meaningful Use’ Regulation for Electronic Health Records, *New England Journal of Medicine*, July 13, 2010.

² Ibid.



³ CPM Resource Center International Consortium Summit Proceedings: *Laying the Foundation for Implementation Science*. (November 2009). Chicago, IL