

*Council on Licensure, Enforcement and Regulation*

**Electronic Health Initiatives and  
Implications for Regulators**

Gov. Jim Douglas  
Thursday, September 6, 2012

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Dr. McCoy



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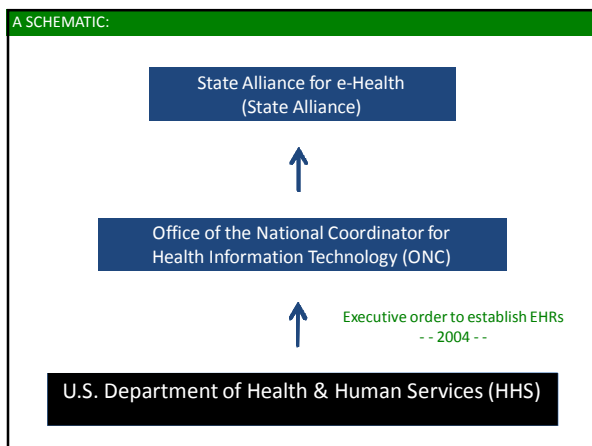
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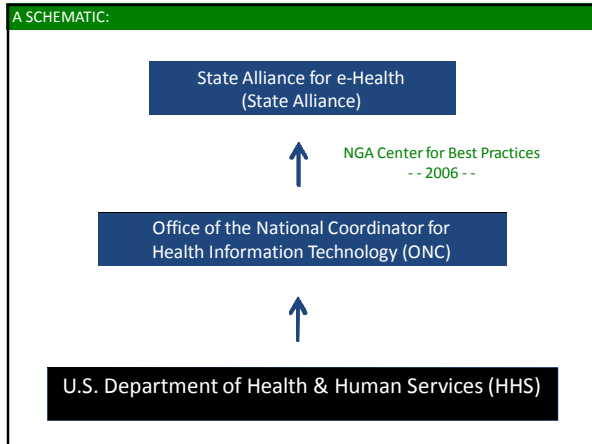
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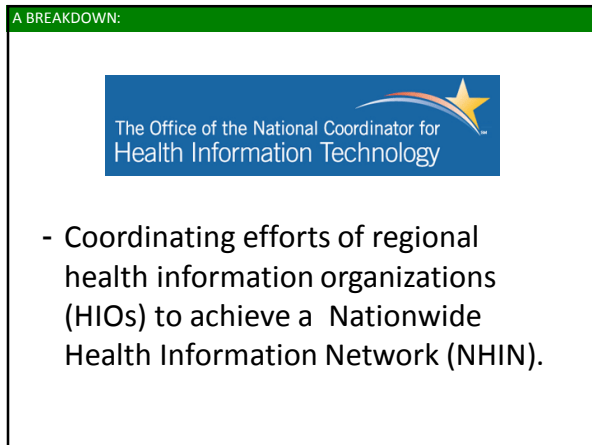
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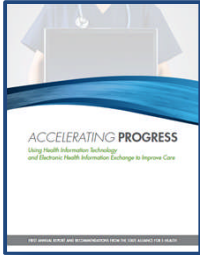
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**STATE ALLIANCE REPORT**



<http://www.nga.org/files/live/sites/NGA/files/pdf/0809EHEALTHREPORT.PDF>

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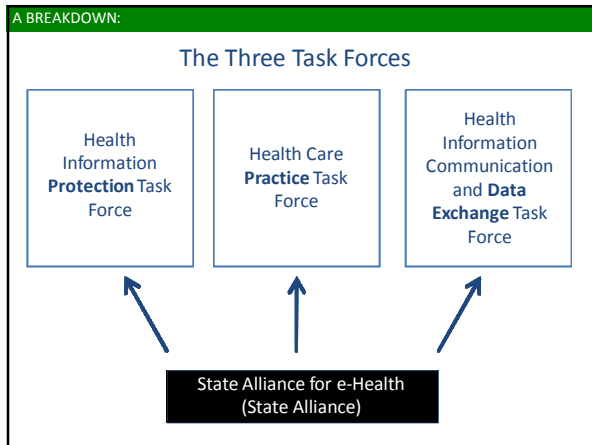
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**e-health:**

*the use of telecommunication technologies for medical consultation and delivery of health care*

This includes:

- e-prescribing
- Electronic and personal health records (PHRs)



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### e-prescribing: a 'gateway initiative'

- Feasible, achievable and 'meaningful' improvements:
  - Prevention of adverse drug interactions
  - AHRQ found in 2008 that e-prescribing increased use of generic drugs by 3 percent
  - Stand-alone e-prescribing systems cost 1/10<sup>th</sup> that of an EHR



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### Additional e-Health Tools

- Mail-order pharmacies
- Telemedicine
- Educational and discussion-based websites
- Online and mobile health applications
  - Text4Baby prenatal care reminders



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### GOALS

#### Engage consumers and HIT workforce

- Educate patients and physicians to use e-health tools to manage medications, monitor treatment protocols and participate in clinical research

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**GOALS**

**Engage** consumers and HIT workforce

**A secure exchange**

- Ensure that patient records are handled safely to increase adoption of electronic exchanges

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**GOALS**

**Engage** consumers and HIT workforce

**A secure exchange**

**An interoperable system**

- Achieve proper communication between HIE service providers in multiple states

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**GOALS**

**Engage** consumers and HIT workforce

**A secure exchange**

**An interoperable system**

**A cohesive licensure process**

- Credential verification organizations (CVOs) streamline and standardize multi-state licensure, a necessity for interstate e-health

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**GOALS**

**Engage** consumers and HIT workforce

A **secure** exchange

An **interoperable** system

A **cohesive** licensure process

**State leadership** for e-health

- "States are the laboratories of \_\_\_\_\_"  
*creativity?*  
*ingenuity?*

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Challenge	Resolution
Cost of HIT implementation	① HITECH incentives for 'meaningful use' demonstration
Inconsistent privacy and security measures	② Unified security & oversight
HIE systems lack interoperability	③ National Health Information Network (NHIN) on 'the cloud'
Variability in licensure processes among states	④ Streamline applications and standardize credential verification
Complex organization of publicly-funded programs	⑤ State-led coordination, education and momentum

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**Consumer Privacy**

Sensitive health information includes:  
 HIV/AIDS, genetic information, behavioral health status...

- Health Information Security and Privacy Collaborative (HISPC)
- The Harmonizing State Privacy Law Collaborative (HSPLC) conducts a meta-review of state privacy documents
- Gulf Coast states move toward consensus security requirements

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**Consumer Privacy**

**consent:** *permission for disclosure of personal health information*

A continuum:

Automatic inclusion of health information  
 Opt-out, degrees of freedom  
 Opt-in, degrees of freedom  
 Opt-in, included *only* with express consent

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### Unique Provider ID

- Developing an identifier is tricky
- Potential candidates list:
  - CMS National Provider Identifier (NPI)  
(for Medicare-enrolled providers)
  - Social Security number
  - IRS Taxpayer Identification number
- Conclusion: establish a 'trust fabric' of state and federal identity management

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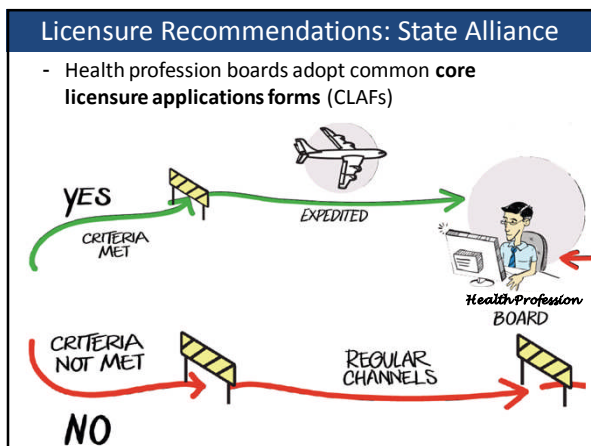
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**Licensure Recommendations: State Alliance**

- Health profession boards adopt common **core licensure applications forms (CLAFs)**
- **Nationwide core credentialing requirements**

4. Medical School (attach additional pages if necessary)

1. School Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Country \_\_\_\_\_  
Attendance Dates (from - to) \_\_\_\_\_

7. Examination History  
List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below.

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**Licensure Recommendations: State Alliance**

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- **Nationwide core credentialing requirements**
- Implement **online** applications
- Utilize a centralized **credential verification organization (CVO)**
  - 47 out of 50 states accept FCVS as its CVO, for example

*Participants Said: The purpose of the CVO is to collect the information, verify the information and pass the information on to the medical boards. All of the boards have to buy in to it. We decided to call it FCVS version 2.0 or an efolio CVO.*

*All physicians should enroll in a CVO. That enrollment begins in medical school prior to being licensed and you build this eFolio*

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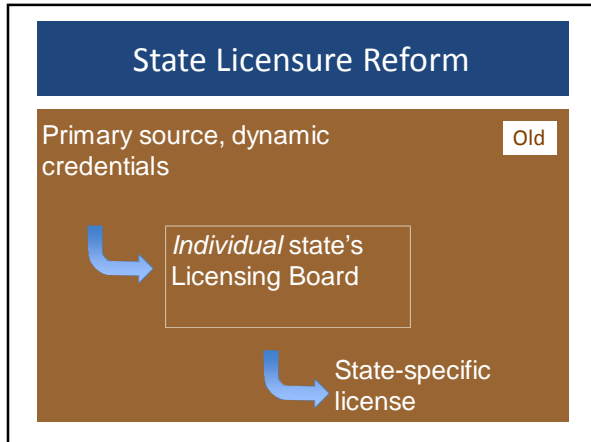
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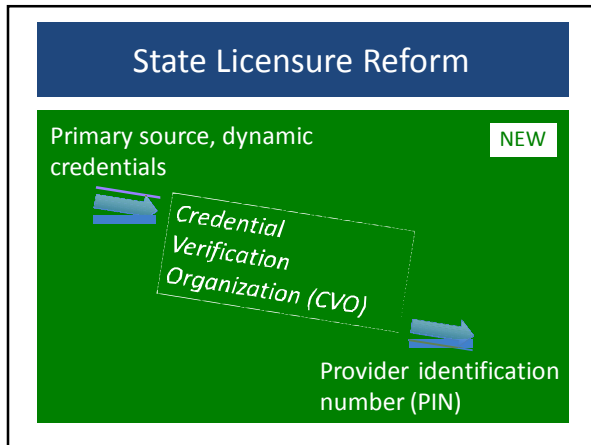
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  - State health profession boards **require criminal background checks**

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- **Nationwide core credentialing requirements**
- Implement **online** applications
- Utilize a centralized **credential verification organization (CVO)**
  - 47 out of 50 states accept FCVS as its CVO, for example
- State health profession boards **require criminal background checks**
- **Collaborate** with other health profession boards
- All nursing boards to **participate in NLC**
- Expand standards to **encompass advanced practice nursing**

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Variability in licensure processes among states	④ Streamline application and standardize credential verification
Complex organization of publicly-funded programs	⑤ Coordination, education and modernization

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**STATE INITIATIVES**

*State departmental purview varies for Medicaid, SCHIP and public health*

- Georgia:
  - Medicaid, SCHIP, state employee health benefits [Dept. of Community Health]
  - Public health [Dept. of Human Resources]
- New York:
  - Public health, Medicaid, SCHIP [Dept. of Health]
  - State employee health benefits [NY State Health Insurance Program]
- Washington
  - Each housed under distinct departments

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FEDERAL INITIATIVE in 2007

*Modernize the Medicaid program*

- \$150 million in grants to thirty-five states for e-prescribing
- Five year project started in February, 2007



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STATE INITIATIVES

*A. Government-led electronic HIE*

Vermont

- State HIT coordinator ensures that the governance model and HIT plan reflect federal ONC direction.
- Leading the way in **public outreach campaigns**, such as:
  - Invitation to 'opt-in' for HIE by learning and participating in online community forums.
- Community based organizations reflect geographic localities of Hospital Service Areas.



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STATE INITIATIVES

*B. Public Utility with Strong Government Oversight*

Utah

- Started in 1993, Utah Health Information Network (UHN) linked payers with providers through one of the first HIEs. It founded Clinical Health Information Exchange (cHIE) to give patients more control in the exchange of their data.
- Utah Dept. of Health (UDOH) partners with UHN to coordinate HIE pilot projects, and develop interoperability with Idaho HIE.
- A community panel proposes, and reviews, novel HIE plans.



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**STATE INITIATIVES**

*C. Private-sector leads electronic HIE with government collaboration*

**Nebraska**

- Within Nebraska Health Information Initiative (NeHII), specialty exchanges exist: Electronic Behavioral Health Information Network (eBHIN) and Nebraska Statewide Telehealth Network.
- Nebraska Dept. of HHS **Licensure Unit** coordinates with federal HHS security enforcement. Nebraska's Public eHealth Commission has responsibility for development and NeHII (a hospital and private-entity led group) is charged with implementing the statewide HIE.

Source: Nebraska Operational eHealth Plan, 2010.

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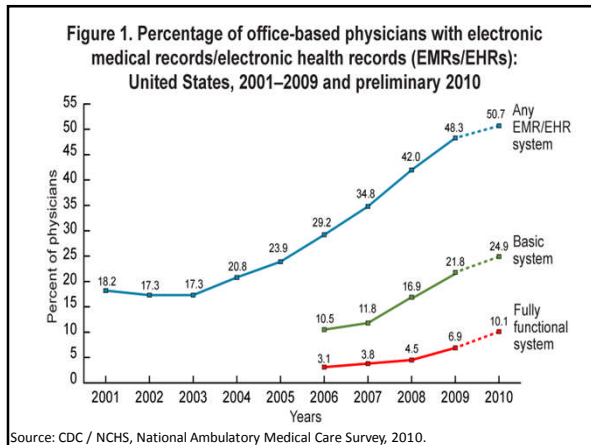
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**Meaningful *progress***

57% of all physician practices used electronic health records in 2011.

Source: HHS Survey, 2011.

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RECENT DEVELOPMENTS



- The Direct Project (2010)
  - Security measures for exchange with personal health record systems
- *CONNECT*
  - Open source software for HIE development

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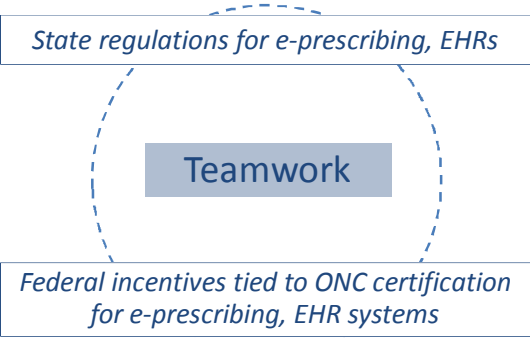
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FUTURE IMPLICATIONS



State regulations for e-prescribing, EHRs

Teamwork

Federal incentives tied to ONC certification for e-prescribing, EHR systems

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FUTURE IMPLICATIONS

**Physician extenders:**  
non-physicians trained to perform some of the medical and administrative tasks performed by physicians

- Physician's assistants (PAs) and Nurse Practitioners (NPs) play an integral role in patient care and productivity



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