



Department of Health & Human Services
Office of the National Coordinator for
Health Information Technology

ONC State HIE Cooperative Agreement Technical Assistance Program

Gap Analysis Guidance

July 16, 2010

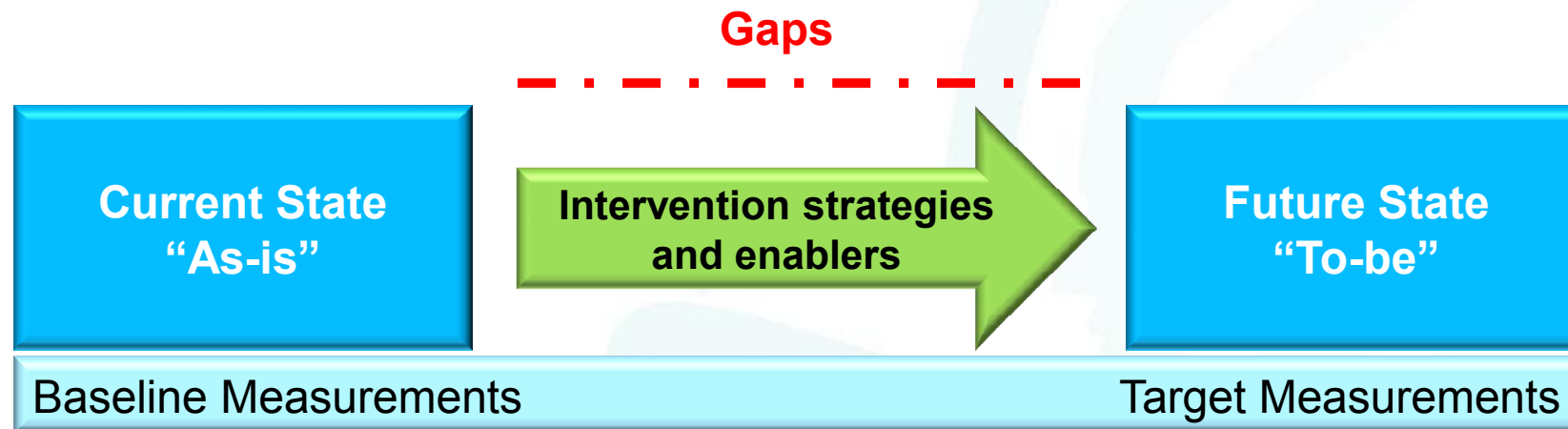
Agenda

- **Introduction to Gap Analysis**
- **Review of Meaningful Use Requirements**
- **Gap Analysis Process & Requirements**
- **Strategies for Success: Examples and Case Studies**

INTRODUCTION TO GAP ANALYSIS

What is a Gap Analysis?

A gap analysis is a method to determine whether current process, technology, and structure are aligned with future needs, requirements, or demands.



What is the State HIE Gap Analysis?

- **The gap analysis analyzes state capacity and gaps in supporting key meaningful use requirements:**
 - % pharmacies accepting electronic prescribing and refill requests
 - % clinical laboratories sending results electronically
 - % health plans supporting electronic eligibility and claims transactions
 - % health departments receiving immunizations, syndromic surveillance, and notifiable laboratory results

Why do a Gap Analysis Now?

If you don't know where you are going, you might not get there.
—Yogi Berra

- A gap analysis is a critical part of the environmental scan
- This is critical information to design viable strategies and approaches to address the gaps in your state
- Having a baseline will allow states to monitor and document progress made in addressing HIE gaps

REVIEW OF MEANINGFUL USE REQUIREMENTS



Questions?

Key Objectives for 2011

- The immediate priority of the State HIE program is to ensure that all eligible providers within every state have at least one option available to meet the MU HIE requirements for 2011.¹
- States should have a concrete and operationally feasible plan to enable three HIE capabilities in the next year:
 - e-Prescribing
 - Receipt of structured lab results
 - Sharing patient care summaries across unaffiliated organizations

¹ Program Information Notice

E-prescribing: What is required to meet 2011 MU Requirements?

A certified EHR (or eRx module) must be able, at a minimum, to generate and transmit permissible prescriptions electronically. In order for an eligible provider (EP) to meet the eRx objective for meaningful use, more than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. (42 CFR Parts 412, 413, 422, and 495)

- **Note that “permissible prescriptions” still excludes controlled substances**

Lab Interoperability: What is Required to Meet 2011 MU Requirements?

For an EP, eligible hospital or CAH to meet Stage 1 meaningful use requirements, more than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data (42 CFR Parts 412, 413, 422, and 495)

- **Must be able to electronically receive clinical laboratory test results in a structured format and display such results in human readable format**

Patient Care Summaries: What is required to meet 2011 MU Requirements?

The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals (42 CFR Parts 412, 413, 422, and 495)

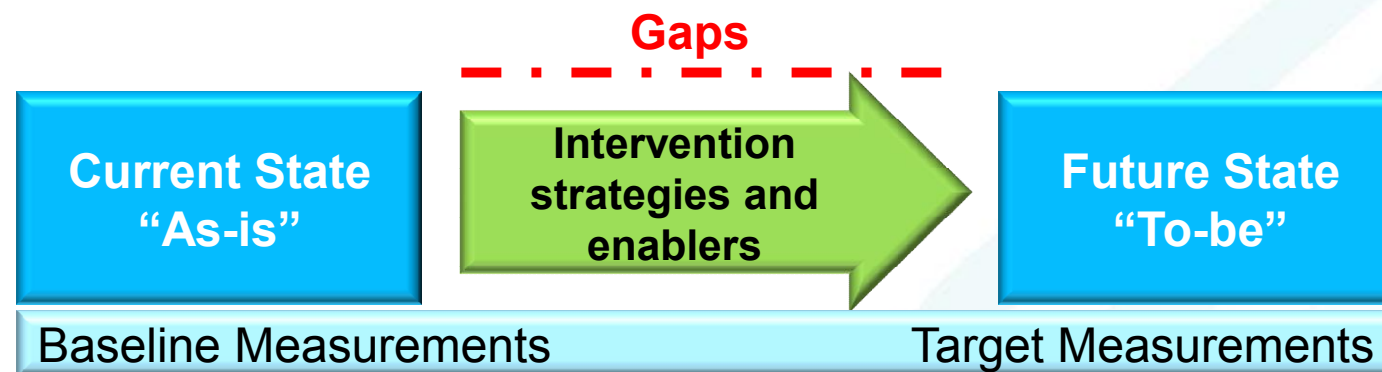
- **Core requirement is to perform at least one test of EHR's capacity to electronically exchange information**
- **To fulfill menu set requirement, EHR must enable a user to electronically transmit a patient care summary to other providers and organizations that:**
 - Includes, at a minimum, diagnostic test results, problem list, medication list, and medication allergy list
 - Uses HL7 CCD or ASTM CCR

GAP ANALYSIS PROCESS & REQUIRED INFORMATION



Questions?

What Information is Required in the State HIE Gap Analysis?



- **“An understanding of the health information exchange currently taking place in the state”¹**
 - Baseline information, including specific measurements related to e-prescribing, patient care summaries, and lab interoperability
- **“Gaps in HIE as identified in the environmental scan”¹**
 - Identify areas where your baseline information does not match requirements for Stage 1 MU
- **“A strategy and work plan to address the gap”¹**
 - Identify solution strategies to close the identified gaps

¹ Program Information Notice

Step 1: Understand Current HIE Activity

- **Describe state HIE capacity in terms of:**
 - % pharmacies accepting electronic prescribing and refill requests
 - % clinical laboratories sending results electronically
 - % health plans supporting electronic eligibility and claims transactions
 - % health departments receiving immunizations, syndromic surveillance, and notifiable laboratory results
- **The above are the core measurements that should be included in the baseline; however, additional measures will be useful to fully understand state HIE capacity**
 - Additional measures are included in the Appendix

Gap Analysis/Environmental Scan Data Sources for Understanding HIE Activity

- The following resources are good starting points to establish baseline information
 - CDC National Health Care Survey: <http://www.cdc.gov/nchs/nhcs.htm>
 - CMS Oscar Database, which can generate state-specific lists of all labs and their contact information: <http://www.cdc.gov/clia/oscar.aspx>
 - American Hospital Association:
<http://www.ahadata.com/ahadata/html/AHAOnline.html>
 - Gartner Healthcare Provider Research (membership required):
<http://www.gartner.com/it/products/research/industries/industries.jsp#health>
 - Surescripts, which has the latest e-prescribing statistics:
<http://www.surescripts.com/about-e-prescribing/progress-reports.aspx>
 - Dartmouth Atlas of Healthcare: <http://www.dartmouthatlas.org/>
 - American Medical Association's list of state medical boards:
<http://www.ama-assn.org/ama/pub/education-careers/becoming-physician/medical-licensure/state-medical-boards.shtml>

Step 2: Identify Gaps

- **Identify gaps**
 - By geography
 - Type of provider
 - Challenges faced by particular trading partners (small labs/ pharmacies)
- **Determine the priority of each gap**
 - How crucial is closing the gap to the success of creating an environment where all providers can achieve 2011 MU?

Step 3: Identify Strategies

- **Possible viable HIE gap-filling strategies may be:**
 - Policy, purchasing and regulatory actions (e.g., Medicaid requires that labs send structured results)
 - Core services to reduce the cost and complexity of exchange and that support both simplified and comprehensive interoperability (directories, authentication)
 - Targeted infrastructure for gap areas such as shared services
- **States are not required to directly provide or construct technology infrastructure or services**
 - States should focus on providing leadership, direction, and utilizing policy and purchasing levers
- **Strategies for addressing gaps will vary from state to state**

Required Strategy Details

- Per the Program Information Notice, for each strategy:
 - Outline a clear strategy
 - Include a project timeline
 - Provide an estimate of all the funding required, including all federal funding and state funding
 - Indicate the role both in funding and coordination of the state Medicaid agency
 - Identify desired technical support and coordination from ONC

Organize Gaps

- Use a table or worksheet to track gaps, their priority level, gap-filling strategies, and their location in the state HIE operational plan

Identified Gap	Priority	Description	Strategy	Plan Page #

STRATEGIES FOR SUCCESS: EXAMPLES AND CASE STUDIES



Questions?

Example Strategies for Addressing Gaps: General and Cross-cutting

Gap	Strategy
No single source of common services to support provider HIE	<ul style="list-style-type: none">• Provide central HIE services to enable HIE using standards-based techniques, including directories and authentication services
Limited broadband access in rural areas of the state	<ul style="list-style-type: none">• Collaborate with ARRA-funded broadband initiatives to extend broadband services
Existing state statutes and regulations create barriers to health information exchange	<ul style="list-style-type: none">• Work with state legislature and regulators to develop revisions to existing statutes and regulations

Example Strategies for Addressing Gaps: E-prescribing

Gap	Strategy
Low adoption or utilization rates among providers	<ul style="list-style-type: none">• Use legislation, licensure and contracting vehicles to set requirements for ePrescribing (e.g., MN)
Regional gaps in coverage of pharmacies accepting prescriptions electronically	<ul style="list-style-type: none">• Focus recruitment, education and incentive efforts in areas where with few local pharmacies with eRx capabilities.
No experience or infrastructure for electronic prescribing of controlled substances	<ul style="list-style-type: none">• Conduct pilots and demonstrations• Provide authentication/credentialing services to providers and pharmacies within the State

Example Strategies for Addressing Gaps: Lab Interoperability

Gap	Strategy
Labs are not offering standards-based interfaces	<ul style="list-style-type: none">• Negotiate with labs on providing structured interfaces, participation in HIE• Work with Medicaid and payers to include standards-based interfaces in lab contracts.
State-specific CLIA-related regulations that present barriers to HIE	<ul style="list-style-type: none">• Integrate and align state laws and regs with current CLIA regulation guidance
Providers having difficulty finding opportunities for testing	<ul style="list-style-type: none">• Leverage existing electronic lab reporting mechanisms such as public health case reporting and disease registries

Example Strategies for Addressing Gaps: Patient Care Summaries

Gap	Strategy
No secure way for providers to exchange clinical documents	<ul style="list-style-type: none">• Encourage and enable NHIN Direct-based exchange by offering directory services and other cross-cutting services• Examine whether EHR system vendor-specific aggregation can provide some capabilities
EHR systems unable to generate standards-compliant clinical documents	<ul style="list-style-type: none">• Work with EHR-S vendors to validate “real world” capabilities• Work with REC to drive use of certified EHRs

Case Studies – California

- **Cal eConnect**
 - Multi stakeholder private non-profit organization responsible for implementing HIE in California
 - Working on a sustainable economic model
 - Bringing disparate aspects of the Healthcare community together around HIE
 - Could be prototype for other states earlier in the process
- **Working directly with the RECs in California**
 - Selecting GPOs
 - Selecting “preferred” vendors of HIT services
- **Funding coming largely from ONC at the moment**
 - Seeking additional funding: 90/10 from CMS

Case Studies – California (2)

- **Multipronged incremental approach to laboratory interoperability**
 - Medi-Cal
 - Assess feasibility of contracting/requirements for electronic lab results reporting for fee-for-service and managed care
 - Analyze claims and assess and prioritize labs by volume & market
 - Public Health
 - Assess public health lab reporting requirements, understand gaps and align with ambulatory lab interoperability requirements wherever possible
 - Work with State laboratory field services – (CLIA) licensing and certification of labs in California
 - Interoperability Standards
 - Ensure that uniform lab interoperability reporting standards and implementation guides (e.g., ELINCS) are adopted and used:
 - For any lab services funded through ONC Cooperative Agreement
 - For EHR contracts negotiated by RECs in California
 - In any potential lab contracts/requirements for Medi-Cal
 - For any licensing and certification requirements that may be considered

Case Studies – California (3)

- **Strong emphasis on translation services for lab data**
 - Translation and validation service considered
 - Outgoing messages must match incoming messages highlighting importance of translation services
- **Working with various HIOs within the state**

Case Studies – Kentucky

- **Developed detailed use cases first**
- **Milestones and Lessons**
 - Regulations: A group of stakeholders successfully lobbied the KY legislature to ease the consent restrictions for secondary providers obtaining lab results from the HIE
 - Standards:
 - Transforming lab results from state lab system to conform to required coding and transport standard. This was found to be quite a challenge for state labs not already using LOINC coding
 - Initially attempted to have the HIE convert EMR data to CCD
 - May be problematic in that many EMR's are not capable to parse the lab data back out properly
 - It may make more sense to use the HIE as a simple conduit of data using HL7 messages
 - Current Status:
 - Routing lab results from state lab to physician – in testing
 - Delivering electronic lab results to physicians who order electronically – though still in early phases
 - Routing lab results from Medicaid laboratories to providers – still in design