



## **Opportunities to Leverage Ix in Health Care Reform**

*“Let me be clear: identifying what works is not about dictating what kind of care should be provided. It’s about providing patients and doctors with the information they need to make the best medical decisions.”*

–President Barack Obama during his speech to the American Medical Association (6/15/09)

### **Panelists:**

Eva DuGoff, Legislative Assistant, Senator Ron Wyden (D-OR), Member, Finance Committee  
Christine Bechtel, COO, National Partnership for Women & Families, Member, HIT Policy Committee  
Neil Calman, MD, CEO, Institute for Family Health; Member, HHS’s HIT Policy Committee

### **Introduction:**

Given the remarkable pace of policy developments inside the Beltway, the June IxInsights webinar focused on levers in the health care reform conversation for Ix advancement. The interactive panel session focused primarily on two topics:

1. Empowering Patient Choices Act—legislation introduced by Senators Ron Wyden (D-OR) and Judd Gregg (R-NH) to embed patient decision aids in Medicare.
2. Defining “meaningful use” in the roll-out of the health information technology (HIT) provisions of ARRA\* and what it means for consumer access to useful information (\*ARRA: American Recovery and Reinvestment Act).

The Empowering Patient Choices Act, if integrated into broader health reform legislation and passed, would integrate an element of Ix into health system redesign. Defining meaningful use is a critical aspect of defining what provider incentives for HIT adoption accomplish. Each presents opportunities for action.

### **Background:**

On June 10, 2009, the IxCenter sent a letter of support to the offices of Senators Wyden and Gregg regarding the new patient decision aid legislation (see resources):

## **Empowering Medicare Patient Choices Act (S.1133)**

Eva DuGoff, from Senator Ron Wyden's office, shared information about the Empowering Patient Choices Act. This legislation, introduced by Senators Wyden and Gregg, expands the use of shared decision making (SDM) in Medicare to help beneficiaries — in collaboration with their clinicians — make more informed treatment decisions.

The bill provides incentives for doctors to inform patients of their treatment options, including the risks and benefits of each option, before deciding on a course of treatment. The legislation creates a three-step phase-in of patient decision aids, including informational videos and other educational materials about the patient's treatment options, into the Medicare program.

Phase I encourages providers to participate by providing data and serving as Shared Decision Making Resource Centers. During the second phase, providers will be eligible to receive reimbursement for using patient decision aids. The third and final stage will require providers to use decision aids for specific conditions.

### **Key Elements of the Empowering Medicare Patient Choices Act:**

- HHS would contract with entities to establish standards for patient decision aids. The bill creates a 13 member panel consisting of consumer advocates, primary care providers, specialists and federal officials to advise HHS on implementation.
- Creates a Medicare shared decision making pilot program for providers that have experience with shared decision making and expands the program after 3 years to other Medicare providers. Providers will get reimbursed for using patient decision aids and be eligible for bonus payments.
- HHS would then promulgate rules to specify under what conditions Medicare beneficiaries should receive patient decision aids.

### **Purpose of Legislation:**

- S.1133 delivers on President Obama's goal to improve a patient's ability to make informed decisions about their medical care.
- S.1133 addresses regional variations in medical practice by grounding patient treatment choices on evidence and reduces costs to the Medicare program by reducing unnecessary care.
- The Lewin Group estimates that full implementation of patient decision aids would save the Medicare program \$4 billion dollars in one year.
- S.1133 is bipartisan and supported by the Pacific Business Group on Health, Consumer's Union, National Partnership for Women and Families, Kaiser Permanente, Group Health, and U.S. PIRG.

**Current Status of Legislation (as of June 17, 2009):**

Sec 217 of the Senate HELP Committee's health reform bill includes the creation of shared decision making resource centers and funds patient decision aids standard setting and certification. The Medicare sections of S.1133 fall under the jurisdiction of the Senate Finance Committee, which has not yet released its health reform bill.

**Meaningful Use**

Christine Bechtel and Neil Calman discussed the importance of contributing to the definition of "meaningful use," specifically when it comes to consumer access to information. An explicit goal of the HIT provision in ARRA is to improve patient-centered care delivery. Currently, the biggest question facing HIT is the following question:

*What will constitute "meaningful use"?*

The U.S. Department of Health and Human Services (DHHS) has been tasked with determining what constitutes meaningful use. One way it will do this is by considering input from the newly formed HIT Policy Committee, on which Bechtel and Calman both serve. The committee will provide significant input and guidance to DHHS in that process.

**Why is meaningful use important?**

ARRA offers tens of billions of dollars in incentives to providers for becoming "meaningful users" of electronic health records (EHRs). Therefore, what constitutes "meaningful use" will greatly influence which technologies and interventions will be utilized in the U.S. health care system.

The committee is approaching the challenge of defining meaningful use??? by looking at the big picture, specifically what the vision for IT would be for the year 2015, and working backwards to consider what can be accomplished each year until then.

Defining meaningful use will affect the way patients interact with the health care system, including patients' access to information and their ability to interact with providers using technology. For example, will meaningful use of HIT enable consumers to get access to meaningful, useful information to help them make informed health decisions and better manage their health?

**What opportunities exist to influence the definition of meaningful use?**

The IxCenter is an active participant in the Consumer Partnership for e-Health (CPeH), a non-partisan group of consumer, labor, research and policy-making organizations working together to improve health care quality through expanded use of information technology and sharing of knowledge. CPeH injected a consumer voice into the process of defining meaningful use by creating a tangible pathway towards patient-centered care.

CPeH tackled the issue of defining meaningful use by first defining patient-centered care (i.e., what does it mean to be patient centered?). Then it proceeded to come up with a detailed list

of items, mapping the items to various functions, which were then mapped to IT-related objectives like providing patient reminders and prompts.

### **Meaningful Use Matrix - Engaging Patients and Families**

The HHS Office of the National Coordinator (ONC) for HIT distributed a matrix along with the presentation by MU workgroup co-chairs Paul Tang and Farzad Mostashari. One of the five health outcomes policy priorities is “Engage patients and families,” and the associated care goal is “Provide patients and families with access to data, knowledge, and tools to make informed decisions and to manage their health.”

The 2011 objectives under engage patients and families:

- Provide patients with electronic copy of — or access to — clinical information (including lab results, problem list, medication lists, allergies) per patient preference (e.g., through PHR) for outpatient (OP) and inpatient (IP) care
- Provide access to patient-specific educational resources (OP/IP)
- Provide clinical summaries for patients for each encounter (OP/IP)

For 2013:

- Offer secure patient-provider messaging capability (OP)
- Provide access to patient-specific educational resources in common primary languages (OP/IP)
- Record patient preferences (e.g., preferred communication media, advance directive, health care proxies, treatment options) (OP/IP)
- Documentation of family medical history (OP/IP)
- Upload data from home monitoring devices (OP)

For 2015:

- Access for all patients to PHR populated in real time with data from EHR (OP/IP)
- Patients have access to self-management tools (OP)
- Electronic reporting on experience of care (OP/IP)

Many of these elements derived from the CPeH document, though some improvements in the ONC document would go a long way toward driving better care. Some of these points made during the HIT Policy Committee meeting by Bechtel and Josh Seidman voiced support for during the public comment period, and Josh also added some of his own (or expanded on themes raised by Christine) there and here. The IxCenter built on these recommendations:

- Certainly, some of the elements should be moved up — earlier in the timeline (e.g., secure messaging, patient access to self-management tools & decision support, and electronic reporting on experience of care).
- The access to electronic information needs to be “timely” (a word that should be added); timely applies both to the speed at which it is made available and the ability to get information targeted to the consumer’s particular moment in care.
- Incorporation of data generated by the consumers themselves beyond just what can be uploaded from electronic monitoring devices (per the 2013 criterion).

- There should be more attention to consumer information tools (beyond just narrowly defined personal health records) and more clarity around the kinds of tools that consumers need — not just self-management tools but also decision support tools and tools that facilitate effective & efficient communication to improve the infrastructure for participatory medicine.

Finally, although clinical summaries are mentioned in this section, there are more ways in which improving care coordination (one of the other key five goals identified by the committee along with: engaging patients and families; improve quality, safety, efficiency, and reduce health disparities; improve population & public health; and ensure adequate privacy & security protections for personal health information). Specifically, the stated care goal for “improve care coordination” is “exchange meaningful clinical information among professional health care team.” Given that, for many of the measures proposed in the care coordination section, there is substantial research to support exchanging clinical information with patients and families improves care, reduces readmissions, etc., there should be an explicit inclusion of patients & families in that exchange.

## Recent IxCenter Blog Posts



[www.ixcenterblog.org](http://www.ixcenterblog.org)

[Making Progress on Meaningful Use](#)

[Finding Patient-Centered Care in the HELP Health Reform Bill](#)

[Meaningful Use of HIT for Consumers](#)

## Additional Resources

For the PowerPoint presentation, visit the IxInsights section of the member portal: <http://www.ixcenter.org/members/insights.cfm> and click on “PowerPoint Presentation” for IxInsights #46.

[Office of the National Coordinator \(ONC\)](#)

- [ONC - Meaningful Use Matrix](#)
- [Instructions for Providing Feedback on Meaningful Use](#)

[Senate HELP Committee](#)

- [Senate HELP Committee Bill](#) (615 pages)
- [Senate HELP Committee Bill Overview](#) (IxCenter Blog Post)

June 10, 2009

The Honorable Ron Wyden  
223 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Judd Gregg  
201 Russell Senate Office Building  
Washington, DC 20510

Dear Senators Wyden and Gregg:

The Center for Information Therapy (IxCenter) commends you on your leadership in advancing shared decision making (SDM) through your proposed integration of patient decision aids (PtDAs) into Medicare through S.1133. The IxCenter strongly supports S.1133, the Empowering Medicare Patient Choices Act, and believes that key provisions of this legislation should be included in a more comprehensive health care reform bill.

The IxCenter is a 501(c)(3) organization dedicated to advancing the practice and science of proactively delivering information to consumers to improve health decision making. The IxCenter works with a wide variety of organizations – including 45 health plans, provider entities, technology companies, disease management organizations, professional societies, and other members of the IxAction Alliance – to stimulate innovation, diffuse best practices, and build the infrastructure for embedding Ix into normal care delivery.

Prescribing decision aids to consumers is one of the great opportunities for achieving true delivery system improvements in quality and efficiency. These information therapy (Ix<sup>®</sup>) tools will produce better outcomes at lower costs and result in a true participatory medicine environment. If we want to improve care delivery and have the money to cover the nearly 50 million uninsured Americans, we need common-sense system reforms like this one to be embedded into the broader health care reform legislation.

The IxCenter agrees with the way the bill has been written to include attention not only to the development, standards and measurement of PtDAs, but also with the critically important focus on how these tools are integrated into the clinical workflow. The IxCenter also believes that a few specific elements of the bill could be improved to achieve greater savings to Medicare while enhancing health care quality. These specific recommendations are below.

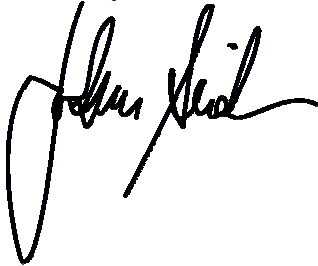
- **Add more specific attention to needs of safety-net populations.** In order to ensure that their special needs are considered in the development of PtDA standards, the expert panel should include representation of safety-net populations.
  - **Proposed Line Edit:** Page 12, line 10: Change “13” to “15.”
  - **Proposed Line Edit:** Page 12, line 13 (or somewhere in the list): Add, “2 shall represent safety-net populations.”

- **Shift the language for live counseling from a requirement to an option available to the patient.** The bill requires that the clinician schedule a counseling session with the patient before the 20% holdback is waived. Counseling with care coaches is valuable for many patients and can be a critical piece of the shared decision making process, and therefore, it should be offered to all patients. However, requiring the provision of a counseling visit for all patients adds unneeded costs to a system that should be avoiding them. In an age in which people use Web-based tools to effectively become their own travel agents, investment counselors and Website designers, some patients can effectively use Web-based patient decision aids on their own depending on the individual, the procedure, and other circumstances.
  - **Proposed Line Edit:** Page 24, line 4: Change “schedule” to “offer.”
- **Encourage faster broad-scale implementation by allowing wider reimbursement for PtDAs.** The bill could maximize impact and cost savings by facilitating faster uptake for those clinicians wanting to extend PtDAs to their patients. In phase II, faster and broader SDM implementation could be accomplished by providing for reimbursement of the provision of certified PtDAs for all Medicare beneficiaries facing the decisions for which the PtDAs are certified.
  - **Proposed Line Edit:** Page 22, after line 20: Add “(4) Nothing in section (3) shall prevent the Secretary from extending implementation of patient decision aids to additional providers.”
- **Require standards to include EMR-readiness standards.** Broad scale implementation will require the easy integration of PtDAs within the work flow of medical practices. The PtDA standards should reflect that need. The bill should also include encouragements for federally supported EMR systems to include the ability for easy integration of certified PtDAs into the workflow. This can be accomplished by language linking PtDA implementation to “meaningful use” of EHRs, as being defined by HHS for the purposes of awarding incentives to providers under ARRA.
  - **Proposed Line Edit:** Page 35, after line 21: Add “(4) The Secretary shall incorporate into the definition of “meaningful use” of electronic health records (as defined in the American Recovery and Reinvestment Act of 2009) an expectation of integration of functionality for delivering patient decision aids.
- **Expand to all major preference-sensitive decisions faster.** The bill as introduced identifies 10 specific preference-sensitive decisions. Although it also allows for the Secretary to name any other decisions deemed appropriate, faster inclusion of PtDAs for all conditions will speed the advancement of better, more cost-effective health care in the Medicare program. The bill would be strengthened through the stated expectation that the Secretary shall report annually, plans for expansion of the program to other care needs.
  - **Proposed Line Edit:** Page 27, at end of line 5: Add “The Secretary shall annually report to Congress on additional conditions for which Medicare should reimburse for the provision of patient decision aids.
- **Make clear that many technologies can be used to deliver PtDAs.** With technology changing so rapidly, it’s important to ensure that the legislation support the wide array of technology that could support SDM in the future. Adding more examples will help to clarify.

- **Proposed Line Edit:** Page 5, line 9-10: Change to “(such as the Internet, a video, audio, printed materials, interactive voice response, and other technologies)”.

Far too often in America patients are asked to bet their lives or their life savings on treatment choices for which they have been left in the dark. The provision of patient decision aids to help people make informed and preference-sensitive choices will align the cost and outcomes of care with the needs, values and preferences of those who receive it. In order for health care reform to achieve the systemic change that we need, the key elements of S.1133 need to be included in the Senate’s comprehensive health reform legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Joshua Seidman". The signature is fluid and cursive, with a large loop on the left side.

Joshua J. Seidman, PhD  
President