



# American Health Information Community

## Chronic Care Workgroup

[http://www.hhs.gov/healthit/ahic/cc\\_main.html](http://www.hhs.gov/healthit/ahic/cc_main.html)

# Workgroup Membership

- **Co-chairs:**
  - Craig Barrett Intel
  - Mark McClellan Centers for Medicare and Medicaid Services
- **Members:**
  - Madhulka Agarwal Department of Veterans Affairs
  - Ed Cameron U.S. Department of Agriculture
  - Mike Crist Laboratory Corporation of America
  - Dan Jones University of Mississippi Medical Center
  - Shaygan Kheradpir Verizon
  - Herb Kuhn Centers for Medicare and Medicaid Services
  - Eric Larson Group Health of Puget Sound
  - Mohan Nair Regence Group
  - Mary Naylor University of Pennsylvania, School of Nursing
  - John Rother AARP
  - Jeff Rideout Cisco
  - Jay Sanders Global Telemedicine Group
  - Tony Trenkle Centers for Medicare and Medicaid Services
- **Office of the National Coordinator:**
  - Karen Bell

# Workgroup Charges

- **Broad Charge for the Workgroup:**
  - Make recommendations to the Community to deploy widely available, secure technology solutions for remote monitoring and assessment of patients and for communication between clinicians about patients.
- **Specific Charge for the Workgroup:**
  - Make recommendations to the Community so that within one year, widespread use of secure messaging, as appropriate, is fostered as a means of communication between clinicians and patients about care delivery.

**This presentation is focused on the Specific Charge.**

## Enablers to Accomplish Specific Charge

- Geography which can leverage existing infrastructures (existing business models, multi-stakeholder collaborations, high awareness of HIT value)
- Clinicians who care for high percentage of patients with chronic illnesses
- Availability of secure messaging (excluding open email) between patients and their clinicians in physician offices with care management supports
- Decreased malpractice risk from better documentation
- Reimbursement of clinician time and expertise for less costly care than that provided in office or ER setting

## Recommendations to Support Enablers

- Office of the National Coordinator (through existing contracts) to define optimal solutions to address technical barriers related to interoperability, identification of users and security
- CMS to identify opportunities in existing programs and projects to evaluate value of secure messaging
- Community to receive input re: licensure reciprocity across state lines for purposes of secure messaging to address this legal barrier

# Open Issues

- How best to evaluate effectiveness?
- What infrastructures and programs could be leveraged and where?
- How to define secure messages that could be considered reimbursable?
- How best to address workflow issues in the office setting?

## Next Steps

- Review existing information on secure messaging – receptive environments, business infrastructures, evaluations – to support potential reimbursement policies
- Research outcomes associated with secure messaging
- Identify local, state, federal entities, national organizations, and private entities that could support the recommendations
- Develop conceptual framework for transition to broad charge