



## HIMSS12

### HIMSS12: A Boots-on-the-Ground Overview

*By Tony Schueth, Editor-in-Chief*

We've been saying this for years now, but the annual Healthcare Information and Management Systems Society (HIMSS) meeting keeps getting bigger and better. This year exceeded all expectations with record attendance — some 37,000 attendees packing Las Vegas' Venetian Palazzo Sands Expo Center with more than 1,100 exhibitors — and an even greater variety of opportunities (see the conference details at <http://www.himssconference.org/>). More than that, it was — hands down — the most substantive and informative meeting anywhere about products, policies and issues related to health information technology (HIT).

In anticipation of all this we upped the ante, taking key members of our growing team and “dividing and conquering.” ...

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### Top 10 Themes at HIMSS12

*By Tony Schueth and Kurt Andrews*

HIMSS12 set a record for attendance and exhibits, making it a gold mine of information in one place. Through face-to-face discussions with stakeholders and vendors, attendance at presentations, and investment of a lot of shoe leather, the Point-of-Care Partners (POCP) team came away with the following themes that will be playing out in health information technology (HIT) this year.

#### ***Meaningful Use and Care Coordination Will Drive HIT in 2012***

- 1. Meaningful use: still the 800-pound gorilla...**

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### Some Provisions of Health Reform Act Forge Ahead Despite Uncertainties of Repeal and Upcoming Election

*By Tony Schueth and Brendan McAdams*

When we got to Las Vegas, we would have bet the health care industry would be frozen in place this year, waiting for a potential change in administration following the November presidential election and for the Supreme Court to decide the fate of recent health reform legislation known as the [Affordable Care Act \(ACA\)](#).

Yet after attending HIMSS12, the Point-of-Care Partners (POCP) team was somewhat surprised to learn the industry's fear of uncertainties surrounding the fates of the statute and election are not as paralyzing as might be expected. In fact, much has been done already toward implementation of many provisions of the ACA — all depending on health information technology (HIT). That is why the ball is likely to keep rolling with or without the ACA and regardless of who is in the White House in 2013...

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Some of us gathered intelligence on topics of interest to our clients, others focused on opportunities within their respective verticals — payers and pharma — and I met with clients and covered the event wearing my journalist's hat. We managed to cover the booths, attend many presentations, talk to key players in government and industry, meet with clients and connect with colleagues.

This issue of [HIT Perspectives](#) is devoted to key takeaways from HIMSS12. Some general observations about the meeting are described below, with more detailed commentary on subject matter in the following two articles.

From our boots-on-the-ground perspective, HIMSS12 was different this year because:

- **Attendance went way beyond HIT insiders.** HIMSS used to be a meeting solely for HIT vendors and techies, with a sprinkling of government types and other health care stakeholders whose interests were very much down in the weeds. No longer. In addition to supersized helpings of the usual suspects, this year's meeting saw a huge turnout by payers and pharma, among others. Payers have extended their reach into ambulatory, acute and alternative HIT settings over the past few years and become a growing presence at HIMSS. This year they were front and center, from keynotes to booths to large numbers of attendees. The biggest surprise was a strong showing by pharma, which has increasing interest in HIT. Point-of-Care Partners (POCP) has a fair number of pharma clients, more than half of which were in attendance. Such heavy attendance and involvement by payers and pharma are recognition that the industry has come into its own and indicative of the important role of HIT in all health care sectors.
- **There was significant substance in the booths.** When most of us attend big meetings, we generally set aside time to drop by booths in the exhibit hall and pick up a bunch of literature. At HIMSS, you need to be smarter. The massive Expo Center held more than 1,100 exhibits, which were grander than traditional displays and demos. Booths are always staffed by subject-matter experts who can address substantive questions and issues, but it's tough to expect to visit with them if you're just stopping by. This year, more booths than ever actually conducted mini-presentations with live presenters who provided insights about more than just their products. In many ways, each booth was like a meeting within a meeting. If you didn't get to the exhibit hall, you missed an invaluable opportunity for face-to-face interaction with movers and shakers having content expertise who weren't necessarily on the formal agenda. You also missed some very interesting, cutting-edge presentations and knowledge exchange. If you didn't get to the exhibit hall, you missed an invaluable opportunity for face-to-face interaction with movers and shakers having content expertise who weren't necessarily on the formal agenda. You also missed some very interesting, cutting-edge presentations and knowledge exchange.





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- **Anticipation and anxiety surrounded Meaningful Use.** Everyone eagerly awaited the announcement of the proposed criteria for [meaningful use \(MU\) stage 2](#), which were to be unveiled at the meeting. The announcement was delayed a couple of times, heightening the anxiety. We were grateful when the announcement was finally made, but it was hard to digest in the middle of such a large meeting and without the benefit of a lot of detail, which we understood could not be provided until later. Of course, stakeholders were apprehensive about the content of the proposed criteria, which have will profound impact on HIT offerings and implementations for years to come. (See the Meaningful Use notice of proposed rulemaking at <http://www.gpo.gov/fdsys/pkg/FR-2012-03-07/pdf/2012-4443.pdf>). Attendees also were apprehensive about the relationship between MU and other key HIT developments, such as ICD-10 implementation and the [Direct Project's](#) standards for data exchange, which are described at <http://wiki.directproject.org/>.
- **Social media is the new way to connect.** Mobile technology and social media are seemingly ubiquitous, making it easy for attendees to connect and catch up on what they missed at this incredibly large, complex meeting. HIMSS12 staff really took advantage of social media opportunities: attendees could engage with HIMSS and get connected with industry colleagues before, during and after conference via Twitter, Facebook, LinkedIn and YouTube. HIMSS also had an on-site Social Media Center where attendees could learn more about using social media and gain insight on how social media is being used in health care and by colleagues. There even was a Twitter cheat sheet with hash tag suggestions and follow lists. In addition, use of social media by attendees allowed the outside world to know what was included in the proposed meaningful use stage 2 criteria immediately when the announcement was made. Needless to say, all this is a harbinger of things to come as social media will continue to be leveraged to better connect patients, plans and providers. We will certainly see more of that at HIMSS13.

POCP made a substantial investment in HIMSS12, striving to literally be everywhere and cover everything — so you don't have to. We did the legwork and the face-to-face meetings, gathering the contacts and substance that will make your organization better positioned to compete successfully in the rapidly changing world of HIT. Drop us an e-mail or give us a call. We'll be happy to synthesize the overwhelming flood of information imparted at HIMSS12 for you and help translate that into action.





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### Top 10 Themes at HIMSS12

By Tony Schueth and Kurt Andrews

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**1. Meaningful use: still the 800-pound gorilla.** We used to say that meaningful use (MU) took the air out of the room. Not much has changed, as it's still creating seismic shifts in the market while driving product development and strategic portfolio moves. It clearly has pushed electronic health records (EHRs) into the same place because vendors are building to fulfill MU requirements and little else. However, there is still a lot of uncertainty on both the ambulatory and inpatient sides of the house about how all the MU requirements will play out with the recently proposed [stage 2 meaningful Use](#) criteria and those for stage 3, which have yet to be developed.

Vendors also may be impacted by a set of standards from the Direct Project that could ultimately be required under stage 2, providing they survive the public comment process. Augmenting the robust data exchange software based on HL7 and IHE standards used by EHR and health information exchange (HIE) vendors, the Direct Project specifications and software support a simple, secure, scalable and standards-based mechanism for sending a message to a known, trusted recipient. In addition to the likelihood of becoming a core capability of certified EHRs, the Direct Project specifications are required for use by participants of the National Health Information Network. If [Direct Project](#) protocols are incorporated into the final version of MU Stage 2, EHR and HIE vendors will need to evaluate where they fit into data exchange strategies. This is a more pressing priority now that the proposed 2014 EHR certification criteria will require a certified EHR to support the use of the Direct Project transport protocols for the exchange of summary-of-care records between providers. Stay tuned for the next issue of [HIT Perspectives](#) for a more detailed description of the Direct Project and its implications.

**2. Rise in acceptance of care coordination.** To be sure, care coordination is in its infancy. However, a lot of people were clearly thinking and talking about it at HIMSS12, where the largest group of HIT and health care stakeholders were assembled in one place. This in and of itself says considerable traction is gaining around care coordination and the push toward accountability. It was encouraging to see discussion about coordination of care not just in an inpatient or outpatient setting but across the continuum of care. It seems that care coordination is in the same place as ACOs were two years ago. If this holds true, we may see significant movement in this area in the near future.

#### **Related Themes to Watch in 2012**

**3. Accountable Care Organizations (ACOs) as Payer Opportunities.** Payers see huge opportunities in the ACO space. Those at the forefront are in discussions about integration with hospitals and physician group practices. ACO sustainability will depend on whether hospitals and other providers have the appropriate HIT and related infrastructure to treat patients across a continuum of care, manage utilization and other costs, meet their cost and quality targets, and report on those measures. As a result, payers and hospitals are investing in related HIT and beefing up their portfolios.





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**4. Bigger investments in HIT by payers and hospitals.** Both payers and hospitals are reconciled to the facts that the world has changed, HIT is a major part of the future, and their current HIT infrastructure is insufficient. That is why both payers and hospitals are investing in new HIT. Drivers include new care and reimbursement models, meeting meaningful use standards, ICD-10 conversion, and results reporting. Some in the industry believe emphasis on new capital spending for HIT in hospitals may delay spending for new construction or facility modernization.

**5. Payers pushing accountability to providers and providing IT support.** While at times it was difficult to mute all the talk about MU and ACOs, if one listened closely, it was apparent that payers will be increasingly pushing accountability for care management, known in the old days as “utilization” to providers. This makes sense from an alignment viewpoint as it has been very difficult to get buy-in and support of providers. As they say, “accountability gets their attention.” However, payers also recognize the need to support providers with IT infrastructure and the communication of relevant information.

**6. Business intelligence and analytics will be needed.** In order for payers and providers to create efficiencies, cut costs, gain market share and create competitive advantages, they will need robust business intelligence platforms capable of providing near real-time reporting and predictive analytics. Managing and providing health care based on data will soon be the norm, not the exception.

**7. Movement to address the clinical side.** The clinical side of health care had a much bigger presence at HIMSS12 than in the past. This may factor in with the growing attendance by pharma, which has been slow to warm up to HIT and related organizations like HIMSS. More clinical representation also may reflect the federal mandates for data clinical exchange and growing awareness of the value proposition, both in general and specific settings, such as ACOs. Traditionally, payers and providers have been reluctant to make their clinical data truly portable. However, it will become a competitive advantage for payers, providers and vendors alike, although privacy and security issues must be addressed. Consumers will need to be convinced of the benefits and value of having access to their own information and the ability to quickly share their health care records with various in- and out-of-network providers.

**8. Clinical Decision Support (CDS): Sounds of silence.** With growing emphasis on error reduction and improving patient outcomes, we expected to see more gains in CDS, especially for rules engines in the ambulatory setting. Sadly, this was not the case. Much of this can be explained by MU, which requires little CDS in stages 1 and 2. But even if MU required more CDS, vendors — especially ambulatory EHR vendors — are having difficulties developing the business case to justify the investment. ACO requirements may change the dynamics, making it more of a priority.

**9. Ambulatory EHR vendor strategies.** Ambulatory EHR vendors were well represented at the meeting. As a group, it is clear they have a three-pronged, overarching set of strategies for the future: 1) They will be laser focused on addressing MU requirements. This is what customers expect now and for the near





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future. As a result, this strategy will go a long way to enhance customer satisfaction. It also means that vendors will build to MU requirements to the exclusion of almost everything else; 2) For the next few years, they will look to gain market share where the green space is rapidly disappearing; and then 3) They will addressing product differentiation through acquisitions in strategic areas down the line. This will result in acquisition frenzy for companies with the cash to carry it off.

**10. It's more than EHRs.** EHRs by themselves are insufficient to support health care in the future — they are the foundation around which to build. It is the associated applications, interoperability and use of data that will take health care to the next level. If the value of EHRs is going to be realized, they need to be more than electronic versions of paper medical records.

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### Some Provisions of Health Reform Act Forge Ahead Despite Uncertainties of Repeal and Upcoming Election

By Brendan McAdams

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Consider what has already happened in the industry under the following two key provisions of the ACA.

**Health insurance exchanges.** The ACA calls for the creation of health insurance exchanges, which are new entities that will function as a marketplace for buyers of health insurance and offer health plan and coverage choices. Basically, states have the option of establishing their own exchanges, partnering with other state or regional exchanges, or letting the federal government create one for them. More than half the states and District of Columbia have created exchanges or initiated legislation in 2011 to start exchanges; many have been awarded multimillion-dollar grants from the federal government to get the ball rolling. Although not required by the ACA, private-sector exchanges are beginning to spring up as well.

At the same time, payers across the country are creating a multitude of new offerings and positioning themselves to take advantage of the huge individual market that is opening up due to the ACA, which is estimated to reach 30 to 70 million lives by 2017. HIT will be critical to sharing administrative and other data within and across plans and exchanges, as well as communicating information to enrollees and explaining offerings to potential buyers. Commercial plans have big incentives to get this right and the more forward-looking ones, like Aetna, CIGNA and Humana, are moving toward consumerism, putting decision making, financing and purchasing more directly into the hands of members and patients.

To be sure, the exchanges are linked conceptually to the ACA's individual insurance mandate, which is the main bone of contention. Even if this provision is repealed or the ACA is scuttled altogether, the exchange concept is viable and some exchanges are likely to survive for many reasons: too much work has already been done by states and payers; too much money has been expended





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by the public and private sectors to toss all exchanges on the scrap pile; payers stand to make too much money in the new (and largely unregulated) individual market; and millions of consumers can find insurance through exchanges and, as a result, will not have to forego necessary medical care or end up as uncompensated care. There also are overarching drivers, including market forces and private-sector movements toward greater member liability, cost shifting to individuals and consumerism.

**Accountable Care Organizations (ACOs).** The ACA also calls for the creation of Medicare ACOs, which are networks of physicians and other providers that work together and share risk while improving the quality of health care services and reducing costs for this defined patient population. Even without statutory requirement, ACOs and entities that resemble them are forging ahead in the private sector as well. Why? ACOs create the environment and mechanisms to reduce costs, share savings and improve the quality and outcomes of patient care. In order to do this, ACOs will depend heavily on a HIT infrastructure as their “backbone.”

ACOs are inevitable, with or without the ACA, because investment has been sunk into their creation. Moreover, everyone views their expected cost savings and benefits to payers, patients and the health care system as win-wins. On the Medicare side, regulations have been issued and the Centers for Medicare and Medicaid Services has selected 32 (from more than 80) applicants from 18 states to participate in its pioneer ACO program. Similarly, private-sector ACOs are likely to keep moving forward because the momentum is there. Providers and hospitals are aligning in integrated systems with an eye toward joining ACO-type arrangements, and providers are actually going to work for health systems in droves. CIGNA and many of the Blues plans have already begun to form ACOs, while dozens of major health systems and provider groups have joined learning collaboratives to help solidify their thinking on successful ACO formation. In addition, the National Committee for Quality Assurance has issued a list of proposed ACO capabilities, forming the basis of a voluntary ACO accreditation program.

It is clear that many stakeholders are not so worried about the election and Supreme Court action on the ACA after all. Health care reform basically brought together a wide range of stakeholders, especially payers and providers, and got them talking and cooperating. Various health plans started making big investments in these new reimbursement models with pilot programs, contracting arrangements, and making HIT investments that support them. There is too much momentum for all this to stop, even if the ACA falls on the chopping block and there is a change in administration next year.





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