COMMENTS ON SUFFICIENCY OF PROPOSED MEANINGFUL USE CRITERIA (Medicare)

October 22, 2009

Contacts:
Ralph Korpman, MD, 951.453.9329, ralph.korpman@centrihealth.com
Susan Christensen, 703.489.2284, schristensen@bakerdonelson.com

Health IT Policy Council Recommendations to National Coordinator for Defining Meaningful Use
Final- August 2009

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives		2011[1] Measures	2013 Objectives		2013 Measures	2015 Objectives	2015 Measures
		Goal is ~~to electronically~~to capture ~~in coded format~~ and to report health information and to use that information to track key clinical conditions			***Goal is ~~to electronically capture in coded~~ format and to report health information and use that information to track key clinical conditions***			**Goal is to achieve and improve performance and support care processes and on key ~~health system~~ individual care outcomes**	
		Eligible Providers	**Hospitals**		**Eligible Providers**	**Hospitals**			
Improve quality, safety, efficiency, and reduce health disparities	• Provide access to comprehensive patient health data for patient's health care team • Use evidence-based order sets and CPOE	• Use CPOE for all orders[2] • Implement drug-drug, drug-allergy, drug-formulary checks • Maintain an up-to-date problem list of current and active diagnoses based	• 10% of all orders (any type) directly entered by authorizing provider (e.g., MD, DO, RN, PA, NP) through CPOE[2] • Implement drug-drug, drug-allergy, drug-formulary checks • Maintain an up-to-date problem list of current and active diagnoses based on	• ~~Report quality measures to CMS including:~~ ~~o % diabetics with A1c under control [EP]~~ ~~o % hypertensive patients with BP under control [EP]~~ ~~o % of patients with LDL under control [EP]~~ ~~o % of smokers offered smoking cessation~~	• Use CPOE for orders • Use evidence-based order sets • Record family medical history	• Use CPOE for all order types • Use evidence-order sets • Conduct closed loop medication management, including eMAR and computer-assisted administration • Record all clinical documentation in EHR • Record family medical history	• Additional quality reports using HIT-enabled NQF-endorsed quality ~~measures [EP, IP]~~ ~~• % of all orders entered by physicians through CPOE [EP, IP]~~ ~~• Potentially preventable Emergency Department~~	• Achieve minimal levels of performance on quality, safety, and efficiency measures • Implement clinical decision support for national high priority conditions • Medical device inter-	• Clinical outcome measures (TBD) [OP, IP] • Efficiency measures (TBD) [OP, IP] • Safety measures (TBD) [OP, IP]

Comment [SMC1]: It will be tempting to view these comments as seeking the "ideal" electronic health record when the common belief is that there is so much investment yet to be made in basic information technology and data exchange capability before we can have such a sophisticated approach. But we should look closely at whether continuing to invest in the present approach is the best way to spend federal dollars.

Recent research says the current and conventional approach -- which contemplates an EHR in every office/hospital connected through RHIOs -- is inadequate and that basic changes in the approach are essential to achieving 21st century health care for all Americans. (See the Stead report referenced in Comment 3.)

Comment [2]: Individual v. System?

Comment [3]: Current research on existing deployments of health IT concludes that if we continue with the current approach (EHRs, heavily standardized and all connected together each with ...

Comment [4]: Insert: "capture data relevant to patient care in a format for understanding the data and creating a single best electronic health record on each American; establish initial system requireme ...

Comment [5]: Here add to goals: persistence of record and additional data elements to support evidence-based medicine and quality reporting for both incentives and public health

Comment [SMC6]: This Objective and the next should move us from automating health care provider operations to automating the care of patients. The criteria under these categories shou ...

Comment [SMC7]: Let HHS/CMS establish these after research and evaluation of what are key proxy patient outcome goals and what metrics reflect appropriate use of electronic records across the ...

Comment [SMC8]: Same comment as for individual providers. Consider joint measures across an episode of care?

Comment [9]: We need criteria that ultimately will generate the most effective electronic patient health record for EACH AMERICAN. See HITECH Section 3000(13). Move the section on PHRs to t ...

Comment [10]: These must be run on comprehensive patient records that include data from all clinicians (internal and external) in order to be most effective; otherwise, each doctor office and ...

	• Apply clinical decision support at the	• Generate and transmit permissible prescriptions	ICD-9 or SNOMED	ICD-9 or SNOMED	~~counseling [EP, IP]~~ ~~% of patients with recorded BMI [EP]~~		• Generate and transmit permissible discharge prescriptions	~~Visits and~~ Hospitalizations [IP] • Inappropriate use of imaging	operability • Multimedia support (e.g., x-rays)	

[1] The HIT Policy Committee recommends that incentives be paid according to an "adoption year" timeframe rather than a calendar year timeframe. Under this scenario, qualifying for the first-year incentive payment would be assessed using the "2011 Measures." The payment rate and phaseout of payments would follow the calendar dates in the statute, but qualifying for incentives would use the "adoption-year" approach.
[2] CPOE requires computer-based entry by providers of orders (medication, laboratory, procedure, diagnostic imaging, immunization, referral) but electronic interfaces to receiving entities are not required in 2011

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	Hospitals		Eligible Providers	Hospitals			

Comment [SMC11]: These types of criteria will be most effective only if the record on which the rules operate is a comprehensive patient record in real time that incorporates internal and external data that are *understood*. This is accomplished using an ontology. Ontologies are widely used in other industries. This means that pdfs and faxes from external sources do not meet the requirement because the rules and algorithms cannot operate on them.

It does mean, though, that data from other sources -- such as from claims data or directly from the pharmacy benefit managers or labs -- can be used, making it unnecessary for a provider to connect to every other provider that the patient sees. A robust network of primary sources to the custodian of the patients' records would obviate the need to connect every provider to a network. Web access is all that is necessary.

Comment [12]: CPOE must be performed using a comprehensive record of understood data in real time in order to be safe and most effective.

Also, where are the requirements for recipients to be able to process such orders in order to make this requirement not only effective, but of value to the prescriber and patient? See AMA testimony.

	point of care • Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, care instructions, etc.) • Report to patient registries for quality improvement, public	• Maintain active medication list • Maintain active medication allergy list • Record demographics: o preferred language o insurance type o gender o race[3] o ethnicity • Record advance directives • Record vital signs: o height o weight o blood pressure Calculate and display: o BMI	• Maintain active medication list • Maintain active medication allergy list • Record demographics: o preferred language o insurance type, o gender o race[3] o ethnicity • Record advance directives • Record relevant vital signs: o height o weight o blood pressure Calculate and display:	•% eligible surgical patients who receive VTE prophylaxis [IP] •% of orders (for medications, lab tests, procedures, radiology, and referrals) entered directly by physicians through CPOE • Use of high-risk medications (Re: Beers criteria) in the elderly • % of patients over 50 with annual colorectal cancer screenings [EP]	• Manage chronic conditions using patient lists • Use clinical decision support at the point of care (e.g., reminders, alerts) • Specialists report to relevant external disease (e.g., cardiology, thoracic surgery, cancer) or device registries, approved by CMS, electronically where possible and accepted by registry	electronically • Use patient-specific care plans • Use clinical decision support at the point of care (e.g., reminders, alerts) • Specialists report to relevant external disease (e.g., cardiology, thoracic surgery, cancer) or device registries approved by CMS, electronically where possible and accepted by registry	(e.g., MRI for acute low back pain) [EP, IP] • Other efficiency measures (TBD) [EP, IP]			

[3] Race and ethnicity codes should follow federal guidelines (see Census Bureau)

Comment [SMC13]: Same as comment 11.

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	**Hospitals**		**Eligible Providers**	**Hospitals**			
	reporting, etc.	• Record smoking status • Incorporate lab-test results into EHR as structured data • Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach • Report ambulatory quality measures to CMS • Send reminders to patients per patient preference for preventive/ follow up care • Implement one	• Record smoking status • Incorporate lab-test results into EHR as structured data • Generate lists of patients by specific conditions • Report hospital quality measures to CMS • Implement one	• % of females over 50 receiving annual mammogram [EP] •% patients at high-risk for cardiac events on aspirin prophylaxis [EP] • % of patients who received flu vaccine [EP] • % lab results incorporated into EHR in coded format [EP, IP] • Stratify reports by gender, insurance type, primary language, race ethnicity [EP, IP] •% of all					

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	**Hospitals**		**Eligible Providers**	**Hospitals**			
		clinical decision rule relevant to specialty or high clinical priority • Document a progress note for each encounter • Check insurance eligibility electronically from public and private payers, where possible • Submit claims electronically to public and private payers.	clinical decision rule related to a high priority hospital condition • Check insurance eligibility electronically from public and private payers, where possible • Submit claims electronically to public and private payers.	medications, entered into EHR as generic, when generic options exist in the relevant drug class [EP, IP] • % of orders for high-cost imaging services with specific structured indications recorded [EP, I P] •% claims submitted electronically to all payers [EP, I P] • % patient encounters with insurance eligibility confirmed [EP, I P]					

Health IT Policy Council Recommendations to National Coordinator for Defining Meaningful Use
Final- August 2009

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	**Hospitals**		**Eligible Providers**	**Hospitals**			
Engage patients and families	• Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health	• Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies) upon request[4] • Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)[4] • Provide access to patient-specific education resources	• Provide patients with an electronic copy of their health information (including lab results, problem list, medication lists, allergies, discharge summary, procedures), upon request[4] • Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request[4] • Provide access to patient-specific education resources	• % of all patients with access to personal health information electronically [EP, IP] •% of all patients with access to patient-specific educational resources [EP, IP] •% of encounters for which clinical summaries were provided [EP]	• Access for all patients to PHR populated in real time with health data • Offer secure patient-provider messaging capability • Provide access to patient-specific educational resources in common primary languages • Record patient preferences (e.g., preferred communication media, health care proxies, treatment options)	• Access for all patients to PHR populated in real time with patient health data • Provide access to patient-specific educational resources in common primary languages • Record patient preferences (e.g., preferred communication media, health care proxies, treatment options)	•% of patients with full access to PHR populated in real time with EHR data [OP, IP] • Additional patient access and experience reports using NQF-endorsed HIT-enabled quality measures [EP, IP] •% of patients with access to secure patient messaging [EP] • % of educational	• Patients have access to self-management tools • Electronic reporting on experience of care	• NPP quality measures, related to patient and family engagement [OP, IP] •

[4] Electronic access to and copies of may be provided by a number of secure electronic methods (e.g., PHR, patient portal, CD, USB drive)

Comment [15]: This goal is well-stated, but the criteria that follow do not result in a tool that has real value to the patient. Conventional PHRs have a dismal record of both use and value. New results from deployment are showing that more than just "access to their health data" is needed, just as more is required for electronic records to have value to clinicians (as described above). It is possible to create value for patients analogous to value created for clinicians by understanding the data and applying protocols or rules such that the patient sees the data in the context of the overall care plan, and not just their data and a separate general exhortation to "eat better" or "exercise more". In addition, when the patient sees the SAME data his/her physician sees, it is much more relevant and advice or instructions from the clinician are more easily remembered, understood, and followed. The results in patients with chronic conditions have been remarkable.

Comment [SMC14]: This is a key concept, if amended as recommended, and should be made the first goal of health IT investment. The chronic care patient is likely the one most able to benefit from comprehensive electronic health records, yet he/she is relegated to an afterthought. (If we did this right, we'd give the money to patients and patient representatives to shop for the most effective record systems....)

Such patients consume most of our health care dollars and a complete health record – not just claims or Rx data – should be available to them during the periods they are NOT in the doctor's office or hospital. Recent data are showing that the behavioral change possible through access to something better than a conventional PHR (as described above) has a significant positive impact on patient outcomes and costs.

Comment [SMC17]: This should be a record populated with all relevant health related information from all providers, understood and organized so as to be understandable to the patient. It should be actionable.

Comment [SMC16]: Patients should not have to "request" their own record; they should have access equal to all others on the care team, in a format understandable to them, and family caregivers should be supported. Patients should have control over who has access to the shared single best record. (This does not change how provider-centric EHR systems must be operated in compliance with HIPAA and other records access requirements.)

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	**Hospitals**		**Eligible Providers**	**Hospitals**			
		• Provide clinical summaries for patients for each encounter			• Incorporate data from home monitoring device		content in common primary languages [EP, I P] •% of all patients with preferences recorded [IP] • % of transitions where summary care record is shared [EP, IP] • Implemented ability to incorporate data uploaded from home monitoring devices [EP]		
Improve care coordination	• Exchange meaningful clinical informati	• Capability to exchange key clinical information (e.g., problem list, medication list,	• Capability to exchange key clinical information (e.g., discharge summary,	• Report 30-day readmission rate [IP] •% of encounters	• Retrieve and act on electronic prescription fill data	• Retrieve and act on electronic prescription fill data • Produce and share	• Access to comprehensive patient data from all available	• Access comprehensive patient data from all available	• Aggregate clinical summaries from multiple

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	Hospitals		Eligible Providers	Hospitals			
	on among professional health care team	allergies, test results) among providers of care and patient authorized entities electronically [5] • Perform medication reconciliation at relevant encounters and each transition of care[6]	procedures, problem list, medication list, allergies, test results) among providers of care and patient authorized entities electronically[5] • Perform medication reconciliation at relevant encounters and each transition of care[6]	where med reconciliation was performed [EP, IP] • Implemented ability to exchange health information with external clinical entity (specifically labs, care summary and medication lists) [EP, IP] • % of transitions in care for which summary care record is shared (e.g., electronic, paper, e-Fax) [EP, IP]	• Produce and share an electronic summary care record for every transition in care (place of service, consults, discharge) • Perform medication reconciliation at each transition of care from one health care setting to another	an electronic summary care record for every transition in care (place of service, consults, discharge) • Perform medication reconciliation at each transition of care from one health care setting to another	sources • 10 % reduction in 30-day readmission rates for 2013 compared to 2012 • Improvement in NQF-endorsed measures of care coordination.	sources	• sources available to authorized users [OP, IP] NQF-endorsed Care Coordination Measures (TBD)
Improve population and	• Communicate with	• Capability to submit electronic data to immunization	• Capability to submit electronic data to immunization	• Report up-to-date status for childhood	• Receive immunization histories and	• Receive immunization histories and	•% of patients for whom an assessment of	• Use of epidemiologic data	• HIT-enabled population

[5] Health information exchange capability and demonstrated exchange to be further specified by Health Information Exchange Work Group of HIT Policy Committee.
[6] Transition of care defined as moving from one health care setting or provider to another

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	Hospitals		Eligible Providers	Hospitals			
public health	public health agencies	registries and actual submission where required and accepted.[7] • Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	registries and actual submission where required and accepted.[9] • Capability to provide electronic submission of reportable lab results to public health agencies and actual submission where it can be received. • Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	immunizations [EP][9] • % reportable lab results submitted electronically [IP]	recommendations from immunization registries[9] • Receive health alerts from public health agencies • Provide sufficiently anonymized electronic syndrome surveillance data to public health agencies with capacity to link to personal identifiers	recommendations from immunization registries[9] • Receive health alerts from public health agencies • Provide sufficiently anonymized electronic syndrome surveillance data to public health agencies with capacity to link to personal identifiers	immunization need and status has been completed during the visit [EP][9] •% of patients for whom a public health alert should have triggered and audit evidence that a trigger appeared during the encounter	• Automated real-time surveillance (adverse events, near misses, disease outbreaks, bioterrorism • Clinical dashboards • Dynamic and Ad hoc quality reports	• measures [OP, IP] HIT-enabled surveillance measure [OP, IP]

[7] Applicability to Medicare versus Medicaid meaningful use is to be determined

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	Hospitals		Eligible Providers	Hospitals			
Ensure adequate privacy and security protections for personal health information	• Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law. • Provide transparency of	• Compliance with HIPAA Privacy and Security Rules[8],[9] • Compliance with fair data sharing practices set forth in the Nationwide Privacy and Security Framework	• Compliance with HIPAA Privac~y and Security Rule , [9] • Compliance with fair data sharing practices set forth in the Nationwide Privacy and Security Framework	• Full compliance with HIPAA Privacy and Security Rules • Conduct or update a security risk assessment and implement security updates as necessary	• Use summarized or de-identified data when reporting data for population health purposes (e.g., public health, quality reporting, and research), where appropriate, so that important information is available with minimal privacy risk.		• Provide summarized or de-identified data when reporting data for health purposes (e.g., public health, quality reporting, and research), where appropriate, so that important information is available with minimal privacy risk.	• Provide patients, on request, with an accounting of treatment, payment, and health care operations disclosures • Protect sensitive health information to minimize reluctance of patient to seek care because of privacy concerns.	• Provide patients, on request, with a timely accounting of disclosures for treatment, payment, and health care operations, in compliance with applicable law. • Incorporate and utilize tech-

[8] The HIT Policy Committee recommends that CMS withhold meaningful use payment for any entity until any confirmed HIPAA privacy or security violation has been resolved

[9] The HIT Policy Committee recommends that state Medicaid administrators withhold meaningful use payment for any entity

Comment [SMC18]: Here could be a requirement that recognizes control of access to data by the patient, such as a functional requirement on the host of the patient's shared individual health record that access to the data be according to the direction of the patient, a functionality made possible when (1) data in the record are understood, (2) there is a single record shared by all in real time (not multiple "data exchanges" outside the knowledge of the patient because providers are exchanging data among themselves without consulting the patient's single best record), (3) the patient has effective access to the entire record available to his/her clinicians, and (4) there is adequate control over access to the record by the custodian because all viewers and contributors are known and tracked.

until any confirmed state privacy or security violation has been resolved

Health Outcomes Policy Priority	Care Goals	2011[1] Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2011[1] Measures	2013 Objectives *Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions*		2013 Measures	2015 Objectives Goal is to achieve and improve performance and support care processes and on key health system outcomes	2015 Measures
		Eligible Providers	**Hospitals**		**Eligible Providers**	**Hospitals**			
	data sharing to patient.								nology to segment sensitive data

Additional Notes:

1. While all process measures (e.g., CPOE adoption) apply to all eligible providers, applicability of quality or outcome measures to specialists will be defined in the rule-making process. In 2013, disease- and/or specialty-specific registries are included as objectives. Specific measures will be included in refinements to the 2013 recommendations.
2. Additional efficiency measures to consider for 2013 recommendations include: generic therapeutic substitutions for medications
3. NQF is working with measure developers to refine existing administratively defined quality measures referenced in this matrix to be redefined using clinical and administrative data from EHRs