

# **HIT Policy Committee**

## **Meaningful Use Workgroup Presentation**

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***Palo Alto Medical Foundation***

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***Columbia University***

**July 16, 2009**

# Workgroup Members

## **Co-Chairs:**

- Paul Tang, Palo Alto Medical Foundation
- George Hripcsak, Columbia University

## **Members:**

- David Bates, Brigham & Women's Hospital
- Christine Bechtel, National Partnership for Women & Families
- Neil Calman, The Institute for Family Health
- Art Davidson, Denver Public Health Department
- David Lansky, Pacific Business Group on Health
- Deven McGraw, Center for Democracy & Technology
- Latanya Sweeney, Carnegie Mellon University
- Charlene Underwood, Siemens

## **ONC Lead:**

- John Glaser

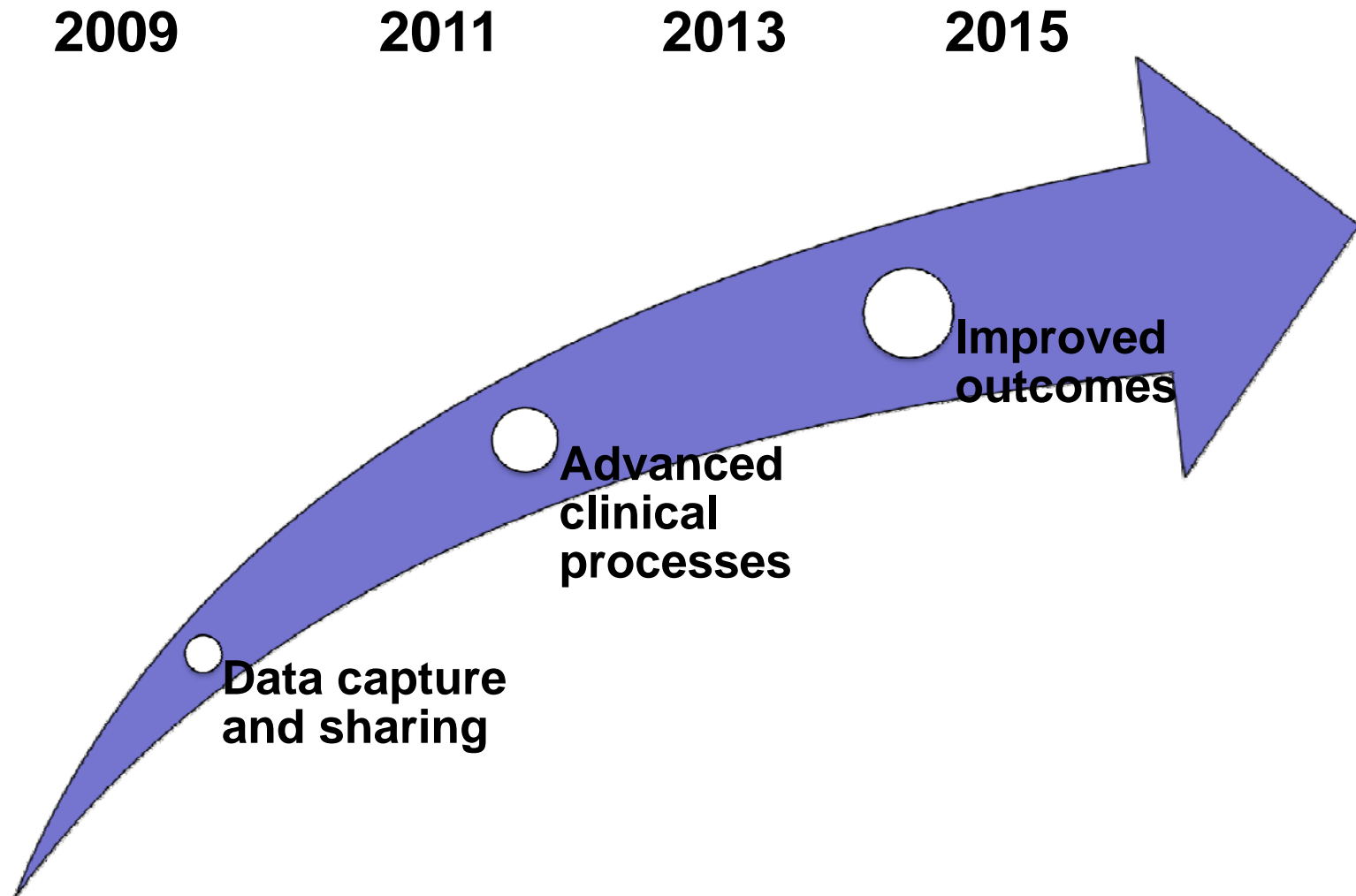
# Agenda

- Review meaningful use framework
- Workgroup responses
- Summary recommendations for 2011 meaningful use criteria
- Future work

# MEANINGFUL USE FRAMEWORK

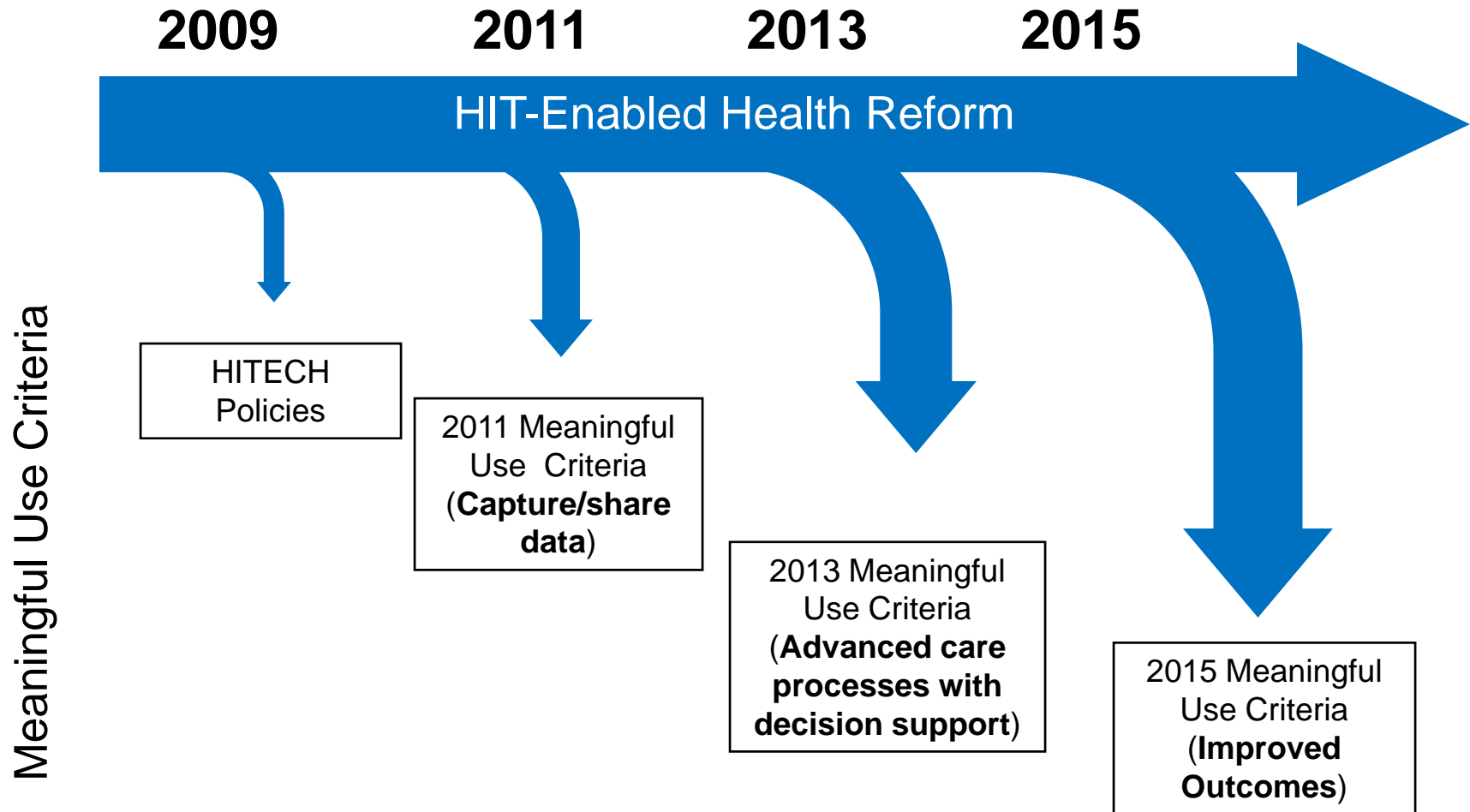
# **Bending the Curve Towards Transformed Health**

## ***Achieving Meaningful Use of Health Data***



# HIT-Enabled Health Reform

## *Achieving Meaningful Use*



# Phasing of MU Criteria

## *Some Considerations*

- Enable health reform
- Focus on health outcomes, not software
- Feasibility
  - Balance urgency of health reform with calendar time needed to implement HIT
  - Starting from low adoption rate
  - Sensitive to under-resourced practices (e.g, small practices, community health centers, rural settings)
  - But also, HIT essential to achieving health reform in all settings
- Recovery Act provisions
  - Timelines fixed (2015, 2011-12)
  - Funding rules defined (front-loaded incentives)

# June 16, 2009 Meaningful Use Matrix

Health Outcomes Policy Priorities	Care Goals	2011 Objectives <i>Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions</i>	2011 Measures	2013 Objectives <i>Goal is to guide and support care processes and care coordination</i>	2013 Measures	2015 Objectives <i>Goal is to achieve and improve performance and support care processes and on key health system outcomes</i>	2015 Measures
<b>Improve quality, safety, efficiency, and reduce health disparities</b>	<ul style="list-style-type: none"> <li>• Provide access to comprehensive patient health data for patient's health care team</li> <li>• Use evidence-based order sets and CPOE</li> <li>• Apply clinical decision support at the point of care</li> <li>• Generate lists of patients who need care and use them to reach out to patients (e.g., reminders, care instructions, etc)</li> <li>• Report to patient registries for quality improvement, public reporting, etc</li> </ul>	<ul style="list-style-type: none"> <li>• Use CPOE for all order types including medications [OP, IP]</li> <li>• Implement drug-drug, drug-allergy, drug-formulary checks [OP, IP]</li> <li>• Maintain an up-to-date problem list [OP, IP]</li> <li>• Generate and transmit permissible prescriptions electronically (eRx) [OP]</li> <li>• Maintain active medication list [OP, IP]</li> <li>• Maintain active medication allergy list [OP, IP]</li> <li>• Record primary language, insurance type, gender, race, ethnicity [OP, IP]</li> <li>• Record vital signs including height, weight, blood pressure [OP, IP]</li> <li>• Incorporate lab-test results into EHR [OP, IP]</li> <li>• Generate lists of patients by specific condition to use for quality improvement, reduction of disparities, and outreach [OP]</li> <li>• Send reminders to patients per patient preference for preventive /follow up care [OP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>• Report quality measures, including:               <ul style="list-style-type: none"> <li>- %diabetics with A1c under control [OP]</li> <li>- %hypertensive patients with BP under control [OP]</li> <li>- %of patients with LDL under control [OP]</li> <li>- %of smokers offered smoking cessation counseling [OP, IP]</li> </ul> </li> <li>• %of patients with recorded BMI [OP]</li> <li>• %eligible surgical patients who received VTE prophylaxis [IP]</li> <li>• %of orders entered directly by physicians through CPOE</li> <li>• Use of high-risk medications in the elderly [OP, IP]</li> <li>• %of patients over 50 with annual colorectal cancer screenings [OP]</li> </ul>	<ul style="list-style-type: none"> <li>• Use evidence-based order sets [OP, IP]</li> <li>• Record clinical documentation in EHR [IP]</li> <li>• Generate and transmit permissible prescriptions electronically [IP]</li> <li>• Manage chronic conditions using patient lists and decision support [OP, IP]</li> <li>• Provide clinical decision support at the point of care (e.g., reminders, alerts) [OP, IP]</li> <li>• Report to external disease (e.g., cancer) or device registries [OP (esp. specialists) [IP]</li> <li>• Conduct medication administration using bar coding [IP]</li> </ul>	<ul style="list-style-type: none"> <li>• Additional quality reports using HIT-enabled NQF-endorsed quality measures [OP, IP]</li> <li>• %of all orders entered by physicians through CPOE [OP, IP]</li> <li>• Potentially preventable Emergency Department Visits and Hospitalizations [IP]</li> <li>• Inappropriate use of imaging (e.g. MRI for acute low back pain) [OP, IP]</li> <li>• Other efficiency measure (TBD) [OP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>• Achieve minimal levels of performance on quality, safety, and efficiency measures</li> <li>• Implement clinical decision support for national high priority conditions [OP, IP]</li> <li>• Medical device interoperability [OP, IP]</li> <li>• Multimedia support (e.g. x-rays) [OP, IP]</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical outcome measures (TBD) [OP, IP]</li> <li>• Efficiency measures (TBD) [OP, IP]</li> <li>• Safety measures (TBD) [OP, IP]</li> </ul>



# **WORKGROUP RESPONSE TO PUBLIC COMMENTS AND PROPOSED REVISIONS TO MU CRITERIA (FOCUSED ON 2011)**

# Workgroup Responses to Feedback

- Framework
- Timing
- Patient engagement
- Efficiency
- Specialists
- Care coordination
- Privacy and security

# Workgroup Meaningful Use Framework

- Workgroup's framework placed a deliberate focus on improved health outcomes and efficiency demonstrated through meaningful use of HIT
- Parsimonious set of key objectives and exemplar measures to “exercise” the capabilities of the EHR and the effectiveness of its use
- Demonstrating the capability of reporting on MU measures and continuously improving its score would provide evidence of the organization's ability to use HIT to achieve goals of a transformed health system

# Improve Quality, Safety, Efficiency; Reduce Disparities

## *Timing Feedback*

- “You want it when?”
- 2011 is only 18 months away
  - ⇒ Reminder that 2012 start date (up to 42 months) qualifies for full incentive potential (CMS will set measurement period rules)
- If an organization cannot meet 2012, the 2013 criteria sets an even higher bar (“rising tide”)
  - ⇒ Work group recommends use of “adoption year” timeframe (e.g., “2011 measures” applies to first adoption year (even if HIT adopted in 2013); “2013 measures” applies to 3<sup>rd</sup> adoption year)

# Meaningful Use Incentives by Adoption Year

Meaningful User	2009	2010	2011	2012	2013	2014	2015	2016	Total Incentive
2011			\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000		\$ 44,000
2012				\$ 18,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 2,000	\$ 44,000
2013					\$ 15,000	\$ 12,000	\$ 8,000	\$ 4,000	\$ 39,000
2014						\$ 12,000	\$ 8,000	\$ 4,000	\$ 24,000
2015 +									\$ Penalties

Health Outcomes Policy Priority	Care Goals	2011 <sup>1</sup> Objectives		2012 <sup>1</sup> Measures		2013 Objectives		2013 Measures
		Goal is to electronically 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 to use that information to track key clinical conditions		Goal is to electronically 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 to use that information to track key clinical conditions
		Eligible Providers	Hospitals			Eligible Providers	Hospitals	
Health Outcomes Policy Priority	Care Goals	Adoption Year 1 <sup>1</sup> Objectives		Adoption Year 1 Measures		Adoption Year 2 Objectives		Adoption Year 2 Measures
		Goal is to electronically 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 to use that information to track key clinical conditions		Goal is to electronically 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 to use that information to track key clinical conditions
		Eligible Providers	Hospitals			Eligible Providers	Hospitals	

# Timing

## *Feedback (cont)*

- CPOE too fast (primarily hospitals)
  - Unintended consequence of trying to implement faster than feasible, considering workflow redesign pre-work
  - ⇒ Establish 10% threshold of CPOE orders for hospitals
    - Accommodates pilots, implementations in-progress
- Start clinical decision support earlier
  - It's the payoff (faster)
  - Need to implement EHR before turning on rules; also need to populate the database (slower)
  - ⇒ Start with one rule; make it important: “Implement one clinical decision rule relevant to high clinical priority”

# Patient and Family Engagement *Feedback*

- Provide access to electronic health information (in addition to electronic copy)
  - ⇒ Included in 2011
  - ⇒ Moved up real-time access to patient information in PHR from 2015 to 2013

# Efficiency Measures

- Dearth of measures focused on efficiency
- A National Priorities Partnership and health reform goal is to improve efficiency and reduce waste
- Initial starter set
  - ⇒ % of all medications entered into EHR as generic, when generic options exist in the relevant drug class
  - ⇒ % of orders for high-cost imaging services with specific structured indications recorded
  - ⇒ Claims submitted electronically to both public and private payers
  - ⇒ Eligibility checks performed electronically

# Specialists

## *Feedback*

- “What about me?”
- General approaches discussed
  - “500 criteria” model of something for everyone (yet, very few NQF-endorsed measures)
  - “Critical few” model of build and prove out the necessary capabilities using exemplar measures
  - ⇒ Use of exemplar measures that would “exercise” the EHR capabilities and meaningful use of the capabilities to measure and improve care
  - ⇒ Require specialists’ participation in electronic registries (approved by CMS) as relevant and available

# Improve Care Coordination

## *Feedback*

- Need better outcomes measures for care coordination
  - ⇒ NQF has a call for measures in care coordination (NPP priority)
  - ⇒ Propose 2013 measure of 10% reduction in 30-day readmission compared to 2012
  - ⇒ Improvement in NQF-endorsed measures of care coordination
- How to meet health information exchange in 2011 when HIE organizations do not currently exist or do not connect all clinical trading partners
  - ⇒ 2015 should include required participation in nationwide HIE
  - ⇒ Require capability and exchange where possible in 2011
  - ⇒ Defer to HIE workgroup for specific requirements and roadmap

# Privacy and Security

## *Feedback*

- Clarify “under investigation”; could any complaint trigger “investigation”?
  - Length of investigation could also potentially cause a missed payment (even if found “not guilty”)
  - ⇒ Intent was to disallow participation in HIT incentives if confirmed HIPAA violation goes unresolved
  - ⇒ Revised wording: “...recommend that CMS withhold meaningful use payment for any entity until any confirmed HIPAA privacy or security violation has been resolved”
- How can federal program “enforce” compliance with state privacy laws?
  - ⇒ Shift to Medicaid section: “...recommend that state Medicaid administrators withhold meaningful use payment for any entity until any confirmed state privacy or security violation has been resolved”

# Future Work

- Refine 2015 achievable vision
- Refine 2013 and 2015 meaningful use objectives and measures
- Develop process for ongoing development and refinement of meaningful use objectives and measures
- Review barriers to broad adoption of meaningful use and provide recommendations, to the HIT Policy Committee, for removing barriers

# Summary

- Strong public and industry endorsement of outcomes-focused framework for meaningful use
- Although a clear stretch, meaningful use of HIT is critical to president's and congress's agenda for health reform, which drives the urgency of the timelines
- Achieving the aggressive timelines will require more than financial incentives (e.g., education, regional extension centers, increased informatics workforce, product improvements, accelerated technical standards adoption)
- While extremely ambitious, with robust alignment of incentives, the vision is achievable

# QUESTIONS AND DISCUSSION