Defining Meaningful Use of Health Information Technology

Submitted by the Center for Health Transformation and

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The Center for Health Transformation* applauds the Office of the National Coordinator for Health Information Technology and the HIT Policy Committee on its efforts to establish an outcomes-based approach to "meaningful use" for health IT. By focusing on an electronic record that is shared by patients and providers, the delivery of care can be transformed and the health of individual Americans improved. By focusing on outcomes instead of prescribing specific features and functions, taxpayers are likely to see a positive return on the federal government's significant investment. The priorities, goals, objectives, and end results are well founded and represent the right direction for the industry.

The enclosed comments have been organized by the policy priorities outlined in the meaningful use matrix. There are a few overarching comments that deserve special attention.

First, there is a clear difference between the *adoption* of technology and the *use* of technology. Many of the aggressive timelines laid out in the definition are necessary, but there should be recognition of what must be done prior to use. We suggest that consideration be given to including some initial objectives that measure adoption of technology before robust use.

Second, the matrix prioritizes adoption and use early and implies that there will be infrastructure and interoperability later. Electronic silos are preferable to paper ones, but it is the development of a robust interoperable infrastructure that will transform the quality and delivery of care. Managing medications and maintaining a comprehensive medication history across care settings is a critical element of interoperability in support of quality care delivery. In addition, communication of care guidelines and capture of key data to evaluate variance from those guidelines should be an immediate focus as it is both achievable and will have maximum impact on improving health status. We must move swiftly to make patient data portable, standards-based, interoperable, and re-usable.

Prioritizing between adoption and infrastructure has been an ongoing debate, and we do not expect it to be resolved in the meaningful use definition. However, key objectives in the meaningful use matrix, particularly those in 2013 and 2015, will require data portability and interoperability. We suggest identifying the essential elements of infrastructure, standards

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* The Center for Health Transformation, founded and led by former Speaker of the House Newt Gingrich, is a collaboration of leaders dedicated to the creation of a 21st Century Intelligent Health System that saves lives and saves money for all Americans. For more information on the Center and our Health Information Technology project, please visit www.healthtransformation.net.

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development, and standards-based interoperability as clear priorities and include related goals and objectives in the matrix, such as measuring the actual data interchange where the infrastructure exists, not just the capability for such interchange. We understand that there will be other venues, reports, and direction that address infrastructure and interoperability, but because it is such a critical component of meeting many of these objectives, it should be integrated into this definition.

Third, between the 800,000 physicians and more than 5,000 hospitals in the United States, there is a wide range of progress in adopting and using health information technology. Some have adopted advanced electronic health record systems, while many have not even started. Still others have adopted tools and technologies that harness the power of administrative data to drive quality improvement. By focusing on outcomes and information, the meaningful use matrix does an excellent job at avoiding the appearance of directing one specific technology over another. However, it should be noted that until clinical data becomes more readily available, robust and easily exchanged administrative data is a key source of information with which to evaluate the quality of care and its processes. While the full potential of administrative data exchange has yet to be achieved, it can be accelerated by building on the momentum being generated in this area by initiatives such as CORE (Committee on Operating Rules for Information Exchange). We suggest that consideration be given to ensure that sources of information, such as administrative data, can be included in this definition.

Specific comments on the draft goals, objectives, and measures:

Improve Quality, Safety, Efficiency and Reduce Health Disparities

As long-time advocates of health IT, we have argued that the power of technology will improve the quality of care and make delivery more efficient. In short, health IT saves lives and saves money. By focusing on outcomes, this definition puts quality first and allows the market to decide what technology, features, and functions will meet those goals. However, there are key components of the definition, specific to improving quality, safety, efficiency, and reducing disparities, that should be included or modified:

- It is critical that data exchange between systems be standards-based. More explicit signals and requirements for standards-based exchange should be included. For example, the 2011 measure for "implemented ability to exchange health information with external clinical entity" should focus on an implemented ability "for HITSP harmonized standards-based" exchange (for example using CCD and XDS data exchange standards). The 2011 measure "% of transitions for which summary care record is shared" should not include such options as paper or eFax and should focus on use of standards-based electronic exchange using appropriate harmonized document standards.
- CPOE is one of the most vital technologies on the market to improve the delivery of care, but it is also a very significant undertaking to adopt and to be successful requires that other key technologies be in place. Given that the majority of hospitals

are not yet on this path, the meaningful use goals across 2011 and 2013 should encourage a phased-in implementation of CPOE with the goal of all appropriate physician orders being placed electronically by 2013. The objective for 2011 should represent a statement of incremental progress towards this goal.

- Ensure reporting consistency across all acceptable products through use of standards for data elements, measures, and reporting. Consideration should be given to identifying the National Quality Forum or another consensus body recognized by HHS for specific quality reporting measures.
- Include the current CMS reporting process for validating that physicians have adopted and are using electronic prescribing.

Engage Patients and Families

CHT commends ONC for making patients and families a top priority. From interactive patient education in the in-patient setting to using IT for chronic care management in the home, patient engagement will be critical to sustaining and growing the adoption of health IT, improving individual health, and controlling health care costs. Programs that incorporate incentives to educate, empower, and motivate consumers and providers, such as prescribing information therapy, patient medical literacy, and achieving health objectives, are a critical part of engaging consumers and families. There are elements of the objectives and measures, specific to engaging patients and families that could be improved:

- Modify the 2011 objective to state that a patient should be able to obtain an electronic copy of their data, where it exists in electronic format, as opposed to simply having electronic access to such data. Providing patients with an electronic copy – that can be shared and updated over time - will do more to achieve the goals of patient engagement and care coordination, than simply granting view into a static data silo.
- Accelerate the measure of EHR connectivity to PHRs to 2013, rather than waiting until 2015. Products exist that do this today, and we must move as quickly as possible to ensure that patients and providers are using the same data through their own portals. This level of connectivity supports the drive to outcomes-based technology and will provide consumers with a tangible benefit of the taxpayer investment in health IT. It will also begin to drive the type of consumer engagement needed to improve health outcomes and limit the rising costs of health care.

Improve Care Coordination

The need to better coordinate, or in most cases, to *begin* to coordinate the care of individuals across care settings is one of the foundational functions of health information technology. To accomplish this getting the right tools and information (clinical and/or administrative) into the hands of providers is key, as is the infrastructure and interoperability. The meaningful use definition could drive this further with the following modifications:

- Adopt measures that ensure the elimination of paper and electronic faxing capabilities and specifically drive the use of HITSP standards-based data exchange.
- Encourage providers, through the measures implemented, to focus on adoption of EHR within their own organization while laying the foundation for interoperability. Providers need to implement the clinical and workflow changes necessary to achieve interoperability of data sharing in earlier years as the infrastructure for HIE is built in later years. One example could be requiring that 50 percent of lab orders and results be transmitted electronically in 2011, moving to higher thresholds in 2013 and beyond.

Ensure Adequate Privacy and Security Protections for Patient Health

Personal health information reveals intimate details about who we are, what we do, and what we may be like in the future. Thus, protecting our privacy and confidentiality is a principle that simply cannot be compromised.

HITSP and CCHIT have made significant progress in driving standards-based security and privacy protections into the marketplace. Through the Security, Privacy & Infrastructure Domain Technical Committee, HITSP has finalized and released a series of industry-wide technical standards that can be incorporated into IT products to secure personal health information and control access to it. CCHIT has taken incorporated at least 50 security criteria into the certification process, and to be certified, an EHR must meet 100 percent of these criteria.

Despite the occasional sensationalism in the press regarding privacy and security of electronic information, we recommend that ONC be very cautious and judicious in this area. For if there are onerous restrictions or cumbersome administrative burdens on physicians, health systems, and other providers, then they will not adopt new technology, and patients will suffer by not receiving the best possible care. However, if these IT systems lack adequate privacy protections, whether real or perceived, then consumers will likely shy away from providers that have adopted new technology and perhaps not get the care they need or the better quality care that can be delivered with IT. With that in mind, some modifications and far more clarification of this section is needed.

- Drop the requirements that an investigation of a possible privacy/security violation precludes any stimulus payment for meaningful use. The standard in American law is that defendants are presumed innocent until proven guilty. That tenet should be applied here as well so that providers are eligible to receive meaningful use payments unless and until they are found in violation by an official government determination.
- In 2013 objectives and measurements, the definition refers to “summarized” data. It is unclear whether this is a new term and if it is, what it means. If it refers to existing concepts of limited data sets or “minimum necessary” then terminology should be consistent throughout definition.

- There are no references to “fair data sharing practices” in the Nationwide Privacy and Security Framework. It is unclear to what this requirement refers to.
- In 2015 objectives, current HIPAA laws require the protection of sensitive health information. It is unclear whether this constitutes an additional requirement.
- Security risk assessments are already a requirement of the HIPAA security rule. It is unclear whether this constitutes an additional requirement.
- In 2015 measures, it is unclear what is meant by use of technology to “segment sensitive data.”

Electronic Prescribing

The Institute of Medicine long ago recommended that every prescription in the United States be written electronically by 2010. That is a goal that we will badly miss, but ONC is right to make e-prescribing an early objective. The 2011 objective states that providers will “generate and transmit permissible prescriptions electronically.” We recommend that the measure clearly state that 100% of medication orders where allowed by law should be generated and transmitted electronically. E-prescribing objectives and measures should clearly support existing data standards for and promote the actual use of: 1) electronic access to benefit information; 2) access to patient medication history; and 3) electronically route the prescription to the patient’s choice of pharmacy. Additional measures could include both patient drug literacy and patient medication adherence.