"Meaningful Use" Workgroup Recommendations and Call for Public Comment

Health Information Technology Policy Committee
June 16, 2009
Hubert H. Humphrey Building, Washington DC
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Summary

At the June 16, 2009 Health Information Technology Policy Committee Meeting, the Health Information Technology Policy Committee "Meaningful Use" Workgroup presented their initial recommendations for a definition of meaningful use of health IT. Public comments on these recommendations (listed starting on page 2 of this document) are due by June 26, 2009 and can be submitted electronically to MeaningfulUse@hhs.gov All electronic communications must be submitted with "Meaningful Use" in the subject line.

The Charge of the Health IT Meaningful Use Workgroup

The Meaningful Use Workgroup has been tasked with making recommendations to the HIT Policy Committee regarding the process for defining and revising meaningful use and national goals, proposed new meaningful use definitions and national goals and standards and policy priorities to support meaningful use and national goals. The HIT Policy Committee will consider and edit the proposal, and upon approval by the committee, will submit the recommendations to National Coordinator David Blumenthal and Secretary of Health and Human Services Kathy Sebelius.

Broad Summary of the Workgroup's Recommendations

- Data Sharing by 2011
- Incorporate Data into establishing Advanced Clinical Processes by 2013
- Improved outcomes through information sharing by 2015

Objectives for each level of Implementation (2011, 2013, and 2015)

- Improve quality, safety, and efficiency
- Engage patients
- Improve care coordination
- Reduce health disparities through public & population health data-sharing
- Ensure privacy and security

What is the Relationship of health IT adoption to Health Reform?

- Implementation can result in direct cost reduction
- Implementation will provide information infrastructure for health reform

2011 Recommended Objectives and Measurables

<u>Improve Quality, Safety, and Efficiency</u>

Objectives

- Capture Data in coded format
  - Maintain current problem list
  - Maintain active medication list
  - Maintain active medication allergy list
  - Record vital signs (height, weight, blood pressure, etc)
  - Incorporate lab test results into EHR
  - Document key patient demographics (ethnicity, gender, insurance
- Document progress note for each encounter (OUTPATIENT ONLY)
- Use CPOE for all order types
  - Use electronic prescribing
  - Implement drug-drug, allergy, drug formulary checks
- Manage populations
  - Generate list of patients broken down by specific conditions (outpatient only)
  - Send patient reminders per patient preference

Measurables

- % Labs incorporated into EHR in coded format
- % CPOE orders entered directly by physician
- Report quality measures using HIT-enabled quality measures (HIT-QM)
  - % Diabetics with A1c under control
  - % Hypertensives with BP under control
  - % LDL under control
  - % Smokers offered smoking cessation counseling
  - % Patients with recorded BMI
  - % Colorectal screening for 50+
  - % Mammograms for women 50+
  - % Current pneumovax status
  - % Annual flu vaccination
  - % Aspirin prophylaxis for patients at risk for cardiac event
  - % Surgical patients receiving VTE prophylaxis
  - Avoidance of high risk medications in elderly
- Quality reports stratified by race, ethnicity, gender, insurance type

<u>Engage Patients and Families</u>

Objectives

- Provide patients with electronic copy of or electronic access to clinical information (labs, medication list, allergies, medical “problem” list)
- Provide access to patient specific educational sources
- Provide clinical summaries for patients at each encounter

Measurables

- % Patients with electronic access to personal health information
- % Patients with access to patient-specific educational resources
- % Encounters where clinical summary provided

<u>Improve Care Coordination</u>

Objectives

- Exchange key clinical information among providers
- Perform medication reconciliation at relevant encounters

Measurables

- Report 30 day readmission rate
- % Encounters where medication reconciliation performed
- Implemented ability to exchange health information with external clinical entities
- Problems, labs, medication lists, care summaries
- % Transitions in care where summary care record is shared (in 2011, could use any modality)

<u>Improve Population and Public Health</u>

Objectives

- Submit electronic data to immunization registries where required and can be accepted
- Submit electronic reportable lab results to public health agencies
- Submit electronic syndrome surveillance data to public health agencies according to applicable law and practice

Measureables

- Report up-to-date status of childhood immunizations
- % Reportable lab results submitted electronically

<u>Ensure Privacy and Security Protections</u>

Objectives

- Compliance with HIPAA and state laws
- Compliance with data sharing practices from National Privacy and Security Framework

Measurables

- Full compliance with HIPAA
    - Entity under investigation for HIPAA violation cannot achieve meaningful use until entity is cleared
- Conduct or update a security risk assessment and implement security updates as necessary

2013 Objectives

- Improve quality, safety, efficiency
    - Evidence based order sets

    - Clinical documentation recorded (inpatient)
    - Clinical decision support at point of care
    - Manage chronic conditions using patient lists and decision support (Move to 2011?)
    - Report to external disease registry
- Engage patients and families
    - Offer secure patient-provider messaging
    - Access to patient-specific educational resources
    - Record patient preferences
    - Documentation of family medical history
    - Upload data from home monitoring devices
- Coordinate care
    - Medication reconciliation at each transition of care
    - Produce electronic summary of care at each transition
    - Retrieve and act on electronic prescription fill data

- Improve population and public health
    - Receive immunization histories from registries
    - Receive public health alerts
    - Electronic syndromic surveillance data sent to public health agencies
- Ensure privacy and security protection
    - Use summary or de-identified data when reporting data for population health purposes

2015 Objectives

- Improve quality, safety, and efficiency
    - Achieve minimal levels of performance on quality, safety, and efficiency measures
    - Implement clinical decision support for national high priority conditions
    - Achieve medical device interoperability
    - Provide multimedia support (e.g., x-rays)
- Engage patients and families
    - Provide access for all patients to PHR populated in real time with data from EHR
    - Provide patients with access to self-management tools
    - Capture electronic reporting on experience of care
- Coordinate care
    - Access comprehensive patient data from all available sources
- Improve population and public health
    - Use epidemiologic data derived from EHRs
    - Automate real-time surveillance
    - Provide clinical dashboards
    - Generate dynamic and ad hoc quality reports
- Ensure privacy and security protection

- Provide patients with accounting of treatment, payment, and health care operations disclosures
- Protect sensitive health information