HIT Meaningful Use Workgroup
December 3, 2010
Meeting Summary

Purpose of the HIT Meaningful Use Workgroup meeting was to continue the discussion on MU Stages 2 and 3 criteria. This is the 17th such meeting of the workgroup. Paul Tang, Palo Alto Medical Center presided over the meeting.

The mission of the Meaningful Use Workgroup is to make recommendations to the HIT Policy Committee on how to define meaningful use in the short- and long-term; the ways in which electronic health records (EHRs) can support meaningful use; and how providers can demonstrate meaningful use.

HIT Meaningful Use Workgroup is one of the HIT Policy Committee (an official federal advisory committee) workgroups including Certification/Adoption, Information Exchange, Nationwide Health Information Network, Strategic Plan, Privacy and Security Policy, Enrollment, Governance, and Quality Measures. There will be a public comment period for these rules and changes.

The work group discussed the following:

For Eligible Professionals - The following data elements are included:
- Visit dates and locations
- Reason for visits
- Providers
- Problem list
- Medication list
- Medication allergies
- Procedures performed
- Immunizations
- Vital signs
- Test results
- Clinical instructions
- Gender, race, ethnicity, date of birth
- Language
- Advance directives
- Smoker

For hospitals - Stage 1 objective for electronic discharge instructions given as the patient is leaving the hospital was changed from “upon request” to “offer to at least 80% of patients.”
New objective: The ability to view and download relevant information contained in the record within 36 hours of discharge.

The following data elements are included:
- Hospitalization admission and discharge date and location
- Reason for hospitalization
- Providers
- Problem list
- Medication lists
- Medication allergies
- Procedures performed
- Immunizations
- Test results
- Discharge instructions
- Gender, race, ethnicity, date of birth
- Preferred language
- Advance directives
- Smoking status

No changes were recommended to Stage 1 objective for electronic copy for hospitals.

A lengthy discussion addressed medical summary including a general summary of the patient's recent medical history, treatments, diagnoses, and condition, a discharge summary, and a patient encounter summary on one episode of examination and/or treatment. Summary of the patient's recent medical history is distinct from the longitudinal patient record. Workgroup's conclusion was that both are required and should be clearly distinct. The structure of the entire record has to be designed so that meaningful use can result. Workgroup discussed what to include in such summaries such as patient instructions. The workgroup concurred that a list of the patient's current care team and care plan including referrals to specialists should also be a component of the summaries.

Discussion ensured on the availability of the patient record to proxies such as designated family member or personal care givers. Central was what data elements should be viewable to the patient and/or such proxies. A number of other rules were discussed and ruled to be outside the scope of the Meaningful Use Workgroup.

Another discussion was on providers' responsibility for informing patients that electronic medical records are available and how to measure, if at all, a provider's success rate. Included the question of how to encourage patients to use their own record meaningfully, and whether this can or should be measured. Central question was what should be driven by government standards versus what should be driven by patient/customer demand and how much government and industry plays in incentivizing or encouraging customer demand for adoption and patient access to EHR.

The next meeting of the HIT Meaningful Use Workgroup will be 1 to 2:30 pm Eastern, December 10, 2010.

HIMSS observer: Richard Hodge, HIMSS Senior Director of Congressional Affairs, 703-562-8847

Attachment 1 - Members of the HIT Meaningful Use Workgroup

Members of the HIT Meaningful Use Workgroup include:

1. Paul Tang, Chair, Palo Alto Medical Center
2. George Hripcsak, Co-Chair, Columbia University
3. David Bates, Brigham & Women's Hospital
4. Christine Bechtel, National Partnership for Women & Families
5. Neil Calman, The Institute for Family Health
6. Art Davidson , Denver Public Health Department
7. David Lansky, Pacific Business Group on Health
8. Deven McGraw, Center for Democracy & Technology
9. Latanya Sweeney, Carnegie Mellon University
10. Linda Fischetti, Dept of Veterans Affairs
11. Tony Trenkle, CMS/HHS
12. Charlene Underwood, Siemens
13. Michael Barr, American College of Physicians
14. James Figge, New York State Department of Health
15. Marty Fattig, Nemaha County Hospital (NCHNET)
16. Joe Francis, MD, Veterans Administration
17. Judy Murphy, Aurora Health Care