



HIT Policy Committee Meeting Summary  
June 7, 2011

## [Agenda](#)

### **Background**

The [Health IT Policy Committee](#) is charged with making [recommendations](#) to the National Coordinator for Health IT on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information. The American Recovery and Reinvestment Act of 2009 (ARRA) provides that the Health IT Policy Committee shall at least make recommendations on standards, implementation specifications, and certifications criteria in eight specific areas.

### **Meaningful Use Stage 2 Recommendations (Paul Tang, Meaningful Use Workgroup)**

The Health IT Policy Committee voted 12-5 to approve the [following sets of recommendations](#):

1. Delay transition from Stage 1 to Stage 2 by one year only for providers who qualify for MU in 2011
2. Approve recommendations for Stage 2 MU objectives
3. Refer Stage 2 Objectives to the HIT Standards Committee for recommendations on applicable standards

Those who opposed the “package of recommendations” cited concerns about the following:

- a. Timing recommendation -- Some thought the timing delay wasn't long enough. Others were concerned the delay would adversely impact the momentum toward MU.
- b. Lack of flexibility in the CORE/MENU requirements for MU Objectives
- c. *\*To address these concerns, the HIT PC is proposing to begin work on Stage 3 immediately, with a “low hanging fruit item” of figuring out a method for getting labs more involved in the process.*

### **Quality Measures Workgroup Measures Framework Recommendations (David Lansky)**

- We don't need more measures. We need better measures.
- Proposed model has current Core measures and added Core measures.
- Menu measures are split into 6 domain areas, and providers must pick one measure from each domain
- Domains align with National Quality Strategy

- Population/Public Health (NQS: Working w/ communities to promote wide use of best practices to enable healthy living)
- Care Coordination (NQS: Promoting Effective communication and coordination of care)
- Patient Safety (NQS: Making care safer by reducing harm caused by delivery of care)
- Clinical Process (NQS: Promote the most effective prevention and treatment practices for leading causes of mortality)
- Efficiency (NQS: Making quality care more affordable by spreading new delivery models)
- Patient and Family Engagement

### Usability Hearing (April 21<sup>st</sup>) Overview and Recommendations to HHS (Marc Probst)

- Desired outcomes of improved usability
  - Increased safety
  - Reduced cost
  - Lower frustration
- Attributes of usability
  - Appearance
  - Workflow
  - Accuracy
  - Access to data
- Key challenges
  - Multiplicity of Systems
  - Role of Standards or Guidelines
  - Patient-Physician Interaction
  - Cognitive Load
  - Abilities and Disabilities
  - System Configuration
  - Impact of Regulation on Usability, and Testing and Measuring Usability
- RECOMMENDATIONS
  - Develop guidance for providers, possibly through the experience of the Regional Extension Centers, on issues as varied as user training and physical mock-ups of workstation configuration and placement.
  - Assess the effect of Meaningful Use Stage 1 regulations on usability.
  - Initial emphasis on the identification of key use cases and desired outcomes
- NIST EUP EHR Usability Evaluation Protocol
  - Announced yesterday
  - Community of practice with most of the work completed by the volunteers, similar to Direct Project and S & I Framework
  - Group will work to develop consensus and use cases for Usability testing

