Health IT Policy Committee Meeting

Meeting Notes August 3, 2011

Agenda

Background
The **Health IT Policy Committee** will make 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.

Privacy and Security Recommendations – Devin McGraw Chair, Paul Egarman Co-chair

- **Prior (June 1, 2011) Privacy and Security Recommendations for MU Stage 2**
  - *Hospitals: 10% of patients/families view and have the ability to download information about a hospital admission; information available for all patients within 36 hours of the encounter*
  - *EPs: 10% of patients/families view & have the ability to download their longitudinal health information; information available to all patients within 24 hours of an encounter (or 4 days after information available to EPs)*
- Certification Consideration
  - Tiger team felt that EHR certification requirements to allow patient download would be inflexible.
  - Tiger team chose to offer best practice guidance to allow flexibility

Recommendations

- Providers participating in the Meaningful Use program should offer patients clear and simple guidance regarding use of the view and download functionality in Stage 2.

- Providers should also consider whether to offer clear and simple guidance at the time of viewing a record. Alerting patients to the potential risks of viewing sensitive information on a public computer, or on a screen visible to others, or failing to properly log out.

- Providers should also request vendors and software developers to configure the view and download functionality in a way that no cache copies are retained after the view session is terminated. ONC should also provide such guidance to vendors and software developers, such as through entities conducting EHR certification.

- Providers can review the Markle Foundation policy brief, and the guidance provided to patients as part of the MyHealtheVet Blue Button and Medicare Blue Button, for examples of guidance provided to patients using view and download capabilities.

- Substantial discussion surrounding guidance for "viewing" but not downloading information.

- Amendments to "view" language when a patient views documents regarding MU Stage 2 recommendations and the ability to decline viewing the warning again.

Quality Measures Workgroup David Lansky Chair

- David Lansky-Recommendations are a library for CMS to refer to, not direct recommendations for Stage 2 Meaningful Use

- HITPC voted to accept the Recommendation letter.

1. **Recommendations related to Core and Menu framework of Stage 2**

- Providers will be required to report two sets of quality measures:
  - The first is to be drawn from a list of "core measures," including those required for Stage 1.
  - The second is to be drawn from a set of six "menus" of available and relevant measures for each specialty in each health priority area.
- Providers will be required to complete all (or a specified number) of the core measures.
- Providers will also be required to complete at least one measure in each of the six menu domains.
- The menus can be constituted to map directly to the particular scope of practice for each designated specialty – so that a menu set of measures for cardiologists might be quite different than the menu set for radiologists, for example.
- Workgroup also recommends the development of two more core measures for care coordination processes.

2. **Quality Measures Framework Recommendations**

- Providers will be required to choose one or more measures from each domain.
- EPs and EHs will be required to report at least one measure from each domain.
- CMS should seek parsimony in the final construction of these menus.
- *Domains*
  - Patient and Family Engagement
  - Efficiency measures
  - Patient Safety
  - Population and Public Health
  - Care Coordination

- Clinical Processes

3. **Eligible Hospital Measures Recommendations**

- ONC and CMS require eligible hospitals to report a balanced mix of process and outcome measures distributed across a range of domain.

4. **Methodology Recommendations**

- Standards and Quality Data Vehicle
  - Create a standard to designate self-reported data (with source tagged)
  - Put standards in place to reduce ambiguity of measure logic
  - Utilize CDA type standard and transport standard for self reported data such as basic demographics, patient experience, and structured mobile health data.
- Longitudinal Measurement
  - CMS needs to determine the appropriate times to pick up data points for a baseline and follow up
  - Recognize that many outcomes do not have a linear trajectory associated with harm.
  - Analysis is needed to determine methods of communicating data
- Recommends a guidance policy to promote capacity and scalability of EHRs to align with increasing complexity of required quality measures.
- Recommends standards of coding for problem lists
- Recommends standards to assign each attribution of each member (provider, support staff, payer etc) a unique identifier

Remarks – Farzad Mostashari, MD, National Coordinator for Health Information Technology

- Reporting from the field, Dr. Mostashari provided comments on the work of local RECs, Beacon Communities, and other grant recipients -- noting the impacts of EHR's on providing dependable continued care in disaster and emergency areas.

- The mission for ONC and HITPC is to provide the roadmap for transformation, improving the connections between the delivery system and payment system.

- Meaningful Use, Information Exchange, and the Policy/Trust Framework have to provide the necessary information to support healthcare transformation. Best way to do that is to ensure the quality measures and care transition requirements are robust enough to help providers, payers, and other interested parties meet the Affordable Care Act milestones.

- There needs to be high levels of certitude surrounding measurements but include information relevant to population health and coordination between various entities.

Review Results of First Meaningful Use Attestations Robert Tagalicod, CMS Elizabeth Holland, Centers for Medicare and Medicaid Services,

- Mr. Tagalicod has been named the new Director of the CMS Office of eHealth Standards and Systems. Lorraine Doo is the Acting Deputy Director. They replace Tony Trenkle (CMS CIO) and Karen Trudel (moved to Office of the CIO to serve as Senior Advisor for Strategic IT initiatives associated with Affordable Care Act requirements)
- EHR Program Updates
  - Total registration for the two programs has exceeded 77,000:
    - Over 75,000 eligible professionals and 1,800 eligible hospitals have completed registration.
    - Medicare attestation payments jumped $42 million for July and has reached $149 million for the year with the majority going to eligible hospitals.
    - Medicaid: $81 million was paid to eligible professionals and eligible hospitals for a program total of $248 million for the year.
    - By month's end, nearly 20 states had established their programs, with two more states (New Mexico and Wisconsin) coming on line in early August
    - Medicaid officials have observed that all states will likely have their programs in place by Spring 2012.
  - Full report expected to be published before end of the week at http://www.cms.gov/EHRIncentivePrograms/

Planning for Stage 3 Meaningful Use Paul Tang, Chair, George Hripcsak, Co-Chair

- New Team to assess summary of care and clinical summary document and address any potential concerns

- Continue to involve the community as the committee proceeds to Stage 3 recommendations. Plan forwards and "backwards" to improve communication to all entities.

- Hearing scheduled for October 5-6, 2011 to assess how the program is progressing. Themes of the hearings are expected to include:

  - How the Phasing in of Core and Menu Objectives is working in the real world
  - Are the Objectives Correct?
  - Will Meaningful Use Incentive Programs meet the requirements in the Affordable Care Act?
  - What are the unintended consequences of the program's current design
  - Latest on vendor performance
    - Vendors: challenges they are facing
    - EPs and EHs: challenges they are facing with vendors
  - Infrastructure vision for 2015 and beyond – How HIEs will/can mature
  - Are Quality measures supportive of the Affordable Care Act?
  - Is it possible to gather the necessary quality measures strictly from EHRs?

- How is Meaningful Use supporting or hindering other HHS programs, such as Accountable Care Organizations, National Quality Strategy, Patient Centered Medical Home, Partnership for Patients, etc.?

Update from ONC: Beacon Program Jodi Daniel, ONC; Craig Brammer, ONC/Beacon

- Slides not available. HIMSS will continue to monitor ONC site to send

- Working with NIST on draft usability protocol available for public discussion by September 2011

- NIST establishing a Wiki for Usability. Expected to go live in next few weeks.

- Beacon Community Data Analysis Task was added/executed March 2011
  - Subcontractors include Buccaneer and Brandeis University
  - Task Goals
    - Test the degree to which community-derived approaches contribute to improvements in quality and efficiency –impacts
    - Implement a framework that will permit time-sensitive (quarterly) and reliable inferences regarding performance; inform mid-course adjustments to the respective program activities –formative feedback