


Health IT Policy Committee
Meaningful Use Workgroup
Meeting Summary
October 18, 2011

[Meeting Agenda](#)

Background

The [Meaningful Use Workgroup](#) will 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.

Opening Remarks

- ◆ This is an outgrowth of the Oct. 5 meeting, at which time several comments were made about specialist or subspecialists who are not using EHR or may not be able to attest to MU and be feeling left out
- ◆ We have created a small work group; assigned with the task of coming up with the some ideas to bring back to the committee
- ◆ There are at least three critical issues:
 - 1) Some hospital based physicians typically are not using EHRs. They are critical members of the healthcare team, so that is one class of EPs who cannot get in the door in terms of MU
 - 2) If they are not able to use certified technology, is there a way to use their current technology to be a part of MU is some other way
 - 3) What would be the measure for those EPs that either don't have the certified technology, or what can the MU measures be for those practitioners whose work doesn't fit into MU

Discussion of strategic needs and opportunities for specialists in Meaningful Use Stage 3

- ◆ Specialists that we hear from are often pathologists and radiologists
 - We need to figure out how to bring them into the fold
 - However, most specialists can meet the current MU criteria; pathologists and radiologist may be outliers
- ◆ Do not want to create a policy that caters to outliers, but might be able to make policy recommendations to include these types of specialists
- ◆ Even if these specialists do not find the input side of EHR technology to be useful to their practice, they would all find value as end-users or consumers of this patient information
 - This means that if they have a non-certified technology, it has to be able to “speak” to certified technology in a two-way fashion
 - Perhaps the definition of certified technology could be broadened to include some of the technology specialists require
- ◆ We received positive feedback about Clinical Quality Measures, but there is concern about implementation
 - Not all the same CQMs are appropriate for specialty providers
 - The question is whether or not the specialty CQMs have been specified to satisfy MU requirements

- ◆ **ONC:** we are working on multiple e-measures that will address specialties. Quality measures workgroup helped identify areas in which ONC should focus. A lot of this work is currently being done, but there is always room for additional efforts
 - There are a couple ways ONC approaches e-measures: 1) continuous feedback from specialists; 2) subcontracts with AMA and other groups to get more feedback
 - There are some measures that simply cannot be e-specified, so they could not be changed between now and stage 2
- ◆ Should there be expectations of the EPs we are discussing and the technology they are using?
 - We want to get to the point where data is transformed into information
 - Example: a requirement to be able to share patient information in a structured format so that they can be incorporated into EHR or HIE systems
 - Perhaps requiring them to contribute to registries as well so that they are contributing to care improvement and public health improvement
- ◆ **Summary**
 - We are all in agreement this is an important issue
 - We want to bring folks into the process, but not create special tracks
 - We could slightly alter requirements
 - We talked about registries being important
 - Identified that most specialists can go through MU currently
 - Exchange of information is critical and providing clinical information to specialists and then exchanging their information with the referring physician
 - Reviewing unintended consequences to ensure that MU requirements are not misinterpreted

Public Comment

- ◆ Kelsey Kirk, American Academy of Ophthalmologists – we cannot wait until stage 3 to make MU meaningful to ophthalmologists
 - Frustrated that many requirements are not relevant to their practice, even in Stage
- ◆ Julie Cantor-Weinberg, College of American Pathologists
 - It is not true that all specialties have registries
 - We have quality solutions, but they are not registries
 - AMA reviewed MU 1 & 2 objectives and matched them to each specialist
- ◆ Mike Peters, American College of Radiology
 - A lot of what you have said mimics what we have submitted in comments over the past 3 years
 - Looking at imaging creators and consumers must also be considered
 - Dentistry, cardiology, ophthalmology, etc. all use this type of technology
 - A lot of our vendors are submitting systems for certification, some have achieved certification
 - We would like to see the regulatory definition of certified EHR technology become more flexible so that vendors can create systems that are useful to specialists
- ◆ Mari Savickis, American Medical Association
 - There is an excel spreadsheet that has contact names for all specialties we submitted comments on