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## Agenda

### Update on CMS' Meaningful Use Activities

Update by Rob Tagalicod, Rob Anthony, and Jessica Kahn

- Program To Date
  - 176,000 + registrations
    - Medicare EPs: 123,000+
    - Medicare-only hospitals: 168
    - Medicaid EPs: 49,000 +
    - Medicaid-only hospitals: 75
    - Medicare/Medicaid hospitals: 2,800+
  - Incentive Payments
    - Medicare: \$1.38 Billion
      - Medicare EPs: \$274 Million
      - Medicare-only hospitals: \$56.7 Million
      - Medicare/Medicaid hospitals: Medicare portion: \$1.052 Billion
    - Medicaid: \$1.14 Billion
      - Medicaid EPs: \$295M
      - Medicare/Medicaid hospitals: Medicaid Portion + Medicaid Only: \$787M
  - Medicaid Program
    - 2011 – AIU Program: 42 States Launched, 33 states making payments
    - 2012: January – Some states starting to collect MU attestations from EHS
    - 2012: April -- Some states will be able to start collecting MU attestations from EPs.

### 2012 HIT Policy Committee Workplan -- Preliminary Framework

Jodi Daniel and Josh Seidman

- **2012 – Year of Meaningful Use**
  - Jodi Daniel sees the convergence of Meaningful Use Stage 1 Year 2, Draft Regulations for Meaningful Use Stage 2, and setting the stage for Meaningful Use Stage 3 as critical issues for the Health IT Policy Committee
  - Jodi's comment about engaging non-eligible providers in a dialogue received considerable interest from HITPC members (and was the focus of all public comments at the end of the meeting).
  - **On the regulations front**, there has been a great number of public discussions around the release of MU Stage 2 NPRM and the associated Standards, Implementation Specifications, and Certification Criteria NPRM. Public comments by the government indicate that the NPRMs will be released by early

to mid-February 2012. Some indications that the Federal Register notices will be in-place the week before HIMSS12.

- With respect to the Nationwide Health Information Network Governance regulation, ONC has decided to release an Advanced Notice of Proposed Rule Making (ANPRM) in the first quarter of 2012. HIMSS had heard that the NPRM would be released in January or February 2012.
- Jodi indicated that the addition of the ANPRM allows ONC to receive additional public input on their philosophy for NwHIN Governance and to ask the public questions before committing to a roadmap in draft regulation.
- The NwHIN Governance ANPRM is expected in the first quarter of 2012. That's a big window. More likely, this ANPRM will be released in advance of the MU and Standards and Certification NPRMs.
- Jodi anticipates that the HITPC will spend a considerable amount of time in the second half of 2012 preparing for MU Stage 3 requirements
- **ONC Consumer e-Health activities:**
  - ONC is releasing a consumer video challenge to encourage consumers to document the HOWs and WHYs of their experiences with health IT
- **Strategy Discussions**
  - Health IT and Patient Safety—The HITPC will be included in planned activities that will monitor government and industry progress on the recommendations in the November 2011 IOM Report.
    - ONC is working with partner agencies to identify the action plan
    - ONC is scheduling a late-January 2012 discussion with healthcare industry representatives to begin the dialogue
  - ONC anticipates the HITPC will be involved in continues public policy activities associated with the convergence of Healthcare Reform and Health IT.
  - Concern that the Strategic Plan will not keep up with the pace of the regulatory and public policy activities has ONC investigating ways to engage federal agencies and the public.
    - One area of focus is the possibility of utilizing social media to update the HIT Strategic Plan more often and with more public input.
  - Query Health is ramping up, and will provide more structure to leveraging the rich data in health registries. ONC foresees HITPC receiving periodic updates.
  - Anti-Fraud

- ONC connecting with the HHS IG and CMS to determine how EHRs and other health IT solutions can assist in fraud detection, to include a possible gap analysis on where we need more coverage in the EHR standards.
- Since the HITPC meeting, HIMSS has learned of a possible Spring 2012 event in Texas. We will keep membership informed of the developments.
- Other activities that are open for discussion include Liability and health IT, Priorities for Standards Development, and Information Exchange.
- HITPC members suggested Usability of information for providers and patients and workflow as possible areas of discussion and guidance to the HIT Standards Committee.

### Update from HIT Standards Committee on 2012 Workplan

John Halamka, HITSC Vice Chairperson

- John Halamka broke down the HITSCs work by Quarter.
  - Quarter 1:
    - Review MU Stage 2 NPRM Comments
    - Quality Measurement Standards – particular focus on possible changes to standards that will not require massive changes to EHRs
    - NwHIN Exchange Refinement – addressing complexity, scalability, and the need for pull transactions
    - Value Sets/Vocabulary Mapping – Working with NLM on a common place for downloading or programmatically calling on web-based information
  - Quarter 2:
    - NwHIN Supporting Components including Provider Directories – standards in an evolutionary phase. Looking at possible pilots
    - Query Health Review
    - Image Standards
    - Governance – alignment on common priorities
  - Quarter 3:
    - Detailed Clinical Models—Reference information models and leveraging work of other I.D. standards
    - Consumer Mediated health Information Exchange – Looking at standards requirements for “when” and “how” to bring consumer mediated data and exchange into the eHealth environment.

- Creating a One Stop Shop for Resources
- Green CDA
- Quarter 4:
  - Maintenance Strategy
  - Public Health Standards – BioSense moving to Amazon Cloud enabled environment
  - EHR Portability
  - Developing standards tools

### Update from the Meaningful Use Workgroup on Quality Measures

Paul Tang and George Hripcsak

- Premise: EHR has to be able to use data to report quality requirements to CMS
- HIT Policy Committee Recommendations for Stage 3 of Meaningful Use Quality Metrics must be submitted to HHS by mid-2013
  - Need lead time for HITSC work if relevant standards need to be adopted or developed
    - 4Q12 for HITSC-sensitive MU recommendations
    - 2Q13 for policy-only MU recommendations
  - MU Workgroup is planning joint workshop with HITSC/ONC/CMS on Quality Measures (spring 2012)
- Immediate Action Recommendations
  - Certification of CQM Reports
    - HIT vendor products should be certified for all CQMs relevant to the scope of the product
    - Providers should be permitted to use non-certified systems to generate CQM reports, as long as all the data used in the calculation of the measure are derived from certified HIT systems
    - All submitted CQMs are subject to audit
    - CQM reporting systems should be tested (subject to audit) based on a standardized test data set
- Longer Term Recommendations
  - CQM Platform
    - By stage 3, EHR vendors should develop a “CQM platform” onto which new and evolving CQMs can be added to an EHR without requiring an upgrade to the EHR system.
    - Longer term, such platforms should be capable of incorporating CQM “plug-ins” that can be shared, and that allow organizations to localize data fields that fit local work flow.
    - MU Workgroup recommends that HITSC develop certification criteria to encourage/require this CQM platform as part of MU
    - **Feedback from Attestors – 75% of attestation was the “care and feeding” of CQM measures**
- Patient Reported Data and CQMS

- Some CQMs should incorporate patient-reported data and outcomes
- HIT vendors should develop secure, patient-friendly systems that allow direct entry of patient-reported data that can be incorporated into CQM reports
- Patients should be able to access CQM reports
- Delta Measures
  - Some CQMs should report on percent of patients improving (“delta measures”) vs. only reporting risk-adjusted population means
  - EHR vendors should be able to calculate delta measures
- Additional Actions:
  - Meaningful Use Workgroup recommends a creation of a join Clinical Quality Measures Workgroup (HITPC and HITSC members.)
  - MU Workgroup calls to host a Clinical Quality Measures Hearing focused around recommendations 2-4.
  - The proposed CQM Workgroup would have an all day session to develop policy following the hearing.
- **HITPC Action**
  - HITPC members were concerned that several of the recommendation subcomponents were policy issues, not standards requirements. HITPC member Neil Calman asked members to remember to focus on testing the integrity of the reporting system NOT testing the integrity of the MU measures.
  - After considerable discussion with HITPC members, including a question from Judy Faulkner on the “feasibility” of the recommendations, the HITPC agreed to send the recommendations to the HITSC with the understanding that the recommendations were “conceptually approved with edits” and that the HITPC is requesting that the HITSC report back to the HITPC on the feasibility of the recommendations BEFORE proceeding with additional actions.
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### [Update on Vocabularies and Value Sets for Meaningful Use](#)

Doug Fridsma (ONC) and Betsy Humphreys (National Library of Medicine)

- Enable Stakeholders – identify simple shared solutions to common information exchange challenges
- Curate a Portfolio – A portfolio of standards, services, and policies that accelerate information exchange
  - Challenge: Coordination of measures across constituencies or care settings
- Enforce compliance – Utilize validated information exchange standards, services, and policies to assure interoperability between validated systems.
- NLM Vocabulary Portfolio
  - Support the maintenance, dissemination and free U.S. use of SNOMED CT and LOINC
  - Develop and maintain RXNORM in cooperation with FDA, VA, drug information providers
- ONC-NLM Interagency Agreement

- Sets priorities for NLM vocabulary work
  - Additions to SNOMED CT , LOINC, and RXNORM
  - High priority subsets and mappings
  - Tools for value set development and maintenance
  - Enhanced APIs
- Considerable discussion associated with NLM Problem list for SNOMED CT, LOINC, and RXNORM
- Agreed to keep HITPC informed of developments, and requested opportunity to discuss MU challenges associated with Clinical Quality Measure Value Sets