Health IT Policy Committee Meeting
Meeting Notes
March 2, 2011

Meeting Agenda

Opening Remarks

- Dr. Blumenthal recognized the large number of participants at the HIMSS11 Conference and suggested that it might be an unofficial metric of the impact the HITECH provisions of ARRA are having on healthcare transformation.

Quality Measures Workgroup

Quality Measures– Presented by David Lansky and Tom Tsang

- Presentation and Recommendations
- 69 retooled quality measures will be harmonized with other nationwide activities and
- Domain Framework for MU Stage 2 **- from slides**
  - Clinical Appropriateness/Efficiency
  - Population & Public Health
  - Patient and Family Engagement
  - Care Coordination
  - Patient Safety
- Domains have subdomains and proposed measures. Intent is to have the domains and measures be available for Stage 2 or Stage 3.
- Timeline: **- modified from slides**
  - 3/2011 – HITPC Endorse QMWG recommendations
  - 3/2011-6/2011 – ONC to initiate measure development activities
  - 6/2011-12/2011 – Stage 2 measure concepts and specifications to be defined and put out for public comment
  - 1/2012-4/2012 – Development of de novo Stage 2 measures based on QMWG guidance to be completed
- Policy Issues to Consider **- from slides**
  - Framework for Stage 2 CQMs
    - Balance core measures with specialty measures
    - Inclusion of Stage 2 and "retooled' measure set
  - Exchange and interoperability infrastructure to facilitate implementation of innovative measures
  - Available standards and vocabulary sets to adopt measures (Standards Committee)
- Next Steps **- from slides**
  - Recommendations will inform ONC [and CMS] on measure selection and harmonization process for Stage 2 and 3 MU
  - Recommendations will inform measure development work in potential procurement process
  - Recommendations will inform HIT Standards Comm Quality Workgroup on standards and necessary vocabulary sets for development and implementation of e-measures

- Inform other FACA groups regarding necessary exchange infrastructure to facilitate implementation of novel measures

- Blumenthal observations – We have an opportunity to incorporate more specialties in the quality metrics and capture the power of technology to advance the state of the art healthcare delivery.
  - He is hopeful HHS will be able to leverage the requirements in the ACA, ARRA, etc. to focus on quality agenda that will provide guidance on which quality metrics should be used in all programs.
    - Coordination between CMS, ONC, and other HHS organizations will be critical to success of quality data collection – Center for Innovation, ACO regulations, etc.
    - Alignment between Feds and private stakeholders on which quality measures that are collectable electronically will positively impact healthcare delivery
- Harrell observations – de novo measures – how will process unfold, so we don't circumvent existing quality measure review processes
  - Tsang – NQF, NCQA, PCPI, and Academic Medical Centers have been working together for 6 months.
    - Most promising measures will be brought forward
    - Timeframe for identifying Stage 2 vs. Stage 3 – If measures are not ready, then they will be pushed to Stage 3
- Probst observations – new technologies are creating new accesses to data, and may make past data collection measures less relevant. Where does harmonization occur?
  - Who owns the authority to do the balancing?
    - Blumenthal
      - Interagency Group on Quality
      - Electronic Quality Measures group – CMS, AHRQ, ONC
      - Rulemaking process – Encourage groups to look at whether certain measures are still relevant, or if they have been superseded by technological advances.
    - Trenkle
      - Differing statute mandates and timing of different groups participating is going to make the harmonization difficult, but not insurmountable.
- Wolf observations – PCAST talked about common data.
  - Do you have a sense of what the common data should be?
    - Tsang
      - Pre-EHRs era – most data collection was based on existing measures.
      - NQF Quality Data Modeling will be helpful.
      - Foundation of quality measures will have the intent of information gathering at the individual provider level.
- Neil Calman – Drs are not looking at quality data. We need to make it more relevant and keep working toward narrowing down to ONLY the quality measures that help Drs improve care.
- Paul Tang – Credibility, Parsimony, and Transparency of data and metrics will be critical to getting providers attention.
- Falkner – Time frames for development, implementation, and workflow change has to be taken into account. It's not just about the vendors. It's about provider workflow change, too.
  - What % of U.S. population has a healthy BMI, doesn't smoke, eats the right number of vegetables – 2.5%

        - Emphasizes the importance of including the patient in the understanding of the quality measures.
- Harrell – Aggregating data across care settings – What happens when you can't connect with the HIE or the HIE isn't mature?
- Tang
    - Timeline – Workgroup will be trying to incorporate measures in to the NPRM for MU Stage 2.
    - Wolf -- Measures will need to be only those measures that are existing, approved, well-recognized by the healthcare community
        - Tsang – Testing and valuation of the measures are critical to the process.
- Blumenthal – urging the HITPC to keep moving forward and working on the edge. Push the frontier because the system will catch up. If we don't develop the measures, the quality metrics will be less likely to be available to the healthcare community when the quality metrics are needed.
    - Meaningful Use Quality Framework will be impactful on the healthcare community's ability to impact change.
    - Lansky concurred with Blumenthal that private sector is preparing to take advantage of the collation of the quality measures that is occurring through the community.
- Sense of the Committee – that the work should be continued and recommendations will be reviewed more thoroughly through the timeline outlined by the Workgroup.
        - Timeline: **- modified from slides**
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Privacy & Security Tiger Team

- Deven McGraw and Paul Egerman, co-chairs of the Privacy & Security Tiger Team, briefed the Committee on the Tiger Team's latest activities with a specific focus on User Authentication for EHRs.
- Object of Discussion – Determine if the Tiger Team should recommend specific policies regarding the authentication of users
- "Authentication" is the verification that a person or entity seeking access to electronic health information is the person they claim to be.
- "Authentication" can be proven through "Tokens" (ie: User Name, Password, biometrics, SecureID Keys)
    - Don't expect authentication to be the lynchpin, but "Who are you?" needs to be answered
    - Assumptions
        - Provider entity has issued EHRs credentials
        - Entity is following HIPAA Security Rule
- Leveraging NIST e-Authentication Levels Assurance to meet HIPAA Requirements
    - HIPAA requires a provider to use administrative, physical, and technical safeguards to protect against any reasonable anticipated disclosures of PHI, and to verify that a person seeking access to PHI is who they claim to be.

- HIPAA does not specify the framework or authentication options that should be used by the provider.
- NIST (SP 800-63) and DEA (E-Prescribing Authorization) have both developed standards for e-Authentication
  - Interim Final Rule from DEA on E-Prescribing of Controlled Substances
    - Modeled after NIST e-Authentication Levels -- using leve 3 assurance
    - Requires 2-factor authentication
    - Stringent identity proofing requirements
  - From a policy perspective, remote access raises heightened security risks
    - NIST Level 3 assurance is correct approach

- The Privacy and Security Tiger Team has agreed that more than a log in and password should be required, but there isn't consensus on which two factored authentication should be used.
- Trenkle: The issue is balancing risk against usability, and would prefer using a policy recommendation that is market focused, not a DEA-style technical solution with usability problems.
- Blumenthal – Any pushback by providers to two factor authentication should be mitigated by the decrease in risk of a PHI violation
  - Two factor authentication is easy. The challenge is cultural. Once people get in the habit of doing it, people won't even realize there has been a change.
  - When ONC does issue a Governance NPRM, it will meet the HITECH requirement of federal assurance of the NWHIN transmissions being private and secure
  - the HITPC solution will not be controversy free, but ONC make a determination on a standard. The trust/assurance of the American people can be broken by the weakest link that uses the NWHIN
  - Systems that can't use two factor authentication does not have to use it, but they can't use the NWHIN.

PCAST Workgroup Report

- Paul Egerman and William Stead presented on the PCAST Workgroup Activities, including a PCAST Workgroup public hearing from February 15-16, 2011.
- Themes from the February 15-16th PCAST Hearing:
  - The PCAST Report is not well understood
  - There is an absence of consensus on the roadmap for achieving the recommendations in the PCAST report
  - There is concern as to whether the model outlined in the PCAST report adequately addresses privacy and security concerns,
  - The timeframe for achieving the changes outlined in the PCAST report creates additional strain on a system that is struggling to meet other existing requirements (MU, ICD-10, etc.)
- Egerman: PCAST was not a topic that was discussed much at HIMSS11 (people were not talking about it at meetings or on the show floor.) Workflow and Interoperability were being discussed outside the context of PCAST -- (editor's note – there was one session at HIMSS11 on PCAST Report, which served as a reactor panel to the Report. Elements of the PCAST Report were part of the HIT X.0 Conference.)

- The Workgroup suggests that there are three approaches to achieving the goals of PCAST:
  - 1) Federal Standard (UEL Approach)
  - 2) Pilot Approach
  - 3) Market Approach (Similar to the Development of the Internet)
- Blumenthal: Feels that PCAST uses the Federal Standard (UEL) Approach to create a bottom up current of innovation and that the Market Approach will come naturally following the development of the UEL, and subsequent Market Response.

Information Exchange Workgroup

- Presented by Micky Tripathi and David Lansky, Workgroup co-chairs.
- Presentation was on Recommendations to address Individual level Provider Directories.
- Given the timing of the release of the recommendations, the HITPC decided to table their reaction to the recommendations until the April HITPC meeting.
- Workgroup recommendation that "conformance to comprehensive national standards is not necessary" and that "a basic set of standards" is more appropriate raised some concern that will be addressed during conversation at April HITPC meeting.
- Series of Recommendations and Observations available through the IE Wg's presentation.