



**Health IT Policy Committee Meeting**  
**Meeting Notes**  
**October 20, 2010**

[Meeting Agenda](#)

**Opening Remarks**

**Meaningful Use Workgroup**

**Moving Toward Stage 2 and Stage 3 of Meaningful Use**

- **Presentation** by Dr. Tang and Mr. George Hripcsak
- Considerable discussion on whether the timeline for Meaningful Use Stage 1 can be extended to allow more organizations to be ready to participate, and whether there is any statutory flexibility to extend Stages 2 and Stage 3.
- Dr. Blumenthal made it clear that the Department is focused on keeping the timelines for Stage 1 in place, and that they will not reopen the regulatory process for Stage 1.
- Migration to Outcomes
  - The Committee also discussed the issue of determining the appropriate level of outcomes and associated metrics for Stage 2 and Stage 3. Dr. Calman suggested that focusing on outcomes without long term goals is less helpful because when you begin to focus on a different outcome, the earlier outcomes are ignored and progress is lost. Therefore, sustainability comes where the functionality and decision support help providers deliver better care.
  - Identify the outcomes without being too prescriptive of the “how”. Focusing on outcomes thresholds is going to be a challenge because the patients are always “sicker” at “my facility” than anywhere else in the country.
- Committee members suggested that there may be some benefit of setting outcomes for facilities and eligible professionals for Stage 2, and tying Stage 3 requirements to Value Based Purchasing and publishing the results by facility on a website.
  - Concern becomes how would the government leverage the published results to identify whether an eligible professional or hospital had achieved Meaningful Use requirements.
- National Healthcare Quality Strategy and Plan required by January 2011. Dr. Blumenthal suggests that the Meaningful Use Stages be in close alignment with the Strategy and Plan. Focusing on outcomes, but allowing time and coordination with the Strategy and Plan and other activities to help define granularity. HIT Policy Committee shouldn’t take the burden on by itself. Specifying outcomes does not address other issues, like privacy and security, public trust in the work, etc.
  - HIMSS provided comments to the Department of Health and Human Services that called for close coordination between the National Healthcare Quality Strategy and Plan with Meaningful Use and other cross-cutting initiatives.
- There is an interest in adding to the functionality requirements for Stage 2, however, Dr. Blumenthal reminded the Committee that the process can reach a point where the functionality requirements could become too burdensome for certified products. The end result would be adverse impact on EP and EH ability to achieve Meaningful Use.

## **Patient Engagement**

- Intention is to “move toward innovative patient use of data.”
- Blue button concept Copy in the HIPAA construct
- Getting stuck in the wrong direction that doesn't allow for improved patient access and copy will not allow for flexibility.
- Opportunity for new applications to sit on top of patient data is wide open.
- Empowering the patient through PHRs or other application needs to get
- We want to make sure we are building on the right foundations.
- Dr. Blumenthal wants to set the right policy requirements, so standards and certification can . Information needs to be computable and sharable to support, Option of setting goals toward an interoperable future.
- Dr. Blumenthal suggests the HIT Policy Committee can state specific goals by a specific stage, so the Standards Committee

## **Exploring Deeming of External Certification**

- Identifying processes for outside organizations to assess against MU
- Opportunity for new applications to sit on top of patient data is wide open.
- Essentially, can the government get to a point where there is a coordination effort between the MU requirements and requirements for Medical Home, Accountable Care Organizations, etc. If an eligible professional or hospital is gathering information for government-accepted program (Medical Home, ACOs, etc.) can the EP or EH achieve a “pass” on Meaningful Use if they've met the requirements of the other program.
- Timeline: November/December – HIT Policy Committee MU Workgroup will continue to work through the details and submit to the HIT Policy Committee for review. Seek public comment via the web in October.

## **Quality Measures Workgroup**

- [Presentation](#) by David Lansky
- Not intended to readdress the Stage 1 Quality Measures
- [PQRI](#) measures, [RHODAPU](#) measures and specialty measures
- Critical concepts that EHRs can help collect. Don't recreate the quality measures that are being collected and developed elsewhere.

## **Information Exchange Workgroup**

- [Presented](#) by Micky Tripathi and David Lansky, Workgroup co-chairs.
- Working on policies for Provider Directories
- Dr. Blumenthal asked the group to consider the question, What is an entity? Presuming that the size of the facility may be too small to be an entity, can we actually get to some recommendations on provider directories?
- Committee members suggested using the definition of entities as currently defined by the rules of the Internet. This is the process that the NHIN Direct seems to be embracing. Clinician to clinician communication will still be through EHR to EHR
- Challenge will be recognizing facilities or entities as nodes on a network – leverage the EHRs.
- Patient Identity Management is critical -- Anecdotal evidence that patient I.D. issues are hampering the VELR and C32 projects.

- One Committee member suggested that the reliance on Health Information Exchanges may not take into account changes in how the healthcare community views information exchange and may give too much support to a process that does not have a clearly defined sustainability model.
- Solution may be directed exchange with clearly identified outcomes requirements

### Privacy and Security Tiger Team

- [Presented](#) by Devon McGraw, Workgroup co-chair.
- Highlighted NEW CORE Value statement:
  - **NEW core value: Transparency about information exchange practices is a necessary component of establishing credibility with patients. In achieving greater openness and transparency for patients, we need to balance the need to give patients complete information on how their information is shared while at the same time providing information in a form that is manageable for patients to read and understand.**
- Discussed challenges and possible solutions for transparency in privacy and security of information exchange.
  - Recommendations (embedded in presentation) focused on developing a layered approach to utilizing a Notice of Privacy Practice (NPP) to ensure patient engagement. Recommendations also encouraged ONC to leverage this approach in ONC's interactions with their grantees and Regional Extension Centers.
- Tiger Team [requested public comment on recommendations](#). Due by October 29, 2010

### Governance Workgroup

- [Presentation](#) by Dr. John Lumpkin, Workgroup Chairperson
- Using the Acronym NW-HIN to avoid copyright infringement
- Governance Principles include (Verbatim from slide 15 of the Lumpkin Presentation):
  - Transparency and openness
  - Inclusive participation and adequate representation
  - Effectiveness and efficiency
  - Accountability
  - Federated governance and devolution
  - Clarity of mission and consistency of actions
  - Fairness and due process
  - Promote and support innovation
  - Evaluation, learning and continuous improvement
- Governance Guidelines for the Nationwide Health Information Exchange included four core recommendations:
  - Establish policies for privacy, security, interoperability and to promote adoption of the NW-HIN.
  - Establish technical requirements to assure policy and technical interoperability.
  - Establish appropriate mechanisms to assure compliance, accountability and enforcement
  - Provide oversight of the governance mechanisms
- Governance Workgroup will take into account HIT Policy Committee observations
  - Governance [Workgroup is seeking public comment on the recommendations](#) due back by November 3<sup>rd</sup> -- Workgroup will present final recommendations to HIT Policy Committee at November 19, 2010 meeting.