

HIT Policy Committee Meaningful Use Workgroup

July 29, 2010

9:00 a.m. – 3:30 p.m. (Eastern)

OMNI Shoreham Hotel, 2500 Calvert Street, NW
Washington, DC

Instructions and Questions for Panelists

Background

Testimony from this hearing will help the Meaningful Workgroup formulate recommendations to the HIT Policy Committee and National Coordinator on what effects public health agencies might expect on population health as the nation moves toward meaningful use (MU) of certified EHRs. If you have any questions, please contact Art Davidson at Arthur.davidson@dhha.org or George Hripcsak at Hripcsak@columbia.edu

Format of Presentation:

The Workgroup respectfully requests that panelists limit their prepared remarks to 5-7 minutes. This will allow the Workgroup to ask questions of the panelists and allow every presenter time to present his or her remarks. We have found that this creates a conversation for a full understanding of the issue. You may submit as much detailed written testimony as you would like, and the Workgroup members will have reviewed this material in detail before the hearing. PowerPoints will not be needed.

Pre-Presentation Questions/Themes:

The questions below represent areas the Workgroup intends to explore at the hearing. Please feel free to use them in preparing your oral and written testimony; the Workgroup recognizes that certain questions may not apply to all presenters.

The Workgroup respectfully requests panelists to provide written testimony by **July 21, 2010**. Please submit the testimony to Judy Sparrow at Judy.sparrow@hhs.gov

Presenter Biography

In addition, the Workgroup requests that all presenters provide a short bio for inclusion in the meeting materials. Please send your short bios to Judy Sparrow, judy.sparrow@hhs.gov

THEMES/QUESTIONS

Hearing on: "What effects public health agencies should expect on population health as we move toward meaningful use of certified EHRs"

As providers across the country begin to meaningfully use health information technology to improve health care, we acknowledge the need to pay attention to achieving population health through meaningful use from the viewpoint of governmental public health agencies. Governmental public health organizations have authority over their respective jurisdictions -- an authority which comes with a responsibility to convene and collaborate and contribute to societal responsibility through enhanced public health capacity. Public health agencies will be affected by rapid information flows promoted by the adoption of certified EHR products.

By panel, the speakers have been asked to address the following questions in their testimony:

Panel 1: Achieving population health through meaningful use: How do governmental public health (PH) agencies view the process to date?

- What are the current electronic data systems, are they interoperable and do they connect to any EHRs for mandated electronic reporting?
- From your unique jurisdictional view, does your PH agency have the capacity to use the 3 types of data to be sent under Stage 1 meaningful use (MU) criteria in a way that impacts population health?
- What do you perceive as barriers to MU of PH data and information to achieve desired population health outcomes?
- How are governmental public health agencies planning to leverage increasing access to community HIT assets (e.g., EHR data, chronic disease registries and MU criteria) or other ONC efforts (e.g., HIE, REC, NHIN, Beacon, SHARP) to support improved population and public health outcomes?
- Based on your experience, how is PH working toward a more integrated, enterprise approach to data and information sharing and interoperable

infrastructure promoted through MU criteria and measures to support improved population health outcomes?

Panel 2: Experiences and current status of MU-like projects: How do governmental public health agencies use MU-like criteria or measures to achieve population health?

- What MU-like data and public health applications and/or public health-EHR projects have you developed in your jurisdiction? How do they impact on public health surveillance, care coordination or other essential public health services?
- How might the results of your public health-EHR project inform and be learning opportunities for: 1) other public health jurisdictions, 2) HIT policy development, 3) evaluation of Stage 1 MU criteria, and 4) considerations for Stages 2 and 3 MU criteria?
- What are your next priorities for the described public health-EHR project?
- What should be logical next steps for MU criteria development?

Panel 3: Potential areas where the HIT Policy Committee consideration: Where should the committee focus its attention to support MU measure and criteria that complement the public health mission?

- What policy, legal and/or technical issues do you perceive as barriers to getting to improved population health outcomes?
- Are there any specific approaches to data standards, aggregation and/or infrastructure that would help achieve better population health outcomes?
- How should PH contribute to the concept of a learning health system?
- What future state might we envision as public health agencies gain access to population health information to drive improved health outcomes?

Attachments: Background documents (conceptual comments; HIT Strategic Framework; Stage 1 MU Criteria, if available)