

April 4, 2011

Paul Tang, MD
Chair, Meaningful Use Workgroup

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Co-Chair, Meaningful Use Workgroup

Dear Dr. Tang and Dr. Hripcsak:

The Information Exchange Workgroup appreciates the opportunity to provide input to the Meaningful Use Workgroup as it establishes its recommendation for Stage 2 Meaningful Use. We hope the following comments and recommendations are helpful in your work.

Background

Over the month of March the Information Exchange Workgroup held a series of meetings to review the information exchange requirements included in Meaningful Use Stage 2 objectives. The Workgroup identified the proposed Stage 2 Meaningful Use objectives that require information exchange and for each objective walked through the following questions:

- What exchange infrastructure is required to support the objective?
- Does the required infrastructure currently exist or will it be available for Stage 2? (is the ecosystem ready)
- Is this the right objective?
- Is it the right level of stringency? (too challenging or not rigorous enough)

The Workgroup also considered what if any objectives were missing from Stage 2 that could be supported by the current health information exchange infrastructure in the health care ecosystem.

The Information Exchange Workgroup submits the following comments for consideration by the Meaningful Use Workgroup. The comments are broken into three sections; a review of proposed objectives, recommended objectives to add and other considerations:

Review of Proposed Objectives:

Incorporate Lab Results as Structured Data

The Workgroup concurs with the proposed Stage 2 objective.

Summary of Care Record

The Workgroup concurs with the proposal to move the objective to Core. In an effort to increase the level of exchange in Stage 2 the Workgroup recommends the following addition to the objective:

Provide summary of care record for more than 50% of transitions or referrals. For 30% of these transitions or referrals the summary of care record must be transmitted electronically.

This approach will remove the ability to use paper or fax for a subset set of the summary of care records provided and will enable a glide path to the proposed Stage 3 objective that moves the measure to 80% and requires electronic transmission only. The Workgroup had a discussion around the definition of a care transition and expressed the need for better specificity related to which organization/legal structures this would apply to (e.g., transitions within a hospital? transitions with an IDN?) and which transitions (e.g., every transition or just “key” transitions?).

Electronic Prescribing

The Workgroup feels the health care ecosystem is most prepared to rapidly push forward on electronic prescribing, in particular on the ambulatory side. The Workgroup recommends splitting the measures for eligible providers and eligible hospitals and CAHs. This will allow a rapid ramp up of the requirement for eligible professionals while enabling a more phased implementation of this new objective for eligible hospitals and CAHs.

	Stage 2 Measure	Stage 3 Measure
Eligible professionals	70%	90%
Eligible hospitals and CAHs	40%	70%

The Workgroup recommends keeping the exemption for controlled substances in Stage 2 but thinks the ecosystem could be ready in Stage 3 for ending this exemption. The Workgroup recommends considering the inclusion of two-factor authentication as a certification criteria for Stage 2 to lay the foundation for removing the controlled substance exemption in Stage 3.

Submit immunization data

Electronic immunization reporting is often allowed or authorized by states but is not required. To reflect this and to better align with the language used in the Stage 1 final rule the Workgroup recommends revising the proposed Stage 2 objective to:

EH/CAH and EP: Mandatory test. Some immunizations are submitted on an ongoing basis to Immunization Information System (IIS), in accordance with applicable law and practice.

The Workgroup has concerns about the capability of existing infrastructure and standards to handle bi-directional exchange in Stage 3. Without funding to upgrade their systems some state and local public health agencies may not be ready for bi-directional exchange in Stage 3. Certification criteria and the necessary standards for bi-directionality will need to be ready in time for Stage 3.

The Workgroup recommends adding a threshold in Stage 3 for providers to review IIS records via their EHR during well child/adult visits. The Workgroup feels it will be important to include an exclusion in Stage 3 where immunization registries do not have the capability for providers to review IIS records via their EHR.

Syndromic Surveillance

The Workgroup is supportive of moving the eligible hospital/CAH objective to Core in Stage 2. The Workgroup recommends not moving the eligible professional requirement into Core for Stage 2. It is unclear the public health infrastructure is ready to receive syndromic surveillance data from ambulatory care settings or that the necessary standards exist to exchange this data.

Recommendation Objective(s) to Add in Stage 2:

Hospital Labs send results as Structured Data

The Workgroup recommends adding an objective to:

MU Requirement

Require hospital labs to send electronic lab results in a structured format to outpatient providers for more than 40 percent of labs sent electronically.

Certification requirements/Standards

Adopt and test LOINC for most common subset of labs. The requirement to include LOINC should apply to both inpatient and outpatient lab tests.

Requiring hospital labs to send lab results electronically and in a structured format will significantly improve data liquidity in the ecosystem and greatly increase providers' ability to improve the quality and effectiveness of care using EHRs. Having structured electronic lab results in EHRs is critical for improved clinical decision-making including maintaining accurate diagnoses and problem lists, avoiding unnecessary repeat testing, effective medication management, proactive care for patients with chronic conditions and quality reporting.

The Workgroup sees great value in requiring use of LOINC for this reporting, and specifying a value set of the most common lab results. Targeting this set of labs will allow for a significant advancement in standardization across the health care sector and substantially reduce complexity of incorporating these results into EHRs for providers receiving the information. The S&I Framework is currently working on an initiative focused on this area.

We appreciate the opportunity to provide these recommendations on Stage 2 Meaningful Use, and look forward to discussing next steps on these recommendations. The Workgroup will be sending additional recommendations in a second letter before the end of the April. We felt it was important to provide these initial recommendations in advance of your April 5th hearing.

Sincerely yours,

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Chair, Information Exchange Workgroup

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Co-Chair, Information Exchange Workgroup

cc: Josh Siedman,
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