

# Meaningful Use Workgroup Hearing

May 13, 2011

8:30 a.m. to 2:45 p.m./Eastern Time

Washington Hilton Hotel, 1919 Connecticut Ave, NW

Washington, DC

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## Instructions and Questions for Panelists

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### Background

Testimony from this hearing will help the Meaningful Use Workgroup (Workgroup) formulate recommendations to the HIT Policy Committee and the National Coordinator on the needs of specialty practice as well as information from those currently operating in an electronic world. This information will inform our deliberations on Stage 2 and Stage 3 Meaningful Use objectives. If you have questions, please contact Paul Tang, Chair of the Workgroup, or George Hripcsak, Co-Chair, [paultang@stanford.edu](mailto:paultang@stanford.edu) or [Hripcsak@columbia.edu](mailto:Hripcsak@columbia.edu)

### Format of Presentation:

The Workgroup respectfully requests that panelists limit their prepared remarks to **five (5) 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 no later than **May 9, 2011**. Please submit the testimony to Josh Seidman and Judy Sparrow at [josh.seidman@hhs.gov](mailto:josh.seidman@hhs.gov) and [judy.sparrow@hhs.gov](mailto: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](mailto:judy.sparrow@hhs.gov)

## THEMES/QUESTIONS

### **Panel 1: Care Coordination Among Specialists, Primary Care, Care Management, Patients:**

How can specialists leverage EHRs to fully participate in the continuum of patient care?

- How does your specialty or the specialties you work with handle the following:
  - Data exchange and referral loop
  - Longitudinal data capture
  - Patient reported outcomes
  - Registries
  - Longitudinal care plans
  - Problem list reconciliation and medication reconciliation
- What is the minimum data set needed to be transferred, by whom and when?
- What evidence-based quality measures exist, or would you recommend, to assess care coordination between specialists and other members of the health care team?

### **Panel 2: EHR Support of Specialists in Patient Care, including Clinical Decision Support:**

How can EHRs facilitate specialty care of individual patients, including use of clinical decision support?

- How do you currently support decision making in your practice?
- How does your specialty generate new knowledge (e.g., clinical guidelines)?
- How do you disseminate this new knowledge amongst your specialty?
- How do you incorporate new knowledge into EHRs (e.g., partnerships with EHR manufacturers)?

**Panel 3: Population Data, including Registries:** How can EHRs facilitate specialty management of populations, including measuring and feeding back performance?

- How do you currently assess your performance in caring for your patients and compare your performance to others?
- What are the principal benefits (“value proposition”) of registry participation for physicians in your specialty?
  - Generating quality measures for third parties
  - Benchmarking and comparative feedback on physician/team/hospital performance
  - Monitoring device safety and performance
  - Population health management
  - Creating a longitudinal care record for each patient
- What are best practices for individual and aggregated data feedback to physicians and their teams?
- Where do you get the data needed for feedback?

- HIEs
- Payers (commercial and public)
- Patients
- PBMs, pharmacies
- What are barriers to monitoring populations, and how do you overcome them?
  - HIPAA
  - Authentication, patient and provider identification, interoperability
  - Proprietary registries, ownership, costs
  - Evidence base for use of registries to generate quality measures for specialists
  - Cost of implementation
  - Lack of data standards and technical interfaces to IT systems
  - Business issues with hospitals and other participants

**Panel 4: Experience from the Field:** What is the experience of care providers (primary and specialty) in implementing meaningful use in the field, and how can that inform meaningful Stage 2?

- Do you plan to apply for reimbursement for Meaningful Use of HIT via Medicare or Medicaid?
- When do you plan to begin your Meaningful Use reporting period?
- Which objective requirements do you find easy to meet (or exceed)?
- Which core objectives have posed the greatest challenges to you meeting the requirements (and why)?
- Which menu objectives have posed the greatest challenges to you meeting the requirements (and why)?
- How well have the Meaningful Use clinical quality measures aligned with other measures in common use in your field? How easy or difficult has it been to report them for this program?
- What have been the major challenges, especially external factors (links to other organizations, vendor issues, etc.)?
- What do you estimate is your project cost to implement meaningful use?