



September 26, 2011

Re: request for written testimony in response to HIT Policy Committee Meaningful Use Workgroup (“Workgroup”) Public Hearing | Panel 3: Vendors: Developing Systems to Meet MU3

Dear Co-chairs Dr. Tang and Dr. Hripcsak and members of the Workgroup,

athenahealth, Inc. appreciates the opportunity to provide written testimony to inform your deliberations on Stage 3 objectives, in particular on the development of systems to support Stage 3 requirements.

athenahealth is a leading provider of business services and cloud-based software for physician practices, working with over 26,000 healthcare providers nationwide. Our service offerings are enabled through proprietary, web-native practice management, electronic health record (EHR), and patient communication software with continuously-updated functionality and integrated payer and quality program intelligence.

In these comments, we provide background information regarding our model and our approach to Meaningful Use, as well as responses to questions that will support the Workgroup’s recommendations on the direction of Stage 3 Meaningful Use objectives.

I. Background Information

In the “Federal Cloud Computing Strategy” released on February 11, 2008, U.S. Chief Information Officer Vivek Kundra highlights the Federal government’s embrace of the cloud to achieve long-term objectives:

To harness the benefits of cloud computing, we have instituted a Cloud First policy...Consistent with the Cloud First policy, agencies will modify their IT portfolios to fully take advantage of the benefits of cloud computing in order to maximize capacity utilization, improve IT flexibility and responsiveness, and minimize cost.¹

Cloud-based software platforms like athenahealth’s provide a cost-effective – as well as fast-evolving – technology that helps providers utilize health IT that is increasingly sophisticated, with little effort on the part of the providers themselves. Because providers using cloud-based software are on one instance of software that can be updated continuously and easily deployed to all practices, they do not incur additional costs to use progressively-advancing systems. Additionally, “the cloud” facilitates situational awareness for providers: it is able to embed relevant billing, quality, and clinical

¹ “Federal Cloud Computing Strategy,” Kundra, Vivek, U.S. Chief Information Officer. February 8, 2011, p. 2.



intelligence by monitoring and analyzing practices across a network. Finally, such a model enables back-end services and support, which reduces the burden of work on each practice. Other industries have adopted web-based models, and several EHR vendors are building similar solutions.

As a leader in cloud-based health IT solutions and as a provider of *services* to a network of physician offices, ranging in size from solo practitioners to enterprise health organizations, we are also well-positioned to comment on future Meaningful Use objectives.

In order to fulfill our mission to be the most trusted business service to medical groups, athenahealth introduced a Federal Bonus Incentive Guarantee^{*2} Program. As a result, athenahealth has made it a company priority to guarantee that our eligible clients achieve and get paid for Meaningful Use. 100% of our athenaClinicals clients are using the latest version of athenaClinicals, an ONC-ATCB-certified EHR, and we have dedicated significant resources, people and technology to helping clients reap the rewards from this federal incentive program.

Our web-based EHR allows our clients to run on a single instance of software, so provider workflows and performance against Meaningful Use requirements are measured and monitored across the entire network. This enables us to identify challenges and focus our array of client services on addressing those obstacles.

athenahealth recently launched a new online dashboard that provides insight and transparency into performance on Medicare Meaningful Use measures for thousands of enrolled providers. (To view the Dashboard, refer to the following site:

www.athenahealth.com/hitechact).

As of 09/24/2011, 27.5% of our enrolled Medicare eligible providers have attested to Meaningful Use and 56.3% are within 2 measures of achieving Meaningful Use.

Ultimately, we attribute much of our clients' success to the real-time data insights and service approach enabled by the cloud delivery model. Given our clients' success and growing industry adoption of web-based solutions, we believe that policy decisions regarding future stages of Meaningful Use should be informed by the capabilities of transparent and adaptable platforms in the cloud.

² *As a service-based EHR, our monthly fee is the only payment we receive from our clients for our EHR. If you don't receive the Federal Stimulus reimbursement dollars for the first year you qualify, we will credit you 100% of your EHR service fees for up to six months until you do. This offer applies to Medicare HITECH Act reimbursement payments only. Additional terms, conditions, and limitations apply. Talk to an athenahealth representative to learn more. For more specifics about our guarantee, read our [Frequently Asked Questions](#).



II. Response to Questions

In this section, we provide detailed feedback in response to the following questions posed by the Workgroup for the purposes of determining Stage 3 objectives:

1. What are the biggest challenges customers are facing in deploying their systems?
2. What will be needed in MU Stage 3 to help your customers achieve the broad goals of accountable care?
3. Which core and menu objectives have posed the greatest challenges in attempting to implement them (and why)?

1. What are the biggest challenges customers are facing in deploying their systems?

In the work we've done with clients pursuing Meaningful Use this year, we have found that the biggest challenges faced by clients largely fall outside the scope of software implementation and adoption. In fact, our services—training, data-driven coaching, and program support—coupled with our ability to provide rapid enhancements that facilitate practice workflows have been pivotal to providers' success.

athenaClinicals gained ONC-ATCB 2011/2012 certification from the Certification Commission for Health Information Technology (CCHIT) as a Complete EHR on September 30, 2010. **On October 15, 2010, with the regularly scheduled release of version 10.10³, all of our athenaClinicals providers were using the certified EHR.** Each additional practice was and continues to be implemented with the most current and Meaningful Use-certified version of athenaClinicals.

Given our model, deployment of the certified technology did not prove to be a challenge. However, because athenahealth defines success as a measure of eligible providers earning their EHR incentive payments, our work was just beginning. First, in line with our business, we identified the measures for which athenahealth could assume the burden of work (see graphic below).

³ All of our athenaClinicals clients utilize different configurations of a single instance of web-based software. We make regular, bi-monthly updates to athenaClinicals. These updates are reflected by a numerical naming convention—XX.Y—with XX reflecting the year and Y reflecting the month during which the version is released (e.g. 11.2 = February 2011, 11.4 = April 2011, etc).



Meaningful Use measures across the athenahealth 5 Stage Patient Workflow

Criteria Integrated within athenahealth's 5 Stage Patient Workflow					
CHECK IN →	INTAKE →	EXAM →	SIGNOFF →	CHECKOUT →	FULFILLED OUTSIDE OF ATHENANET
					Security Plan (free self-service support or intensive consultation for additional fee)
Demographics	CPOE			E-Copy of Health Info	FULFILLED OUTSIDE OF 5-STAGES
Timely Access (Communicator)	eRx			Clinical Summaries	Patient Lists
	Patient Education				Send Care Reminders
	Clinical Quality Measures		Summary of Care Transitions		FULFILLED BY CORE ATHENAHEALTH SERVICE
	Vitals	Up-to-Date Problems			Immunization Registry Test
	Smoking				Syndromic Surveillance (HIE dependent)
	Active Meds				Exchange Clinical Data Test
	Active Allergies				Drug-Drug Interactions
	Med Rec				Drug Formulary
					Clinical Decision Support Tools
					Structured Lab Results

In December 2010, athenahealth began a “pilot” program to understand Meaningful Use where the “rubber meets the road”. We identified 4 practices⁴ based on their providers’ high volume of Medicare Part B claims, our early success developing immunization registry connectivity, and practice enthusiasm and commitment.

In the course of the pilot program, athenahealth walked the providers and support staff through the full Meaningful Use cycle—January Registration with the providers in the National Level Repository (NLR) to training on the program and measure workflows to usability testing on performance tools to monitoring of performance and, finally, to Attestation in the NLR. Lessons learned from the pilot were applied to webinars, an online Resource Center, Account Management support, and other foundations of our client support strategy.

We quickly learned that practice-level factors were the biggest Meaningful Use challenges:

- The ability of a practice to identify at least one point person, who can lead and drive change management, is critical.

⁴ The pilot program included 1 solo-endocrinologist in Florida, 1-solo family practice physician in a healthcare professional shortage area in Ohio, 4 specialists from 2 Illinois practices within a-multi State enterprise client, and 3 internal medicine practitioners in Illinois.



- As evidenced by Table A, Meaningful Use requires coordination across job functions and workflows within the practice. It is not just the participating provider but all members of the practice who must take ownership and responsibility for meeting program requirements.
- The groups that were able to adopt Meaningful Use as a “life style” rather than a short-term program were better able to implement new workflows and satisfy measures.
- Training, the establishment of goals, and regular reviews with staff, the clinical care team, and providers is necessary to maintain alignment and drive performance.

Ultimately, we learned from our client base that software alone is not enough for providers to achieve Meaningful Use.

2. What will be needed in MU Stage 3 to help your customers achieve the broad goals of accountable care?

In order to help providers achieve the broader goals of accountable care—better patient care, better population health, and reduced costs—the Stage 3 objectives must be meaningful and drive real care coordination.

Meaningful Meaningful Use

All participants in this program—the government, physicians, vendors, and patients alike—would agree that Stage 3 objectives should be *meaningful*. As an EHR vendor, we are not best-positioned to suggest measures that will yield clinical meaning and trust that the physician and patient perspectives will lend the Workgroup important insights. However, we have learned from years of working with providers to perform at their best, that our ability to aggregate and analyze data has led to our most meaningful insights. In order to make Meaningful Use a meaningful program, by allowing for data analysis and ensuring true fulfillment of measures by providers, we recommend that Stage 3 objectives include electronic data submission as part of attestation.

We are encouraged by plans to utilize the data formatting and submission methods currently used in the Physician Quality Reporting System for the Clinical Quality Measures. We recommend that similar registry and EDI submission methods be used for all measure data to uphold the integrity of the program and gain meaningful data with which future policy can be made.

Care Coordination

In order to drive real care coordination, athenahealth believes that the measures related to data exchange should be defined such that:



- the form of data is broadly defined to accommodate the needs of providers and not create artificial use cases (e.g. if a provider simply wants to send test results or select information, a full CCD is not necessary to satisfy a measure),
- the definition of distinct entity allows for the inclusion of data exchange between providers on the same cloud platform but within distinct practices (business/legal entities) to satisfy measure requirements, and
- the measure of success is held to actual exchange (and not failed tests) of real data

In Stage 1, athenahealth completed the test of clinical data exchange on behalf of providers by submitting data from each provider to another patient authorized entity via a health information exchange (HIE). As we build out our interoperability backbone, we expect providers using athenaNet at unique practices to electronically send information to one another. In Stage 1, guidance⁵ for this measure states: "The test of electronic exchange of key clinical information must involve the transfer of information to another provider of care with distinct certified EHR technology or other system capable of receiving the information". Because providers on the cloud (could be seen as) technically using the same EHR, the measure currently seems to exclude electronic data exchange between distinct athenahealth practices.

Finally, the development of interoperability and data exchange to support care coordination is a core component of athenahealth's clinical offering. As part of our Meaningful Use support strategy, we took ownership for building connections to all available immunization registries and public health agencies for the purposes of submitting test submissions of electronic immunization data and syndromic surveillance data, respectively, on behalf of providers. The cloud platform allows our Interoperability team to build one interface between athenaNet (our platform) and a given registry or agency, which can then be utilized by any configured providers using athenaClinicals. Our support teams have also been alerting providers to and helping them with applicable enrollment processes at the State level.

As of 9/24/2011, athenahealth has successfully connected and submitted tests on behalf of providers to 32 of 37 applicable⁶ immunization registries and to 1 syndromic surveillance registry in Indiana (refer to Table B). The remaining 5 immunization registry connections will be completed in Q4, as well as a connection to a Virginia syndromic surveillance registry (immunization registries are often part of the public health agency, too).

⁵ <https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

⁶ Applicable refers to a registry in a State where athenahealth has at least one athenaClinicals client, who administers immunizations, and where the State immunization registry is ready to connect in 2011.



athenahealth 2011 Immunization Registry Testing Status

MU Testing Available	Remaining for 2011
<ul style="list-style-type: none">❖ Alabama (ImmPRINT)❖ Arizona (ASIIS)❖ California - San Diego❖ Colorado (CIIS)❖ Florida (FLSHOTS)❖ Illinois (I-CARE)❖ Indiana (CHIRP)❖ Kansas (KSWebIZ)❖ Louisiana (LINKS)❖ Maine (ImmPact2)❖ Maryland❖ Massachusetts (MIIS)❖ Michigan (MCIR)❖ Missouri (ShowMeVax)❖ Mississippi (MIIX)❖ New Jersey (NJIIS)❖ New Mexico (NMSIIS)❖ New York (NYSIIS)❖ New York City (CIR)❖ Ohio (IMPACT IIS)❖ Oregon (Alert IIS)❖ Pennsylvania❖ Philadelphia❖ Rhode Island (KIDSnet)❖ South Carolina (CARES IS)❖ South Dakota (SDIIS)❖ Tennessee❖ Texas_(ImmTrac) (PORTAL UPLOAD)❖ Utah (USIIS)❖ Virginia (VIIS)❖ Washington (CHILD)❖ Washington DC	<p><u>September</u></p> <ul style="list-style-type: none">❖ Georgia (GRITS)❖ Texas -San Antonio <p><u>October</u></p> <ul style="list-style-type: none">❖ Nevada❖ West Virginia (WVSIIS)❖ Arkansas
	2012 (or beyond)
	<p><i>Not Ready:</i></p> <ul style="list-style-type: none">❖ California (CAIR)❖ Connecticut (CIRTS)❖ Iowa (IRIS)❖ New Hampshire❖ North Carolina (NCIR)❖ Oklahoma (OSIIS)❖ Vermont❖ Wyoming (WyIR) <p><i>No Clients participating in MU Medicare:</i></p> <ul style="list-style-type: none">❖ Alaska (VacTrAK)❖ California - Imperial❖ California - San Joaquin❖ Delaware (VACAttack)❖ Hawaii❖ Idaho (IRIS)❖ Kentucky❖ Minnesota (WEBIZ)❖ Montana (WIZRD)❖ Nebraska (NESIIS)❖ North Dakota (NIIS)❖ Wisconsin

By prioritizing the public health measures, athenahealth has helped providers achieve what we believe to be a solid foundation for the exchange of data between providers of health care. We fear that the current range of standards for satisfying these measures—from exclusion to a failed test to ongoing submission—allows for inconsistencies among providers that will be a roadblock to care coordination. We encourage the Workgroup to define satisfaction of Stage 3 objectives pertaining to care coordination by tangible exchanges of data and without varying degrees of success.



3. Which core and menu objectives have posed the greatest challenges in attempting to implement them (and why)?

In the following examples, we review key experiences and provider performance data with regards to the Stage 1 measures objectives.

Record Demographics

Historic performance for this measure was very low, primarily due to inconsistent fulfillment by staff as well as their discomfort with collecting race and ethnicity information from patients. As of 5/27/11, performance showed that 28% of Medicare MU providers were meeting this measure.

We created materials for clients to post in the waiting area and front desk to educate patients about the program and the demographic information to be collected. On 7/7/11, we made the Race and Ethnicity fields required in Check-In, helping front-desk staff consistently enter the patient's race and ethnicity or indicate patient refusal. After this change, performance has increased dramatically:

- 61% as of 7/24/11
- 81% as of 8/7/11
- 89% as of 8/13/11
- 99% as of 9/10/11

Provide clinical summaries to patients for office visits

Initially, many providers resisted sharing this level of information with patients for many reasons, including a concern that patients would not be able to interpret the contents or it would be incomplete and therefore misleading. Up until September, many providers hadn't been documenting their encounters with patients as a primary audience for their notes.

Providers also told us that in some cases where visits were frequent—such as in OB/GYN practices—the patients simply didn't want a new summary of the visit every time. The difference from the last trip to the doctor was not significant enough to warrant a written explanation they need to take home.

The first workflow built for certification required the staff to remember to print these out for each patient, once the provider gave them the OK—sometimes yelling down the hall to the front desk that they were 'good to go!'—as opposed to making it an integrated, required step within the normal encounter. This made doctors feel pressure to push out documentation in a way that made them feel uncomfortable.

There were questions about the security of protected health information, now leaving the office with each patient to end up stuffed in a backpack, under a coffee cup or who knows

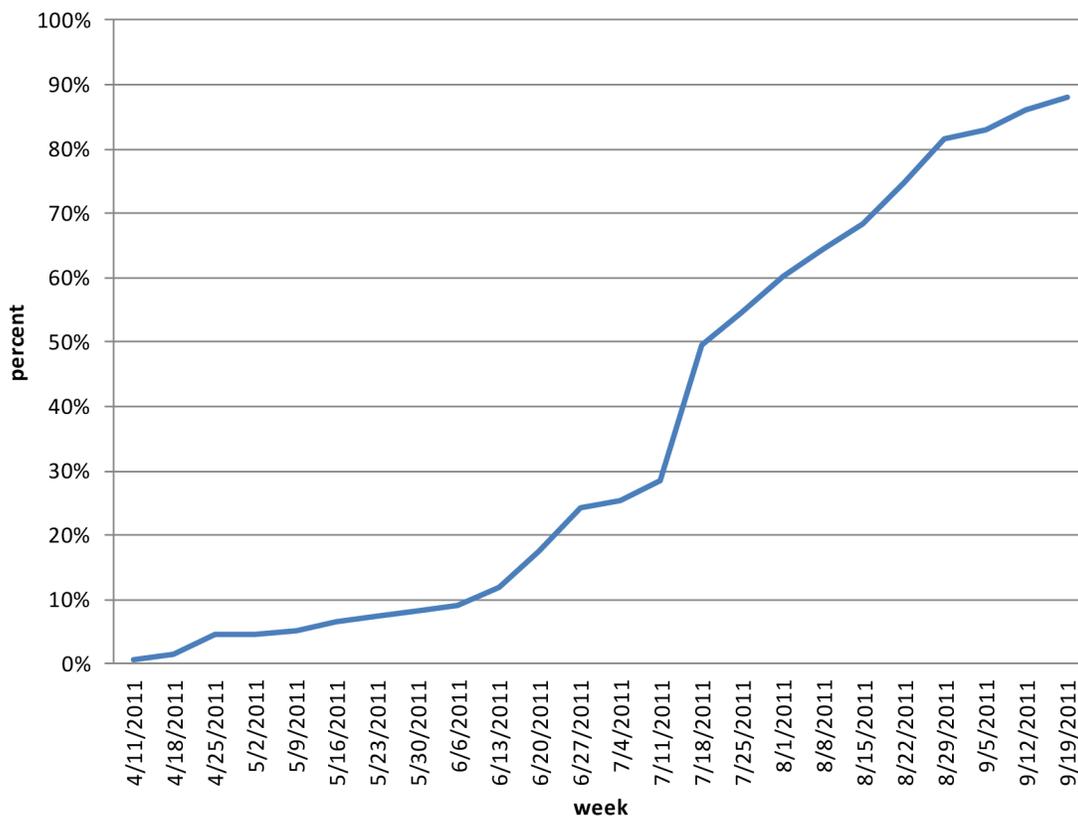


where. And some doctors—rightly so—pointed out the irony of Meaningful Use promoting the adoption of *electronic* health records with functionality that required them to print out reams of paper for patients.

So, in each of the last few monthly releases we've provided to clients via the cloud and across athenaNet, we've made the fulfillment workflows easier for the staff and providers.

First, we improved the provider's ability to review the information in the clinical summary before it was printed for the patient. Those changes didn't really move clinical summary performance as dramatically as we had hoped, and providers still complained about all of that paper. Then, we gave providers the option to fully eliminate the use of paper by providing a secure electronic delivery option for all patients in our August release. And that clinical summary is made available electronically to the patient as soon as the provider closes the encounter.

These changes have moved the needle significantly— we're up to 88% of providers achieving the threshold based on weekly returns. As you can see in the graph below, the **percent of providers achieving the clinical summary threshold continues to climb:**

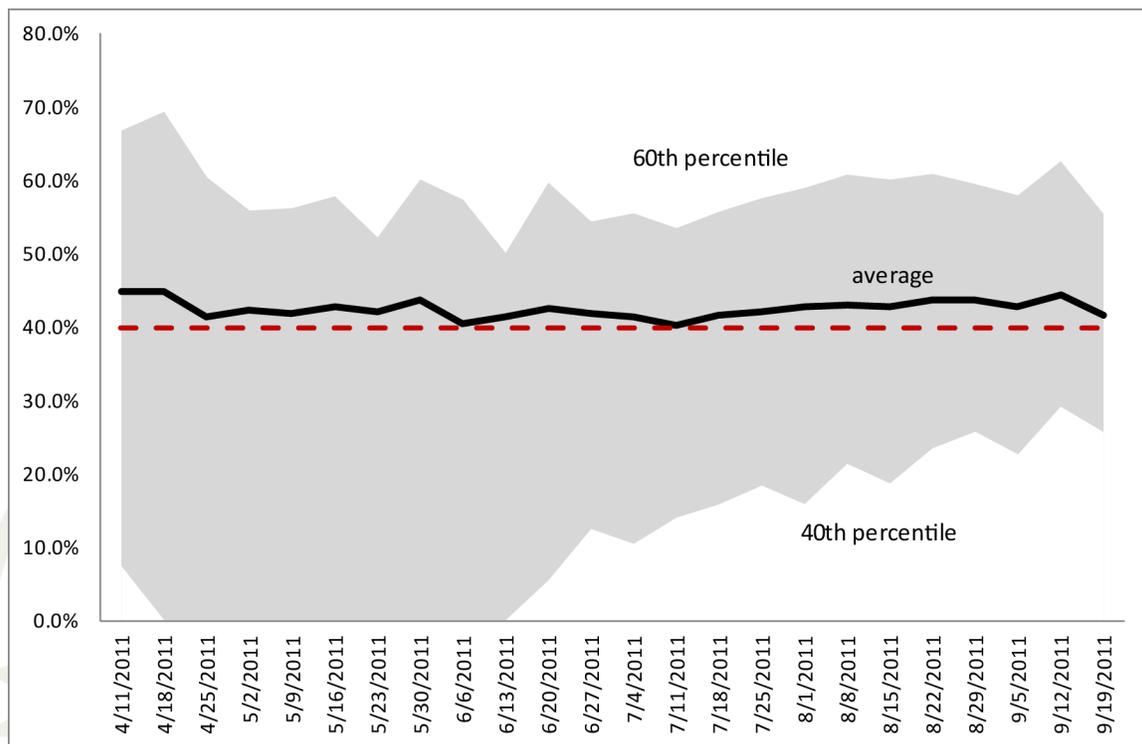




Incorporate lab results as structured data

As part of the athenaClinicals service, athenahealth builds and maintains labs-results interfaces for clients. To reach our own strategic goals, we are proactive in the development of these interfaces. And the cloud enables us to rapidly develop connections and utilize one interface for multiple clients. Despite the comparative advantage of our providers, the average performance for small practice providers is just hovering above the 40% threshold and there is wide dispersion around the mean. We attribute improvement of the lowest performers since late June with the development of interfaces for those clients. However, the performance of providers on this measure tends to level off, after which point there does not appear to be much opportunity for improvement. We have found that without significant volumes from a given practice, many labs will not agree to develop an interface. Beyond instructing providers to manually enter labs results as structured data, there is not much we or these providers can do to improve performance.

Structured Lab Results Average Provider Performance, Small Practices (Shaded area represents 40th percentile through 60th percentile)



We are concerned about future Meaningful Use measures, including incorporating lab results as structured data as a core measure, which fall outside the direct control of providers. As evidenced in the graph above, these measures may lead to uncontrolled provider failure. Looking forward to Stages 2 and 3 objectives, we see a similar risk for measures that depend upon patient action/behavior for satisfaction.



Performance Data

We provide the following data on the performance of our provider base against Meaningful Use measures. For more information, you can refer to the continually updated Dashboard online (www.athenahealth.com/hitechact).

athenahealth Meaningful Use provider performance improvements over time

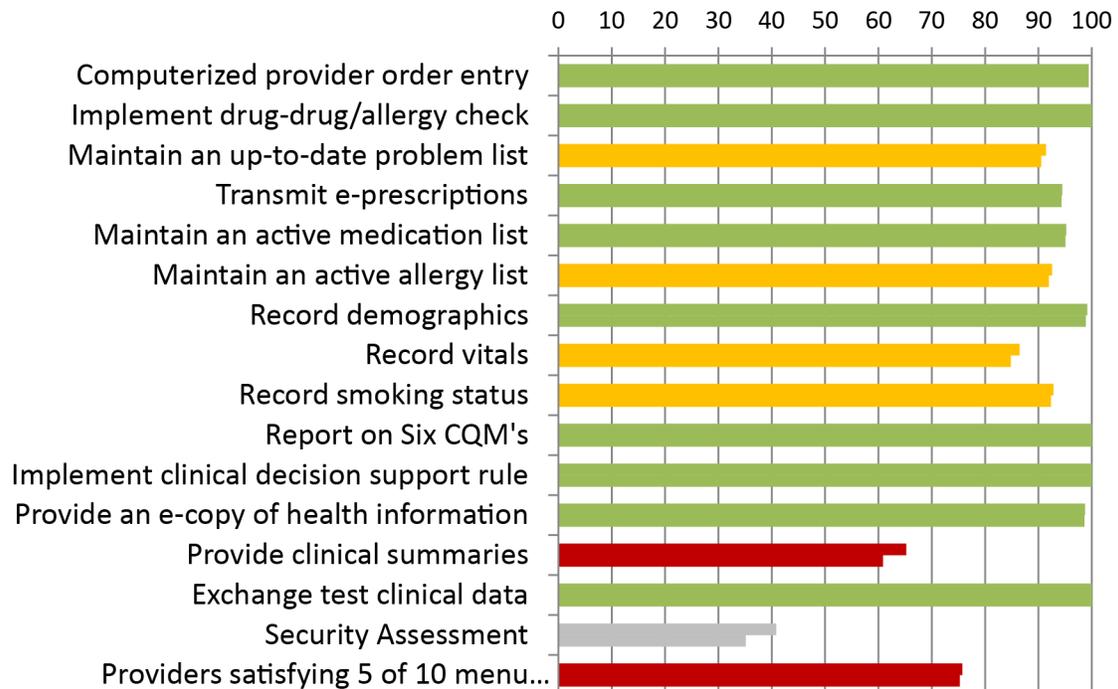
7/8/11

9/24/11

Cumulative %	%	Status
1.6%	1.6%	attested
6.7%	5.2%	zero measures left to satisfy
12.7%	6.0%	1 measure left to satisfy
21.7%	9.0%	2 measures left to satisfy
32.2%	10.4%	3 measures left to satisfy

Cumulative %	%	Status
27.5%	27.5%	attested
47.6%	47.6%	zero measures left to satisfy
71.7%	24.1%	1 measure left to satisfy
83.7%	12.0%	2 measures left to satisfy
90.0%	6.3%	3 measures left to satisfy

Provider performance by measure, percent satisfying





Average performance data for behavioral measures

For

	Target	Average Performance			Median Performance		
		Attested	Not Attested	Total	Attested	Not Attested	Total
Core							
Maintain an active allergy list	80%	95.9%	91.5%	92.6%	97.1%	95.7%	96.1%
Maintain an active medication list	80%	95.2%	92.6%	93.3%	95.9%	94.5%	95.0%
Computerized provider order entry	30%	74.8%	71.4%	72.3%	80.4%	78.5%	79.1%
Maintain an up-to-date problem list	80%	96.6%	91.4%	92.8%	98.6%	97.5%	97.9%
Provide clinical summaries	50%	67.3%	49.1%	54.0%	61.9%	50.3%	55.5%
Provide an e-copy of health information	50%	99.7%	78.5%	84.7%	100.0%	100.0%	100.0%
Record demographics	50%	91.2%	94.0%	93.2%	94.3%	96.5%	95.9%
Record smoking status	50%	92.8%	82.5%	85.3%	96.2%	92.7%	94.1%
Record vitals	50%	84.9%	72.9%	76.1%	93.3%	87.8%	90.0%
Transmit e-prescriptions	40%	72.7%	67.4%	68.8%	75.9%	76.0%	76.0%
Menu							
Perform medication reconciliation at transfers of care	50%	85.2%	79.0%	80.7%	89.8%	85.7%	86.9%
Identify and provide patient specific education resources	10%	52.4%	25.0%	31.6%	52.5%	15.8%	22.7%
Provide patients timely access	10%	99.7%	99.4%	99.5%	100.0%	100.0%	100.0%
Record lab results as structured data	40%	80.9%	51.6%	53.0%	88.5%	63.3%	64.9%

Median for Provide an e-copy of health information indicates that a provider either generally always provides that information when requested or rarely.

By conducting usability testing on workflows and leveraging the flexibility of the cloud to rapidly implement workflow enhancements, we have achieved tremendous performance improvement with even the most challenging measures. As a result, athenahealth encourages the Workgroup to define progressive objectives for Stages 2 and 3—if only as menu measures—to capitalize on the adaptability of platforms like ours in helping providers achieve success.

Ultimately, these data insights coupled with training for and outreach to our providers have been key drivers of success. We will continue to provide our clients and the industry with transparency into performance data as we strongly believe in the power of data to transform our capabilities and foster a better EHR marketplace.

III. Conclusion

In conclusion, we appreciate the Workgroup’s selection of athenahealth to participate in the Public Hearing and share our insights. athenahealth continues to welcome the opportunity to provide feedback and support the Workgroup and HIT Policy and Standards Committees.

Sincerely,

Jeremy Delinsky
Chief Technology Officer
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