

Meaningful Use Workgroup Hearing

October 5, 2011

Panel 3: Vendors: Developing Systems to Meet MU3 **Testimony of Michelle S Freed, VP McKesson Corporation**

I am Michelle Freed, Vice President of McKesson Provider Technologies, a division of McKesson Corporation. I am testifying today on behalf of McKesson Corporation, a Fortune 15 company with decades of experience leading the health IT industry. In my current role, I am responsible for managing the interpretation of and providing product management guidance for the programs supporting Meaningful Use and ICD 10.

McKesson supports the largest and most diverse provider customer base in the health IT industry, including 50 percent of all health systems with 77 percent of those with more than 200 beds, 20 percent of all physician practices and 25 percent of home care agencies, which support more than 50,000 home care visits annually. We also process billions of financial healthcare transactions between physicians, hospitals, insurers and financial institutions, and provide care and claims management solutions to most of America's health insurance companies. RelayHealth, McKesson's clinical connectivity business, is a participant in community and regional health information exchanges and connects patients online with their physicians, hospitals and health plans.

The following topics are provided in response to questions of the panel.

Core and Menu Objectives with the Greatest Challenges

The greatest challenge in the core and menu objectives have been the collection and reporting of the data required for the functional and quality measures. I highlight this particular challenge due to the experience with Stage 1 measures and the impact such had on development and deployment of systems. Due to extensive development effort and the limited timeline with Stage 1, vendors were required to make iterative decisions in software development based on the most current information available, and then modified such, as clarifications were made through proposed rules, final rules and information made available through ONC or CMS; this process also created the need for deployment of such versions of software, requiring providers to repeat deployment processes to gain the latest version of certified software.

Based on the experience with Stage 1, we share with the panel the lessons we have learned in three key areas and our recommendations for you to consider in the further development of measures. The information that follows was also detailed in testimony provided to the Quality Measure workgroup. The three key areas are:

1. Provide for Better Alignment of Measures
2. Consider the Maturity of Standards
3. Provide Better Clarity of Methodology

1. Measure Specification should be Aligned

Statutory mandates, as well as market expectations, have created a sense of urgency to identify and adopt an increasing number of ever more complex specifications for measurement. Within the context of health IT standards and the adoption of electronic health records (EHR), McKesson recommends measure alignment to include these components:

- a. Establish common EHR data elements to address similar clinical concepts and facilitate efficient and safe clinical workflows.
- b. Develop standard calculations and definitions to ensure measure integrity and comparability.
- c. Use NQF-Endorsed® Quality Measures, along with the adoption and use of a common National Quality Forum (NQF) format for measure specifications across and between programs

2. Maturity of Standards

Before adopting new measures, we ask the panel to consider the maturity of both the measure specifications themselves, and the data standards referenced by those measures. Some standards may need to be enhanced or developed in their entirety. Some quality measures may need to be deferred pending the successful establishment and adoption of supporting standards within the industry. When enhancing or introducing new standards, we recommend the following:

- a. Review and validate implementation that supports clinical practice.
- b. Provide implementation guidance around handling missing, duplicative or conflicting data.
- c. Develop and deploy standards that support the evolution of eMeasure data capture.

As an illustration to these points, the Meaningful Use Workgroup has proposed a new Stage 2 objective for capturing a shared care plan, and the Quality Workgroup has suggested adding quality measures related to the effectiveness of the care plan, including the patient's adherence to the plan. However, no current standard exists for a shared care plan, the data elements which would be included or even a clinical understanding of how providers would manage the care plan across care settings. Therefore, we urge this panel to evaluate and determine whether the prerequisite data standards are in place before adopting new measures which depend upon this foundation.

3. Measure scope and methodology should be clarified

Stage 2 and 3 quality measures as discussed in the various workgroups are intended to be patient centric, not provider centric, in order to track and measure outcomes of treatment. These measures' intent is to require information from multiple settings and providers, potentially using multiple EHRs yet without specific guidance, it is not evident who is responsible for the calculation and submission of these measures or how claims and EHR data should be combined and used in measure calculations. We commend the Policy Committee for establishing a Methodologic Issues Tiger Team, and urge the Team to address the following critical methodological and scope issues before expanding the number of quality measures:

- a. Map and resolve the challenge of longitudinal or shared data aggregation across provider settings of care and EHRs, and across patient encounters.
- b. Recognize and resolve certification and data source boundaries.

Many of the proposed NQF eMeasures rely on a blend of claims and EHR data; this creates questions about EHR product certification boundaries and the appropriate data sources for reporting Meaningful Use. If such measures are adopted, we ask ONC to clearly define the data.

For Stage 2 and 3, we urge the Committee to focus on solidifying the current infrastructure for health IT-enabled measurement before introducing new quality measures and harmonize the requirements for providers to lessen the challenge in implementation and provide meaningful measures to better outcomes.

Time to Develop and Implement the Proposed Stage 2 Objectives

It is difficult to answer the question related to the time to develop and implement the Proposed Stage 2 objectives with the level of information currently available for these objectives.

- Some of the proposed objectives for Stage 2 are extensions in adoption of EHR use, and are accommodated by the Certified Software readily available.
- The proposed new objectives related to exchange and patient engagement appear “on the surface” to be extensions of functionality available in many current applications, but the certification requirements and specific objective measures must be known to fully estimate the development and deployment effort. Clarity in standards is needed in this area.
- Other objective and measures are not developed to a level of specificity that is needed to adequately estimate the effort.

As we learned from Stage 1, it takes significant time for vendors and providers to adapt. We also learned that setting concise goals at the outset is critical to the program’s continued success. Developing a clear roadmap for Stages 2 and 3 at the outset to guide the evolution of Meaningful Use is critical to the success of the program. The time invested at the outset will reduce stress on provider care processes, mitigate threats to patient safety, and allow for the better allocation of resources and broader investment in the Meaningful Use by all eligible providers.

Additionally, it is not known if the requirements for certification of systems will require additional functionality beyond that needed for the provider requirements for Stage 2. For Stage 1, the certification requirements exceeded that which was required by the provider achievement for Meaningful Use in order to allow providers choices to get ahead of the immediate MU requirements. Planning an extended Roadmap will facilitate this process and allow the providers to pace their implementation of requirements according to their business and clinical needs, and allow vendors to better prepare and plan releases to meet longer term requirements.

Customers Implementations: ASP/ local install and biggest challenges

McKesson currently offers many options with respect to the implementation and maintenance of the clinical and financial software applications. Four of the six Certified Complete EHR’s are offered in both the local and ASP methods, with two being exclusively offered in Software as a Service model. Customer decisions regarding ASP or local operation is dependent on many factors, including local resource availability and other facility resources.

The Customer implementation challenges related to Stage 1 MU implementation have been centered on 2 major factors:

- the need to upgrade to and maintain the certified version of the software, and
- the need to manage the process changes required to meet the MU requirements.

Both of these points have been expressed through many venues that have been offered through the Committees and the Workgroups. It is important to note, though, that due to the lack of specificity in many of the requirements and/or the ongoing clarification of the requirements, vendors have released iterative revisions to the certified software to provide customers with software thought to be compliant with the most recent interpretation of the requirements; this is evident by the number of versions of software that have been recorded as certified through the Certified HIT Product Listing (CHPL). The challenge for vendors has been to provide these releases and subsequent updates in the most timely and safest fashion, while the challenge to providers have been to not only upgrade and maintain the software, but more importantly, provide for the process and programs to support the necessary changes to clinical workflow and documentation process to support the MU requirements and e-measures.

The implementation of software, though, is a small portion of the program implementation compared to the policy and process change that must be managed by the provider. The governance of change to policy and clinical process, education to clinicians and staff, monitoring workflow and process change constitute the majority of the effort for the providers to implement changes to meet requirements and measures for Meaningful Use.

Support of health information exchange

McKesson has long provided through the RelayHealth Division, the exchange of health information in a secured environment. RelayHealth is an intelligent network with solutions that improve clinical communication, accelerate care delivery, and drive cash collection by connecting patients, providers, pharmacies, payers and financial institutions.

The significant need in the HIE arena is the need for standards associated with exchange in an adequate timeframe for development and implementation. Guidance is clearly needed to reduce variability in the models being implemented at state and local levels, and again, the need to allow the standards and models to mature is critical to success.

Capturing Data from and Sharing Data with Patients

McKesson currently has applications and the supporting network to provide the Patient Health Record and related function supporting secured messaging, capture of patient information and patient educational services and resources. Through the McKesson Health Systems Division, we also offer a number of services related to case and care management to track patients' progress and provide shared information related to patient progress.

Patient engagement is a critical component of improving care and McKesson fully supports the objectives. Though significant to the overall program, great care should be taken for any measurement or requirements that are not within the providers' ability to influence. Time should

be taken to thoughtfully develop a model that is both economically feasible and supportive of the primary objective of better patient care.

Image Capture, Storage, and Review Capabilities

McKesson provides specific applications related to the image technology. These systems support clinician and administrative workflows for specific functions and provide capabilities for sharing and retrieving information and images related to that workflow to authorized providers.

MU Stage 3 and Goals of Accountable Care

McKesson supports the efforts of the ONC to consider the goals of the MU Program in relation to the goals of accountable care, and build a coordinated plan to support these program goals with the provider requirements in mind. For care to become more consistent, reliable, and efficiently delivered, the changes in care delivery reform, payment reform and the requisite IT support systems must occur simultaneously to enable a sustainable accountable care business model.

Health information technology advancement and adoption is critical to support the payment and clinical delivery reforms needed for successful ACOs. Technology enablement and connectivity will be needed at two levels – the enterprise level, as well as the primary care practice level. The common goal must be to create an interconnected “superhighway,” allowing for health information exchange coupled with workflow, analytics, decision support, and other tools that enable a team of providers to coordinate and deliver medical care more efficiently – at the level of a private doctor’s office, a Patient Centered Medical Home (PCMH), a hospital, or over the entire enterprise. Key components include Electronic Health Records (EHRs), Patient Health Records (PHRs), Health Information Exchanges (HIEs), and comprehensive analytics.

The selection of requirements and measures for the programs should be harmonized, and thoughtful consideration made to specific, time bound outcomes desired within the programs. Stage 2 criteria should serve as an achievable “stepping stone” to these final and clear objectives.

Specific Initiatives Postponed due to Meaningful Use

McKesson’s development and delivery roadmaps have been modified to focus to the customer needs associated with Meaningful Use. In general, the customer driven programs to improve safety, efficiency, reduce cost of care has been deferred in lieu of focused programs to achieve the specific requirements for Meaningful Use.

Conclusion

We appreciate this opportunity to provide comments to the Workgroup share our perspective. In order to successfully implement Meaningful Use, while maintaining safety, quality and efficiency, we encourage consideration of the following themes in the further progression of the ONC and CMS programs:

- Harmonize requirements across all Federal programs and accreditation organizations;
- Define a long term roadmap to guide Meaningful Use evolution;
- Defer criteria that do not have clinically accepted standards and definitions.