EHR Association Discussion Points
Meaningful Use Stage 3 for HIT Policy Committee
March 11, 2014

Following are comments presented by Mark Segal, PhD, to the Health IT Policy Committee (HITPC) at their March 11 meeting. Mark is Vice President, Government and Industry Affairs, GE Healthcare IT, and presented these comments on behalf of the EHR Association where he is Chair of the Public Policy Leadership Workgroup and a member of the Executive Committee.

- I want to underscore our general support for meaningful use and progress in EHR adoption and use.

- We appreciate the hard and thoughtful work by the Meaningful Use Workgroup in developing its proposals and focusing on outcomes. I've listened to the last three Workgroup meetings and been very impressed.

- In particular, we want to thank the Workgroup for its work since the last Policy Committee meeting – reviewing, revising, and eliminating objectives in order to increase the focus of its proposal for Stage 3. We also appreciate consideration of the development burden estimates supplied by the EHRA.

- Overall, the Workgroup and the Committee did very good work, but a much more narrow and focused approach is needed to enable the most value in the program, and we urge CMS and ONC to embrace that perspective as they develop Stage 3/2017 proposed rules.

- We will, of course, do a detailed review of your final recommendations and will share our thoughts with CMS and ONC for their Stage 3 rulemaking, but we want to provide an initial, high-level response today.

- Based on what we have learned from Stages 1 and 2, and as many Policy Committee Workgroup and Committee members have raised themselves, we urge a more narrow and very focused and prioritized approach to Stage 3, going beyond the work over the last several weeks to narrow the scope, especially in the area of new or expanded certification requirements.

- Fundamentally, the emphasis should be on greater and more effective use of robust Stage 2 requirements and associated EHR capabilities, and any needed interoperability enhancements.

- This approach will enable providers to get the intended value from the significant amount of capabilities available in the 2014 certified versions and enable vendors to meet priority needs identified by our customers and reduce the extent to which government requirements squeeze out

development requested by customers, impose costs and uncertainty, slow certification and implementation, and hinder usability.

- It will also enable ONC and CMS to achieve their policy goals, with excellence in implementation, in the context of diminished resources available for the health IT incentive program and related initiatives.

- The approach presented today would still add many new or materially revised meaningful use and certification requirements that will impose burdens, with undetermined value on both providers and developers, including some that only add or revise certification.

- Providers now recognize that changes that "only" affect certification are not cost-free and lead to the inclusion of non-priority product features, with reduced usability and reduction in other new desired features.

- In some cases, current proposals would rely on standards or functionality that are not sufficiently mature, such as expanded functionality for clinical decision support rules import.

- In general, new and emerging technologies that enable value-based payments and accountable care should advance in an innovative manner, outside of meaningful use and certification. These should not be forced into a regulatory EHR construct; the market will, in fact, produce the right functionality.

- In this regard, at least our initial review of the recently released proposed rule for an "optional" 2015 certification edition leads us to conclude that the extensive new proposed or considered certification requirements for 2015 or 2017 are the wrong direction, in terms of content and timing. It would add detailed new functionality requirements to EHRs and accelerate the role of the federal government as a de facto product manager for an entire industry.

- It also is essential that we take advantage of the opportunity that we have to avoid a repeat of the Stage 1 and 2 timing challenges. A detailed focus here will help, including:

    - Allowing at least 18 months before a new stage of meaningful use takes effect from not only the release of Final Rules for each new stage of meaningful use but also the final versions of all associated provider and developer specifications, including certification test methods and tools and quality measure specifications.

    - Ensuring thorough quality assurance prior to release of quality measures, the certification test tools, and associated test data and methods.

- Establishing a 90-day or quarter reporting period for the first year of each new stage of meaningful use for all providers, as was done for Stage 2, allowing deployment of the new versions to be scheduled during the first year of a new stage.

- Finally, we urge early, active, and real consultation with EHR software developers on development of Stage 3 meaningful use objectives, certification criteria, and test methods and tools, including a formal process to assess usability implications.