Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Meaningful Use Workgroup

Stage 3 Draft Recommendations

Paul Tang, Chair
George Hripcsak, Co-Chair

March 11, 2014

Meaningful Use Workgroup Members

Health IT Policy Committee
A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Chairs

- **Paul Tang, Chair,** Palo Alto Medical Center
- **George Hripcsak, Co-Chair,** Columbia University

Members

- **David Bates**, Brigham & Women's Hospital*
- **Christine Bechtel**, National Partnership for Women & Families *
- **Neil Calman**, The Institute for Family Health
- **Art Davidson** , Denver Public Health Department *
- **Paul Egerman** , Software Entrepreneur
- **Marty Fattig**, Nemaha County Hospital (NCHNET)
- **Leslie Kelly Hall**, Healthwise
- **David Lansky**, Pacific Business Group on Health
- **Deven McGraw**, Center for Democracy & Technology
- **Marc Overhage**, Siemens Healthcare
- **Patricia Sengstack**, Bon Secours Health Systems
- **Charlene Underwood**, Siemens *
- **Michael H. Zaroukian**, Sparrow Health System
- **Amy Zimmerman**, Rhode Island Department of Health and Human Services

Federal Ex-Officios

- **Joe Francis, MD**, Veterans Administration
- **Marty Rice**, HRSA
- **Greg Pace**, Social Security Administration
- **Robert Tagalicod**, CMS/HHS

* Subgroup Leads

Agenda

- Incorporation of HITPC feedback
- Reconsideration of draft recommendations
- Revised stage 3 MU recommendations

Summary of HITPC Feedback

- Interoperability is a top priority
- Focus on 4 emphasis areas
  - Clinical decision support
  - Patient engagement
  - Care coordination
  - Population management
- Weigh impact on provider workflow
- Flexibility
- Consider the needs of specialists
- Consider dropping certification-only requirements
- Avoid requirements where standards are not mature
- Consuming external knowledge broadly is not mature
- Usability

Work Group Process

- Charge: Revise MUWG's draft recommendations to reduce number, tighten focus, reduce burden on providers, and rely on more mature standards
- Tighten focus
  - Clinical decision support
    - Represents most evidence for improving outcomes associated with EHRs
  - Patient engagement
    - Important to achieve improved outcomes
  - Care coordination
    - Requirement for advanced care models
  - Population management
    - Requirement for advanced payment models

Process to Revise MUWG Recommendations

- MU workgroup members were asked to revise MUWG draft recommendations to identify objectives that could be removed. Based upon guidance from HITPC, the following criteria was used to re-evaluate draft recommendations:
  - Reduce the overall number of objectives
  - Ensure relevant to a focus area
  - Weight of physician burden of use
  - Value to performance improvement and enabling new models of care
  - Flexibility
  - Needs of specialists
  - Avoid requirements where standards are not mature
  - Promote usability
- Full Work Group discussion

Revision: Reduced Number of Objectives from the MUWG Recommendations

- Objectives Removed from the draft MUWG Recommendations
  - Reminders
  - Amendments
  - eMAR
  - Case Reports
  - Medication Adherence
  - Syndromic Surveillance for EPs
  - Imaging
  - Family History

Recommended Objectives

Improving Quality of Care and Safety

1. Clinical decision support
2. Order tracking
3. Demographics/patient information
4. Care planning – advance directive
5. Electronic notes
6. Hospital labs
7. Unique device identifiers

Engaging Patients and Families in their Care

8. View, download, transmit
9. Patient generated health data
10. Secure messaging
11. Visit Summary/clinical summary
12. Patient education

Improving Care Coordination

13. Summary of Care at Transitions
14. Notifications
15. Medication Reconciliation

Improving Population and Public Health

16. Immunization history
17. Registries
18. Electronic lab reporting
19. Syndromic surveillance

Improving Quality of Care and Safety

- Clinical decision support
- Order tracking
- Demographics/patient information
- Care planning – advance directive
- Electronic notes
- Hospital labs
- Unique device identifiers

Orange text - High provider use effort, standards not mature, or high development effort

Improving quality of care and safety: Clinical decision support (CDS)

Health IT Policy Committee
A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Use of CDS to Improve Quality of Care and Safety

- **Core: EP/EH/CAH** use of multiple CDS interventions that apply to **CQMs in at least 4 of the 6 NQS priorities**
- Recommended intervention areas:
  1. Preventive care
  2. Chronic ~~*disease*~~ *condition* management
  3. Appropriateness of lab/rad orders
  4. Advanced medication-related decision support
  5. Improving problem, meds, allergy lists
  6. Drug-drug /drug-allergy interaction checks

Certification criteria:

1. Ability to track CDS interventions and user responses
2. Perform age-appropriate maximum daily-dose weight based calculation

Focus Area	Type	Provider use effort	Standards Maturity	Development
• CDS • Population management • Care coordination	Primary care Specialty (selectively)	Medium	Emerging	**High**

Red: Changes from stage 2 **Blue: Newly introduced** ***Bright Red Italic: edits for clarity***

Improving quality of care and safety: Order tracking

Health IT Policy Committee
A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Tracking Orders to Improve Quality of Care and Safety

- **NEW Menu: EPs**
- Assist with follow-up on orders to improve the management of results.
- Results of specialty consult requests are returned to the ordering provider [pertains to specialists]
- Threshold: Low
- Certification criteria:
  - ~~Display~~ EHR should display the abnormal flags for test results if it is indicated in the lab-result message
  - Date complete
  - Notify when available or not completed
  - Record date and time results reviewed and by whom
  - Match results with the order to accurately result each order or detect when not been completed

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement • Care coordination	Primary Care Specialty	Medium	Adopted	High (matching results)

Blue: Newly introduced Bright Red: edits for clarity

Reducing health disparities: Demographics/patient information

Patient Information Captured and Used to Reduce Health Disparities
• **Certification criteria to achieve goals:** – **Ability to capture patient preferred method of communication** – **Ability to capture occupation and industry codes** – **Ability to capture sexual orientation, gender identity** – **Ability to capture disability status** • **Communication preferences** will be applied to visit summary, reminders, and patient education

Focus Area	Type	Provider use effort	Standards Maturity	Development
• CDS • Patient engagement	Primary Care Specialty (selectively)	Medium	Emerging	**High**

Red: Changes from stage 2 **Blue: Newly introduced**

Improving Quality of Care and Safety

- Care planning – advance directive
  - Record whether a patient 65 years old or older has an advance directive
  - Certification criteria: ability to include more information about the document, if available (e.g., links to document or storing a copy of the document)
- Electronic notes
  - **Core** from menu, **higher threshold, [eliminated revision or 'track changes' example]**
- Hospital labs
  - Provide structured electronic lab results using LOINC to ordering providers
- Unique device identifiers (UDI)
  - New: Record the FDA UDI when patients have devices implanted for each newly implanted device

Engaging Patients and Families in their Care

- View, download, transmit
- Patient generated health data
- Secure messaging
- Visit Summary/clinical summary
- Patient education

Orange text underlined - High provider use effort, standards not mature, or high development effort

Engaging patients and families in their care: View, download, transmit

Health IT Policy Committee
A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Access to health Information to Engage Patients and Families in their Care
• **EPs/EHs** provide patients with the ability to view online, download, and transmit (VDT) their health **information within 24 hours** if generated during the course of a visit • Threshold for availability: High • Threshold for use: low – **Labs or other types of information** not generated within the course of the visit available to patients **within four (4) business days of** availability • Add family history to data available through VDT

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement • Care coordination	Primary Care Specialty	High	Emerging	Medium

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging patients and families in their care: Patient Generated Health Data (PGHD)

Use of PGHD to Engage Patients and Families in their Care
• New • **Menu: Eligible Professionals and Eligible Hospitals** receive provider-requested, electronically submitted patient-generated health information through either *(at the discretion of the provider):* – structured or semi-structured questionnaires (e.g., screening questionnaires, medication adherence surveys, intake forms, risk assessment, functional status) – or secure messaging • Threshold: Low

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement • Care coordination	Primary Care Specialty	High	Immature (devices) Mature (secure messaging)	High

Red: Changes from stage 2 **Blue: Newly introduced** ***Bright Red italic: edits for clarity***

Engaging patients and families in their care: Secure messaging

Functionality Needed to Achieve Goals
• **No Change in objective** • **Core: Eligible Professionals** • Patients use secure electronic messaging to communicate with EPs on clinical matters. • Threshold: Low (e.g. 5% of patients send secure messages) • Certification criteria: – **Capability to indicate whether the patient is expecting a response to a message they initiate** – **Capability to track the response to a patient-generated message (e.g., no response, secure message reply, telephone reply)**

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement	Primary Care Specialty	Medium	Approved	High (tracking)

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging Patients and Families in their Care

- Visit Summary/clinical summary
  - Continue stage 2 objective
  - Certified functionality to allow provider organizations to **configure the summary reports**
- Patient education
  - Continue stage 2 objective
  - New: Provide patient-specific educational material in non-English speaking patient's preferred language

Improving Care Coordination

- Summary of Care at Transitions
- Notifications
- Medication Reconciliation
  - No change from stage 2

Orange text - High provider use effort, standards not mature, or high development effort

Improving care coordination: Summary of care

A Summary of Care is Provided at Transitions to Improve Care Coordination

- **EPs/EHs/CAHs** provide a summary of care record during transitions of care
- Threshold: No Change
- **Types of transitions:**
  - Transfers of care from one site of care to another (e.g.. Hospital to: PCP, hospital, SNF, HHA, home, etc)
  - Consult (referral) request (e.g., PCP to Specialist; PCP, SNF to ED) **[pertains to EPs only]**
  - Consult result note (e.g. consult note, ER note)

- **Summary of care may (at the discretion of the provider organization) include, as relevant:**
  - A narrative (synopsis, expectations, results of a consult) **[required for all transitions]**
  - Overarching patient goals and/or problem-specific goals
  - Patient instructions (interventions for care)
  - Information about known care team members

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Care Coordination	Primary Care Specialty	High	Adopted	High

Red: Changes from stage 2 **Blue: Newly introduced**

Improving care coordination: Notifications

Notifications of Significant Healthcare Events are Sent to Improve Care Coordination

- **NEW**
- **Menu: Eligible Hospitals and CAHs** send electronic notifications of significant healthcare events *within 4 hours ~~in a timely manner~~ to* known members of the patient's care team (e.g., the primary care provider, referring provider, or care coordinator) with the patient's consent if required
- Significant events include:
  - Arrival at an Emergency Department (ED)
  - Admission to a hospital
  - Discharge from an ED or hospital
  - Death
- Low threshold

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Care coordination	Primary Care Specialty	High	Approved	High

Red: Changes **Blue: Newly introduced** ***Bright Red italic: edits for clarity***

Improving Population and Public Health

- Immunization history
- Registries
- Electronic lab reporting
  - No change from stage 2
- Syndromic surveillance
  - EH Only

Orange text underlined- High provider use effort, standards not mature, or high development effort

Improving population and public health: Immunization history

Use of Immunization History to Improve Population and Public Health
• **Core: EPs, EHs, CAHs** receive a patient's immunization history supplied by an immunization registry or immunization information system, allowing healthcare professionals to use structured historical immunization information in the clinical workflow • Threshold: Low, a simple use case • **Certification criteria:** – Ability to receive and present a standard set of structured, externally-generated immunization history and capture the act and date of review within the EP/EH practice – Ability to receive results of external CDS pertaining to a patient's immunization

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Population management • CDS	Primary Care Specialty (selectively)	Medium	Emerging	**High**

Red: Changes from stage 2 **Blue: Newly introduced**

Improving population and public health: Registries

Transmit Data to Registry to Improve Population and Public Health

- **Menu: EPs/ Menu: EHs**
- Purpose: ~~*Reuse*~~ *Electronically transmit data from CEHRT in* ~~*data to electronically submit*~~ standardized *form* (i.e., data elements, structure and transport mechanisms) ~~*reports*~~ to one registry
- Reporting should use one of the following mechanisms:
  1. Upload information from EHR to registry using standards ~~*c-CDA*~~
  2. Leverage national or local networks using federated query technologies

Registries are important to population management, but there are concerns that this objective may be difficult to implement.

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Population management	Primary Care Specialty (selectively)	High	Emerging	High

Red: Changes from stage 2 **Blue: Newly introduced** ***Bright Red italic: edits for clarity***

Health Disparities

Reduction of Disparities

- CQM requirements should include a requirement to stratify one CQM report by a disparity relevant to the provider

Summary

- Revised draft recommendations in response to HITPC's guidance
  - Reduced total number of objectives by 8
  - Focused level of effort in emphasis areas
    - Clinical decision support
    - Patient and family engagement
    - Care coordination
    - Public and population health
  - Relied on more mature standards
- Rule-making schedule
  - HITPC recommendation, March, 2014
  - NPRM, Fall, 2014
  - Final rule, 1st half 2015

Appendix I

Details of Objectives

Improving quality of care and safety: Care planning – advance directive

Recording Advance Directives to Improve Quality of Care and Safety
• **Core for EHs,** introduce as **Menu** for EPs • Record whether a patient 65 years old or older has an advance directive • Threshold: Medium • Certification criteria: ability to **store the document in the record and/or include more information about the document** (e.g., link to document or instructions regarding where to find the document or where to find more information about it).

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement • Care coordination	Hospital	Low	Approved	Low

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Electronic notes

Use of Electronic Progress Notes to Improve Quality of Care and Safety
• **Core: EPs** record an electronic progress note, authored by the eligible professional. • Electronic progress notes (excluding the discharge summary) should be authored by an authorized provider of the **EH or CAH (Core)** – Notes must be text-searchable • Threshold: ~~*Low*~~ *High*

Focus Area	Type	Provider use effort	Standards Maturity	Development
• CDS • Care coordination	Primary Care Specialty	Medium	Adopted	Low

Red: Changes from stage 2 **Blue: Newly introduced** ***Bright Red: edits for clarity***

Improving quality of care and safety: Hospital Labs

Hospital Lab Results shared to Improve Quality of Care and Safety
• **Eligible Hospitals** provide structured electronic lab results using **LOINC** to ordering providers • Threshold: Low

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Care coordination	Hospitals	Low	Adopted	Low

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Unique device identifier (UDI)

Recording FDA UDI to Improve Quality of Care and Safety
• **NEW** • **Menu: EPs and EHs** should record the FDA Unique Device Identifier (UDI) when patients have devices implanted for each newly implanted device • Threshold: High

Focus Area	Type	Provider use effort	Standards Maturity	Development
	Primary Care Specialty (selectively)	Low	Emerging	Medium

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging patients and families in their care: Visit summary/clinical summary

Visit summaries used to Engage Patients and Families in their Care
• **Core: EPs** provide office-visit summaries to patients or patient-authorized representatives with **relevant, actionable information, and instructions pertaining to the visit** in the form/media preferred by the patient • Certification criteria: EHRs **allow provider organizations to configure the summary reports to provide relevant, actionable information related to a visit.** • **Threshold:** Medium

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement • Care coordination	Primary Care Specialty	Medium	Adopted	Medium

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging patients and families in their care: Patient education

Functionality Needed to Achieve Goals
• Continue educational material objective from stage 2 for Eligible Professionals and Hospitals – Threshold: Low • Additionally, **Eligible Providers and Hospitals** use CEHRT capability to provide patient-specific educational material in *non-English speaking patient's preferred language, if material is publicly available, using preferred media (e.g., online, print-out from CEHRT)*. – Threshold: Low • Certification criteria: EHRs have capability for provider to *providing patient-specific educational materials in at least one non-English language*

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement	Primary Care Specialty	Medium	Adopted	Medium

Red: Changes from stage 2 **Blue: Newly introduced** ***Bright Red: edits for clarity***

Improving care coordination: Medication Reconciliation

Functionality Needed to Achieve Goals
• **No Change** • **Core: Eligible Professionals, Hospitals, and CAHs** who receive patients from another setting of care perform medication reconciliation. • Threshold: No Change

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Care coordination	Primary Care Specialty	Low	Adopted	Low

Red: Changes from stage 2 **Blue: Newly introduced**

Improving population and public health: Syndromic surveillance

Submit Syndromic Surveillance Data to Improve Population and Public Health
• **EH ONLY** • ~~**EP (menu)**~~ **Eligible Hospitals and CAHs (core)** submit syndromic surveillance data for the entire reporting period from CEHRT to public health agencies, except where prohibited, and in accordance with applicable law and practice

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement • Care coordination	Hospital Primary Care Specialty (selectively)	Medium	Adopted	Low

Red: Changes from stage 2 **Blue: Newly introduced**

Improving population and public health: Electronic lab reporting

Electronic Laboratory Results Submitted to Improve Population and Public Health
• **No Change** • **Core: EHs and CAHs** submit electronic reportable laboratory results, for the entire reporting period, to public health agencies, except where prohibited, and in accordance with applicable law and practice

Focus Area	Type	Provider use effort	Standards Maturity	Development
		Low	Adopted	Low

Red: Changes from stage 2 **Blue: Newly introduced**

Appendix II

Details of items removed in voting process

Improving quality of care and safety: eMAR

Functionality Needed to Achieve Goals
• **Core: EHs** automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR) • Threshold: Medium • **Certification criteria:** CEHRT provides the ability to generate and **report on discrepancies between what was ordered and what/when/how the medication was actually administered to use for quality improvement**

Focus Area	Type	Provider use effort	Standards Maturity	Development
• CDS	Hospital	Low	Adopted	High **(for additional functionality to track discrepancies)**

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Reminders

Functionality Needed to Achieve Goals
• **No Change in objective** • **Core: EPs** use relevant data to identify patients who should receive reminders for preventive/follow-up care • Threshold: Low • **Reminders should be shared with the patient according to their preference (e.g., online, printed handout), if the provider has implemented the technical capability to meet the patient's preference**

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement • Population management	Primary Care Specialty	Medium	Adopted	Low

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Family History

Functionality Needed to Achieve Goals
• **No Change in objective** • **Menu: Eligible Professionals and Hospitals** record patient family health history as structured data for one or more first-degree relatives • Threshold: Low • **Certification criteria: CEHRT have the capability to take family history into account for CDS interventions**

Focus Area	Type	Provider use effort	Standards Maturity	Development
• CDS • Population management	Primary Care Specialty	Low	Adopted (for structured data capture)	Low

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Imaging

Functionality Needed to Achieve Goals
• For both **EPs (menu)** and **EHs (core)** imaging results should be included in the EHR. **Access to the images themselves should be available through the EHR (e.g., via a link).** • Threshold: Low

Focus Area	Type	Provider use effort	Standards Maturity	Development
Care coordination	Primary Care Specialty	Low	Adopted	Low

Red: Changes from stage 2 **Blue: Newly introduced**

Improving quality of care and safety: Medication adherence

Functionality Needed to Achieve Goals
• **NEW** • **Certification Criteria** – Access medication fill information from pharmacy benefit manager (PBM) – Access Prescription drug monitoring program (PDMP) data in a streamlined way (e.g., sign-in to PDMP system)

Focus Area	Type	Provider use effort	Standards Maturity	Development
• CDS • Patient engagement	Primary Care Specialty	**High**	**Immature**	**High**

Red: Changes from stage 2 **Blue: Newly introduced**

Engaging patients and families in their care: Amendments

Functionality Needed to Achieve Goals
• **NEW** • **Certification Criteria:** Provide patients with an easy way to request an amendment to their record online (e.g., offer corrections, additions, or updates to the record)

Focus Area	Type	Provider use effort	Standards Maturity	Development
• Patient engagement • Care coordination	Primary Care Specialty	Low	**Immature**	**High**

Red: Changes from stage 2 **Blue: Newly introduced**

Improving population and public health: Case Reports

Functionality Needed to Achieve Goals

- **NEW**
- **Certification criteria:**
  - CEHRT is capable of using external knowledge (i.e., CDC/CSTE Reportable Conditions Knowledge Management System) to prompt an end-user when criteria are met for case reporting.
  - When case reporting criteria are met, CEHRT is capable of recording and maintaining an audit for the date and time of prompt.
  - CEHRT is capable of using external knowledge to collect standardized case reports (e.g., structured data capture) and preparing a standardized case report (e.g., consolidated CDA) that may be submitted to the state/local jurisdiction and the data/time of submission is available for audit.

Focus Area	Type	Provider use effort	Standards Maturity	Development
• CDS • Population management	Primary Care Specialty (selectively)	**High**	Emerging	**High**

Red: Changes from stage 2 **Blue: Newly introduced**