Premier healthcare alliance comments on
HITPC Meaningful Use Workgroup's March 4, 2014, Discussion Work Product on Meaningful Use Stage 3 Recommendations

Improving quality and safety

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Clinical Decision Support	**Eligible Professionals (EPs)/Eligible Hospitals (EH) Core Objective:** Use clinical decision support to improve performance on high-priority health conditions **Measure:** 1. Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. 2. The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug- drug and drug-allergy interaction checks for the entire EHR reporting period.	**Core: Eligible Professionals/Eligible Hospitals/Critical Access Hospitals** demonstrate use of multiple CDS interventions that apply to quality measures **in at least 4 of the 6 National Quality Strategy priorities.** Recommended intervention areas: 1. Preventive care 2. Chronic condition management (e.g., diabetes, coronary artery disease) 3. Appropriateness of lab and radiology orders (e.g., medical appropriateness, cost-effectiveness - high cost radiology) 4. Advanced medication-related decision support* (e.g., renal drug dosing, condition-specific recommendations). 5. Improving the accuracy/completeness of the problem list, medication list, drug allergies 6. Drug-drug and drug-allergy interaction checks CEHRT should have the functionality to enable intervention tools (the intention is not to be overly prescriptive, but to encourage innovation in these areas): 1. Ability to track "actionable" (i.e., suggested action is embedded in the alert) CDS interventions and user responses to interventions, such as: a) How often an alert has fired b) What immediate actions the user took (when those options are presented in the context of the alert) c) Optional reason for overriding alert 2. Perform age-appropriate maximum daily-dose weight based calculation 3. Ability to consume external CDS rules to support CDS interventions, using for example, standards from Health eDecisions. *Kuperman, GJ. (2007)Medication-related clinical decision support in computerized provider order entry systems a review. *Journal of the American Medical Informatics Association*: JAMIA, 14(1):29-40.	Premier supports this draft recommendation in general. However, we suggest within the CEHRT functionality requirements; number 3 - ability to consume external CDS rules to support CDS interventions should be deferred. We also suggest that for number 1, a clarification in the timeframe associated with the ability to track actionable interventions and user responses is required. For instance, would number 1 apply to patient's admission or across the reporting period?

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Care Planning	**Menu EH Objective:** Record whether a patient 65 years old or older has an advance directive. **Measure:** More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.	• **Core** for Eligible Hospitals, introduce as **Menu** for Eligible Professionals • Record whether a patient 65 years old or older has an advance directive • Threshold: Medium • **Certification Criteria**: CEHRT has the functionality 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).	NA – Objectives removed by HITPC MU working group.
Reminders	**Objective:** Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference. **Measure:** More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.	• **No Change** • **Core: Eligible Professionals** 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	NA – Objectives removed by HITPC MU working group.
eMAR	**Objective:** Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR). **Measure:** More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.	• **Core: Eligible Hospitals** 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 report on discrepancies between what was ordered and what/when/how the medication was actually administered to use for quality improvement	NA – Objectives removed by HITPC MU working group.

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Imaging	**Objective:** Imaging results consisting of the image itself and any explanation or other accompanying information is accessible through CEHRT. **Measure:** More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.	• For both **Eligible Professionals (menu) and Hospitals (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	NA – Objectives removed by HITPC MU working group.
Family History	**Objective:** Record patient family health history as structured data. **Measure:** More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.	• **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	Premier has no concerns with this draft recommendation.
Electronic Notes	**Objective:** Record electronic notes in patient records. **Measure:** Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR Measure reporting period. The text of the electronic note must be text searchable and may contain drawings and other content	• **Core: Eligible Professionals** 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 **Eligible Hospital or CAH** – Notes must be text-searchable – Non-searchable scanned notes do not qualify but this does not mean that all of the content has to be character text. Drawings and other content can be included with text notes under this measure • Threshold: Low • **Certification Criteria:** Help the reader understand the origin of any copied text and identify relevant changes made to the original text. – Example method: provide functionality analogous to "track changes" in Microsoft Word™ to make the original source of copied text clear and any subsequent changes made – Default view of documents in the medical record and those transmitted to other EHRs is a "clean copy" (i.e. not showing tracked changes). The reader can easily click a button and view the tracked-changes version.	Premier is concerned about the search ability requirement. We note that this requirement would apparently not apply to scanned materials, but we worry that this exception could be too narrowly framed. At this time, a wide range of materials are still being scanned for incorporation into EHRs, and progress notes may refer to these documents, which would not necessarily be searchable.

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Hospital Labs	**EH MENU Objective:** Provide structured electronic lab results to ambulatory providers **EH MENU Measure:** Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received	• **Eligible Hospitals** provide structured electronic lab results using LOINC to ordering providers • Threshold: Low	Premier has no concerns with this draft recommendation.
Order Tracking	****New****	• **New** • **Menu: Eligible Professionals** • The EHR is able to 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 requirements:** o Flag abnormal tests as indicated in the lab result message o Provide ability for ordering provider to optionally indicate a date that the order should be completed by when entering the order, which triggers notification to the ordering provider if the results are not returned by the indicated date o Notify ordering provider when results are available or not completed by a certain time o Record date and time that results are reviewed and by whom o CEHRT should provide the capability to match results (e.g., lab tests, consultation results) with the order in order to accurately results each order or to detect when an order has not been completed	Premier is unable to comment on this draft recommendation as we are unable to determine what obligations are being imposed on which eligible professionals. We are not certain what is being proposed in the way of numerators and denominators and, therefore, cannot assess the feasibility of what is being proposed. We recognize that this is being proposed as a menu objective with a low threshold, but as noted in our cover letter, a thorough assessment of menu objectives depends, in part, on knowing how many menu objectives would need to be achieved.
Unique Device Identifier (UDI)	****New****	• **New** • **Menu: Eligible Professionals and Eligible Hospitals** record the FDA Unique Device Identifier (UDI) when patients have devices implanted for each newly implanted device • Threshold: High	Premier strongly recommends adopting this as a core objective for eligible hospitals and critical access hospitals. We agree that this objective should be included in the menu set for eligible professionals.
Medication Adherence	****New****	• **New** • **Certification Criteria**: CEHRT has the ability to: 1. Access medication fill information from pharmacy benefit manager (PBM) **2.** Access PDMP data in a streamlined way (e.g., sign-in to PDMP system)	NA – Objectives removed by HITPC MU working group.

Reducing disparities

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Demographics	**EP Objective: Record the following demographics** • Preferred language • Sex • Race • Ethnicity • Date of birth **EH Objective: Record the following demographics** • Preferred language • Sex • Race • Ethnicity • Date of birth • Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH **Measure:** More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.	• **Certification criteria** • CEHRT provides the functionality to capture ▪ Patient preferred method of communication (e.g., online, telephone, letter) ▪ Occupation and Industry codes ▪ Sexual orientation, gender identity (optional fields) ▪ Disability status	Premier believes that EHR vendors need to assess the feasibility of this draft recommendation. As we understand it, the draft recommendation would not impose any additional obligations on eligible professionals or eligible hospitals and critical access hospitals. Nonetheless, we are concerned about the potential implications of the occupation and industry code information. Physicians and other professionals are already reacting negatively to what they perceive as requirements that convert them into "clerks" and we are concerned that occupation and industry codes could engender negative reactions from key stakeholders.

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Engaging patients and families in their care

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
View, Download, Transmit (VDT)	**Objective:** Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP. **Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information. **Measure 2:** More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information. 1. More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge. 2. More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period	• **Core: Eligible Professionals/Eligible Hospitals** 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 and ensure the functionality is in use by patients. • Threshold for availability: High (i.e., the functionality is available to the majority of patients; it does not require patients to view information online, if they chose not to) • Threshold for use: low – **Labs or other types of information** not generated within the course of the visit should be made available to patients **within four (4) business days** of information becoming available • Add family history to data available through VDT	Premier believes that a 24 hour requirement would be unduly challenging to meet. We recognize that a low threshold is anticipated but we nevertheless believe that going from the current "four business day" requirement to "within 24 hours" is an unduly ambitious leap. We do agree that it is premature to adopt a requirement with respect to the sharing of notes.
Amendments	****New****	• **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)	NA – Objectives removed by HITPC MU working group.

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments

Patient Generated Health Data	****New****	• **New**
		• **Menu: Eligible Professionals and Eligible Hospitals** receive provider- requested, electronically submitted patient-generated health information through either:
		  • structured or semi-structured questionnaires (e.g., screening questionnaires, medication adherence surveys, intake forms, risk assessment, functional status)
		  • or secure messaging.
		• Threshold: Low
			Premier is concerned about this draft recommendation. We believe it may actually "get in the way" of ongoing efforts to use patient portals in a variety of creative ways to acquire important information. While it is proposed as a menu objective, we recommend a careful review of all proposed menu objectives in deciding which ones should be retained in a proposed menu set. Further, this assessment must be informed by some, at least preliminary determination of how many menu set objectives would need to be met.

Visit Summary/ Clinical Summary	**EP Objective:** Provide clinical summaries for patients for each office visit **EP Measure:** Clinical summaries provided to patients or patient-authorized representatives within 1 business day for more than 50 percent of office visits.	• **Core: Eligible Professionals** 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 • Summaries 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 preference • Threshold: Medium • **Certification Criteria:** CEHRT allows provider organizations to configure the summary reports to provide relevant, actionable information related to a visit.	Premier has no concerns with this draft recommendation.

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Patient Education	**EP/EH Objective:** Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient **EP CORE Measure:** Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period **EH CORE Measure:** More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient- specific education resources identified by Certified EHR Technology	• 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 available, using preferred media (e.g., online, print-out from CEHRT). – Threshold: Low, this should be a number and not a percentage • **Certification criteria**: EHRs are capable of providing patient-specific educational materials in at least one non-English language	Premier has no concerns with this draft recommendation, especially if the intent is to adopt a low threshold.
Secure Messaging	**EP Core Objective:** Use secure electronic messaging to communicate with patients on relevant health information **EP Core Measure:** A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period	• **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**: EHRs have the capability to: – Indicate whether the patient is expecting a response to a message they initiate – Track the response to a patient-generated message (e.g., no response, secure message reply, telephone reply)	Premier has no concerns with this draft recommendation but we note that EHR vendors need to assess the feasibility of the proposed certification criteria.

Improving Care Coordination

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Medication Reconciliation	**EP/EH CORE Objective:** The EP/EH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation. **EP/EH CORE Measure:** The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)	• **No Change** • **Core: Eligible Professionals, Hospitals, and CAHs** who receive patients from another setting of care perform medication reconciliation. • Threshold: No Change	Premier has no concerns with this draft recommendation.
Summary of care for transfers of care	**EP/EH CORE Objective:** The EP/EH/CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides summary care record for each transition of care or referral. **CORE Measure:** 1. The EP, eligible hospital, or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals. 2. The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10% of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.	**Eligible Professionals/Eligible Hospitals/Critical Access Hospitals** provide a summary of care record during transitions of care. 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 that includes a synopsis of current care and expectations for consult/transition or the results of a consult [required for all transitions] • Overarching patient goals and/or problem-specific goals • Patient instructions, suggested interventions for care during transition • Information about known care team members (including a designated caregiver) Threshold: No Change	Premier finds this draft recommendation confusing. In one place, the impression is given that a summary of care "may" include certain information "at the discretion of the provider organization." But this is immediately followed by a bracketed note that one type of information is "required of all transitions."

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Notifications	****New****	• **New** • **Menu: Eligible Hospitals and CAHs** send electronic notifications of significant healthcare events 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	Premier is concerned about the vague and subjective reference to timely notification. We are also concerned about the fact that such notifications are truly appropriate and feasible only where interoperability exists between various EHR products. Where it does not, we fear unsecure e-mail communications might be used, with obvious risk to patient privacy. This draft recommendation again emphasizes the importance of addressing the interoperability issue head on.

Population and public health

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Immunization history		• **Eligible Professionals, Hospitals, and 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:** CEHRT functionality provides 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	Premier has no concerns regarding this draft recommendation.
Electronic lab reporting	**Core Objective:** Capability to submit electronic reportable laboratory results to public health agencies, where except where prohibited, and in accordance with applicable law and practice. **Core Measure:** Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period.	• **No Change** • **Core: Eligible Hospitals 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	NA – Objectives removed by HITPC MU working group.
Case Reports	****New****	• **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.	NA – Objectives removed by HITPC MU working group.

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Premier Comments
Syndromic Surveillance	**EP MENU Objective:** Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice **EH Objective:** Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice **EP/EH Measure:** Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period	**No Change from Stage 2** • **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	NA – Objectives removed by HITPC MU working group.
Registries		• **Core: Eligible Professionals** • **Menu: Eligible Hospitals** • Purpose: Reuse CEHRT data to electronically submit standardized (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 standard c-CDA 2. Leverage national or local networks using federated query technologies	Premier is unsure what would be gained by this objective, especially if eligible professionals and hospitals send reports to a wide range of registries, including some not officially recognized by the Federal government (that is, each sending to "one" registry but a different one). This is very different than requiring, for example, all eligible professionals or all eligible hospitals to report to immunization registries or cancer registries because there is value in this common reporting effort.