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THEMES/QUESTIONS FOR PANEL 2

(Please answer as many or as few of the questions as your experience and/or the time allows.)

1. As you assess your readiness for stage 2, what objectives pose the greatest challenge? What is your approach for addressing those challenges? **The objectives that will be most difficult for us are the requirements for:**
    a. **patients actual access their records in the patient portal**
    b. **data exchange at transitions of care**
    c. **fully automated medication reconciliation**
    d. **summary of care electronically exchanged 10% of the time**
    e. **creating completely accurate quality metric data directly from the EMR remains a challenge**
    f. **the difficultly is compounded for some of these measures by the short time frames allowed for hospitals to publish or transmit accurate records**

    The biggest issue though is that we just don't have enough time to implement and exercise the 2014 certified software. We were an early adopter of our vendor's Certified 2014 release yet we just upgraded last week. We are in the queue to have the patient portal delivered in August. Since every vendor's approach to the measures will be different we must exercise the system to understand how the measures work in our upgraded software. We know that there will be many workflow and screen changes needed that will yield heavy training and education needs for our staff.

    You ask what our approach is to address these challenges. We are very concerned that we will have unintended consequences due to a hasty implementation if we rush to start our 90 day Stage 2 reporting period by July 1, 2014. All of the objectives listed as challenges require significant work to implement after upgrading to the certified software. Example, after delivery of the patient portal we will have to map data elements to the record the patient can view. Clinical staff will need to ensure that the data is representing accurately. We must understand the timing of data availability and have Legal write disclaimers to that regard. Once we understand the functionality our portal will have, we can set up processes for enrolling patients as well as creating and training a help desk to handle patient

questions. Educational material will need to be developed for patients on how to use the portal.

Stage 2 should start in October 2013 for those that are ready. But providers need an extended timeframe for compliance, well beyond September 30, 2014, due to the short timeframes most providers will have after receiving their certified upgrades. There should also be allowances for more phasing in of the more difficult measures. I strongly urge ONC and CMS to consider proposals by the College of Healthcare Information Management Executives and the American Hospital Association on this issue.

2. What guidance or actions by HHS may be most conducive to increased adoption of the public health reporting standards? What meaningful use objectives do you believe should be given highest priority for their inclusion in Stage 3 and why? **Encourage HIEs to be vehicles for public health reporting and for state and local agencies to embrace HIE feeds.**

3. What meaningful use objectives do you believe should be given highest priority for their inclusion in Stage 3 and why?
Stage 3 should focus on measures that support the creation of accurate and complete continuity of care records to improve the chances that HIEs and other methods of exchange can thrive. Specifically accuracy of medication lists and robust discharge summaries should be encouraged.

4. What kinds of resources do you believe most important and useful for ONC and CMS to provide or to support so as to improve the ability of hospitals to effectively and economically achieve Stage 2 and 3? **Compared to the level of understanding and debates CIOs were engaged in months before Stage 1 started in 2011, I sense a lack of deep understanding of the Stage 2 measures in the market. Hence ONC and CMS can assist by providing more education sessions along with concise, clear and in depth measure by measure guidelines to make sure everyone understands and interprets them correctly. Perhaps regional workshops could be considered.**

This is especially necessary after the misunderstandings and surprises that came to light during the audits from Stage 1. Certified software in Stage 1 did not provide all the tools necessary for documentation of compliance with certain measures, example, the need to prove your drug-drug/drug-allergy functionality was turned on for the entire reporting period.

5. What have you found to be the most effective use of HIT to enable consumers to be active participants in their own healthcare? What are the most important barriers meaningful use could address to promote more effective patient engagement**? Patient portals and care navigators using EMR data across care settings are having the biggest impact. That said, as every physician, health system and ACO stands up a patient portal I fear patients will**

become frustrated and confused. They will have too many websites and passwords to access along with their data being fractured across the various care settings and portals. I believe deep patient engagement will not come from our certified EMR patient portals but rather from HIEs or other sources offering Personal Health Records (PHR) that will allow patients to view and manage their own data in one consolidated portal.

6. Do you currently send and/or receive electronic transitions of care information with other healthcare providers including skilled nursing facilities (SNF) and home care agencies (HC) caring for your patients and if so: What actions have you taken or believe should be taken to overcome barriers to interoperability?
We do not. We have point-to-point interfaces with our employed physician clinics and use care coordination software-as-a-service which puts a request for post-acute service and copy of the patient's e-chart (not a CCD, the chart) out in the cloud for SNFs and HCs to retrieve. HIEs are going to continue to need support to create sustainable robust exchanges beyond hospitals.

Even as the first healthcare system to submit data into our regional HIE summary of care data is far from flowing between providers. Lab results, visit demographics and all types of reports took over 9 months to map for accurate exchange. Our CCD records being tested are still imperfect due to not all doctors and functions being live at a 100% level. I do not see a quick road map emerging with HIEs to engage all physicians and post-acute providers. Perhaps future grants can focus on bringing smaller physician practices and post-acute providers aboard.