HIT News Brief
June 10, 2009

Current Topic
'Meaningful Use' concept

What is it?
Operative language within the American Reinvestment and Recovery Act (ARRA) which will qualify payment to health care providers for the use of a 'Certified or Qualified' electronic health record (EHR).

Why is this relevant to AF4Q?
The ultimate definition of meaningful use will determine not only the necessary criteria for receipt of financial incentives, but also shape the delivery of health care services. Improving health care quality for all patients must be a major component of meaningful use. There are multiple issues at play in this debate including balancing the need to establish minimum criteria for technology with a primary focus on its use, not the technology itself; the relative importance of reporting on quality metrics; and ensuring that the definition of meaningful use addresses privacy and security concerns. Further, there has been some concern expressed about the lack of attention to the importance of quality measurement and reporting in these discussions. In this regard, AF4Q communities have much to share and weigh in on about redefining health and healthcare which engages consumers to effectively use health and comparative performance information to make better decisions, focuses on quality improvement and ensures equity.

Definition:
Not specifically defined under ARRA, but the statute includes three broad criteria for considering a provider as a 'meaningful user': (1) meaningful use of certified EHR technology, (2) information exchange and (3) reporting on measures using the EHR. The Office of the National Coordinator for HIT (ONCHIT) has been charged with determining the definition and making recommendation to the Secretary of HHS by the end of 2009 at the latest.

Current Importance Rating* & Recommended Action Steps:
Moderate – Comment period now underway and collective input from the Alliance is recommended. The HITRC is currently working with RWJF, the NPO and its technical assistance providers to determine the potential for a coordinated AF4Q response. In addition, individual AF4Q communities and their members are urged to e-mail ONCHIT directly at **healthIT-comments@hhs.gov** with their thoughts and ideas.

Current Perspectives:
The Markle Foundation Connecting for Health Subject Matter Expert Panel:
➢ *Patient-Centered, Meaningful use of HIT:* Demonstrates that the providers makes use of, and the patient has access to, clinically relevant electronic information about the patient to improve patient outcomes and health status, improve the delivery of care and control the growth of costs.

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* Importance Ratings:
Low – Informational only, relevant to AF4Q goals but no specific action recommended.
Moderate – Information relevant to AF4Q goals in near term (6-12) months, action recommended
High – Information highly relevant to AF4Q goals, immediate action recommended

➢ *Initial Meaningful Use Requirements (2011-2012):* Demonstrates that the provider makes use of, and the patient has access to, clinically relevant electronic information about the patient to improve medication management and coordination of care.

College of Healthcare Information Management Executives (CHIME):

➢ Meaningful use must focus on outcomes and not mandate specific functionalities.
➢ Phase in requirements without setting the bar too high, too early, but raise the bar over time.
➢ Given existing obstacles, explore ways to initially exchange information other than through a health information exchange (HIE).

Healthcare Information and Management Systems Society (HIMSS):

➢ Recognize the Certification Commission for Healthcare IT (CCHIT – a private, non-profit organization in the HIT space funded via HHS) as the certifying body for electronic health record (EHR) systems, and include Open Source and Best of Breed systems.
➢ Publish data standards for output of EMR data, so interoperability requirements can be achieved.
➢ Phase in criteria for meaningful use so there is reasonable time to manage the change. Phases include:
Phase 1 (2 years commencing 2011)
  ▪ Ancillary department systems (lab, pharmacy, radiology) and a clinical data repository are in use and interfaced to the patient accounting system; electronic documentation of a variety of clinical information; computerized physician order entry (CPOE) and physician documentation are optional.
  ▪ Adoption of a combination of compliance metrics, including core measures, AHRQ quality outcomes and others.
  ▪ Hospitals electronically exchange information via scanned/text documents or XML .

Phase 2 (2 years commencing 2013)
  ▪ 51% of orders entered via CPOE; electronic prescribing beyond the bounds of the hospital to external pharmacies for discharge medications.
  ▪ Hospitals electronically exchange info with external entities using the Healthcare Information Technology Standards Panel (HITSP) standards.
  ▪ Additional quality improvement metrics; transmissions submitted in standardized, discrete data elements and transactions via the Continuity of Care Document (CCD).
Phase 3 (2 years commencing 2015)
  ▪ 85% of orders entered via CPOE; closed-loop medication administration at the point of care; clinical decision support via evidence-based order sets and core measures reminders; analysis of pharmacokinetic outcomes.
  ▪ Hospitals electronically exchange information with public health entities and HIEs which are connected at least at the state level.
  ▪ Additional quality improvement metrics; components of health information, as specified in the CCD standard, are electronically exchanged as discrete data elements.

Markle and CHIME share similar views in that the use of information is more important than the specific features or functions of the technology per se. Markle states, "The definition should focus on the needs of patients and consumers, not on the mere presence or functions of technology." HIMSS, in contrast, provides a multi-year plan for rollout of specific functions and also includes quality metrics and reporting functions.

Resources

Achieving the Health IT Objectives of the American Recovery and Reinvestment Act: A Framework for 'Meaningful Use' and 'Certified or Qualified' EHR, Markle Foundation Connecting for Health, April 2009.
(www.markle.org/downloadable_assets/20090430_meaningful_use.pdf)

Report on Hearing by the National Committee on Vital and Health Statistics April 28-29, 2009 on Meaningful Use of Health IT.
(www.ncvhs.hhs.gov/090518rpt.pdf)

Healthcare Information and Management Systems Society (HIMSS) definitions of "meaningful use," April 2009.
(www.himss.org/advocacy/ContentRedirector.asp?ContentId=69148)

The Association of Medical Directors of Information Systems. (www.meaningfuluse.org)