

# **HIT Standards Committee Implementation Workgroup**

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# Implementation Workgroup Members

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Prematics, Inc.  
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# Implementation Workgroup Report

- Provision of General Comments on Testing Procedures
- Organized into Clinical Workflow Considerations and Measurement Considerations
- Comprehensive comments in attached document: “HITSC Implementation Workgroup Input for Certification Criteria to Support MU Stage 2 Objectives and Measures”
- Our work plan for next several months
  - Complete comments on Testing Procedures
  - Complete comments on Meaningful Use Certification Criteria NPRM
  - Develop clinical scenarios to be utilized as part of testing
  - Identify activities to gain public and committee insight into implementation challenges presented by MU Stage 2 and opportunities for providing guidance/standards/tools to assist in successful implementations



# Comments on Testing Procedures related to Clinical Workflow Considerations

- Explicitly test for the kinds of qualifying activities that are expected to be part of the measure (CPOE and general comment)
  - Consider ‘countable’ workflow scenarios in the test procedure
    - Including context of the user interaction (EH and EP)
  - Also address workflow situations that should not be counted for measure
  - Design clinical scenarios that test more than one measure
- Where applicable, test procedures should verify that the EHR has the ability to affirm “none” to a MU objective (clinical and measurement)
  - i.e. No problem, no medication allergy, no advanced directive, no change in current meds...
  - Means of affirmation should reduce physician burden ... medication reconciliation specific to ‘meds prescribed by individual physician’ and dealing with all other meds in a streamlined fashion, i.e. “acknowledge” in lieu of verify medication as part of active medication list

# Comments on Testing Procedures related to Clinical Workflow Considerations

- E-prescribing workflows
  - Test procedures should include explicit and thorough examples of prescriptions (related to Sig, DAW, refills, instructions to pharmacist, etc.)
  - Test procedures might also consider routing to retail and mail order pharmacies (see PVD segment Reference Number field and stipulate NCPDP IDs and pharmacy names for both).
- The test procedure should include examples of valid clinical scenarios that constitute “notification”
  - Notification may not need to be interactive to the end user at the time the decision support rule “fires” and could include a variety of means of “notification”
  - The notification of an alert (related to a CDS) should be real time and face up or have the option that the end user gets a display that can be require an action later (RN gets physician alert when ordering medication)
  - Where appropriate, test procedures should define/differentiate users, roles and alert levels, and identify acceptable means of methods of notification
- The display of the CDS rule source information should be concretely stated as to valid options for that display – whether a display of textual information, links to internal or external sources or other means



# Comments on Testing Procedures related to Clinical Workflow Considerations

- The test procedure should include negative and positive qualification for the CDS rules
- CDS test procedures should clarify if the factors listed in the objective and certification criteria should be tested individually or in combination
  - i.e. all demographics, or specific combinations: age and gender and meds in use with either CDS or clinical summary  
( workflow and measurement comment)
- Where applicable, test procedures should identify and test the default functions within the EHR if necessary data is not recorded in the EHR
  - i.e. If a patient communication preference is not provided
- Test procedures should verify that the EHR has the capability to produce reports in the format selected by the user
  - i.e. Generating a paper or electronic summary of care record



# Comments on Testing Procedures related to Clinical Workflow Considerations

- Test procedures should allow for clinical reconciliation
  - i.e. enter new allergy /cancel an old one/maintain chain of custody - (clinical summary)
- Where applicable, test procedures should verify that the EHR has the ability to mark information within the EHR as invalid
  - i.e. Advanced directives could be validated by the use of a date and timestamp
- Where appropriate, test procedures should verify that outputs of an EHR activity are provided in human readable format
- eMAR – include clinical workflow scenarios to test the “five rights”
- Where appropriate, test procedures should differentiate between manual and automated processes of the EHR
  - i.e. eMAR assisted technology - confirmatory action by end user ensuring clinical judgment



# Comments on Testing Procedures related to Measurement Considerations

- Public health reporting – Falls in both categories Clinical scenarios are needed to ‘prove’ the functionality works
- Submission process
  - Test data examples should take into account the common submission requirements of a representative sample of the State immunization registry
  - Technical improvements are required for public health lab reporting result
  - A conformance testing tool for syndromic surveillance should be developed for this test procedure so vendors can test the output file before going through certification
  - Recommend alignment with The Centers for Disease Control and Prevention recommendation for syndrome reporting that will include more data elements than were tested in Stage 1



# Comments on Testing Procedures related to Measurement Considerations

- E-prescribing comments
  - Recommend NCPDP 10.6 (if determined by standards)
  - Consider requiring electronic prescribing of controlled substances as optional additional criterion for MU Stage 2 and potentially require in Stage 3. Provide clinical workflow for testing if this requirement becomes part of final regulation.
- The test procedure should support the capture of audit evidence of measurement events not the outcome such as
  - Tracking overrides
  - Identifying the number of alerts fired
  - The provider identity and role of the user who took action in response to the alert
- Test procedures should include clear definitions, where appropriate

# Comments on Testing Procedures related to Measurement Considerations

- Where appropriate, test procedures should verify that an EHR provides a list of possible input data without limiting the structure in which the EHR records and stores the information
  - i.e. Patient communication preference (within Patient Reminders in the 2014 Edition of the Certification Criteria)
  - Don't prescribe how you need to complete the process but prove it can be done where it is not applicable to determine certification
- Test procedures should provide for workflows that test both positive and negative qualifications for the measure (including numerator and denominator)
  - Ability to determine the difference between
    - patient without lab orders and patient with lab orders but not placed by CPOE
    - patient without a problem and patient with a problem but not recorded in problem list

# Comments on Testing Procedures related to Measurement Considerations

- Test procedures should test the manner by which the EHR captures/calculates the measure (measurements should be calculated by the EHR software, not manual)
- Test procedures should elaborate on the expected calculation and provide guidance on what factors or data elements are considered/required for measurement
  - Clearly define numerator and denominator and make them reference-able for the tester
- Clearly define how activities will be measured within a reporting period
  - i.e. Lab orders vs. lab results
- Test procedures should define necessary preconditions for building out an acceptable level of data in the domain -
  - i.e. provide a sample that tests more than zero of one condition or one of one condition

# Comments on Testing Procedures related to Measurement Considerations

- Where applicable, test procedures should verify that data entry timestamps are recorded to ensure the information is up-to-date
  - i.e. Problem list
- Where applicable, test procedures should clearly recognize that measurement data may be based on multiple source event tables and articulate how the measurement should be compiled
  - i.e. testing where patient access is required. If information originates from several sources - HIE or portal ED or clinical system
- Where applicable, test procedures should clarify how time context is evaluated for the measure numerator and denominator