

# HIT Policy Committee Information Exchange Workgroup

Micky Tripathi, MA eHealth Collaborative  
**CHAIR**

# Workgroup Membership

Micky Tripathi (Chair)

Hunt Blair

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Jon Teichrow

Amy Zimmerman

Massachusetts eHealth Collaborative

Vermont Medicaid

Department of Veterans Affairs

No More Clipboards

Epic

Centers for Disease Control and Prevention

Manatt

Reliant Medical Group

OptumInsight

Minnesota Department of Health

Centers for Medicare & Medicaid Services

Aetna

Rochester RHIO

RelayHealth

Center for Democracy & Technology

John Hopkins University

Surescripts

AMA

River Falls Medical Clinics

Mirth Corporation

Rhode Island Office of Health & Human Services

ONC Staff: Claudia Williams, Adam Aten

1. Comments on MU Stage 2 NPRM (April-May)
2. Fact-finding on State of Interoperability (May-June)
3. Recommendations on MU Stage 3 (July-August)
4. Comments on NwHIN Governance ANPRM (tbd)

# IE Agenda for MU2

## Recommendations to HITPC

Meeting	Agenda Topics
3/22/2012	<ul style="list-style-type: none"><li>• eRx</li><li>• Incorporate lab data</li><li>• Hospital send lab results</li><li>• Perform HIE test</li></ul>
3/29/2012	<ul style="list-style-type: none"><li>• Public health (immunization)</li><li>• Public health (syndromic surveillance)</li><li>• Public health (ELR)</li><li>• Report to cancer registry</li><li>• Report to non-cancer registry</li></ul>
4/02/2012	<ul style="list-style-type: none"><li>• Transitions of care</li><li>• Medication reconciliation</li></ul>
4/17/2012	<ul style="list-style-type: none"><li>• View and download</li><li>• Secure messaging</li><li>• Review comments from HITPC</li><li>• Brainstorming session on interoperability trends</li></ul>
5/1/2012	<ul style="list-style-type: none"><li>• Review final comments for 5/2 HITPC meeting</li></ul>

# IE WG Dashboard

MU Stage 2 Objective	Status
<ul style="list-style-type: none"> <li>eRx</li> </ul>	<ul style="list-style-type: none"> <li>Analyzing additional information; decision pending</li> </ul>
<ul style="list-style-type: none"> <li>Incorporate lab data</li> </ul>	<ul style="list-style-type: none"> <li>Analyzing additional information; decision pending</li> </ul>
<ul style="list-style-type: none"> <li>Hospital send lab results</li> </ul>	<ul style="list-style-type: none"> <li><b>DECISION</b> – Unanimous approval to restore HITPC-recommended requirement for hospitals to send structured labs</li> </ul>
<ul style="list-style-type: none"> <li>Perform test of HIE</li> </ul>	<ul style="list-style-type: none"> <li><b>DECISION</b> – Unanimous approval to remove test for Stage 1 with no replacement (Option 1)</li> </ul>
<ul style="list-style-type: none"> <li>Public health                             <ul style="list-style-type: none"> <li>– Immunization</li> <li>– ELR</li> <li>– Syndromic surveillance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All public health objectives: will likely recommend further refinement of objectives and measures</li> <li>Immunizations: will likely recommend further refinement of objectives and measures</li> <li>Syndromic surveillance                             <ul style="list-style-type: none"> <li>• <b>DECISION</b> – Support NPRM and agree with CMS that EP requirement should be Menu and EH should be Core</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Report to cancer registry</li> <li>Report to specialized registry</li> </ul>	<ul style="list-style-type: none"> <li>Analyzing additional information; decision pending</li> </ul>
<ul style="list-style-type: none"> <li>Transition-of-care summary</li> </ul>	<ul style="list-style-type: none"> <li>Analyzing additional information; further discussion required</li> <li><b>DECISION</b> – Remove requirement for cross-vendor exchange to meet 10% electronic exchange threshold</li> </ul>
<ul style="list-style-type: none"> <li>Medication reconciliation</li> </ul>	<ul style="list-style-type: none"> <li>Analyzing additional information; decision pending</li> </ul>
<ul style="list-style-type: none"> <li>View and download</li> </ul>	<ul style="list-style-type: none"> <li>WG discussion pending</li> </ul>
<ul style="list-style-type: none"> <li>Secure messaging</li> </ul>	<ul style="list-style-type: none"> <li>WG discussion pending</li> </ul>

# Explanation of Decisions already made

MU Stage 2 Objective	Status
<ul style="list-style-type: none"> <li>Hospital send lab results</li> </ul>	<ul style="list-style-type: none"> <li><b>DECISION</b> – Unanimous approval to restore HITPC-recommended requirement for hospitals to send structured labs               <ol style="list-style-type: none"> <li>Would not necessarily impose a burden on hospitals; indeed, some hospitals would find it beneficial to have a standard</li> <li>Directly affects ability of EPs to achieve structured lab result objective</li> <li>Directly affects CQM capabilities</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>Perform test of HIE</li> </ul>	<ul style="list-style-type: none"> <li><b>DECISION</b> – Unanimous approval to remove test for Stage 1 with no replacement (Option 1)               <ol style="list-style-type: none"> <li>High market confusion about this measure, and most ran away from it</li> <li>Want to minimize addition of new requirements in Stage 1</li> <li>Only affects those attesting to Stage 1 in 2013</li> <li>Stage 2 requirement put enough pressure on this cohort to achieve the goal</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>Public health               <ul style="list-style-type: none"> <li>Syndromic surveillance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>DECISION</b> – Support NPRM and agree with CMS that EP requirement should be Menu and EH should be Core               <ol style="list-style-type: none"> <li>EP requirements not mature enough to make this Core</li> <li>Implementation guide not expected to be published until early 2013 so can't assess the ability of technology and users to accomplish this objective</li> <li>Unlike hospitals, SS reporting is new to EP current practices and workflows – not simply turning paper into electronic</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>Transition-of-care summaries</li> </ul>	<ul style="list-style-type: none"> <li><b>DECISION</b> – Remove cross-vendor requirement to meet 10% electronic exchange threshold               <ol style="list-style-type: none"> <li>In many markets, both rural and urban, single vendor has high penetration</li> <li>Want to create incentive for vendors to incorporate national standards deeply into their products</li> <li>Don't want to force "artificial" transitions in order to meet the requirement</li> </ol> </li> </ul>

# Areas of concern, further discussion, and fact-gathering

MU Stage 2 Objective	Area of concern
<ul style="list-style-type: none"> <li>eRX</li> </ul>	<ul style="list-style-type: none"> <li>65% threshold may be too high given geographic variation in eRX penetration and low penetration of eRX among mail order pharmacies</li> <li>Need to refine definition of “available” formulary, and provide more specificity of what to do when no formulary is “available”</li> </ul>
<ul style="list-style-type: none"> <li>Incorporate lab data</li> </ul>	<ul style="list-style-type: none"> <li>WG comfortable with raising threshold to 55% AS LONG AS hospitals required to send structured labs</li> </ul>
<ul style="list-style-type: none"> <li>Public health</li> </ul>	<ul style="list-style-type: none"> <li>Too much discretion left to state/local public health agencies</li> <li>No definition of “ongoing successful submission”</li> <li>Too much optionality allowed in standards</li> <li>Should align transport standards with EHR certification and transition-of-care requirements, but grandfather in legacy approaches that are already in production</li> <li>On immunizations, need more specificity on scope of immunization reporting required (eg, all immunizations, site-administered, most recent, etc)</li> </ul>
<ul style="list-style-type: none"> <li>Report to cancer registry</li> <li>Report to specialized registry</li> </ul>	<ul style="list-style-type: none"> <li>Need more specificity of definition of qualifying registries</li> <li>Lack of clarity of alignment of reporting requirements with EHR certification requirements, and possible differences with general EHRs and speciality-specific</li> </ul>
<ul style="list-style-type: none"> <li>Transition of care summary</li> </ul>	<ul style="list-style-type: none"> <li>Re: 65% requirement, need to specify that fulfilling requirement through electronic access should require that summary of care data elements are made available</li> <li>Need to adjust exclusion criteria to rule out those with small numbers of qualifying transitions</li> <li>Possible discrepancy in numerator and denominator definitions for 10% requirement</li> <li>Allow queries from ED (where available) to count toward measure fulfillment?</li> </ul>
<ul style="list-style-type: none"> <li>Med reconciliation</li> </ul>	<ul style="list-style-type: none"> <li>65% may be too high for some specialties – concern because this would now be Core</li> </ul>