

**Health Information Technology Policy Committee
Meaningful Use Workgroup
Population and Public Health Subgroup**

Minutes thru 02-27-2012 and additional Information

Timeline: A tentative timeline for work on Stage 3 recommendations synchronized with anticipated NPRM and Final Rule timelines, plus time to work with HITSC:

2012:	Milestones	Actions
Mar-Apr:	response to NPRM	Decision: Since the full Meaningful Use Workgroup (MU WG) will inform the HITPC with a response to NPRM, this subgroup will not collectively devote effort to this analysis. All subgroup members may contribute to the response when MU WG next meets (3/14).
Mar-Jun:	small groups (i.e., population and public health) develop draft recommendations	In process: Identify invited guests, conduct testimony sessions, summarize findings for MU WG
Jun-Jul:	small groups discuss draft recommendation with MU WG	---
Aug:	present draft rec to HITPC for round 1 feedback	
Sep-Oct:	reconcile stage3 draft recs with stage 2 FR	
Oct-Nov:	present preliminary recommendations to HITPC for round 2 feedback, pre-Request for Comment (RFC)	
Dec:	present preliminary recommendations to HITSC for their feedback	
2013:		

Jan:	RFC	
Feb:	RFC comments due	
Mar:	staff summary of RFC comments and HITSC comments	
Apr:	MU WG reconcile comments from HITSC and public	
May:	MU WG presentation to HITPC for feedback	
Jun:	MU WG present revised final stage 3 recommendations for approval	
Jul:	HITPC transmittal letter to HHS	

Stage 3 Effort

- Can we get a better handle on all **potential uses (and barriers to use) of secondary data** (e.g., drug surveillance, Million Hearts campaign, population-based registries) through testimony? Potential invitees:
 - Rebecca Kush – (Clinical Data Interchange Standards Consortium [CDISC], e.g., life sciences, clinical trials) – standards and use cases developed; group has conducted several business meetings devoted to this discussion. Clinical trials – patient/candidate identification, enrollment and bi-directional; practice-based clinical trials –communicates with central office - early experiments in this area
 - Standards and Interoperability Framework (S&I) developers (ONC) – describe their timeline and where they stand; what is feasible in/by 2014?
 - Seth Foldy (CDC) – what is the state of readiness of health departments Jim Daniel or ASTHO rep may provide state perspective
 - David Birnbaum (Department of Health, WA/CSTE) - Healthcare Acquired Infections (HAI)
 - Jesse Singer (NYCDOHMH) Registries (DM as stand alone vs. enterprise wide chronic care registry approaches); states where there has been progress toward enterprise wide vs. siloed approaches; within health departments, mini-HIE (RI – KIDSNet); NYS – enterprise wide approach from providers to PH department

- ISDS representative – current picture of domain space for secondary uses of data; proposed framework for use of data and to set priorities, policies, quality, consumer access, and gaps
- American Immunization Registry Association invitee (AIRA) – Bi-directional immunization registry; (Jim will speak with several leading states)
- EHR perspective (?? Who would speak from this vantage point) – how does EHR capacity to exchange data with PH become embedded in the standards and certification criteria; what methods should be certified for sending to PH.
- Do we have potential experts to help answer and address these questions
 - May be informed by Joint Public Health Informatics Taskforce
- What other (non-population health) meaningful use measures may be used for population/public health analyses (e.g., stratified analyses for disparities regarding a core measure – blood pressure)?
 - What are other potential meaningful use measures (e.g., industry and occupation codes) might be valuable for disparities analysis?
- Should we focus on the “except where prohibited” clause in Stage 2? How broadly will that impact on HIE? What impact might that have on Stage 2 attestation and exemptions? Might those “exemption” measures impact on our Stage 3 efforts? Should we focus on specific types of data or more general approaches in Stage 3?
- A presumed goal is for multiple PH reports to be received through a single interface with many items running through an HIE. What is the status of and prospects for such a single interface at SHD and LHD?
- Does QueryHealth have any specific tools or prospects for us to consider in Stage 3 deliberations?
- How does the Learning Healthcare System (LHS) focus on and anticipate the bi-directional nature of HIE? What are anticipated use cases for setting policy and data flows that support front-end Point of Care (POC) information to/from provider? Where would HITPC expect our learning to occur and expand? How will that information flow get back into practices? This was signaled in Stage 2 NPRM as a stage 3 direction.
- Where is NCI with regard to caGRID investment and strategic path forward? How does TRIAD at NIH suggest potential population/research and trans-disciplinary approaches? How do FDA and AHRQ see grid technologies as part of drug surveillance and/or comparative effectiveness research?
- Where is HRSA projecting development of Uniform Data System (working with HIS Lantena Group)? How will an open source “green CDA” work with other

federal agencies (e.g., CMS) and where is that process regarding quality measures and templates for use in FQHC?

- Are there potential values for secondary uses of claims data (and capacities to merge those data with clinical data)? How will payers contribute to the LHS? What do payers (AHIP) see as their value proposition? How will development of ACO and All Payer Claims Databases (APCD) contribute value to the LHS?:
- How does CDC (and HRSA) plan to leverage measures from stage 2 MU standards to support collection on important quality data for populations (e.g., ABCDs for cardiac disease)

A rough roadmap (2/8/2012): sketch for deliberations:

- **Content items** to include in our discussion, evaluation and recommendation:
 - Standards & Interoperability Framework
 - how far can we go given our timeline
 - how comprehensively have the public health business perspectives been included and integrated into that framework
 - Status of an enterprise transport standard across PH,
 - Extensible CDA for the dataset – transitions of care document, opportunities to recycle the TOC care; medications/problems
 - Leveraging care coordination efforts to support population health
 - Factoring secondary data use in other areas (adverse events reporting and surveillance)
 - Monitoring and avoiding unintended consequences
 - View cumulative immunization record and recommendations
 - ISDS business cases analysis
 - What other use cases are emerging for secondary use of EHR data
 - Long term plans for PHIN and BioSense 2.0
 - Health care associated infections – aggregate vs. non-aggregate data
 - Readiness of public health departments
 - readiness and future readiness for moving and receiving data (ASTHO/Jim Daniel)

Schedule:

- Schedule another meeting within 3 weeks
- Frequency: every 2-3 week meeting
- Carry forward items form Stage 2 recommendations
 - Criteria to Advance Further in Stage 2 v5-31-11.docx: nothing specifically listed for Population and Public Health.
 - Suggestions for Population and Public Health: Patient-generated data and public health button

- Items/ideas from July 2010 hearings (spread sheet review– Art)

Suggested items from earlier meetings:

- Survey by JPHIT to poll their members: top 3-5 barriers that may inhibit getting value and aligning with meaningful use
- How to address the last PH adopters and those yet to be ready; finding alternative solutions for industry to test vendors solution regardless of PH infrastructure status
- Issues of dependency on patient matching
- Issues in 2 way communication – what are the barriers;
- Testimony from NYC Dept of Health where they have been early adopters covering many of these topics: first implementers of meaningful use, IZ registry, Million hearts, query a population from PH view;
- Develop and constantly update a work plan
- Invest energy on the NPRM at first
- Status report from S&I Framework
- Collate an inventory of landscape
- Document(s) or testimony items that did not reach or were excluded from NPRM

Resources:

- Vernetta Roberts to support scheduling of meetings

2/27/2012 Meeting #2

Attendance: George, Marty, MaryJo, Amy, Charlene, Yael, Jim, Art

Agenda:

- Review the timeline and confirm this can serve as our guiding set of dates
- Comments on the prior minutes
- Preliminary comments on Stage 2
- Stage 3 as a transformation tool
- Next steps: Set up meeting ~3 weeks based on the prioritized list
- No public comments

2/8/2012 Meeting #1

Attendance: Yael Harris, Jim Daniel, Charlene Underwood, Amy Zimmerman, George Hripsack MaryJo Deering, Art Davidson

Principles and Priorities for Developing Stage 3 Recommendations (from MU-WG)

Principles:

1. Align with emerging payment policies and NQS
2. Consider harmonized qualifications among CMS programs (e.g., cross-credit ACO, MU?)
3. Support population health data analysis
4. Support innovative approaches to using HIT to improve health and health care
5. Flexible, adaptive platforms
6. Not penalize success (e.g., not take a step back to prove capability for success)

Focus on specific functionalities:

1. Real-time impact of information at point of care (i.e., ongoing, timely, patient-specific impact to clinicians): Examples
 - a. Clinical performance dashboard
 - b. Adverse event prevention, detection, mitigation, reporting
 - c. Continuous learning health system
2. Reinforce and empower patient partnership
 - a. Access to information
 - b. Contribute to record
 - c. Support of caregivers
 - d. Measures that matter to patients
3. Emerging sources of data (including patient-reported outcomes)
4. CDS domains
 - a. Prevention
 - b. Disease management
 - c. Safety
5. Use of population health assessment, analysis, and surveillance to drive policy making