

Information Exchange WG Meeting

April 17, 2012

Agenda

Timeline

Discussion of “View, Download, Transmit” objective

Discussion of “Secure Messaging” objective

Next steps

IE Workgroup Timeline

Meeting	Agenda Topics
3/22/2012	<ul style="list-style-type: none">• eRx• Incorporate lab data• Hospital send lab results• Perform HIE test
3/29/2012	<ul style="list-style-type: none">• Public health (immunization)• Public health (syndromic surveillance)• Public health (ELR)• Report to cancer registry• Report to non-cancer registry
4/02/2012	<ul style="list-style-type: none">• Transitions of care• Medication reconciliation
4/17/2012	<ul style="list-style-type: none">• View and download• Secure messaging
4/24/2012	<ul style="list-style-type: none">• Review HITPC comments• Finalize discussions in all areas
4/30/2012 (offline)	<ul style="list-style-type: none">• Review final comments for 5/2 HITPC meeting

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Objective: View, Download, Transmit

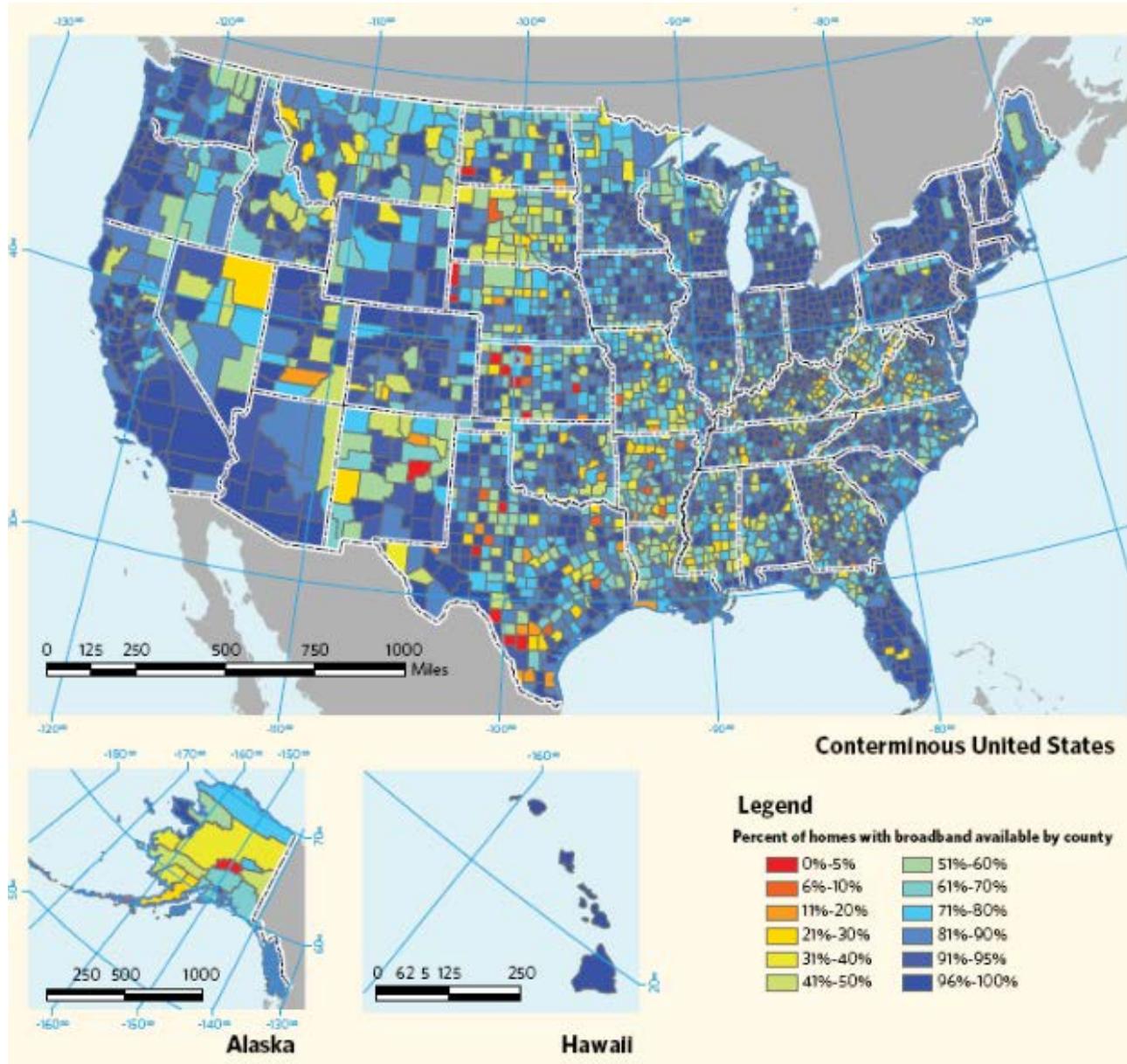
	EP	<p>Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.</p>	<p><u>EPs must satisfy both measures in order to meet the objective:</u></p> <ol style="list-style-type: none"> More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information. More than 10 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download or transmit to a third party their health information (New measure). <p>** Exclusions:</p> <ul style="list-style-type: none"> Any EP who neither orders nor creates any of the information listed for inclusion as part of this measure may exclude both measures. Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude only the second measure. 	<p><u>EPs</u> More than 10% of patients and families view and have the ability to download their longitudinal health information; information is available to all patients within 24 hours of an encounter (or within 4 days after the information is available to EPs)</p> <p><u>EHS</u> More than 10% of patients and families view and have the ability to download information about a hospital admission; information is made available within 36 hours of discharge. Information available for view and download should include discharge instructions, which are available immediately upon discharge</p>	<p>Provide more than 10% of all unique patients timely electronic access to their health information subject to the EP's discretion to withhold certain information.</p> <p>Information should be available to the patient through online access within 4 business days of the information being available to the EP through either the receipt of final lab results or a patient encounter that updates the EP's knowledge of the patient's health.</p>	<p>Numerator:</p> <ol style="list-style-type: none"> The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information online. The number of unique patients (or their authorized representatives) in the denominator who have viewed online or downloaded or transmitted to a third party the patient's health information. <p>Denominator:</p> <ol style="list-style-type: none"> Number of unique patients seen by the EP during the EHR reporting period. Number of unique patients seen by the EP during the EHR reporting period. 	<ul style="list-style-type: none"> We appreciate and agree with the intent to keep the timeliness criterion simple (1 timeline). However, we believe there is value in providing the patient with prompt access to the summary of an encounter (which we define as an office visit or other contact in which an order is generated). We propose that a single timeliness criterion be applied, and that it be shortened to "within two business days of information becoming available to the EP." To what extent is the provider accountability for patient engagement? Should this objective be included in EH menu, if not core? <p>NPRM pg pp. 91 -100; pp. 144 - 149</p>

Note: EH and CAH have similar Core requirement for inpatient and ED discharges, except NPRM requires availability in 36 hours. All other requirements are same as EP except content requirement.

Explanatory information

- **Extends HITPC recommendation to have 10% of patients view and “have ability to download their longitudinal information”**
- **First set of measures (including secure messaging) that tie MU achievement to actions of patients**
- **Timelines have been modified from HITPC recommendation**
 - Recommendation was for within 24 hours of encounter or within 4 days of when info is available
 - NPRM aligns it all to 4 days
 - Current MU WG recommendation is to agree with rationale for a single timeline but recommends 2 days instead of 4 days
- **No transport standards required for transmission: “...can be any means of electronic transmission according to any transport standard(s) (SMTP, FTP, REST, SOAP, etc.).”**
- **Exclusions for EPs who don’t order or document any of the information listed for inclusion, or who conduct at least 50% of encounters in a county with less than 50% 4mps broadband penetration (see next slide)**

US Broadband Penetration: 370 counties < 50% 4mps availability



“99% of all health care locations with physicians have access to actual download speed of at least 4 Mbps....But crucial gaps exist: ...only 71% of rural health clinics have access to mass-market broadband solutions. Further, many business locations, schools and hospitals often have connectivity requirements that cannot be met by mass-market DSL, cable modems, satellite or wireless offers, and must buy dedicated high-capacity circuits such as T-1 or Gigabit Ethernet service.”

Patient Information Content Requirements

EP requirement

- Patient name.
- Provider's name and office contact information.
- Problem list.
- Procedures.
- Laboratory test results.
- Medication list.
- Medication allergy list.
- Vital signs (height, weight, blood pressure, BMI, growth charts).
- Smoking status
- Demographic information (preferred language, gender, race, ethnicity, date of birth).
- Care plan field, including goals and instructions, and
- Any additional known care team members beyond the referring or transitioning provider and the receiving provider

EH/CAH requirement

- Admit and discharge date and location.
- Reason for hospitalization.
- Providers of care during hospitalization.
- Problem list maintained by the hospital on the patient.
- Relevant past diagnoses known by the hospital.
- Medication list maintained by the hospital on the patient (both current admission and historical).
- Medication allergy list maintained by the hospital on the patient (both current admission and historical).
- Vital signs at discharge.
- Laboratory test results (available at time of discharge).
- Care transition summary and plan for next provider of care (for transitions other than home).
- Discharge instructions for patient
- Demographics maintained by hospital (gender, race, ethnicity, date of birth, preferred language, smoking status).

Some questions for discussion

1. **Patient action requirement**: Is it appropriate to tie physician achievement to patient action? If so, is 10% the right threshold? (We will address this same issue in the Secure Messaging discussion)
2. **Transport**: Should transport standards be aligned with transitions of care electronic transport standard requirements (ie, 2 flavors of Direct and SOAP optional)?
3. **Timeline**: Do we agree with a single timeline for online information availability? If so, should it be 4 days (NPRM), 2 days (MU WG), or some other timeline?
4. **Exclusion criteria**: Do we agree with tying it to broadband availability? If so, do we agree with the threshold of 50% encounters in areas of less than 50% 4mps penetration?
5. **Exclusion criteria**: How is exclusion threshold calculated for multi-county service areas?
 - a) Provider may service multiple counties
 - b) Provider facilities may be in multiple counties
6. **Other?**

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	MEANINGFUL USE				NUMERATOR/ DENOMINATOR	MU WG COMMENTS/ NOTES
	Proposed Stage 2 Objective	Proposed Stage 2 Measure	HITP Stage 2	Stage 1 Final		
CORE EP	Use secure electronic messaging to communicate with patients on relevant health information.	<p>A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 10% of unique patients seen during the EHR reporting period (New measure).</p> <p>**Exclusion: Any EP who has no office visits during the EHR reporting period.</p>	Offer secure online messaging to patients: at least 25 patients have sent secure messages online.	NA	<p>Numerator. The number of patients in the denominator who send a secure electronic message to the EP using the electronic messaging function of Certified EHR Technology during the EHR reporting period.</p> <hr/> <p>Denominator. Number of unique patients seen by the EP during the EHR reporting period.</p>	<ul style="list-style-type: none"> We are concerned about 10% being too high to achieve by Stage 2. We recommend lowering the threshold to 5% (which is 10% of the necessary 50% with portal access) for patient-initiated messages. The patient-initiated message could be a response to a provider message. <p>NPRM Pg 135-138</p>

Explanatory information

- **Secure messaging includes:**
 - “Secure messages sent should contain relevant health information specific to the patient in order to meet the measure of this Objective”
 - Not an EHR certification requirement or an attestation point
 - “While email with the necessary safeguards is probably the most widely used method of electronic messaging, for the purposes of meeting this objective, secure electronic messaging could also occur through functionalities of patient portals, PHRs, or other stand-alone secure messaging applications”
- **HITPC recommended secure messaging availability and threshold of 25 unique patients**
 - Policy Committee thus set precedent of having patient action tied to physician measure
- **MU WG concerns**
 - 10% threshold may be too high
 - Should count patient replies to provider messages

Some questions for discussion

1. **Threshold**: Is the 10% threshold appropriate?
2. **Message content**: How does “relevant health information” language affect the requirement, if at all?
3. **Exclusion criteria**: Should exclusion criteria related to availability of broadband apply to this objective as well (since application-tethered messaging counts toward the measure)?
4. **Other?**

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Current status of NPRM Review

MU Stage 2 Objective	Status
<ul style="list-style-type: none"> • eRx 	<ul style="list-style-type: none"> • Analyze data and discuss
<ul style="list-style-type: none"> • Incorporate lab data 	<ul style="list-style-type: none"> • Analyze data and discuss
<ul style="list-style-type: none"> • Hospital send lab results 	<ul style="list-style-type: none"> • DECISION – Unanimous approval to restore HITPC-recommended requirement for hospitals to send structured labs
<ul style="list-style-type: none"> • Perform test of HIE 	<ul style="list-style-type: none"> • DECISION – Unanimous approval to remove test for Stage 1 with no replacement (Option 1) • Discuss comments from HITPC
<ul style="list-style-type: none"> • Public health <ul style="list-style-type: none"> – Immunization – ELR – Syndromic surveillance 	<ul style="list-style-type: none"> • Finalize recommendation language • Syndromic surveillance <ul style="list-style-type: none"> • DECISION – Support NPRM and agree with CMS that EP requirement should be Menu and EH should be Core
<ul style="list-style-type: none"> • Report to cancer registry • Report to specialized registry 	<ul style="list-style-type: none"> • Finalize recommendation language
<ul style="list-style-type: none"> • Transition-of-care summary 	<ul style="list-style-type: none"> • Finalize recommendation language • DECISION – Remove requirement for cross-vendor exchange to meet 10% electronic exchange threshold • Discuss comments from HITPC
<ul style="list-style-type: none"> • Medication reconciliation 	<ul style="list-style-type: none"> • Finalize recommendation language
<ul style="list-style-type: none"> • View and download 	<ul style="list-style-type: none"> • WG discussion pending
<ul style="list-style-type: none"> • Secure messaging 	<ul style="list-style-type: none"> • WG discussion pending

Recommendation finalization steps

Off-line homework

- This week we will distribute a package with current status, additional info, and straw dog recommendation language for each of the objectives that we are responsible for
- We will ask for your agreement or suggestions for changes

April 24 Meeting

- We will have to move through in speed-dating format
- We will discuss only those objectives which are still open
- WG will focus only on getting consensus, or identifying main points of disagreement where we can't get consensus
- We will create final recommendations document from April 24 conclusions and circulate for any final WG comments before the May 2 HITPC meeting