TO: Meaningful Use (MU) Workgroup (WG)

FROM: Joshua Seidman, Director, Meaningful use, ONC

SUBJECT: Overview of comments received in response to Health Information Technology Policy Committee (HITPC) Stage 2 MU request for comment (RFC)

DATE: March 29, 2011

The HITPC's stage 2 MU RFC generated 422 comment submissions, representing thousands of discrete comments. The primary document ("Final Comment Summary for All Objectives & Questions") summarizes the comments for each individual objective (or objective cluster where comments reflected largely overlapping issues) and responses to the HITPC's 10 specific questions posed in the RFC. In cases where there was substantial overlap in the comments for one of the 10 questions with an objective, we have included it in that objective's summary). The table of contents at the front of this document will guide you and you can click to individual summaries from there. The document is basically organized according to the RFC's organization of proposed objectives. In addition, this document includes summaries related to stage 2 timing and standards.

The purpose of this memo is to provide a high-level overview of some of the major themes that arose in order to provide some context for the materials that follow. Specifically, the high-level issues that arose include the following:

1. As discussed on the March 22 MU WG call, many comments were made related to the timing of stage 2 and its relationship to other HITPC recommendations. There are strong opinions on both sides of the issue regarding the evolution of the MU definition. There are two interrelated issues: The slope and the pace of the escalator toward higher levels of meaningful use. For two years, HHS has described an escalator to explain that the MU definition needs to evolve in such a way that it raises the bar. Specifically, the stage 1 definition held off on expectations of some higher-level MU objectives, focusing initially more on foundational objectives, such as data capture and sharing.

2. There were several proposed new objectives for which strong support exists:

    a. Electronic prescribing of discharge prescriptions

    b. Electronic clinical progress notes

    c. Electronic medication administration record

    d. Patient-provider secure messaging

    e. Recording patient preferences for communications media

3. Other proposed measures had mixed levels of support:

    a. Advance directives for EPs

    b. View & download longitudinal record

    c. List of care team members

    d. Longitudinal care plan

4. In some cases, commenters felt that more definitional clarity on the objective and measure was required before they could accurately voice support or opposition.

5. For several proposed new objectives, critics' concerns often related to having too little time to make the system enhancements. Returning to point 1 above, those comments presume the current FY 2013/full-year reporting period timeline for these changes. Presumably, adjustments to the timeline would make these enhancements more feasible.

6. In most cases, there was moderate to strong support for the recommended changes to existing objectives. Even where there was resistance, it was mostly a matter of degree. For example, for CPOE, a majority agreed with the proposed changes. Of those who didn't, they expressed support for either raising the threshold (from 30% to 60%) or including lab/radiology orders but not both at the same time.

7. In response to Question #6, public comment suggests strong support for allowing for a group reporting option because it supports broader delivery system reform goals. Commenters strongly believed this should be an option and that individual reporting should continue to be allowed as well.

8. In response to Question #5, public comment expressed support for consideration of a more outcomes-oriented pathway to achieving MU.

9. In response to Question #4 and #10 (and in other comments), public comment reflects a desire to incorporate patient-reported data from validated patient/family surveys into the EHR (there is mixed opinion on less structured data). This also reflects a priority identified by the Quality Measures Workgroup for potential new stage 2 clinical quality measures. This expectation is not currently reflected in the MU WG functionalities for stage 2.

10. There was mixed feedback regarding the level of guidance that should be provided for stage 3 objectives that do not have stepping-stone objectives in stage 2. In direct response to this question (Question #10), many commenters suggested that stage 2 did not need to include stepping-stone objectives. In contrast, in many other places within many public comments (particularly in introductory comments), many vendors and

providers specifically asked for more long-term guidance (such as stage 3 objectives being defined earlier) for long-term planning purposes.

11. Although not formally a part of the MU RFC process, ONC and CMS received a request from the Director of the NIH and Assistant Secretary for Health to include in stage 2 MU a structured family health history. We have attached that letter for your consideration as well.

12. On the March 22 MU WG call, MU WG members requested that ONC staff provide additional support to the April 5 discussions.

    a. Insight on which of its proposed stage 2 objectives would require new standards and certification criteria: We have conducted an analysis and provide that as an additional attachment.

    b. Written clarification of the statutory constraints imposed by HITECH related to the timing of future stages of MU: With support from CMS staff, we have outlined these details and included it as another attachment.

    c. A summary of the January Certification/Adoption Workgroup hearing on stage 1 MU implementation experience will be forwarded tomorrow.

We realize that the Final Comment Summary document is large, which is why we provided it to you a full week in advance of your April 5 meeting. We tried to summarize the “key points” for each summary to help guide you, but we know that your level of interest would be greater in many areas. If you have specific questions about individual objectives, please email me prior to April 5 so that we can collect further detail in preparation for the meeting.