

April X, 2011

Paul Tang, MD Chair, Meaningful Use Workgroup

George Hripcsak, MD Co-Chair, Meaningful Use Workgroup

Dear Dr. Tang and Dr. Hripcsak:

The Information Exchange Workgroup appreciates the opportunity to provide input to the Meaningful Use Workgroup as it establishes its recommendation for Stage 2 Meaningful Use. We hope the following comments and recommendations, in addition to those sent on April 4<sup>th</sup> 2011, are helpful in your work.

The Information Exchange Workgroup submits the following comments for consideration by the Meaningful Use Workgroup.

**Review of Proposed Objectives:**

*Patients can view and download information*

The Workgroup endorses the goals of this objective but recommends taking a more flexible approach to achieving its aims. Eliminate the reference to web-based portal and make the requirement more generic. For instance the objective could reference various possibilities of delivering this information, including secure email, electronic media (CD, USB), or web-portal capabilities.

The required information should be divided into three categories: a) discharge instructions (which should be available at time of discharge via electronic media or email or by referring patients to a web portal); b) General information about the patient, including demographics, background problem lists, medications prior to hospitalization, immunizations, etc; and c) specific summary discharge data, including reason for hospitalization, providers involved in care, diagnosis, treatments, labs, etc, and discharge summary and care transition plan. The information in categories a and b should be available at the time of discharge while eligible hospitals should have up to five days to provide the information in category c.

*Electronic copy of discharge instructions to patients*

The Workgroup recommends clarifying that the mechanism to deliver the electronic discharge instructions offered to patients may include various electronic media and methods, such as CD, USB, secure email, and referring patients to a web portal. All of these approaches should be allowed to meet the requirement.

*Medication Reconciliation*

The Workgroup acknowledges that medication reconciliation is a very complicated process but sees great potential for care improvement by better enabling the flow of medication information. The Workgroup feels this is an area that requires a significant push in terms of standards and functionality for certified EHR technology. Medication

information needs to be able to move electronically when a patients moves between providers and care settings.

As first step to enable this functionality the Workgroup recommends facilitating the consumption of medication data from care summary records into the EHR in a useful format. Medication data from a care summary record should be able to help populate an EHR medication list and could potentially be used for medication reconciliation.

*EHRs have capability to exchange data with PHRs*

The Workgroup is in agreement with the goals of this objective. However, the Workgroup thinks it would be useful to modify this objective so it is more outcome orientated rather than focusing on a new capability.

*Upload and incorporate patient-generated data*

The Workgroup is in agreement with the goals of this objective. However, the Workgroup thinks it would be useful to modify this objective so it is more outcome orientated rather than focusing on a new capability.

*Record a longitudinal care plan*

The Workgroup is fully supportive of the intent of this objective but is not supportive of its inclusion in Meaningful Use. The Workgroup believes the desired outcome will be a by-product of other Meaningful Use objectives and doesn't need to be required separately. It is not clear that a technological process is the right way to achieve this goal. Members also expressed concerns the requirement will require new care processes that don't currently exist.

*List of care team members*

Again the Workgroup is fully supportive of the intent of this objective but is not supportive of its inclusion in Meaningful Use. The aim for seamless care is the right goal but we need to ensure in driving towards this goal we don't overreach. The Workgroup believes the desired outcome of this objective will be a by-product of other Meaningful Use objectives and doesn't need to be required.

We appreciate the opportunity to provide these recommendations on Stage 2 Meaningful Use, and look forward to discussing next steps on these recommendations.

Sincerely yours,

Micky Tripathi  
Chair, Information Exchange Workgroup

David Lansky  
Co-Chair, Information Exchange Workgroup

cc: Josh Siedman,  
Judy Sparrow  
Claudia Williams