

May 2, 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 there is a difference of opinion among Workgroup members about whether this objective should be more prescriptive or more flexible. Some members do not want to restrict the modality of a view/download feature to just a patient portal, while others think it's essential to establish the portal as a minimum requirement. Several Workgroup members expressed concern about security issues associated with patient information being provided via portable media (e.g. USB) while acknowledging the need for flexibility to allow for technological innovation.

Given the importance of data portability and exchange, the Workgroups recommends this objective establish a web-based portal as a minimum requirement, while noting that other modalities should also be allowed, such as secure email and electronic media (CD,USB), to accommodate patient preference. The use of all selected modalities should count towards the measure for this objective. In deciding what other modalities to offer consideration should be given to security and easy of data portability.

*Electronic copy of discharge instructions to patients*

Despite a difference of opinion among the Workgroup members, we recommend that this objective establish that a web-based portal is the minimum requirement, but that other modalities (such as CD, USB, secure email, etc) may also be encouraged to accommodate patient preferences. Several Workgroup members expressed concern about security issues associated with patient information being provided via portable media (e.g. USB) while acknowledging the need for flexibility to allow for technological innovation.

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#### *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 patient 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 and fill histories 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.

#### *Reportable labs and Public health button*

Adding the submission of reportable lab data to the menu, and then core elements for Eligible Providers caused some concerns in the Workgroup. It should be clarified if reporting specifically addresses laboratory tests performed in the EP practice itself, or those received from commercial or hospital labs (“third party labs”), or both.

- Some committee members felt the complexity and cost of reporting laboratory results from ambulatory EHRs might exceed the benefit.
- There was a difference of opinion about the phrase: “either directly or through their performing labs.” Some members felt it was inappropriate for EPs to be asked to attest to the behavior of other entities (third-party laboratory providers). Others believed that precedent existed, in that eligible hospitals with outsourced laboratory services were likely to attest for reporting from outsourced labs using the lab’s EHR-certified laboratory information systems.
- For these reasons the committee failed to reach a consensus about EP electronic reporting of laboratory results to public health.

The request for comment contained the language “reportable lab results and conditions are submitted.” The committee believes it remains a critical element of public health protection for eligible providers and hospitals to supply clinical case reports to public health. This activity not only supports outbreak detection, better care for patients and protection for their contacts, it also triggers infection control that protects healthcare facilities as well. Today’s manual (paper, telephone, fax or online entry) processes for such reporting impede the workflow of all involved. The Workgroup is supportive of including a requirement around reportable conditions but would recommend establishing it as a separate objective from reportable labs.

Although several implementations of such electronic reporting of non-laboratory data from EHRs currently exist, there is no single clear national standard for this activity.

Therefore the committee recommends that this be forecast as a Stage 3 objective, pending development of a national standard, rather than including it in Stage 2.

The concept of a “Public Health Button” appears to cover reportable conditions as well. The button concept implied to some Workgroup members that this objective was proposing a manual process. Again the Workgroup suggests that it is appropriate to endorse the objective of reporting, but not a particular technology, at this time.

#### *Record a longitudinal care plan*

The Workgroup is supportive of the goal of this objective but has some questions about the intent and believes a number of key questions will have to be answered to move forward on this objective.

- For Stage 2 a clear definition of a care plan will need to be established.
- For Stage 3 is the Meaningful Use Workgroup envisioning a longitudinal care plan that cuts across unaffiliated providers and is jointly maintained? Or is the Workgroup envisioning one facility exchanging a care plan with another facility?
  - For Stage 3 if the approach is a longitudinal care plan jointly maintained across unaffiliated entities more work would be needed to describe the options for operationalizing this. For instance how will the care plan be accessed, maintained and updated? How will the source of information be documented?
  - For Stage 3 if the intent is for unaffiliated providers to electronically share a care plan (rather than jointly maintain a care plan) then content standards would need to be developed.

#### *List of care team members*

The Workgroup is supportive of the goal of this objective but has some questions about the intent and believes a number of key questions will have to be answered to move forward on this objective.

- A clear definition of what is included in a list of care team members should be established.
  - At what level will care team members be captured? For instance would every provider by name be listed or would the provider be indicated by organization, e.g., Kaiser?
  - Standardized representation of different provider types will be required.
- How will the list of care team members be maintained and updated?

The Workgroup found it difficult to express the information exchange capabilities required to exchange a care team list without having a better understanding of how this will be operationalized in an EHR.

Both the longitudinal care plan and the care team requirements point to evolving care processes and advanced use of HIT capacity to coordinate patient care across unaffiliated

organizations and episodes of care. It would be extremely helpful to identify and fully explore the potential models and approaches for doing this—describing both the care processes and the HIT use or needs—so that the Meaningful Use requirements can be fully informed by emerging innovations in this area. The Workgroup recommends this as an important topic for upcoming hearings.

The Workgroup also acknowledges the need for an infrastructure in place to support this objective. For example provider directories may be a key piece of infrastructure to enable this objective.

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,

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Chair, Information Exchange Workgroup

David Lansky  
Co-Chair, Information Exchange Workgroup

encl: Information Exchange Letter to Meaningful Use Workgroup April 4, 2011

cc: Josh Siedman,  
Judy Sparrow  
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