

# Meaningful Use Workgroup Hearing

October 5, 2011

9:30 a.m. to 3:00.m./Eastern Time

TBD

Washington, DC

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## Instructions and Questions for Panelists

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### Background

Testimony from this hearing will help the Meaningful Use Workgroup (Workgroup) inform their deliberations on Stage 3 Meaningful Use objectives, and eventually formulate recommendations to the HIT Policy Committee and the National Coordinator on Meaningful Use Stage 3. Overall, the Workgroup is seeking a sense of common enablers to overcome key barriers to Meaningful Use. They are looking to the future – what should be contained in MU3-certified EHRs to help deliver accountable care as well as discover lessons from MU1. If you have questions, please contact Paul Tang, Chair of the Workgroup, or George Hripcsak, Co-Chair, [paultang@stanford.edu](mailto:paultang@stanford.edu) or [Hripcsak@columbia.edu](mailto:Hripcsak@columbia.edu)

### Format of Presentation:

The Workgroup respectfully requests that panelists limit their prepared remarks to **five (5) minutes**. This will allow the Workgroup to ask questions of the panelists and allow every presenter time to present his or her remarks. We have found that this creates a conversation for a full understanding of the issue. Given the large number of questions, please select three topics to comment on in your oral remarks. You may submit as much detailed written testimony as you would like, and the Workgroup members will have reviewed this material in detail before the hearing. PowerPoints will not be needed.

### Pre-Presentation Questions/Themes:

The questions below represent areas the Workgroup intends to explore at the hearing. Please feel free to use them in preparing your oral and written testimony; the Workgroup recognizes that certain questions may not apply to all presenters.

The Workgroup respectfully requests panelists to provide written testimony no later than **September 26, 2011**. Please submit the testimony to Josh Seidman and Judy Sparrow at [joshua.seidman@hhs.gov](mailto:joshua.seidman@hhs.gov) and [Judy.sparrow@hhs.gov](mailto:Judy.sparrow@hhs.gov)

### Presenter Biography

In addition, the Workgroup requests that all presenters provide a short bio for inclusion in the meeting materials. Please send your short bios to Judy Sparrow, [judy.sparrow@hhs.gov](mailto:judy.sparrow@hhs.gov)

## THEMES/QUESTIONS

### **Panel 1. Meaningful Use: Supporting Health Reform's Direction**

What is CMS's experience with meaningful use so far?

- What are the rates related to the meaningful use program, including registration, attestation, and payment?
  - What are the relative rates of adoption of menu objectives?
  - Which quality measures are being reported? What challenges have you identified?
  - Noting that the National Quality Strategy and several of the new payment programs call for "new" measures, what kinds of measures does CMS need in stages 2 and 3? What feedback does CMS have about the measure concepts that were produced by the Quality Measure Workgroup? How does CMS see MU quality measurement aligning with or extending measures available through other programs?
- What have been the challenges of administering the program?
- Have there been any cases of inappropriate attestation to date?

### **Panel 2. Providers: Working Toward MU3**

What is the experience of EPs and EOs in implementing meaningful use in the field, and how can that inform meaningful use in Stages 2 and 3?

- Do you plan to apply for reimbursement for Meaningful Use of HIT via Medicare or Medicaid?
- When do you plan to begin your Meaningful Use reporting period?
- Which objective requirements do you find easy to meet (or exceed)?
- Which core objectives have posed the greatest challenges to you meeting the requirements (and why)?

- Which menu objectives have posed the greatest challenges to you meeting the requirements (and why)?
  - How well have the Meaningful Use clinical quality measures aligned with other measures in common use in your field? How easy or difficult has it been to report them for this program?
  - Has the EHR certification program made it easier for you to report on the meaningful use quality measures?
  - Looking at the proposed framework for Stage 2 quality measurement, and the “measure concepts” that ONC and CMS are encouraging for Stage 3, how do you assess the value of those measures to your organization, and the ease/difficulty of collecting and reporting them?
  - Please comment on the value of introducing quality measures that require data to be assembled across multiple settings or over time – such as patient-reported measures, delta measures that compare an indicator at time one vs time two, or those that require linkages between clinical and claims data. For such measures, please comment on your interest in HIEs, registries, or other data integration partners.
  - What have been the major challenges, especially external factors (links to other organizations, vendor issues, etc.)?
  - Looking at proposed Stage 2 objectives, please comment on the proposals to develop a list of “care team” members and create more virtual communication among those providing services to each patient.
- What do you estimate is your project cost to implement meaningful use?

**Panel 3. Vendors: Developing Systems to Meet MU3**

What is the experience of vendors in implementing meaningful use in their systems, and how can that inform meaningful use Stage 3?

- Which core and menu objectives have posed the greatest challenges in attempting to implement them (and why)?
  - What have been the challenges in implementing the clinical quality measures?
  - Looking at the “measure concepts” proposed for Stage 2 and 3, please comment on the ease/difficulty of implementing them in your platform. Please comment on how policymakers and vendors can maximize flexibility and adaptability to allow for the introduction of new and more complex measures in the future.

- How long will it take to develop and implement the proposed Stage 2 objectives?
- How are customers implementing their systems: ASP, local install, etc?
- What challenges are customers facing in deploying their systems?
- Comment specifically on support of health information exchange.
- Comment specifically on capturing data from and sharing data with patients.
- What image capture, storage, and review capabilities does your system have?

**Panel 4. Finding Solutions; Creating Outcomes**

- Since quality measures will change over time, what architectural approaches and standards would you recommend be considered that would provide the health care enterprise with the flexibility and efficiency needed to be able to incorporate updates to quality reporting requirements?
- Others