

WISHIN Comments Regarding CMS EHR Incentives Proposed Stage 2 Meaningful Use Objectives

CMS-0044-P: Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 2

WISHIN supports the overall goals of the Stage 2 requirements, as stated in Section II.A.3.a (Provisions of the Proposed Regulations; Definitions Across the Medicare FFS, Medicare Advantage, and Medicaid Programs; Definitions of Meaningful Use; Considerations in Defining Meaningful Use; Page 26):

- Encourage the use of health IT for continuous quality improvement at the point of care
- Encourage the exchange of information in the most structured format possible

As stated in the NPRM, “*Increasingly robust expectations for health information exchange in Stage 2 and Stage 3 will support the goal that information follows the patient.*” However, the exchange-related objectives within Stage 2 support the “push” directed exchange only, in which a provider sends secure messages directly to a recipient. WISHIN recommends that the objectives be modified to acknowledge a more robust HIE approach for “query and response.” CMS should specifically state that EPs, EHs, and CAHs can meet these requirements by transmitting a summary care record through an HIE, which would make the information available to any provider involved in the specific patient’s care.

The remainder of this document provides more detailed comments and recommendations regarding specific proposed meaningful use objectives.

II. Provisions of the Proposed Regulations

A. Definitions Across the Medicare FFS, Medicare Advantage, and Medicaid Programs

3. Definitions of Meaningful Use

d. Stage 2 Criteria for Meaningful Use (Core Set and Menu Set)

(6) Objectives and Their Associated Measures

(a) Objectives and Measures Carried Over (Modified or Unmodified) from Stage 1 Core Set to Stage 2 Core Set

(b) Objectives and Measures Carried Over (Modified or Unmodified) from Stage 1 Menu Set to Stage 2 Core Set

(c) Public Health Objectives

(d) New Core and Menu Set Objectives and Measures for Stage 2

Proposed Objective: Use clinical decision support to improve performance on high-priority health conditions.

Proposed Measures:

- 1. Implement 5 clinical decision support interventions related to 5 or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.**
- 2. The EP, eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.**

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Most of the proposed quality measures would benefit from clinical decision support (CDS) functionality within the Certified EHR Technology solutions. However, there may be use cases for which the quality measures would be better served by CDS functionality at the health

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information exchange (HIE) level. For example, most chronic conditions would benefit from CDS being applied across providers, which the HIE could support.

In addition, eligible providers, eligible hospitals, and CAHs should be encouraged to participate in an HIE such that prescription drug history and drug allergies are known, to the extent possible, in order to support the interaction checks.

Proposed Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach

Proposed Measure: Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition.

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Eligible providers, eligible hospitals, and CAHs should be encouraged to meet these requirements by participating in an HIE, as HIEs can enable care coordination across providers. HIE-based reports of patients with specific conditions will include a broader set of data, rather than just the provider's EHR system. HIE-based reporting and the resulting care coordination will greatly benefit patients with chronic conditions.

Proposed EP Objective: 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.

Proposed Measures:

- 1. 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.**
- 2. 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.**

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Eligible providers should be allowed to meet this objective using their own EHR or using some other solution, such as an HIE. Certified EHR Technology solutions should be required to exchange data to/from an HIE in order to allow patients to choose a PHR that best suits their needs, and to ensure the PHR contains patient information from all of the patient's care givers, not just the providers sponsoring the PHR.

We recommend that Measure #2 (10% of patients) be removed. To adequately support patient engagement, we believe the objective should be more flexible to account for patient communication preferences. Such communications could take place via a portal, email, text messaging, phone calls, or some other new technology not yet conceived. As such, we suggest this requirement be expanded to allow for patient preference, with the measure modified to allow providers to give their patients options in regards to access to their health information.

Furthermore, we do not believe patients should necessarily serve as the intermediary between providers for the exchange of information ("transmit to a third party their health information"). Such information could be made available to an HIE so that it is promptly available to other providers who treat the patient.

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Proposed Objective: The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary care record for each transition of care or referral.

Proposed Measures:

1. The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 65 percent of transitions of care and referrals.
2. The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care electronically transmits a summary of care record using Certified EHR Technology to a recipient with no organizational affiliation and using a different Certified EHR Technology vendor than the sender for more than 10 percent of transitions of care and referrals.

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Eligible providers, eligible hospitals, and CAHs should be encouraged to use HIE services for this exchange of care summary records. HIEs can support both "push" and "pull" exchanges of such information. Furthermore, Certified EHR Technologies should be required to support the export and import to/from an HIE solution.

We believe that providers who participate in a state or regional HIE, providing data feeds as appropriate, thereby making the information available to other providers through query-based exchange, should be considered to meet this objective by virtue of connecting and providing information to an HIE. When providers transition or refer their patients to another setting of care or provider of care, the "receiving" provider may be using the same CEHRT or may not be using an EHR at all. Referring or transitioning providers' primary goal is to ensure that patients are referred to an appropriate provider or venue of care. We are concerned that if this objective does not allow HIE participation to count as a valid method of sharing a summary of care record, it may inappropriately hold referring providers accountable for the CEHRT decisions of others.

We support the care summary record concept, and agree that the information should "follow the patient." However, we believe that query-based exchange will be much more effective in achieving the ultimate goals of information exchange and interoperability.

In regard to the transport standards, we believe it is inappropriate to limit this measure to only those standards finalized by ONC. We believe the Stage 1 instructions in CMS FAQ 10691 should still apply: "To meet the measure of this objective a provider must: 1. Use certified EHR technology to generate a continuity of care document (CCD) / continuity of care record (CCR), and 2. Electronically transmit the CCD/CCR. To complete step 2, an eligible professional, eligible hospital, or critical access hospital *may use any means of electronic transmission according to any transport standard(s) (SMTP, FTP, REST, SOAP, etc.) regardless of whether it was included by an EHR technology developer as part of the certified EHR technology*" (emphasis added).

In summary, providers and hospitals that participate in an HIE will be making their patients' information available for any authorized provider, and in essence will be achieving this objective, regardless of the receiving provider's technology.

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Proposed Eligible Hospital/CAH Objective: Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.

Proposed Measure: Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to public health agencies for the entire EHR reporting period.

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Eligible hospitals and CAHs should be encouraged to meet this objective through participation in an HIE, as the submission of reportable lab results will be a common service of HIEs.

Proposed Objective: Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.

Proposed Measure: Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.

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Eligible providers, eligible hospitals, and CAHs should be encouraged to meet this objective through participation in an HIE, as the submission of syndromic surveillance data will be a common service of HIEs.

Proposed Objective: Imaging results and information are accessible through Certified EHR Technology

Proposed Measure: More than 40 percent of all scans and tests whose result is an image ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.

Pages 127 – 130

Eligible providers, eligible hospitals, and CAHs should be encouraged to meet this objective via an HIE if necessary. The HIE would enable access to images that were performed by other providers, including those on different Certified EHR Technology solutions.

Proposed EP Objective: Capability to identify and report cancer cases to a State cancer registry, except where prohibited, and in accordance with applicable law and practice.

Proposed Measure: Successful ongoing submission of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period.

Pages 132 – 134

Eligible providers should be encouraged to meet this objective through participation in an HIE, as the submission of cancer case information may be a common service of HIEs.

Proposed EP Objective: Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.

Proposed Measure: Successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period.

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Eligible providers should be encouraged to meet this objective through participation in an HIE, as the submission of specific cases to specialized registries may be a common service of HIEs.

Proposed Eligible Hospital/CAH Objective: Provide patients the ability to view online, download, and transmit information about a hospital admission.

Proposed Measures:

- 1. More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge.**
- 2. More than 10 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the reporting period.**

Pages 144 – 149

Eligible hospitals and CAHs should be allowed to meet this objective using their own EHR or using some other solution, such as an HIE. Certified EHR Technology solutions should be required to exchange data to/from an HIE in order to allow patients to choose a PHR that best suits their needs, and to ensure the PHR contains patient information from all of the patient's care givers, not just the organization sponsoring the PHR.

We recommend that Measure #2 (10% of patients) be removed. To support patient engagement, we believe the objective should be more flexible to account for patient communication preferences. Such communications could be a portal, email, text messaging, phone calls, or some other new technology not yet conceived. As such, we suggest this requirement be expanded to allow for patient preference, with the measure modified to allow providers to give their patients options in regards to access to their health information.

Furthermore, we do not believe patients should necessarily serve as the intermediary between providers for the exchange of information ("transmit to a third party their health information"). Such information could be made available to an HIE so that it is available to other providers who treat the patient.

WISHIN Comments Regarding ONC EHR Certification Criteria 2014 Edition

45 CFR Part 170, RIN 0991-AB82: Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology

In general, WISHIN supports the 2014 Edition EHR Certification Criteria, which in turn support CMS' proposed Stage 2 meaningful use requirements. We agree that the certification criteria should enhance care coordination, patient engagement, and the security, safety, and efficacy of EHR technology.

We understand that the Stage 2 meaningful use objectives include a number of HIE-related requirements. As such, ONC's proposed certification criteria include related HIE requirements and standards. However, the CMS proposed Stage 2 objectives, as well as the corresponding ONC proposed certification changes, seem to promote the "push" directed exchange model only. WISHIN recommends that the certification criteria be modified to acknowledge a more robust HIE approach for "query and response." The XDR/XDM and other related standards are appropriate for Direct-based messaging, but comparable standards should be adopted for transmitting information from an EHR to an HIE, making the information available to any provider involved in a specific patient's care.

The remainder of this document provides more detailed comments and recommendations regarding specific 2014 Edition EHR Certification Criteria.

170.314(a)(6) Medication List: Enable a user to electronically record, change, and access a patient's active medication list as well as medication history for longitudinal care.

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WISHIN agrees that EHRs should support medication list functionality. However, we also recommend that EHRs be required to support the import of medication lists from external sources, such as an HIE, for true longitudinal care across providers.

170.314(a)(7) Medication Allergy List: Enable a user to electronically record, change, and access a patient's active medication allergy list as well as medication allergy history for longitudinal care.

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WISHIN agrees that EHRs should support medication allergy list functionality. However, we also recommend that EHRs be required to support the import of medication allergy lists from external sources, such as an HIE, for true longitudinal care across providers.

170.314(a)(12) Imaging: Electronically indicate to a user the availability of a patient's images and/or narrative interpretations (relating to the radiographic or other diagnostic test(s)) and enable immediate electronic access to such images and narrative interpretations.

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WISHIN agrees that EHRs should support imaging functionality. In addition, EHRs should support integration with an HIE for image query, retrieval, and viewing.

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170.314(b)(2) Transitions of Care – Create and Transmit Summary Care Record

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WISHIN acknowledges the requirement to support the directed exchange of health information. However, this requirement promotes the “push” approach, rather than the more robust “query and response” model. Similar to the related CMS Stage 2 objective, we recommend that broader forms of HIE integration be required within EHR technology.

170.314(b)(3) Electronic Prescribing: Enable a user to electronically create prescriptions and prescription-related information for electronic transmission.

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WISHIN supports the ePrescribing requirement. In addition, we recommend that EHR technologies support integration with HIEs in support of the ePrescribing process (including prescribing, refill requests, and medication history requests).

170.314(b)(4) Clinical Information Reconciliation: Enable a user to electronically reconcile the data elements that represent a patient’s active medication, problem, and medication list.

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WISHIN supports the reconciliation requirement, including the display and reconciliation from two or more sources. In addition, we recommend that EHR technologies support integration with HIEs in order to retrieve the external information required for this function.

170.314(b)(5) Incorporate Laboratory Tests and Values/Results

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WISHIN recommends that EHR technologies support integration with HIEs in order to retrieve lab test and values/results from external sources.

170.314(b)(6) Transmission of Electronic Laboratory Tests and Values/Results to Ambulatory Providers

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To support the transmission of lab tests and values/results, WISHIN recommends that EHR technologies support integration with HIEs. Such integration would support the more robust “query and response” exchange model, rather than the directed “push” model.

170.314(e)(1) View, Download, and Transmit to 3rd Party

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WISHIN supports this requirement to provide patients (and their authorized representatives) with online access to their health information. However, for the “transmit” portion, WISHIN recommends that EHRs support integration with HIEs to support the broader “query and response” exchange model, rather than just the directed “push” model.

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170.314(e)(2) Clinical Summaries: Enable a user to provide clinical summaries to patients for each office visit.

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WISHIN supports this requirement to provide clinical summaries, within the prescribed summary care record format. In addition, EHRs should support integration with HIEs to enable the export of clinical summaries, making the information available to any authorized provider involved in the patient's care.

170.314(e)(3) Secure Messaging: Enable a user to electronically send messages to, and receive messages from, a patient in a manner that ensures both the patient and EHR technology are authenticated, and the message content is encrypted and integrity-protected.

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WISHIN supports this requirement for secure messaging. EHRs should be encouraged to integrate with HIEs in support of secure messaging functionality.

170.314(f)(2) Transmission to Immunization Registries: Enable a user to electronically create immunization information for electronic transmission.

170.314(f)(4) Transmission to Public Health Agencies: Enable a user to electronically create syndrome-based public health surveillance information for electronic transmission.

170.314(f)(6) Transmission of Reportable Laboratory Tests and Values/Results: Enable a user to electronically create reportable laboratory tests and values/results for electronic transmission.

170.314(f)(8) Transmission to Cancer Registries: Enable a user to electronically create cancer case information for electronic transmission.

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WISHIN supports these requirements for the transmission of clinical information for public health purposes. In addition, EHRs should be required to integrate with HIE solutions to support the transmission of such information.