



Frequently Asked Questions

Development of Meaningful Use Criteria

Health IT Policy Committee Meeting, June 16, 2009

What are the goals of the Policy Committee regarding Meaningful Use?

The Meaningful Use workgroup of the Committee outlined what they consider their "**achievable vision**" for 2015 – the long term motivator for instituting policies related to Meaningful Use. There was discussion regarding a variety of changes to the vision, which we believe to be necessary, but most importantly, it is laudable to put measurable goals in front of the group and to be shared with the country.

The draft vision for 2015 as presented:

Prevention and management of chronic disease

Such as:

- A million heart attacks and strokes prevented
- Heart disease no longer the leading cause of death in the U.S.

Medical errors

- 50% fewer preventable medication errors

Health disparities

- The racial / ethnic gap in diabetes control halved

Care coordination

- Preventable hospitalizations and re-admissions cut by 50%

Patients and families

- All patients have access to their own health information
- Patient preferences for end of life care are followed more often

Public health

- All health departments have real-time situational awareness of outbreaks

What were the exact criteria recommended by the Meaningful Use workgroup of the Health IT Policy Committee in the draft as released?

Click here to see the Meaningful Use Summary ([MUSummary](#))

Is this the final ruling on Meaningful Use?

The work done by the Health IT Policy Committee on defining Meaningful Use will ultimately be a recommendation to CMS. CMS' initial ruling will be similar given the cross-functional work ONC and CMS are doing, but the "real" criteria and Notice / Request for Public Comment are not expected for several months - even as late as the end of 2009. The documents released on June 16th, 2009, provided us with a sense of the general direction we will be going in, but it should be reviewed with the appropriate perspective.

What has been announced regarding standards and/or certification?

While there was some high level discussion of the standards and certification process at the June 16th meeting, including the announcement of hearings that the Health IT Policy Committee's Certification & Adoption workgroup will be holding on July 14 & 15, the bulk of work in this area will be done by the Health IT Standards Committee, a separate group reporting recommendations to David Blumenthal and Secretary Kathleen Sebelius. The Policy Committee will provide guidance to that group, including thoughts about the current standards & certifying bodies and the optimal go-forward strategy, but ultimately, the recommendations on the standardization process will come from the second Committee.

Do we have any sense what Meaningful Use is going to mean for Allscripts products?

The requirements for EHR functionality as outlined in the recommended criteria will be achievable by Allscripts, not only because of what we're seeing in the early drafts for Meaningful Use but because we are committed to ensuring that we meet all standards and certification requirements. In fact, the products we sell today already have the capability to do everything outlined by the Meaningful Use workgroup.



What are the thresholds going to be for the various measures?

The measures are not yet quantitatively defined. For example, while we know there will be a measure related to the percentage of lab orders and results that are managed electronically, they didn't yet propose a threshold that would be required to qualify for Meaningful Use. We will carefully monitor future activities here so that as more details become available, we can accurately assess what will be required.

What other hints were there about future evolutions of Meaningful Use in the meeting?

1. The group wants the quality measures information to be defined by clinical, not claims, information. The idea is to take current measures already under watch and tweak them as early as this year so they are clinically-derived. Additionally, they are going to recommend implementation of "two-for" measures as much as possible by tracking components that are already part of P4P efforts or other similar programs so the organization or Eligible Provider can benefit twice from the effort.
2. The Workgroup intends to be aggressive in the area of criteria related to patients & families because of the importance of increased patient engagement and to recommend rapid ramp-up of standards and certification related to patient interfaces (PHRs or other portals). The same is true for the data transition point with public health organizations.
3. There was very little discussion of the "connected" requirement in the Meaningful Use components. It was mentioned that the workgroup would be looking to the Health Information Exchange workgroup for guidance in this area, including what's likely to be technically doable at what points in time, with the members of the MU workgroup describing their work as "only skeletal at this point".

Has the Policy Committee highlighted any important issues?

The workgroup specified that they intend to be mindful of the issues of small practices in this endeavor, and to balance the urgency of health reform with the calendar time needed to implement an EHR / HIE project of this scale.

What are next steps?

The Policy Committee agreed to table further discussion of the recommendations on Meaningful Use until their next meeting on July 16. Additionally, the Committee has requested public comment on the work done to date, which must be submitted before June 26, 2009.

What is Allscripts' reaction to the initial recommendations from the Meaningful Use workgroup?

Allscripts applauds the Vision guiding the work of the Meaningful Use workgroup and the commitment to articulate measurements associated with our collective goals of improving healthcare delivery in this country. However, regarding the specific criteria as recommended, we believe that we risk missing President Obama's vision and spending billions of dollars on health IT-related projects without the desired results unless we collectively agree to step up to the task. This will require all of us to agree to move out of our comfort zones – vendors and providers alike – and make a commitment to meeting challenging measures that, year after year, move us forward rapidly in putting technology to use not for its own sake, but as part of a larger effort to protect and connect both patients and physicians.

What were the exact criteria recommended by the Meaningful Use workgroup of the Health IT Policy Committee in the draft as released?

2011 Recommended Objectives and Measurables

Improve Quality, Safety, and Efficiency

Objectives (2011)

- Capture Data in coded format
 - o Maintain current problem list
 - o Maintain active medication list

- o Maintain active medication allergy list
- o Record vital signs (height, weight, blood pressure, etc)
- o Incorporate lab test results into EHR
- o Document key patient demographics (ethnicity, gender, insurance)
- Document progress note for each encounter (OUTPATIENT ONLY)
- Use CPOE for all order types
 - o Use electronic prescribing
 - o Implement drug-drug, allergy, drug formulary checks
- Manage populations
 - o Generate list of patients broken down by specific conditions (outpatient only)
 - o Send patient reminders per patient preference

Measurables (2011)

- % Labs incorporated into EHR in coded format
- % CPOE orders entered directly by physician
- Report quality measures using HIT-enabled quality measures (HIT-QM)
 - % Diabetics with A1c under control
 - % Hypertensives with BP under control
 - % LDL under control
 - % Smokers offered smoking cessation counseling
 - % Patients with recorded BMI
 - % Colorectal screening for 50+
 - % Mammograms for women 50+
 - % Current pneumovax status
 - % Annual flu vaccination
 - % Aspirin prophylaxis for patients at risk for cardiac event
 - % Surgical patients receiving VTE prophylaxis
 - Avoidance of high risk medications in elderly
- Quality reports stratified by race, ethnicity, gender, insurance type

Engage Patients and Families

Objectives (2011)

- Provide patients with electronic copy of or electronic access to clinical information labs, medication list, allergies, medical “problem” list)
- Provide access to patient specific educational sources
- Provide clinical summaries for patients at each encounter

Measurables (2011)

- % Patients with electronic access to personal health information
- % Patients with access to patient-specific educational resources
- % Encounters where clinical summary provided

Improve Care Coordination

Objectives (2011)

- Exchange key clinical information among providers
- Perform medication reconciliation at relevant encounters

Measurables (2011)

- Report 30 day readmission rate
- % Encounters where medication reconciliation performed
- Implemented ability to exchange health information with external clinical entities
- Problems, labs, medication lists, care summaries
- % Transitions in care where summary care record is shared (in 2011, could use any modality)

Improve Population and Public Health

Objectives (2011)

- Submit electronic data to immunization registries where required and can be accepted
- Submit electronic reportable lab results to public health agencies
- Submit electronic syndrome surveillance data to public health agencies according to applicable law and practice

Measureables (2011)

- Report up-to-date status of childhood immunizations
- % Reportable lab results submitted electronically

Ensure Privacy and Security Protections

Objectives (2011)

- Compliance with HIPAA and state laws
- Compliance with data sharing practices from National Privacy and Security Framework

Measurables (2011)

- Full compliance with HIPAA
 - Entity under investigation for HIPAA violation cannot achieve meaningful use until entity is cleared
- Conduct or update a security risk assessment and implement security updates as necessary

2013 Objectives

- Improve quality, safety, efficiency
 - Evidence based order sets
 - Clinical documentation recorded (inpatient)
 - Clinical decision support at point of care
 - Manage chronic conditions using patient lists and decision support
 - Report to external disease registry
- Engage patients and families
 - Offer secure patient-provider messaging
 - Access to patient-specific educational resources
 - Record patient preferences
 - Documentation of family medical history
 - Upload data from home monitoring devices
- Coordinate care
 - Medication reconciliation at each transition of care
 - Produce electronic summary of care at each transition
 - Retrieve and act on electronic prescription fill data
- Improve population and public health
 - Receive immunization histories from registries
 - Receive public health alerts
 - Electronic syndromic surveillance data sent to public health agencies
- Ensure privacy and security protection
 - Use summary or de-identified data when reporting data for population health purposes

2015 Objectives



- Improve quality, safety, and efficiency
 - o Achieve minimal levels of performance on quality, safety, and efficiency measures
 - o Implement clinical decision support for national high priority conditions
 - o Achieve medical device interoperability
 - o Provide multimedia support (e.g., x-rays)
- Engage patients and families
 - o Provide access for all patients to PHR populated in real time with data from EHR
 - o Provide patients with access to self-management tools
 - o Capture electronic reporting on experience of care
- Coordinate care
 - o Access comprehensive patient data from all available sources
- Improve population and public health
 - o Use epidemiologic data derived from EHRs
 - o Automate real-time surveillance
 - o Provide clinical dashboards
 - o Generate dynamic and ad hoc quality reports
- Ensure privacy and security protection
 - o Provide patients with accounting of treatment, payment, and health care operations disclosures
 - o Protect sensitive health information