A Statement by the American Health Information Management Association on Determining the Definition of "Meaningful Use" to the National Committee on Vital and Health Statistics, April 2009

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AHIMA would like to thank the National Committee on Vital and Health Statistics Executive Subcommittee and the Office of the National Coordinator for the opportunity to provide input into the formation of the definition of "meaningful use" and the approach that could be used to assess meaningful use of healthcare information and communication technology within the provisions of the American Recovery and Reinvestment Act.

Health information management (HIM) is the professional discipline educated and trained to administer health information and data including the design, implementation, privacy, security, and management of health record systems – paper and electronic. AHIMA is a not-for profit association made up of more than 53,000 HIM professionals working throughout the healthcare industry and government. AHIMA has been engaged in the development of standards and best practices related to the electronic health record for over two decades.

As the nation's health information managers, our members know the inadequacy of the paper record to meet the demands of today's healthcare decision makers. Adoption of electronic health records has been slow for most organizations, resulting in a hybrid record environment that is costly and limiting. We are very anxious to realize the potential ARRA brings for healthcare.

AHIMA believes the most critical element of meaningful use is widespread adoption of certified EHRs and that the expectations of meaningful use need to be applied uniformly across all the industry and not vary by payer, patient, or provider. Over the last several years, significant gains have been made in the development of standards that need to be widely used and form of the basis of health information exchange. Meaningful use must be evaluated on the benefit it brings to healthcare consumers through improved coordination of care. Finally, the capture of improved clinical data should provide the basis for improved secondary data use in quality and public health reporting and continued administrative simplification.

Adoption First

The commitment of significant financial resources to incent EHR adoption is a testament to the key obstacle to meaningful use, that of widespread acquisition and adoption of the technology. With a substantial number of certified EHR solutions to choose from, the barrier is not supply, but creating the opportunity for demand. ARRA satisfies that with the reasonable expectation that acquisition of software alone does not satisfy the requirement to receive funds. However, beyond the financial there have been other barriers to successful implementation; those too are addressed in the Act. Work force training and development, health information exchange standards and vehicles, policies, and technical

standards still stand in the way of the system that is ultimately envisioned. While the industry as a whole with the leadership of the public sector continues to develop the necessary enablers of more advanced functions, an early focus on enabling widespread adoption of certified technology for significant but focused gains on patient safety, quality, and efficiency are most important.

Consistency

In reading the questions directed to the panels at this meeting, the word that recurs most is "consistency." The EHR must be a useful tool in the delivery of high-quality and efficient care to all patients regardless of the payer. While everyone agrees standards are a significant means toward interoperability and data consistency, the standards themselves and how they are used must be consistent across the industry. The provider cannot be faced with providing and documenting care one way for ARRA incentives and several other ways for other industry parties and partners. Certification cannot be accomplished appropriately if all that is judged is consistency with ARRA requirements and not all the other demands on the system. To be meaningful for research, quality, patient safety, public health, etc., data must be produced consistently and with integrity to actually reflect the diagnoses and care rendered to the patient. If the government and healthcare industry cannot agree on the consistency of standards and priorities, then all that is gained is the incentive to adopt and purchase EHRs. Quality and efficiency will not be attained.

Certification and Meaningful Use

AHIMA recommends naming the Certification Commission for Healthcare Information Technology (CCHIT) as the certifying body for EHRs. CCHIT's key goals are aligned with the goals of HITECH, and it has demonstrated that it can be both responsive to the market while still advancing meaningful change and progress. It has succeeded in formulating transparent business practices that raise the bar on conformance testing measures. The CCHIT roadmap has meaning to sellers and purchasers of health information technologies.

CCHIT is well positioned to roadmap capabilities for meaningful use along with functionality and to certify both. The CCHIT roadmaps have emphasized planned improvements to achieve greater interoperability in high stakes areas that will undoubtedly be part of the meaningful use measures including e-prescribing, care coordination through exchange of laboratory and other data and continuity of care reporting and reporting quality measures. Meaningful use goes beyond functionality. It must be judged by assessing how the functionality is actually being used, and smart technology can be used for this purpose. A coordinated certification process for functionality and meaningful use will be cost effective and will be faster to market.

Standards Based

Meaningful use must be based on functional requirements that define a certified EHR, transactional standards that allow for information exchange, and data standards that promote actionable data. Leveraging the work already completed in the standards development area should be a priority, but additional development is required. Standards that currently exist are unevenly adopted within implementations requiring the creation of point-to-point interfaces, manipulation of data, and reliance on redundant tests or multiple data sources. At the same time, however, it is necessary that HHS define standards that must now be incorporated into new products or upgrades of products so that as users progress on this road, the overall goals for meaningful use are met on a reasonable timetable. It must be noted that there may not be an end to the road in the foreseeable future.

Health Information Exchange (HIE)

Information exchange is a prerequisite for all three priorities AHIMA recommends for initial meaningful use measures (e-prescribing, care coordination, and quality measurement). Thus, certification must judge the technical capability to move information in a secure and accurate manner from one entity to another and from one system to another within the same entity. To judge meaningful use, the record of actually using that capability must be measured. AHIMA recommends CCHIT be charged with certifying HIE functionality and evidence of its use.

HIE has a technical dimension, but it also has an important policy dimension. Exchange of information from one entity to another requires oversight to ensure that best practices and policies are in place and are being followed. For this purpose, AHIMA recommends state-designated HIE entities be charged with governance oversight of these dimensions of HIE. AHIMA also recommends a designated role for state-level HIE organizations on the HIT Standards and Policy Committees.

Coordination of Care

AHIMA recommends the following elements of a roadmap could be phased in over time and affect the stimulus payments of Medicare and Medicaid as defined in ARRA. We believe that in choosing functionality that displays meaningful use, HHS should look to achieve widespread applicability across all segments, sizes, and locations of users as well as the opportunity to achieve the highest return to improve the quality of care and efficiency. Attention has been focused on HIE across organizations or at the state and national level, all of which are important for the coordination of care. However, it should not be overlooked that most providers have multiple EHR-related systems, not one system from a single vendor. How these systems interoperate within organizations directly affects the quality of care within a provider site as well as external reporting.

> *Medication Administration and E-Prescribing*
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> Medication administration is a crucial first function that should be supported for meaningful use. It has been proven to improve quality, leverage technology and health information exchange, and improve efficiency. However, the current requirements related to electronic prescribing are not complete and overtime should be improved to include a closed communication and documentation loop between the provider, benefits manager, pharmacy, and patient. To gain the greatest return for medication administration, the requirements should expand across all provider types.
>
> *Laboratory Orders and Results*
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> Clinical laboratory information is critical to healthcare delivery and is the most readily available digital data. Presuming functional, transactional, and data standards can be uniformly adopted and implemented in various EHR products and across the industry, this would make an excellent element of a meaningful use definition. Further integration under HIE would also allow the sharing of results with patients and across appropriate providers.
>
> *Discharge Data*
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> Standards exist for sending of a "discharge" data set from one provider to another to improve continuity of care. The need for such continuity continues and would benefit patients and providers.

Secondary Data Use

Reporting on certain quality measures will change over time and the means to improve on quality reporting or other secondary uses of data must incrementally change as well.

Quality Reporting

ARRA appropriately calls for quality reporting as an element of meaningful use. However, the results of the DOQ-IT program would suggest that it will be some time before physician practices are ready to use EHRs to meet this requirement. Work has begun on a number of fronts to address the complexity of the reporting systems, the definition of data sets for quality reporting, and the functionality of EHR systems to support collection and repurposing of data for reporting. This is important work that must continue, but it may not be reasonable to look to EHR systems to immediately address the quality reporting requirements of any payer at the cost of large-scale adoption.

Public Health Reporting

HHS and others have continually raised concerns regarding the transfer of key information between medical providers and the public health system. To date, reporting continues to be slow and inconsistent and the integration of this requirement could prove beneficial to not only strengthen the public health system, but also the coordination of healthcare providers and public health agencies in health information exchange. We suggest future requirements be built to support timely and complete public health reporting as a byproduct of patient care.

Administrative Simplification

HHS should consider the opportunity to provide leadership to achieve simplification within EHRs and EHR-related systems. Many reports indicate patient acceptance of EHRs when the processes they encounter can be simplified. This could include functions supported by uniform operating rules associated with the HIPAA standards or other similar standards. For instance, use of the Operating Rules for Information Exchange developed by the CORE project of CAQH would provide significant improvements for providers and patients when users can ascertain health benefits at the beginning of an episode of care.

Ensure Return on the Investment

In addition to e-prescribing, health information exchange, and quality reporting functions already specified in ARRA for meaningful use, it is important to include other functions that ensure return on investment.

One such set of functions are those that help prevent and detect fraud. According to some estimates, 3 to 10 percent of healthcare spending, or $50 billion to $200 billion, is lost to fraud. Recovering or preventing even a portion of those payouts will help the stimulus package achieve its economic goals. Many of the measures to prevent and detect fraud are the same as those required for good documentation practices and for establishing the provider's legal record for business and disclosure purposes. These functions can be implemented by building an evidence trail that minimizes the potential for fraud within EHR systems with little additional burden to both physicians and vendors. Therefore, focusing on these measures will yield multiple benefits to both providers and the industry.

Another way to achieve a return on HIT investment is to rely on existing processes for reporting meaningful use requirements. AHIMA recommends there not be a separate process for reporting

meaningful use requirements in order to receive pay-for-performance bonuses or ARRA incentives. Having a separate reporting process will actually direct money away from users of EHR systems.

It is important to make EHR system functionality itself part of a streamlined process for reporting meaningful use requirements. For example, it is possible that EHR systems can collect data on the number of e-prescribing transactions the physician has been involved in by summarizing the data in the EHR system itself. This means the physician would not have to perform yet another administrative process to gather the data for reporting purposes. Similar use of clinical or audit trail data can be used for reporting health information exchange and quality reporting requirements. Based on these high-level examples, AHIMA recommends such functionality be included under meaningful use.

Meaningful Use Measurements

In order to achieve adoption, care coordination, and improved capture and use of secondary data AHIMA advises that measures:

- **Reflect the end goals:** Health IT is a means to achieving improvements in quality, cost and health system performance. Meaningful use should, to the extent feasible, focus on use of the information, not the technology itself.
- **Be incremental:** IT systems and the expertise to use information are evolving rapidly. Meaningful use should therefore be viewed as a roadmap to be stepped up over the next several years. Initial criteria should be based on what is achievable with current technology.
- **Leverage the standards, certification and information exchange progress of recent years:** The definition of meaningful use and how it is measured should build on the approaches taken by the Certification Commission for Healthcare Information Technology, the Healthcare Information Technology Standards Panel, and the American Health Information Community. Measurement should not create reporting burdens for providers.
- **Be auditable:** The way in which meaningful use is measured and reported must minimize manipulation and mitigate the risk of fraudulent reporting.
- **Be relevant to consumers:** Taxpayers are funding these investments as a prerequisite to effective health reform. More broadly, this is an extraordinary opportunity to be transparent and to increase public recognition of the challenge and opportunity of an interconnected health system and the progress that is being made.

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