

Comparison of HIMSS, AMIA, and Markle Foundation Definitions of “Meaningful Users of EHR Technology”

The American Recovery and Reinvestment Act of 2009 (ARRA) describes a “meaningful user” of EHR technology as meeting **EACH** of the following requirements:

- Using certified EHR technology in a meaningful manner, including e-prescribing
- Engage in the exchange of health information to improve quality and promoting care coordination
- Report on clinical quality and other measures using EHR

	HIMSS Healthcare Information & Management Systems Society	Markle Foundation	AMIA American Medical Informatics Association
Overview Statement on Health IT Provisions in ARRA & Definition of “Meaningful Use”	<p>In order for nation to benefit from ARRA, requirements must be introduced – and made increasingly stringent – in incremental stages, resulting in mature definition by FY2015 that includes the following attributes:</p> <ul style="list-style-type: none"> ▪ Utilization of EHR certified by CCHIT ▪ Demonstrated ability to electronically exchange standardized patient summary data with clinical and admin stakeholders ▪ E-prescribing ▪ Reporting of quality and patient safety data 	<p>Definition of “meaningful use” should hinge on whether information is being <u>used</u> to deliver care and support processes that improve patient health and outcomes. Definition should focus on the needs of patients and consumers, not on the mere presence or functions of technology. Should be demonstrable in first years of implementation without undue burden on clinicians; should gradually expand over time.</p> <p><u>Patient-Centered, Meaningful Use of Health IT Definition:</u></p> <p>Demonstrates that the provider makes use of, and the patient has access to, clinically relevant information about the patient to improve patient outcomes and health status, improve the delivery of care, and control the growth of costs.</p>	<p>The notion of “meaningful use” is itself best viewed as an evolving concept</p> <p>Critical to develop and apply definition of “meaningful use” that is robust and suitable for period when being applied, then to define evolving criteria to assure achievement of qualities and capabilities.</p> <p>There is a need for additional research and evaluation to assure ongoing refinement of “meaningful use” concept.</p> <p>Subscribes to the principles of the IOM Quality Chasm Report regarding aims for quality care (care that is safe, timely, equitable, effective, and patient-centered)</p> <p>“Value-driven care” - focus on evidence-based principles and policies that support needs of populations. This requires development of learning healthcare systems.</p>
Using EHR technology in a meaningful manner	<p>Phase #1: (2011)</p> <ul style="list-style-type: none"> ▪ Clinical data display and computerized practitioner order entry (CPOE) (e.g. medications, 	<p>(2011-2012) Improve medication management and coordination of care by relying on standard information types that are electronic and widely adopted</p>	<p>EHR provides support for clinical practice through improved communication, documentation and efficiency</p>

	<ul style="list-style-type: none"> lab testing, consult requests) <ul style="list-style-type: none"> ▪ Use E-prescribing <p>Phase #2: (2013)</p> <ul style="list-style-type: none"> ▪ CPOE system supported by clinical decision support (CDS) 	<p>Ability for patient to obtain electronic copies of personal health information from EHRs.</p> <p>Use e-prescribing to:</p> <ul style="list-style-type: none"> ▪ Enable drug-interactions checking ▪ Support evidence-based protocols ▪ Present therapeutic alternatives/most cost effective alternatives ▪ Reduce errors due to illegible handwriting ▪ Medication history lookup 	<p>Demonstrate that e-prescribing includes checks for specific drug-drug interactions</p>
<p>Information exchange to improve quality and promote coordination</p>	<p>Phase #2 (2013)</p> <ul style="list-style-type: none"> ▪ Physician demonstration of e-exchanged information with external entities (e.g. other hospitals, payers, transitional or long-term care, clinical practices, community pharmacies, patient personal health record, and HIEs. Info should include demographic, personal/contact info, allergies, medication summaries, current problem list, diagnostic test results) <p>Phase #3: (2015)</p> <ul style="list-style-type: none"> ▪ E-Info exchange as specified in Continuity of Care Document (CCD) standard 	<p>(2011-2012) Initial focus on care coordination and medication management through use of recent test, laboratory results, recent medication histories and care summaries</p>	<p>Ability to link and track clinical processes and outcomes with other practices and hospitals</p> <p>Ability to connect to an HIE or RHIO</p> <p>Create and deliver evidence-based workflow that assure high quality, efficient processes and guidelines for decision-support</p> <p>Ability to support comparative effectiveness studies and research</p> <p>Linkage with clinical laboratories for test ordering and results</p>
<p>Report on clinical quality and other measures using EHR</p>	<p>Phase #1: (2011)</p> <ul style="list-style-type: none"> ▪ Adopt sub-set of existing NQF endorsed measures, report using HITSP-harmonized standards <p>Report:</p> <ul style="list-style-type: none"> ▪ % of electronic medical orders ▪ AHRQ quality outcomes 	<p>“Qualified or certified” technology should embed capabilities to achieve, measure, and report meaningful use metrics without requiring undue extra work for the practice</p>	<p>Quality metrics reporting and quality measurement results:</p> <ul style="list-style-type: none"> ▪ Measurement of improvements in health outcomes ▪ Evaluation of outcomes and revision/improvement process

	<ul style="list-style-type: none"> ▪ National Priority Partnership Goals ▪ Adverse drug events ▪ % of e-prescriptions <p>Phase #2: (2013)</p> <ul style="list-style-type: none"> ▪ Same 2011 standards with % of change <p>Phase #3: (2015)</p> <ul style="list-style-type: none"> ▪ Same 2013 standards with % of change 		<p>Report on measures to address breadth of EHR use:</p> <ul style="list-style-type: none"> ▪ % of clinicians ▪ % of beds ▪ % of transactions <p>Report on EHR use to support:</p> <ul style="list-style-type: none"> ▪ Medication safety ▪ Patient transitions ▪ Quality and process improvement ▪ Public health reporting
EHR product certifying body, interoperability standards	<p>Supports Certification Commission for Healthcare Information Technology (CCHIT)</p> <p>Recommends HHS collaborate with CCHIT to reconcile gap between physicians who use “best-of-breed” and/or open source technologies</p> <p>Coordinate with Healthcare Information Technology Standards Panel (HITSP) and Integrating the Healthcare Enterprise (IHE) to bridge gaps in interoperability</p>	<p>Supports new requirements with separate standards for secure transport of data, descriptive data within transported message. Open to adapting particular aspects of CCHIT, HITSP, or AHIC/NeHC into new EHR certified technology. Needs to be widely achievable from 2009-2012.</p> <p>Necessary to pass separate standards for:</p> <ul style="list-style-type: none"> ▪ Transport protocols ▪ Security protocols ▪ Minimum protocols (patient ID management, location of patient records, authentication of users, etc) <p>Must be market ready, low cost and nimble</p> <p>NIST or other appropriate agency set the core criteria for certification of meaningful use functionality</p>	<p>Support concept of certification such as Certification Commission for Healthcare Information Technology (CCHIT), but not sufficient as criterion for “meaningful use.”</p> <p>EHR effectiveness should be tested against external standard like the Leapfrog test</p> <p>Criteria should focus on clinical endpoints achieved consistent with the National Academies’ Report on Computational Technology for Effective Health Care</p>
Additional comments		<ul style="list-style-type: none"> ▪ Need for different standards for incentives between small and large practices, different definitions and metrics to accommodate complexity of Medicare and Medicaid, such as different incentive structures. ▪ Need to consider providers already with EHRs that are unable to perform basic information 	

		exchanges. <ul style="list-style-type: none">▪ Network-enabled solutions can achieve same goals as comprehensive EHRs in the near-term	
Link to full document	http://www.himss.org/content/files/2009/HIMSS_DefUseEHRUsers.pdf	http://www.amia.org/files/shared/A_Comments_Submitted_to_NCVHS_04_28_09_FINAL.pdf	http://www.markle.org/downloadable_assets/20090430_meaningful_use.pdf

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