



Arizona Hospital and Healthcare Association

June 25, 2009

David Blumenthal, M.D., M.P.P.
National Coordinator
Office of the National Coordinator for Health Information Technology
200 Independence Ave, SW
Suite 729D
Washington, DC 20201

RE: HIT Policy Committee Meaningful Use Comments

Dear Dr. Blumenthal:

On behalf of the Arizona Hospital and Healthcare Association, thank you for the opportunity to comment on the Health Information Technology (HIT) Policy Committee's (Committee) initial draft definition of "meaningful use" of certified electronic health record (EHR) technology. AzHHA appreciates the efforts of the Committee and the Office of the National Coordinator for Health Information Technology on this draft definition. We offer the following comments for your consideration.

Arizona's hospitals are committed to improving patient care, quality and efficiency through the use of EHR technology. However, the high cost of building and maintaining these systems is a significant challenge. With this in mind, the definition of "meaningful use" is critical so that Arizona hospitals can qualify for financial assistance under the American Recovery and Reinvestment Act (ARRA) and beginning in 2015 are not penalized for not being "meaningful users" of the technology. While AzHHA appreciates the Committee's initial efforts to define "meaningful use," we have several concerns about the draft definition.

Framework for Definition

The initial definition uses the National Priorities Partnership's *National Priorities and Goals* as a framework for meeting the statutory requirements for defining "meaningful use." These goals were designed for a specific purpose, which we support. We do not believe, however, they were intended to provide an appropriate framework for defining "meaningful use" of EHR technology. While the Committee's vision in setting forth this framework is commendable, we are concerned the objectives delineated are overly ambitious and not achievable within the specified timeframes.

We recommend the Committee adopt an operational approach for defining the major features of a health information technology (HIT) system that support the delivery of safe and effective healthcare on a daily basis. Objectives should be clearly articulated and represent steps that are critical for supporting clinical decisions and preventing harm to patients. Furthermore, the objectives should be sequenced in a way that is achievable for most hospitals.

Initial Objectives

While hospitals may be able to ratchet up their “meaningful use” through meeting increased objectives every two years, this is achievable only if the initial objectives are obtainable. AzHHA is most concerned about the 2011 Computerized Provider Order Entry (CPOE) requirements. The adoption of CPOE is not widespread throughout Arizona hospitals. While many hospitals have a plan for phasing in the CPOE functions proposed in the draft definition, doing so by 2011 will be extremely challenging, if not impossible. Furthermore, CPOE relies on other EHR systems for successful implementation. These “building blocks” must be in place prior to the adoption of CPOE. With this in mind, we recommend that the Committee delay the CPOE requirement until at least 2015.

We agree with comments by the American Hospital Association that the definition of “meaningful use” in 2011 should focus on getting the majority of hospitals up and running with the basic components of an EHR system, which can then be built upon as initial functions are established. In addition, the Committee should be cognizant of constraints facing hospitals that may likely impede the proposed timeline. These include (1) the manner in which hospitals typically roll out EHR systems by department to assess the effectiveness of the systems and (2) vendor capacity constraints, which will likely increase as more hospitals and clinicians simultaneously move to implement EHR technology. These constraints should be considered by the Committee as it refines the definition of “meaningful use” and the related objectives and timeline.

Submission of Clinical Quality Measures

To meet the definition of “meaningful use,” the ARRA requires providers to use EHR to submit clinical quality measures. The ARRA conditions this requirement on the ability of the Centers for Medicare and Medicaid Services to receive the data. Because there are no standards or systems in place to allow this at this point, we recommend the Committee eliminate clinical quality measure reporting for 2011. We further recommend that the measures chosen be endorsed by the National Quality Forum and adopted by the Hospital Quality Alliance, as these two groups are the primary consensus organizations for developing hospital quality reporting measures. Finally, hospitals should not be required to meet specific performance thresholds for the measures, which seems to be implied by the terminology used in the draft. Rather, as required by ARRA, hospitals should qualify as meeting the definition of “meaningful use” by using HIT systems for reporting specified clinical quality data.

Other Concerns

We have various other concerns with the draft definition as follows:

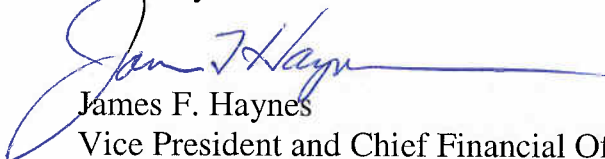
- The abbreviations for “inpatient” and “outpatient” used in the matrix are not clearly defined and create confusion over whether the requirements apply to physicians only or to an outpatient hospital setting, such as an emergency department. These terms should be clarified, and the requirements for physicians and hospitals should be clearly delineated.
- Terminology under the privacy and security priority are not well defined. For example, the phrase “fair data sharing practices” is not defined, and we are unsure to what this refers. The same is true for “summarized or de-identified data” and “incorporate and utilize technology to segment sensitive data.”
- Under the improve care coordination priority, the 2011 objective “to exchange key clinical information among providers of care” should be clarified so that data sharing requirements may first be met between hospitals and members of their medical staffs, and then later transitioned externally as those standards are adopted and implemented.

Conclusion

Arizona hospitals are committed to being meaningful users of EHR technology. Many of our members have already invested vast amounts of capital in these systems. But implementation must be done strategically in order to ensure the systems adopted are effective and truly contribute to improved quality of care and patient safety. We are concerned the aggressive schedule proposed by the draft definition and related requirements may redirect the focus of hospitals away from the thoughtful implementation of HIT systems, including necessary cultural and process of care changes, to the mere technical implementation of the technology. To us, this is counterintuitive to what it means to be a “meaningful user” of EHR technology.

In addition, the incentives provided by the ARRA, while much appreciated, will only fund a portion of a hospital’s EHR system. Hospitals will need to apply their own resources as well. Given current economic conditions, many hospitals – particularly small rural hospitals – will find it difficult to capitalize these projects on the time schedule proposed by draft definition. With this in mind, we urge the Committee to revise the proposed definition of “meaningful use” with an eye to a more practical and operationally sequenced approach. Once again, thank you for the opportunity to comment on the draft definition. Please contact me if you have any questions.

Sincerely,



James F. Haynes
Vice President and Chief Financial Officer