



Policy Steering Committee Quarterly Meeting Meeting Summary

September 17, 2013
12:30pm-3:00pm ET

Participants:

- Leigh Burchell, Allscripts - Chair
- Mark Segal, GE Healthcare IT – Vice-Chair
- Mari Savickis, American Medical Association
- Charlene Underwood, Siemens Health Services
- Elina Alterman, National Partnership for Women & Families
- Madeline Konig, American Heart Association
- Mary Brown, Quality Health Network
- Julie Cantor-Weinberg, College of American Pathologists
- Laura McCrary, Kansas Health Information Network, Inc.
- Chantal Worzala, American Heart Association
- Marcia Cheadle, Inland Northwest Health Services
- Meg Marshall, Cerner
- Patricia MacTaggart, George Washington University

Not present:

- Meryl Bloomrosen, American Health Information Management Association
- Faith Cristol, Quest Diagnostics
- Jon Easter, GlaxoSmithKline
- Robert 'Bob' Marotta, WebMD

Meeting Summary

eHI's Policy Steering Committee convened on September 17th for an in-person meeting to discuss Meaningful Use, Interoperability, and eHI's policy position in these topics. First, Ceci Connolly presented an overview of the health care reform and the upcoming insurance exchanges. The meeting proceeded with a roll-up-your-sleeves group discussion on Meaningful Use Stage 2 timing and Stage 3 draft rules, followed by a discussion on interoperability.

This summary is divided into three sections: (1) Ceci Connolly's Opening Remarks, (2) Meaningful Use Stages 2 and 3, and (3) Interoperability.

1. Ceci Connolly Opening Remarks:

Discussion: Ceci Connolly, renowned journalist and current managing director at PwC's Health Research Institute, led the meeting's opening remarks. Ms. Connolly made clear that the Affordable Care Act (ACA) is not going to get repealed, even given Washington's current environment of government shutdown threats. The ACA will bring about a "new healthcare economy," where access to care is going to be a main focus. In regards to the Insurance Exchanges, Ms. Connolly emphasized that the implementation of the upcoming insurance exchanges will be a marathon, not a sprint. The exchanges are changing the business model of healthcare from wholesale to retail. There will continue to be many technological implications to create safeguarded, accessible, easy-to-use communication pathways (i.e. mobile medical apps). "The coming year will be a test period... Most states will run 6-12 exchanges next year to try it out", said Ms. Connolly. "New data and the ability to act on it quickly is key [for insurance exchange survival]"

2. Meaningful Use (MU):

Discussion: Mark Segal led the discussion for Stage 2 timing and Stage 3 outlooks. He noted that the Health IT Policy Committee (HITPC) released three draft rules for Stage 3 and we expect to see final recommendations in the coming months. The PSC members expressed their concerns with the time period to achieve MU Stage 2 as well as Stage 3. Below are the comments from the group:

- 1) Eligible professionals (EPs) and eligible hospitals (EHs) should have a three year span to achieve the goals of each MU Stage. Members voiced agreement on the need for extra time, citing a necessary time-period of at least 18 months' from the time policy and regulations are released to the time EPs and EHs to must realistically achieve the objectives for Stages 2 and 3.
- 2) MU attestors should have guardrails to achieve each stage. MU currently functions through an "all or nothing" rule. If an EH or EP does not meet 100% of the requirements, they will be penalized. Instead, EH and EPs should be able to achieve the MU Stages if they achieve 75% rather than 100% of the required objectives.
- 3) The current objectives and implementation for stage 2 are unclear, making the transition from Stage 1 to Stage 2 a concern.
- 4) Standards need more widespread testing.
- 5) Keep the focus on the patient and improving patient safety.
- 6) We need some metrics or lessons learned from Stage 1 to see what is working and where we need to learn from.

eHI Action Item #1: Take advantage of the Stage 2 conversations. eHI should deliver a centered, simple, high-level, patient-centered message of our position in Stage 2.

- We need to look at the data and lessons learned from Stage 1 and the transition to Stage 2 to make a well-crafted response letter.
- In the response letter, we must determine what is the scope eHI needs to address in MU to actually influence CMS and other agencies.

3. Interoperability:

Discussion: Mark Segal led the discussion for Interoperability. He remarked, "eHI has put a good focus on interoperability last year, but there are still problems." The members followed with their comments presented below:

- 1) Interoperability has not been achieved yet, and there is further concern that interoperability will not be seen in Stage 2 as well.
- 2) We need to help folks understand the building blocks of interoperability, including the infrastructure, the definition of terms, the requirements, the benefits, etc.
- 3) Create prescriptive requirements and make them policy based.
- 4) A patient matching identity is critical to achieve interoperability.
- 5) To direct health IT interoperability, we need a state map of Health Information Service Providers (HISPs).
- 6) Need to provide a normalization of language regarding interoperability terms.

eHI Action Item #2: Determine if eHI should get involved in ONC's Patient Matching Initiative.

eHI Action Item #3: Provide education tools such as fact sheets on (1) the common terminology used for interoperability and (2) a map of HISPs (location by state geography).

4. PSC Process:

Discussion: Julie Cantor-Weinberg led the discussion to talk about how to improve the process of how PSC produces comment letters. "The best and worst thing of eHI is how broad we are," said Ms. Cantor-Weinberg. She described the need to come up with a standard process of policy responses. The group agreed upon the need to be more efficient and effective with comment letters, as more are to be expected in the coming months.

eHI Action Item #4: Create a small ad hoc workgroup of 3 or 4 people in charge of addressing what needs to be done first when developing a response letter. Then, open up the discussion to the rest of the PSC members.

eHI Action Item #5: Beyond quarterly meetings, the PSC should have a standby "Monthly Pulse Check" meeting to touch base on any policy developments.