Health Information Technology Policy Committee
October 3, 2012

Overview
The HIT Policy Committee met on October 3rd to begin receiving request for comment (RFC) input from workgroups for preliminary recommendations on Stage 3 Meaningful Use.

Background
The HITECH Act, as part of the American Recovery and Reinvestment Act of 2009, was passed to help promote the adoption of health information technology (HIT) for a better health care system. HITECH established two federal advisory committees, one them being the HIT Policy Committee (HITPC), to assist the Office of the National Coordinator for Health Information Technology (ONC) implement provisions of the act. The HITPC itself is composed of many workgroups, including meaningful use, information exchange, privacy & security, quality measures, and others. The Meaningful Use Workgroup is charged with making recommendations on how to define the meaningful use of HIT in the short- and long-term, how electronic health records can support meaningful use, and how providers can demonstrate meaningful use.

Summary

Request for Comment Input
- Opening remarks by the National Coordinator, Farzad Mostashari, addressed current events and criticism of health IT initiatives and billing concerns in the media. ONC's response focused on the incumbency of the health care community to take a critical look at documentation for the best care and outcomes for patients. A set of guidelines and best practices is essential to this end.
- Pre-RFC preliminary Meaningful Use Workgroup Stage 3 Recommendations were updated following the August 1 HITPC meeting. Recommendations were presented in 4 subgroups:
  - Improving Quality, Safety, Efficiency and Reducing Health Disparities
    - Members discussed embedding Prescription Drug Monitoring Program (PDMP) formulary lists to decrease spending.
    - Real time PDMP data made available for pilot programs was suggested.
  - Engaging Patients and Families
    - The issue of health information liability was raised. Members acknowledged the difficulty in determining physician liability for the privacy and security of sensitive health data when patients can access and download their records. The committee decided to address this issue in the Request for Comment.
  - Improving Care Coordination
    - No recommendations were presented at this time
  - Population and Public Health
    - The committee raised questions on public health messaging. Members considered the ability to receive urgent public health messages through Direct Messaging.

- Information Exchange Workgroup Recommendations to the HITPC centered on proposed EHR certification criteria for querying for patient information. EHRs must be able to query a Provider Directory external to the EHR to obtain entity-level addressing information.
  - A Request for Comment asks additional questions on the maturity of standards to support these criteria and for experiences in implementing these standards. Criteria to facilitate healthcare providers' ability to switch EHR vendors will also be addressed in a Request for Comment.
- The Privacy and Security Tiger Team presented potential questions for the Request for Comment on recommendations for MU Stage 3.
  - The HITPC revisited its recommendation that provider users of EHRs be authenticated at National Institute for Standards and Technology (NIST) Level of Assurance (LoA) 3 for remote access by MU Stage 3. The Request for Comment asks whether the next phase of EHR certification criteria should include capabilities to authenticate provider users at LoA 3, what the appropriate measures are for ensuring provider users comply, and what modifications should be made to the NIST authentication guidance.
  - Requests for Comment were issued for additional security risk issues and HIPAA Security Rule provisions that should be subject to MU attestation in Stage 3.
  - The use of audit file reports does not specify a standard format to support multiple-system analytics with respect to access. Feedback was requested on feasibility, log creation and maintenance, and file formatting.
- For MU Stage 3, Quality Measures Workgroup (QMWG) will focus on Clinical Quality Measures (CQMs), measure components, environmental factors and the extent to which measures drive quality improvement.
  - The QMWG asked for input on the shift away from retooling legacy paper-based CQMs to designing eCQMs as an appropriate course of action.
    - HITPC members raised questions about who would be responsible for vetting measures. There is a need to identify who will make decisions surrounding CQMs and eCQMs.
  - For population management, the QMWG requested comment for the value proposition of clinical population management platform use, and the technological challenges to widespread release and adoption.
  - Requests for Comment were issued on constraints to be put in place for provider-initiated eCQMs.

Additional Comments

- Public commentary addressed concerns around EHR access, authentication and authorization. Questions about the effectiveness of basic usernames and passwords were raised, and the need to verify and assure users of secure data transfer was emphasized.
- The timeline for MU Stage 3 was addressed in public commentary. A recommendation to delay the Request for Comment was issued, as providers are still busy focusing on attesting Stage 1 and understanding Stage 2.