Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Consumer Workgroup

MU STAGE 3 Notice of Proposed Rulemaking (NPRM) Comments

Christine Bechtel, chair

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Consumer Workgroup Members

- **Christine Bechtel**, Bechtel Health Advisory Group (Chair)
- **Dana Alexander**, Caradigm
- **Leslie Kelly Hall**, Healthwise
- **Ivor Horn**, Seattle Children's
- **Erin Mackay**, National Partnership for Women & Families
- **Philip Marshall**, Conversa Health
- **Amy Berman/Wally Patarawan**, The John A. Hartford Foundation
- **Will Rice** , Walgreens/Take Care Health Systems
- **Clarke Ross**, Consortium for Citizens with Disabilities; American Association on Health and Disability
- **Luis Belen**, National Health IT Collaborative for the Underserved
- **Kim Schofield**, Lupus Foundation of America (GA Chapter) Work@Health Program for CDC
- **MaryAnne Sterling,** Patient & Caregiver Advocate
- **Nicholas Terry,** Indiana University, Robert H. McKinney School of Law

Ex Officio Members

- **Cynthia Baur,** HHS**,** CDC
- **Teresa Zayas Caban**, HHS, AHRQ
- **Danielle Tarino**, HHS, SAMHSA
- **Theresa Hancock,** Veterans Affairs
- **Bradford Hesse**, HHS, NIH
- **Wendy J. Nilsen**, HHS, NIH

ONC Staff

- **Chitra Mohla,** Office of Policy (Lead WG Staff)

Introduction

- Consumer Workgroup was asked to review:
  - Objective 5: Patient Electronic Access to Health Information
  - Objective 6: Coordination of Care through Patient Engagement

- Following comments are a reflection of workgroup deliberations

Objective 5: Patient Electronic Access to Health Information

Proposed Objective: Provide electronic or API access to health information and educational resources. Must meet all measures.

- Measure 1: For >80 % of all unique patients, patient provided access to health information within 24 hours of availability: 1) to view online, download or transmit their health information OR 2) retrieve using an ONC-certified API used by 3rd party app or device

- Measure 2: Use CEHRT to identify patient-specific educational resources & provide electronic access to those material >35% of unique patients

- **Exclusion:** EP with no office visits. EP/EH in area with insufficient broadband

Objective 5: Measure 1

- In general, the CWG agrees with providing access to > 80% of patients access to their health information within 24 hours

- Recommend EPs and EHs offer both View/Download option and an ONC-certified API, with caveats….

Objective 5: API - Pros and Cons

- **We recognize APIs are a strong technical solution**
  - Offer consumers more choice and better uses of health information for self-care, care management and family caregiving
  - Break down silos in health care
  - Allow patients to use their health information in apps suited to their needs

- **While we recommend use of both APIs and VDT/portal, the following things must happen:**
  - Adoption and implementation of the API-related recommendations of HITPC Privacy & Security Work group.
  - Educating small practices and hospitals about APIs and their privacy and security implications (per August 16, 2011 HITPC transmittal letter) so they may educate patients and families accordingly.
  - Consideration of certifying additional functions such that APIs may be used for functions beyond download/transmit
  - Requirement that APIs are publicly available

Objective 5: Offer both VDT and API

- **We support offering both VDT and API for the following reasons:**
  - Give the marketplace time to determine which option(s) best meet the needs of the consumers
  - Maintaining VDT is important because many patients are already using VDT for valued functions:
    - Secure messaging, online medication refills, appointment scheduling, etc.
  - Understanding intended and unintended impact of APIs

Objective 5: Measure 2 and Exclusion Criteria

- **Agree with Measure 2 as proposed:** providing electronic access to clinically relevant patient specific educational resources for more than 35% of patients

- **Exclusion Criteria: Insufficient Broadband**
  - Allows providers in a county with <50% of housing units with 4Mps broadband to be excluded from VDT and/or API

- CHANGE: Instead of an exclusion, CMS should consider requiring providers in low broadband counties to offer patients online access to their health information and promote it actively, but allow these providers to be excluded from the requirement that a percentage of their patients actually logon and view, download or transmit their health information once in the reporting period.

Objective 6: Care Coordination through Patient Engagement

Proposed Objective : Use communication functions of certified EHR technology to engage patients or their authorized representatives about patient care.
NPRM proposal: Must meet 2 of 3 measures

- Proposed Measure 1: >25% of unique patients, view, download or transmit health information OR use ONC-certified API that can be used by third party applications.

- Proposed Measure 2: For 35% of unique patients, a secure message is sent to patient or in response to secure message sent by patient.

- Proposed Measure 3: For 15% of unique patients, either patient-generated health data or data from a non-clinical setting is incorporated in the EHR.

Objective 6: Care Coordination through Patient Engagement

- We strongly support patient engagement and care coordination as two distinct concepts
  - Both are key components of new models of care and delivery system reform.

- However, the rule combines and concepts in a way that would allow providers to potentially skip patient engagement altogether by selecting 2 of 3 measures:
  1. Sending a secure message
  2. Getting data from a "non-clinical" provider (e.g. non-MU eligible)

  - Both are essential to care coordination but don't reflect direct patient engagement.

- **Recommendation:** The two concepts should be separated

We provide 3 options to do so…

Objective 6: Options for Measures

NPRM Proposal: Must meet 2 of 3 measures	Recommendations		
	OPTION A All 3 measures required	**OPTION B** All 3 measures required	OPTION C Meet 2 out of 3 revised measures
Measure 1: >25% of patients view, download or transmit health information or use ONC-certified API	CHANGE: Lower Threshold to 10 %	CHANGE -Lower Threshold to 10 %	CHANGE: Lower Threshold to 10 %
Measure 2: 35% of unique patients, a secure message is sent to patient or in response to secure message sent by patient.	AGREE	AGREE	CHANGE: Move to HIE Objective 7; 5% of patients send one secure message in a 12 month period (EPs only); Hospitals: secure message without threshold
Measure 3: For 15% of unique patients, either patient-generated health data OR data from a non-clinical setting is incorporated in the EHR	AGREE …but must clarify- provider requested PGHD.	CHANGE Provider-requested PGHD in the EHR for more than 10% of patients; *Modification:* Move "data from non-clinical setting" to HIE Objective	CHANGE PGHD "non-clinical" data moved to the HIE Objective and providers may send using secure messaging.

Objective 6: CWG Recommendation

Consumer Work Group Recommends Option B:

1. CHANGE: All 3 measures are required.

2. CHANGE : Measure 1 - Threshold for VDT is reduced from 25% to 10%

3. AGREE: Measure 2: As proposed a secure message sent to more than 35% of all unique patients using the electronic messaging function of CEHRT or in response to a secure message sent by the patient

4. Measure 3 – Patient-generated health data is incorporated into the certified EHR technology for more than 10% (CHANGE from 15%) of all unique patients...
   CHANGE : move "OR data from a non-clinical setting" to the HIE Objective 7.

Overall Comment: Agree with not allowing administrative or financial data to count as patient-centered communication towards secure message threshold

Objective 6: CWG Recommendations

If option C is selected, the HIE objective would be revised as follows:

- Measure 1: (send summary of care): For more than 50% of transitions of care and referrals, the EP, eligible hospital or CAH that transitions or refers their patients to another setting of care or provider of care:
  CHANGE: ~~1) creates a summary of care record using CEHRT; and~~ 2) electronically exchanges the summary of care record.

  ADD:
- Must send summary of care/Common Clinical data set OR receive clinical information from a non-MU eligible provider
- ADD/Clarify: Secure messaging may be used to fulfill this requirement to send either the CCDS or to communicate/solicit/receive clinical information from a non-MU eligible provider, and the patient has the ability to view and participate in those messages.

Objective 6: CWG Recommendations

If the option C is selected (secure messaging moved to HIE objective) the HIE objective would be revised as follows:

- Measure 2: (receive summary of care): For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital or CAH ***incorporates into the patient's EHR*** an electronic summary of care document from a source other than the provider's EHR system,
  CHANGE – ADD
  or information from a non-MU eligible provider

QUESTIONS