

HIT Policy Committee Meeting Summary: October 27-28, 2009

The HIT Policy Committee held a two-day public meeting on Tuesday, October 27, and Wednesday, October 28.

Highlights of the meeting are as follows:

- All materials (agenda and written testimony) from the meeting may be found at http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&&PageID=16497&mode=2&in_hi_userid=11113&cached=true.
- Dr. Blumenthal announced that in addition to the tasks the Policy Committee has been working on, the Committee will now turn its attention to creating the Federal Health Information Technology Strategic Plan required by ARRA.
- He also announced – and the Committee agreed to - a reorganization of the Committee’s Workgroups as follows:
 - Policy Committee Workgroups:
 - Meaningful Use
 - Adoption of HIT / EHR (formerly the “Certification & Adoption” Workgroup)
 - Privacy and Security (new)
 - NHIN and HIEs (new, but reconfigured from the old “Exchange” Workgroup)
 - Strategic Planning (new)
- The Committee heard summary presentations from its workgroups about what they have accomplished over the past month. Noteworthy among these summaries is:
 - A clarification by the Meaningful Use Workgroup that it was never the group’s intent to require that specialists meet all of the requirements for Eligible Professionals on the meaningful use matrix. They did intend that all hospitals be required to meet the hospital objectives and measures, though, and wanted to hear from smaller hospitals before considering whether to differentiate between requirements for small and large hospitals;
 - The Meaningful Use Workgroup noted that the Committee may very well submit comments on the CMS proposed rule, when it is released;
 - An announcement that the Meaningful Use Workgroup plans to invite a panel (if not hold an entire hearing) to discuss issues specific to the *Medicaid* HIT incentives; and
 - An acknowledgment by the Exchange Workgroup that patient identification issues are a problem for information exchange.

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- The goals of the testimony presented today were to: (1) discuss how to account for variation among specialists; and (2) discuss how to account for variation in abilities and capacity of different providers.

The following are key issues the various invited panels considered:

- Registries and Quality Measures Panel:
 - Whether a requirement to use registries could be a substitute for other meaningful use requirements for specialists, and whether meaningful use requirements on registry use should apply to all physicians;
 - How to define the term “registry” and what goals to set around registry use;
 - Whether the quality of registries themselves needs to be monitored;
 - Cost and administrative burdens that affect participation in registries;
 - The importance of choosing “measures that matter”;
 - The possibility of grouping measures and allowing physicians to choose among them; and
 - The challenges of adapting measures to EHRs and adapting EHRs to the measures.
- Specialists Panel:
 - How to know when a physician is acting as a primary care provider versus a specialist;
 - Current benefits of specialty registries;
 - How to address interoperability issues for physicians who practice out of multiple facilities and who work with multiple laboratories;
 - The possibility of adding secure messaging to the meaningful use requirements;
 - How to include behavioral and mental health measures for meaningful use, when quality measures are lacking and there are special concerns regarding privacy and security; and
 - Generally, how to avoid creating silos of requirements for specialists and instead use HIT to help integrate care.
- Smaller Providers (Physician Practices and Hospitals) Panel:
 - Start-up costs as a serious barrier to adoption (and the possibility of creating HIT loan program under ARRA);
 - Problem with the requirements for FQHC participation in regional extension centers (cap of ten providers per tax ID);
 - Issues surrounding remote monitoring and patient management;
 - Concerns about patient access to medical records;
 - How to reduce health disparities and account for different baselines across varying populations;
 - How to encourage interfacing with providers *not* covered by ARRA (e.g., mental health centers, behavioral health providers); and

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- What type of outreach to physicians (and to the public) would most effectively encourage adoption.
- Underserved and Medicaid Providers Panel:
 - Concerns about physician eligibility for Medicaid incentive funding (i.e. concern about reaching the Medicaid threshold to qualify), given the typically large fluctuations in the Medicaid population;
 - Problems with the current meaningful use measures as they apply to pediatrics and dentistry; and
 - How EHRs and the meaningful use criteria can be used to support clinical research.

The HIT Policy Committee will not meet in November but will hold its next public meeting on December 15, 2009.

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