

WISCONSIN HOSPITAL ASSOCIATION, INC.



June 26, 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

Attention: HIT Policy Committee Meaningful Use Comments

Submitted via email to: MeaningfulUse@hhs.gov

Dear Dr. Blumenthal:

On behalf of our 134 member hospitals, health systems and other health care organizations, the Wisconsin Hospital Association (WHA) appreciates this opportunity to comment on the Health Information Technology (HIT) Policy Committee's first draft definition of "meaningful use" of certified electronic medical record (EMR) technology.

WHA appreciates the work of the HIT Policy Committee and the Office of the National Coordinator (ONC) for Health Information Technology and we recognize the challenging timeline that must be met to implement the HIT provisions of the American Recovery and Reinvestment Act (ARRA). We are committed to working with you as this process unfolds.

Wisconsin hospitals want to adopt EMRs to improve patient care, quality, and efficiency, but the high costs of purchasing and maintaining clinical HIT systems is a significant impediment. The definition of "meaningful use" is critical because hospitals need the financial assistance to expand and want to avoid the Medicare payment penalties that will begin in 2015 if they are not "meaningful users" of certified technology. WHA strongly supports the use of HIT to improve the efficiency and quality of the health care system, and the spirit of the incentives provided through ARRA; however, we have serious concerns about this first draft definition.

While the objectives recommended by the HIT Policy Committee are laudable, many of these objectives should be long-term policy goals and not front-loaded to the early stages of the ARRA incentive program. As written, the draft definition of meaningful use is overly aggressive and will work contrary to the goals of widespread HIT adoption.

The ability to achieve many of the proposed meaningful use requirements is not fully controlled by hospitals.

While health care providers may desire to meet the objectives and measures, achievement of those objectives and measures will be dependent on factors outside the control of health care providers. For example:

- Limited HIT Workforce Supply. CIOs at Wisconsin hospital are concerned that there are not enough health IT professionals to meet the expected demand for services created by the ARRA incentives. Even prior to ARRA, providers are experiencing time delays with EMR vendors caused by excessive demand for services. One Wisconsin hospital CIO indicated a current 6 to 9 month delay before their IT vendors could even begin work on their requested projects.

The aggressive timeline proposed in the meaningful use matrix will only exacerbate the HIT workforce shortage, resulting in:

- i) Higher implementation costs for providers for those able to procure services,
 - ii) Unnecessary HIT implementation problems and errors caused by rushed and/or inexperienced HIT professionals, and/or
 - iii) Some providers simply being unable to procure the HIT services necessary to meet meaningful use objectives and measures.
- Immature Exchange Infrastructure. Some of the objectives and measures contemplate required exchanges with other entities. However, Meaningful Users may not be able to comply with such requirements if there is not an underlying exchange infrastructure and/or ability for the other entity to receive and use information.

For example, one objective requires meaningful users to “Provide electronic submissions of reportable lab results to public health agencies.” It appears that a health care provider cannot meet that objective if the public health agency cannot accept a lab result electronically. Further, prior to mandating such requirement on the health care provider, there should be a requirement that all public health agencies use the same standards and interface for accepting lab results.

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Finally, it is notable that CMS does not have standards or systems in place that would allow CMS to receive information that meaningful users would be required to share with CMS. Until CMS has systems and standards in place and hospitals have a meaningful opportunity to configure their systems to “talk” with CMS’s system, such requirements should not be placed on meaningful users.

Some requirements require technologies or measures that are not fully mature and are not standardized.

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Implementation of CPOE in Wisconsin to date reflects these difficulties. While Wisconsin hospitals are leaders in EMR implementation, (41% of Wisconsin hospitals surveyed have fully or partially implemented an EMR) only 7% of Wisconsin hospitals surveyed have fully implemented CPOE. (http://www.wha.org/qualityAndPatientSafety/pdf/HITreport_8-20-08.pdf)

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Further, the terminology of the measures implies that providers must meet performance requirements for each quality measure. For purposes of encouraging HIT adoption, providers should not be evaluated against any performance standards, but should be counted for meeting the definition of meaningful use if certified HIT systems are used to report quality data.

The primary goal of the meaningful use definitions should be to achieve routine use of an EMR in a patient care setting to improve efficiencies and patient care, rather than as a vehicle to achieve Medicare payment reforms.

While WHA supports valued based payment reform, payment reform needs to be delinked from meaningful use. The over-arching goal of achieving routine, 24-7 use of an EMR by clinicians in a
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While WHA supports valued based payment reform, payment reform needs to be delinked from meaningful use. The over-arching goal of achieving routine, 24-7 use of an EMR by clinicians in a 5510 Research Drive, Post Office Box 259038, Madison, WI 53725-9038 P (608.274.1820) F (608.274.8554) wha.org

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Sincerely,



Stephen Brenton
President
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WISCONSIN HOSPITAL ASSOCIATION, INC.



June 26, 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

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Submitted via email to: MeaningfulUse@hhs.gov

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Wisconsin hospitals want to adopt EMRs to improve patient care, quality, and efficiency, but the high costs of purchasing and maintaining clinical HIT systems is a significant impediment. The definition of "meaningful use" is critical because hospitals need the financial assistance to expand and want to avoid the Medicare payment penalties that will begin in 2015 if they are not "meaningful users" of certified technology. WHA strongly supports the use of HIT to improve the efficiency and quality of the health care system, and the spirit of the incentives provided through ARRA; however, we have serious concerns about this first draft definition.

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