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**Light EMR as a Means to Achieve Meaningful Use**

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Ingenix would like to thank Dr. Blumenthal and the National Committee on Vital Health Statistics for the opportunity to submit written testimony regarding meaningful use of health IT, and for the opportunity to attend the NCVHS executive subcommittee's two-day hearing on meaningful use April 28-29 in Washington D.C.

While the American Recovery and Reinvestment Act (ARRA) has set the stage for reform, it is now incumbent upon the healthcare industry itself – care providers, payers and technology vendors – to harness the opportunities created by this investment, collaborating to create a modernized health system that truly improves the health of our population, reduces costs and addresses the disparities in access to quality care. We must be mindful of our recent past – our industry has embarked on several ambitious initiatives that created significant complexity and cost without solving the fundamental issues that plague our health care system. We must ensure that the investment under ARRA results in true progress.

Web-facilitated technology provides a critical advantage over past attempts to encourage adoption of health IT. Web-based or "cloud" models simplify adoption and use of technology at a much lower cost than was available in the recent past, and, when administered properly, with extremely high security. With web-based models, electronic health records (EHRs) can be implemented in physician practices for under $5000 a year and with hours, not days, of training. These EHRs serve not only as effective means for managing clinical and administrative records, but also as receptors into the latest in medical research and comparative effectiveness data that can expand the use of knowledge-driven care. We are not far from the day when the last costly, cumbersome client-server EHR solution is installed in a physician's office. We believe that next-generation, affordable "light" EHRs meet the needs of the majority of U.S. physicians with easy installation and training, providing usable and automatically updated information to improve care and efficiency.

What is a light EHR? We define light EHR in the following manner:

- Internet based, requiring only a high speed internet connection and a basic browser, both highly secure and highly available
- Paid for via a small monthly license fee rather than large upfront capital investment (with some small-scale set-up and training costs)
- Centrally hosted and therefore able to provide one-to-many connectivity – a single interface to LabCorp, for example, serves all of the providers on that platform across the country (this applies also to hospital, payer, and clearing house interfaces.)
- Key functional capabilities including:
    - E-prescribing
    - Exchange of relevant information – CCD, lab order and results
    - Comprehensive patient registry
    - Ability to deliver patient historical information to the point of care
    - Instant access to the latest in comparative effectiveness research and evidence-based guidance
    - Automatic updates to comply with evolving standards for performance

Only when technology is used to solve clearly identified problems can Use be determined to be Meaningful. Therefore, we suggest that before we define Meaningful Use, we should be clear about the Meaningful Change that the health care industry wants to achieve.

**Meaningful Change – What needs to happen?**
We propose that the fundamental changes that our industry needs to drive fall into three broad categories:

▪ ***Move from Knowledge To Insight:*** The standardized clinical data made available by EHRs will provide further value to enhancing analytics, including analytics to support care and health management interventions, advanced payment designs and valid comparisons of providers based on the efficiency of care We must quickly evolve to an environment where health history and other relevant clinical information is not only captured and stored electronically but is analyzed and shared in ways that contribute to care decisions. The current paper-based environment does not support evidence-based medicine. The new technology-enabled environment must. We cannot risk creating the electronic silos of information that replicate today's paper silos. To avoid this, EHR vendors must commit to providing solutions that connect constituents and provide actionable information "out of the box," without major additional time or investment from the provider. Providers must commit to using EHR functionality and information, and to driving vendors to innovate to solve more of the physicians' problems in providing care day-to-day.

▪ ***Evolve the Roles of Key Participants:***

- **Health IT vendors should treat physicians as customers** and design products to suit their needs and improve their practices. Most commercially available EHRs today are complex, intrusive and do not provide a positive return – of time or money – to the physician. With stimulus funding and the emergence of Light EHRs, more physicians will be empowered to make purchases, which should support the transition to this mindset.

- **Physicians have the opportunity to change.** Any truly transformative solution will change the practice of medicine and physicians must embrace this fact; technology that merely replicates existing paper process will not fix our healthcare system. Physicians need to push vendors to create meaningful solutions.
- **Payer support will be essential for creating a national means of keeping score**; only when this is achieved will we be able to move from fee-for-service to value-based purchasing. Incentive and Pay-For-Performance (P4P) programs must align with "Meaningful Use."
- **We need to continue to enable patients to play a greater role in their own care:** Even with the best HIT, a physician cannot bring about positive care changes without informed and committed patients.

▪ ***Bridge the Medical Divide:*** Use of low-cost solutions that harness the power of the Internet will help address disparities in access to best practices, information and quality of care. The key is to make solutions affordable and easy to use so that they are ubiquitous. Stimulus funding makes investment in EHRs feasible for physicians in traditionally under-served areas. Further investment in the design of information – an intelligent analytical software layer – is essential for making information usable for those who provide care at all levels, bringing better care to those who today go without.

**Meaningful Use – What should we measure?**
With the right technology in place, and agreement on the Meaningful Change we seek to achieve, we can define Meaningful Use. Thus, we propose an ambitious slate of criteria focused on measurable effect as described below.

| Conventional Wisdom | Future State | ***Measurable Effect*** |
|---|---|---|
| Certification (CCHIT or beyond) | Expanded criteria per the recent *New England Journal of Medicine* article authored by Dr. Blumenthal: user friendliness, quality, efficiency | *Total practice administrative costs including technology are within one standard deviation of peer practices* |
| ePrescribing | Full integration with formulary, history, allergy, drug/drug interactions | *Year-over-year reduction in adverse reactions and increase in patient compliance with regimens* |
| Continuity of Care Record compatibility | Care Planning with patients and across the care continuum | - *Providers treat patients less than 2% of the time without access to key online data as defined by Continuity of Care record*<br>- *Providers supply requested information for 100% of requests within 48 hours for non-urgent care* |
| Exchange of Health Information | - Patient care data, particularly problem and diagnosis, recorded as discrete data elements<br>- Two way interaction with Personal Health Records is supported<br>- Access to research and care guidelines at the point of care with "smart filtering"<br>- Deep regional connectivity supported "out of the box" | - *100% of patient requests to exchange information with a PHR are supported*<br>- *>=80% of clinical documents are received electronically at "go live" of EHR solution* |
| Computerized Physician Order Entry (CPOE) | "Closed loop" ordering – results received electronically; non-compliance is tracked and acted upon | *Year-over-year reduction in non-compliance including reduction of denials due to duplicate services* |
| Population reporting | - Ability to identify, track and contact patients with gaps in their care<br>- National standards of population management | *Care compliance rates meet or exceed national standards* |
| Evidence-Based Guideline reporting | Ability to report retrospectively on physician care choices and measure (1) compliance with care guidelines and (2) comparison to peers treating similar patients. | *Physician compliance with care guidelines meets or exceeds national standards* |

Focus on these priorities will enable a health care system that embraces the appropriate flow of information, respects privacy, and solves real problems to improve patient safety and care. If we don't focus on these priorities, the ARRA investment could lead to islands of technology with disparate piles of information and few tangible improvements to our health care system. We applaud the Obama Administration for making health IT a high priority initiative, and we welcome the opportunity to work across the industry's constituents to bring Meaningful Change to bear.