The Louisiana Health Care Quality Forum (LHCQF), is a statewide collaborative of public and private community stakeholders incorporated as a 501(c)3 organization and designated by AHRQ as a Chartered Value Exchange. Additionally, the LHCQF has been named the State-Designated Entity for the HIT Promotion Grant and overall ARRA HIT planning by the Louisiana Department of Health and Hospitals. The LHCQF is firm in its belief that implementation and optimization of health information technology is an essential component of modernizing the healthcare delivery system, achieving optimal clinical outcomes, providing safe and efficient care, and developing a sustainable delivery system. We are committed to seeing this belief realized, as evidenced by our ongoing efforts throughout the state. ARRA provides significant opportunities to utilize health IT and secure health information exchange to substantially improve the quality of healthcare. It is our hope that "meaningful use" will be defined in a way that enables maximum potential for success and enables as many providers as possible to adopt an EHR. It is our recommendation that:

- The entry point of qualification for meaningful use is structured to maximize a provider's opportunity to qualify initially, but evolves to become more stringent over time;
- Meaningful use is measured by outcomes, i.e., by the impact the tool has on individual and population health.
- Regardless of the EHR certification criteria, physicians are using the EHR functionality to provide safe and effective treatment at the point of care;
- The EHR establishes a mechanism for interoperability and health information exchange;
- Quality measures are used in such a way as to improve care while not creating an inordinate burden on the provider.

**Functionality in EHRs**

Rather than a mandate prescribed by a certification body, our preference is for true and necessary environmentally specific functionality while supporting the privacy and security obligations in the EHR product(s). Our anticipation and evidence is that this functionality requirement will differ in Ambulatory EHRs, In-Patient EHRs, Emergency Department EHRs, and Enterprise EHRs.

A more appropriate mechanism for meaningful use may be adoption and implementation success including electronic exchange of health information. We hope that the frequency of required certification is manageable for practices and does not pose an inordinate burden, in the event that a certification methodology is deemed necessary. Furthermore, we hope a methodology for preserving investment in in-house EHRs is critically examined.

Below is not intended as a comprehensive list, but rather an evolving guide to the functionality requirements in EHRs:

- EHR should be a practical tool employed routinely in the care of patients in primary care settings.
- EHR should be an essential element in generating a continuity of care record to be used in referrals of patients from primary care providers to specialty providers and facilities.
- EHR should be an integrated vehicle for facilitating access to a continuity of care record (without referral) by healthcare providers authorized to act for the patient's benefit in case of health emergencies or disaster-related evacuations.
- EHR should positively impact patient safety
- EHR should proactively provide notification of critical problems in care delivery
- EHR should incorporate e-prescribing and CPOE functionality
- EHR should proactively improve the clinical decision support systems
- EHR should be capable of standards based interoperability, thus enhancing coordination of care
- EHR should enable the capture of the true cost of care
- EHR should provide point-of-care reminders and evidence-based decision support
- EHR must include robust registry functionality, support performance measurement, adapt to continuing enhancements in care delivery, facilitate management of patient populations, and accommodate future payment reform.

We believe that the essential functions of the EHR must measurably enable improved health and better care at a lower cost. The Health IT system should make patient care safer, yet more efficient. The functionality requirements above, when taken comprehensively, should translate to less duplication of services for patients with chronic illness.

**Functionality in Health Information Exchanges**

Louisiana aggressively supports Health Information Exchange (HIE). Three recent projects are worth noting. First, a federally funded prototype exchange was developed in south Louisiana after Katrina. Second, implementation of a state funded network that includes rural Hospital Information Systems, EHR systems for rural health clinics, an extensive telemedicine network and a web based portal for patient information sharing that connects rural areas in north and central Louisiana with tertiary care centers for improved access to care. Third, Louisiana Public Health Institute initiatives in the New Orleans area to implement and then integrate EHRs across federally qualified health centers and more recently across school based health centers.

HIEs are inherently complex in both scope and scale. As such they need to be defined with broad stake-holder input and as part of an evolving, iterative process. Connectivity with regional and state HIEs should also be an evolving, iterative process. With the aforementioned caution, we remain in complete support of HIEs as complementary to the implementation and adoption of EHRs and the wider Health IT landscape. We believe meaningful use payments should be structured to drive HIE development, both at the local, state and national level.

HIEs are clinically imperative and we see the core functionality of HIEs as being extremely relevant for seamlessly tracking care across the entire continuum, providing public health surveillance, enabling secure provider data aggregation, message routing and providing EHRs the structured data necessary for clinical decision support.

Some of our concerns and focus surrounding HIEs are governance and accountability structures, public trust, financing, defining organization & functional requirements and HIE use requirements.

**Functionality in Quality Reporting**

Health IT must translate directly into quality improvement. As such, quality improvement and accompanying measures are vitally important components of "meaningful use". Again due to the complexity associated with workflow & technical integration with Health IT, we support an evolving and iterative process. Quality measures & associated reporting need to be based, at least initially, on the specific requirements of providers and the capabilities of EHRs (as an example, certified EHRs auto-prompt for PQRI measures).

As a vision, we support NCQA standards and NCQA reform proposals including care organized around medical homes. Quality measures need to be linked to standards and quality improvement networks. Using common electronic infrastructure, small physician practices can become part of a learning quality improvement network. In an ideal environment, care is coordinated and quality measures are well integrated.

Quality measures & reporting should:

- Improve quality of care and help in achieving equity
- Focus on safety and be tied to value
- Help manage patient populations proactively, with the use of EHR integrated registries
- Be aligned across all stakeholders – e.g. care providers, evaluators, vendors, etc.

Our recommendation is that initially, a narrower list of quality measures be integrated in care delivery. It is important to note that measuring clinical experience based on administrative data is counter-intuitive and therefore the strict requirement of good clinical data for quality measures.

In closing, we favor an approach to health IT and HIE initiatives grounded in concepts of improving individual and population health as well as economic efficiency and operationally oriented business process reengineering. We support a multidisciplinary approach rooted equally in the technical foundations of health information, clinical informatics and the financial constraints so crucial to the business of health and health care. We urge that initial requirements around meaningful use, certification, connectedness, and reporting be crafted to be widely inclusive followed by rapid evolution and iterative enhancement. We believe this approach will lead to widespread provider participation and the most rapid achievement of a connected community.