To: NCVHS Executive Committee

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Subject: "Meaningful Use" Hearing

I have recently completed the research and drafting of an issue brief for the Foundation for Research and Education of the American Health Information Management Association on the intersection of the ARRA, Medicaid and State Level Health Information Exchange. The issue brief research included interviews with Medicaid Directors and National Medicaid experts. It is with this background research and insight, along with subsequent dialogues with the Medicaid community, that I offer some considerations for differentiating the Medicaid meaningful use approach.

Medicaid alternatives discussed below are summarized in the following bullets:

1. Take a stepwise and evolutionary approach to applying criteria
2. Meaningful use should either not apply or apply lightly in the first year of EHR purchase
3. Given the overarching goal of EHR adoption promoting health system improvement and reform, consider giving states flexibility to select meaningful use criteria that are tied to quality and reform goals
4. Consider flexibility in the definition of certified EHR technology with functionality that maps to varying quality improvement and care coordination
5. Determine what can be realistically accomplished in terms of connectivity and technological functionality
6. Do not penalize providers that are eligible for incentives regarding exchange or technology capabilities that they cannot control
7. Consider an advisory panel or task force comprised of providers and Medicaid program representatives to develop viable meaningful use criteria

Ideally the goal of the Medicaid incentive program should be improved quality and efficiency of healthcare delivery enabled with the support of EHRs. This goal however has many components and can only be achieved over time in a stepwise and evolutionary manner. Acknowledging at the outset that providers cannot achieve comprehensive reform or reinvention of their practices overnight and that perhaps options regarding which target health reform goals are being pursued, and

would therefore be applicable, would help set a framework for defining meaningful use.

A statutory consideration for differentiating Medicaid meaningful use is the different incentive structures established for Medicaid versus Medicare. Medicaid incentives can cover initial EHR purchase, where as Medicare incentives do not. Meaningful use in the first year of EHR purchase either should not apply or should be more narrowly interpreted. Medicaid providers that qualify for these incentives will hopefully be emerging from the impacts of the recession, but are still a large portion of the safety net providers for Medicaid populations and the under- and uninsured. The implementation and initial training year for EHRs is often a struggle and adding a level of systematic or more intensive use beyond implementing the needed changes in business process and workflow is not realistic.

If EHR functionality has evolved to the point of easily generating quality measure reports that may be an area in which the new EHR adopters can participate, but it would also depend on the intended use of those reports. Any use of measures should recognize that the physicians and practices are just gaining insights into their quality and performance measures and cannot easily improve their measures with the possible exception of certain process measures.

Prior to the recession Medicaid programs were the incubator and laboratory for health system reform and have often been the pioneers in disease management, pay-for-performance and patient-centered medical homes to name a few. Medicaid leaders agree that promoting EHR adoption has to be tied to a health reform strategy that leverages the technology and establishes a focus for the adoption. To avoid adopting technology for technology sake we should consider giving flexibility to the states to determine what reform and quality goals have priority and therefore what EHR functionality will be most important.

As a result of such varied reform targets, the certification component of meaningful use may also warrant differentiation for Medicaid. Should the technology be one-size-fits-all, or might there be distinct functionality particularly in light of certain reform goals and strategies? For example, targeted health disparities that might see the greatest benefit from disease registries, or medical homes intended to not only connect care teams, but patients to the care teams would include patient facing functionality.

The information exchange aspect of meaningful use is critical to ensure that we're looking beyond fragmented EHR systems to enabling provider access to a patient's record that reflects his or her full care needs and services. However, will providers be penalized for not living in a region where the needed exchange infrastructure has been established in a sustainable manner? We need to consider what can realistically be accomplished, in what time frame and by whom. The incentives for providers should not hold individuals or institutions hostage for an infrastructure that they cannot independently enable. Similarly we cannot expect EHR vendors to miraculously enable substantial new functionality and capabilities particularly as

they are also upgrading their technology to meet new privacy and security requirements.

To enable meaningful use criteria that will support the many important state Medicaid health reform initiatives. HHS and CMS should consider an advisory body or task force of providers and state Medicaid representatives that would work with the agencies to develop viable Medicaid meaningful use criteria.

Thank you for this opportunity to comment. I look forward to seeing NCVHS' recommendations.