**A Statement by the American Health Information Management Association on Determining the Definition of "Meaningful Use" to the National Committee on Vital and Health Statistics, April 2009**

AHIMA is a not-for profit association of more than 53,000 health information management (HIM) professionals working throughout the healthcare industry and government. HIM is the professional discipline that is educated and trained to administer health information and data including the design, implementation, privacy, security, and management of health record systems – paper and electronic.

AHIMA has been engaged in the development of standards and best practices related to the electronic health record (EHR) for over two decades. Our members know the inadequacy of the paper record to meet the demands of today's healthcare decision makers and the complexity and cost of managing in the current hybrid environment where information is both electronic and paper-based. With the promise that a paperless environment is always "five years away," we are anxious to realize the potential ARRA brings.

The most critical element of meaningful use is widespread adoption of standards-based certified EHRs accepted uniformly across all the industry and not varied by payer, patient, or provider groups. Gains have been made in the development of standards that need to be widely used and form the basis of health information exchange (HIE). Meaningful use must be evaluated on the benefit it brings to consumers through improved coordination of care and the capture of improved clinical data, which also provides the basis for improved secondary data use in quality and public health reporting and continued administrative simplification.

The EHR must be a useful tool in the delivery of high-quality and efficient care. While everyone agrees that standards are a significant means toward interoperability and data consistency, the standards themselves and how they are used must be consistent as well. Providers cannot be faced with providing and documenting care one way for ARRA incentives and other ways for other industry parties and partners. Certification cannot be accomplished appropriately if all that is judged is consistency with ARRA requirements and not all the other demands on the EHR system. To be meaningful for research, quality, patient safety, public health, etc., data must be produced consistently and with integrity to actually reflect the diagnoses and care rendered to the patient. If the government and healthcare industry cannot agree on the priorities for meaningful use, then quality and efficiency will not be attained.

**Meaningful Use Measures and Elements**

A longer statement regarding the elements that must be considered in defining meaningful use can be found at www.ahima.org/dc/commentstestimony.asp. To summarize those comments, AHIMA believes the following are the key components of a meaningful use definition, and that given these components, HHS must establish a roadmap that recognizes that incremental definition of meaningful use that must exist given the current nature of EHRs and HIE. Such a roadmap will permit users and vendors to meet or anticipate the requirements over a period of the next several years.

**Standards Based**: The definition must recognize the functional, transactional, and data standards necessary for EHRs and HIE and the time needed for products and processes to adopt or be modified to meet these standards and their uniform use.

**Health Information Exchange** (HIE): The definition must recognize that HIE is a prerequisite for initial meaningful use measures. Certification must judge the technical capability to move information and preserve data integrity in a secure and accurate manner from one entity to another and from one system to another within the same entity. State-level HIE organizations need to be included in nationwide HIE governance to account for both policy and technical dimensions to these key exchanges.

**Coordination of Care**: There are several elements of the roadmap that we believe can be phased in over time and affect the goals that ARRA established:

- Medication Administration and E-Prescribing – is a crucial first function that should be supported; however, current requirements related to electronic prescribing are not complete and overtime should be improved to include a closed communication and documentation loop between the provider, benefits manager, pharmacy, and patient.
- Laboratory Orders and Results – information is critical to care delivery and is the most readily available digital data. Presuming functional, transaction, and data standards can be uniformly adopted and implemented in various EHR products and across the industry, this would make an excellent element of a meaningful use definition. Further integration under HIE also allows the sharing of results with patients and across appropriate providers.
- Discharge Data – standards exist for sending of a "discharge" data set from one provider to another to improve continuity of care. The need for continuity continues and would benefit patients and providers.

**Secondary Data Use**: Reporting on certain quality measures will change over time and the means to improve on quality reporting or other secondary uses of data must incrementally change as well, including:

- Quality Reporting – Experience from the DOQ-IT programs suggest it will be some time before physician practices are ready to use EHRs to meet quality measurement requirements. The complexity of reporting systems and uniform definitions for data sets for reporting are all being currently addressed but are not yet complete.
- Public Health Reporting – concerns are consistently raised regarding the lack of key information being exchanged between medical providers and public health systems. Resolution of this exchange is slow and inconsistent and could be addressed by building future requirements for timely and complete information exchange as a byproduct of patient care and EHR documentation.
- Administrative Simplification – could be achieved throughout health data systems with HHS leadership. Patient acceptance of EHRs appears high when encounters can be simplified. This could include functions supported by uniform operating rules associated with the standards for all uses.

**Ensure Return on Investment**: In addition to e-prescribing, HIE, and quality reporting functions already specified in ARRA for meaningful use, it is important to include other functions that ensure return on investment.

- Prevention and Detection of Fraud – measures could be functions that help prevent and detect fraud, the same as those required for good documentation practices and for establishing the provider's legal record for business and disclosure purposes. These functions can be implemented by building an evidence trail that minimizes the potential for fraud within EHR systems with little additional burden to both physicians and vendors, but can yield multiple benefits to both providers and the industry.
- Use of Existing Processes – for reporting meaningful use requirements. There should not be a separate process for reporting meaningful use requirements in order to receive pay for performance bonuses or incentives. Having a separate reporting process will actually direct money away from users of EHR systems.

**Conclusion: Meaningful Use Measurements**

In order to achieve adoption, care coordination, and improved capture and use of secondary data, AHIMA advises that measures:

- **Reflect the end goals:** Health information technology is a means to achieving improvements in quality, cost, and health system performance. Meaningful use should, if feasible, focus on use of the information, not the technology itself.
- **Be incremental:** IT systems and the expertise to use information are evolving rapidly. Meaningful use should be viewed as a roadmap to be stepped up over the next several years. Initial criteria should be based on what is achievable with current technology.
- **Leverage the standards, certification, and information exchange progress of recent years:** The definition of meaningful use and how it's measured, should build in the approaches taken by CCHIT, HITSP, and AHIC. Measurement should not create reporting burdens for providers.
- **Be auditable:** The way in which meaningful use is measured and reported must minimize manipulation and mitigate the risk of fraudulent reporting.
- **Be relevant to consumers:** Taxpayers are funding these investments as a prerequisite to effective health reform. More broadly, this is an extraordinary opportunity to be transparent and to increase public recognition of the challenge and opportunity of an interconnected health system and the progress that is being made.

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