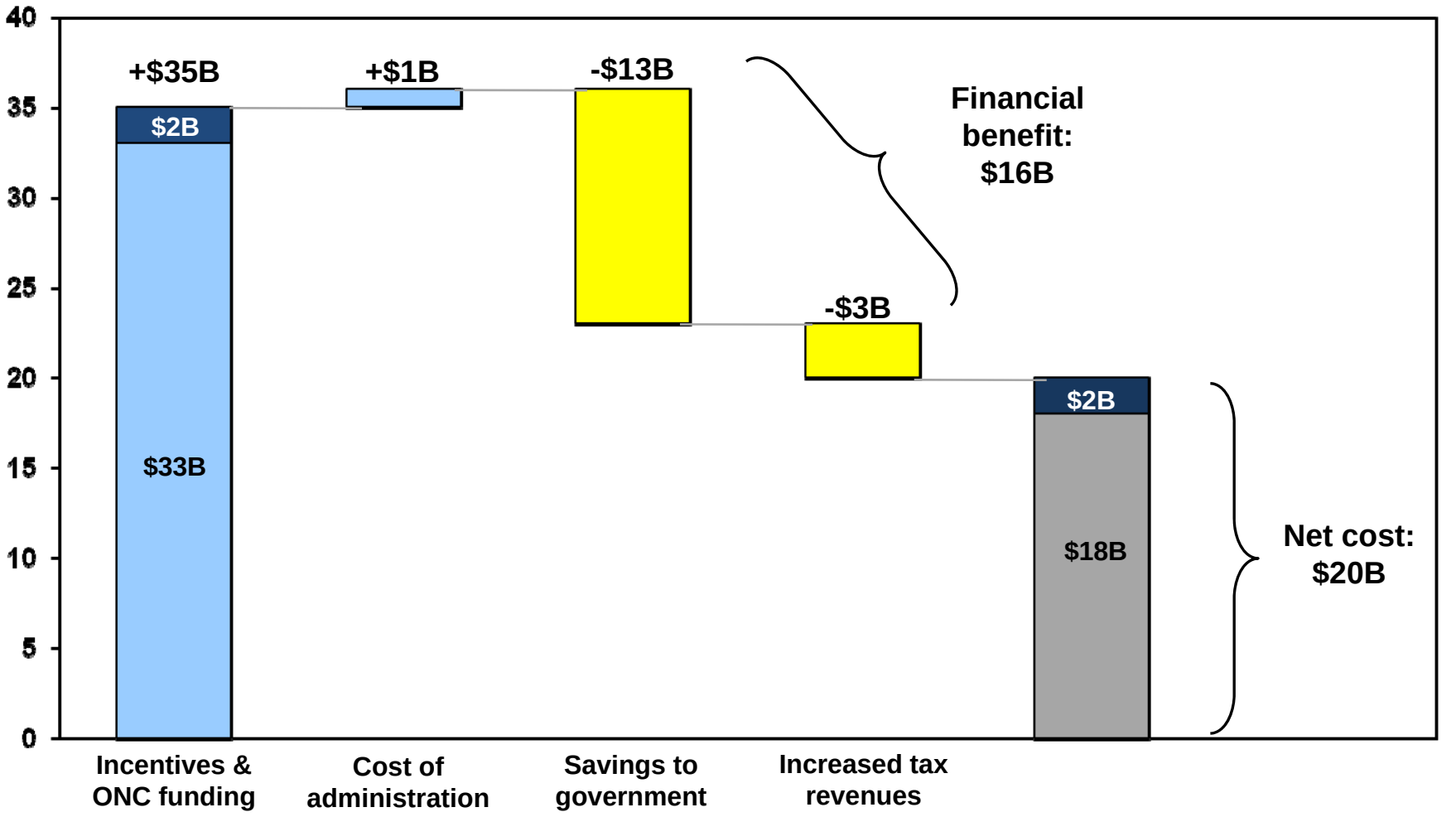
NCVHS HEARINGS

Measuring Meaningful Use

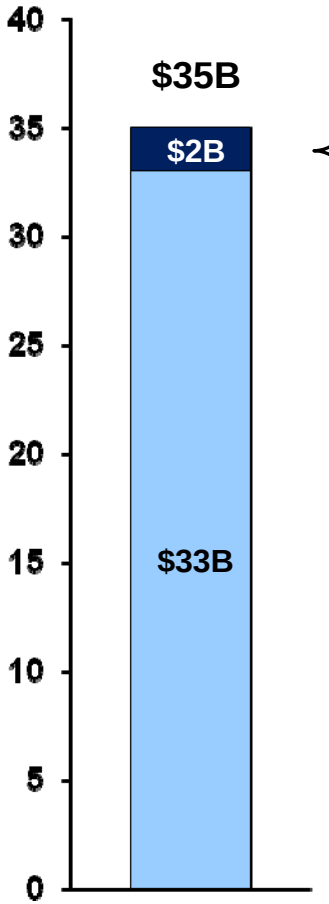
April 29, 2009

MAeHC
Massachusetts eHealth Collaborative

THE GOVERNMENT HAS HIGH EXPECTATIONS FOR MEDICARE AND MEDICAID INCENTIVES



YET, TOO LITTLE IS BEING INVESTED ON THE INFRASTRUCTURE NEEDED TO MEET THOSE EXPECTATIONS

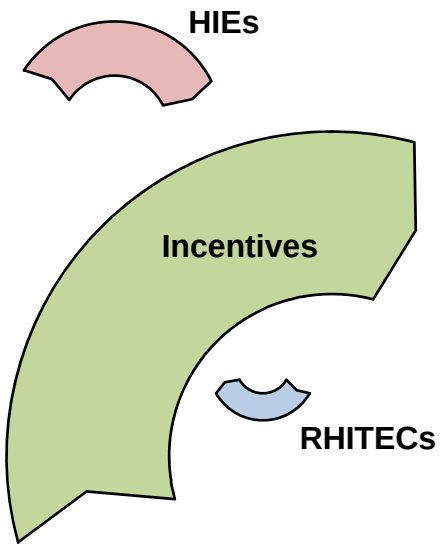


Various studies and reports
Health information exchanges
Regional health IT resource center
Regional health IT extension centers
State implementation and planning grants
EHR loan funds
NIST certication infrastructure

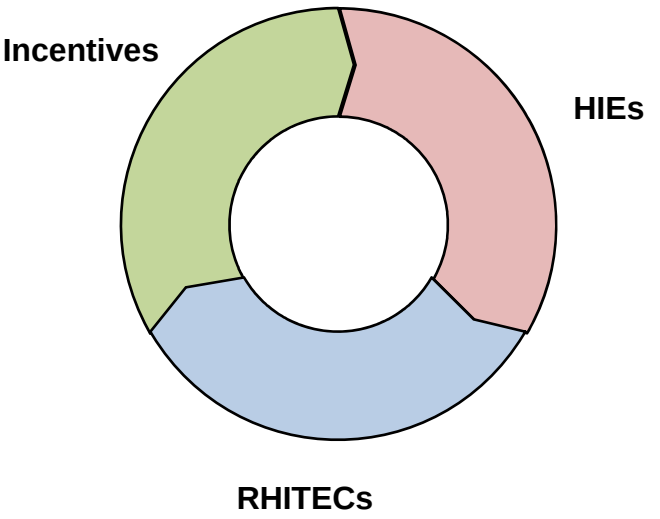
Direct payments to individual providers

MEANINGFUL USE DOESN'T HAPPEN, IT GETS DONE

Current approach funds the pieces, but doesn't connect them



RHITECs and HIEs will be the key getting to a higher level of meaningful use at a lower cost, but only if they are tied to the incentives



HOW TO MEASURE DEPENDS ON WHAT IT IS WE NEED TO MEASURE

Assume that meaningful use will have the following core elements:

- **Interoperability**
  - **eRX**
  - **Electronic lab/rad results ~~and order entry~~**
  - **~~Clinical summary document exchange~~**
- **~~Quality data reporting~~**

The depth of "meaningful use" will depend on the success of RHITECs and HIEs – unless some fundamental aspects of the program are changed, we will likely have to live with a shallow definition of meaningful use

What is the best way to measure these use elements?

Want to make sure that the cost of monitoring and enforcement doesn't exceed the benefits of higher compliance

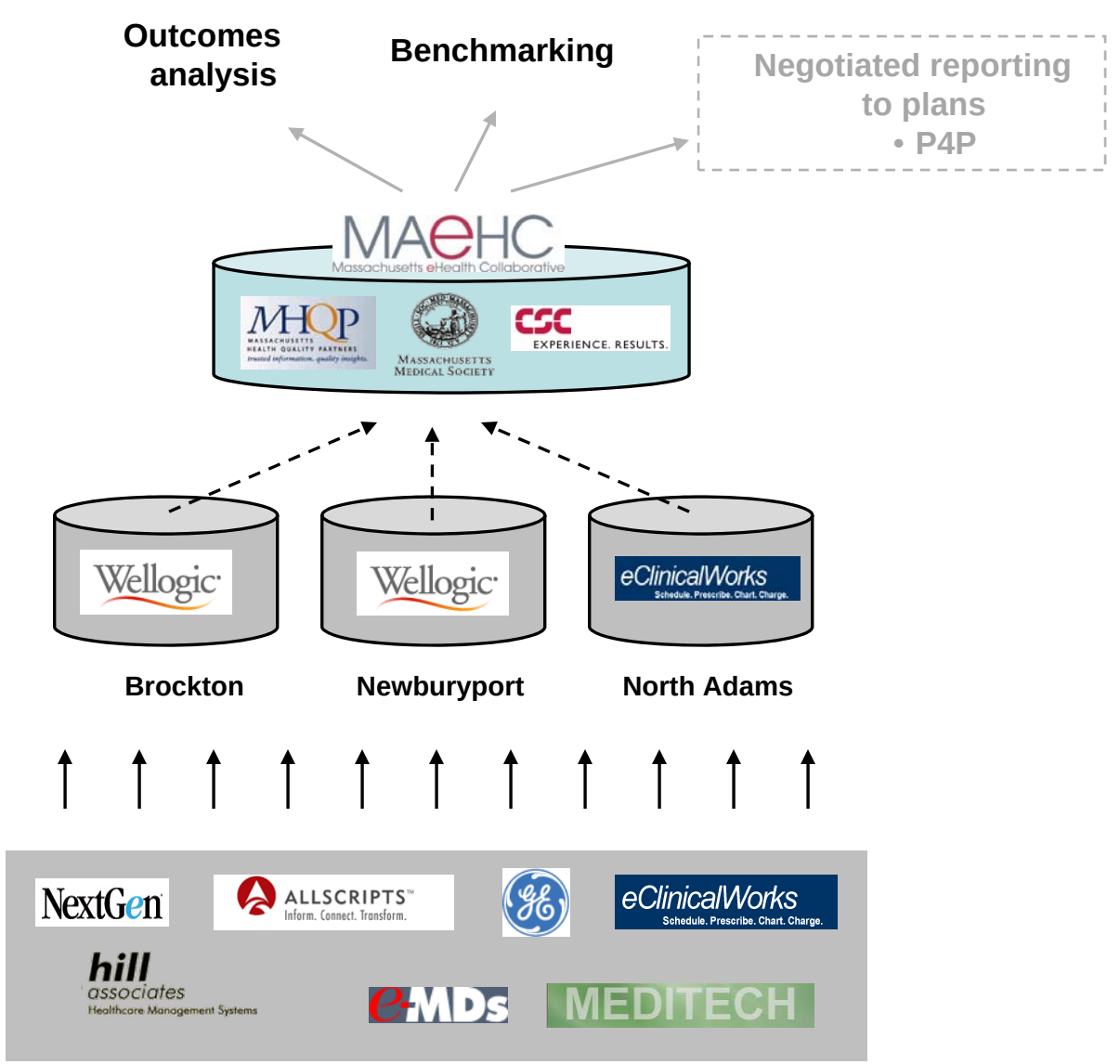
MAeHC ARCHITECTURE AND DATA FLOWS

MAeHC-level: Analysis

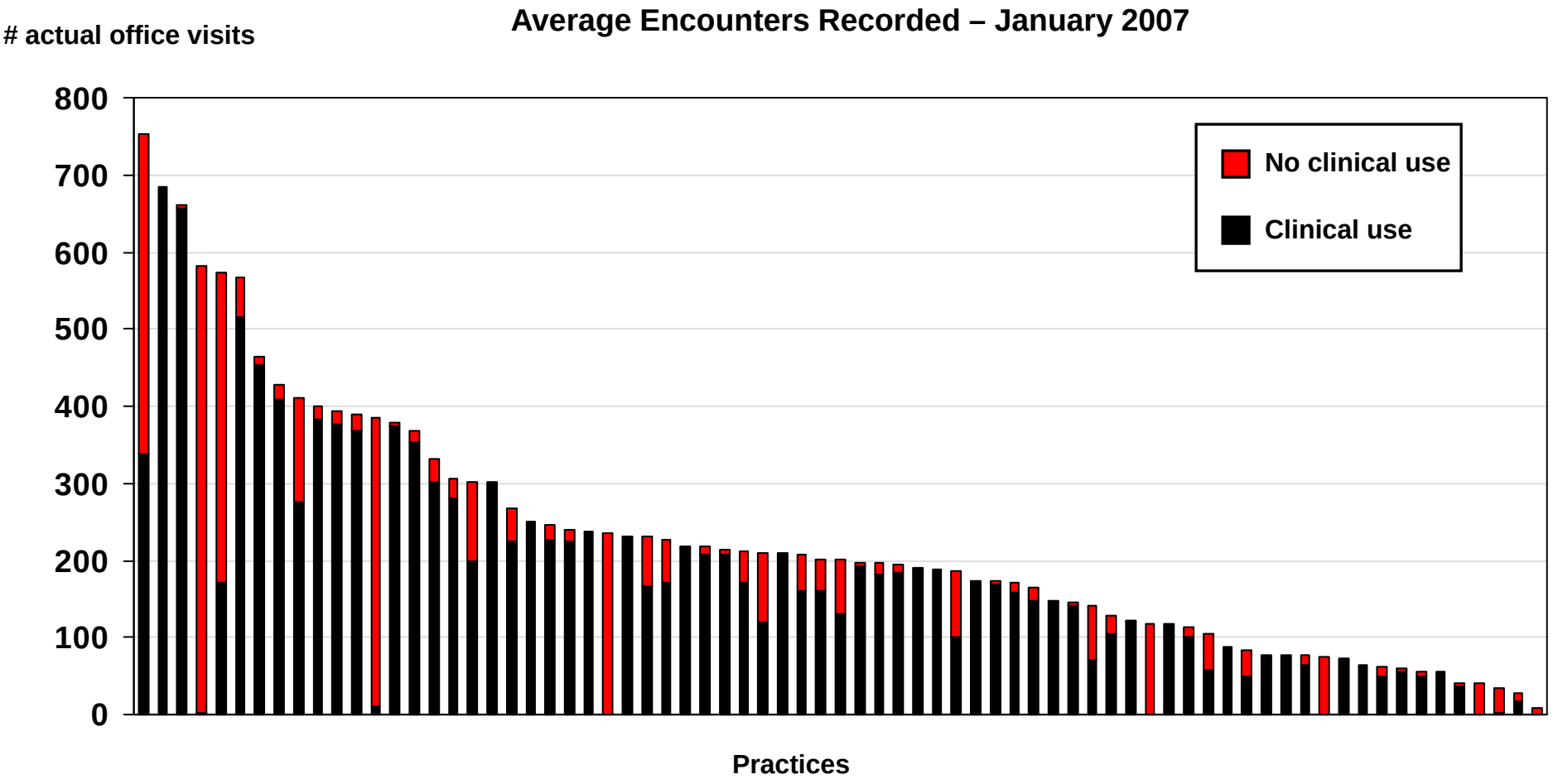
MAeHC-level: QDC

Community-level: HIE

Provider-level: EHR



CLINICAL USE OF THE EHR

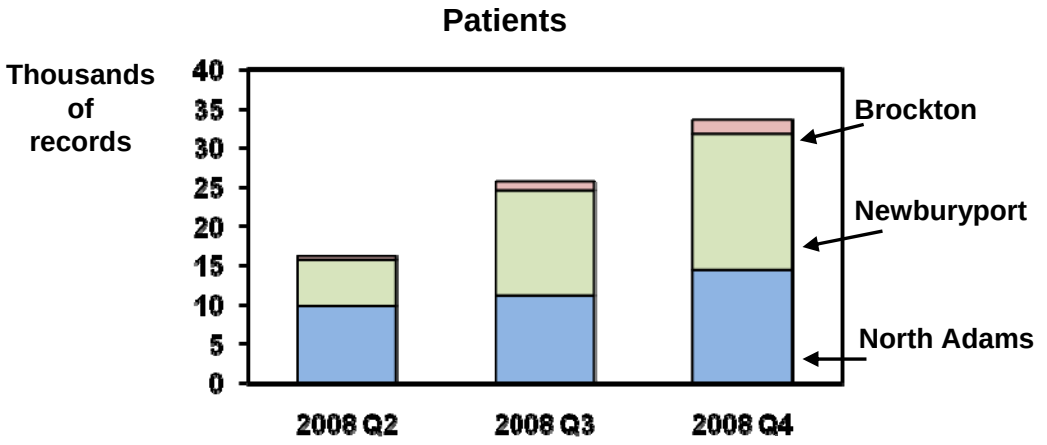


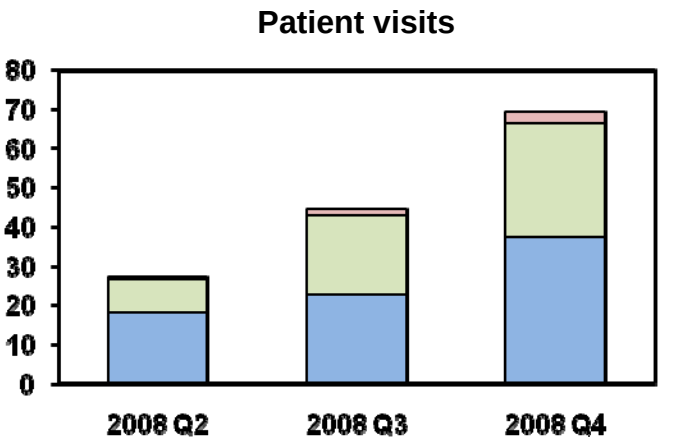
BREAKOUT OF CLINICAL USE MEASUREMENT

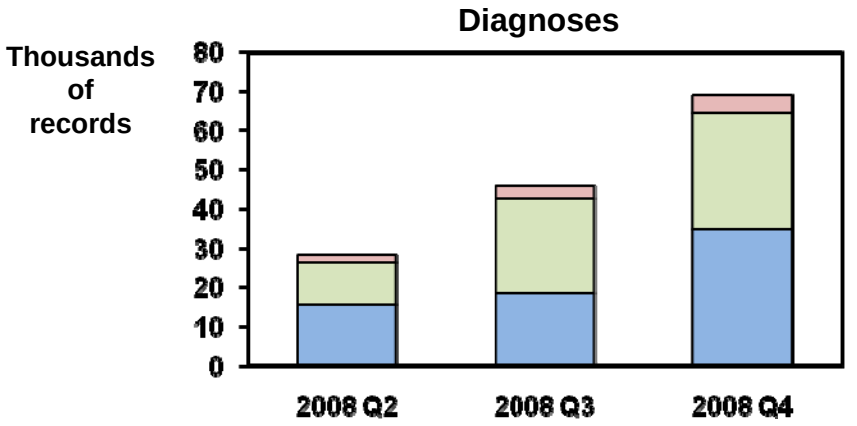
Community	Brockton
PracticeName	(All)
Quarter	(Multiple Items)

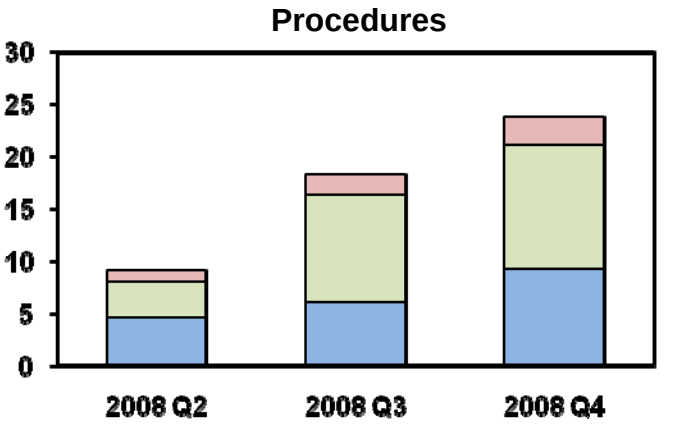
	Specialty Groups	
Data	Primary Care	Specialty Care
Clinical Enc	90.7%	82.6%
Follow-up	82.8%	76.2%
HPI	68.5%	41.1%
Allergies	34.4%	23.3%
Vitals	65.0%	22.5%
Current Meds	42.3%	50.2%
Medical Hx	45.9%	33.1%
Social Hx	23.3%	21.7%
Family Hx	19.5%	11.7%
Surgical Hx	14.2%	16.3%
ROS	22.7%	17.6%
Rx	41.6%	15.2%
Phys Exam	11.8%	14.4%
Exam	68.0%	32.7%
Total Office Encounters	204,079	213,134

MAEHC QDC DATA COUNTS (I)

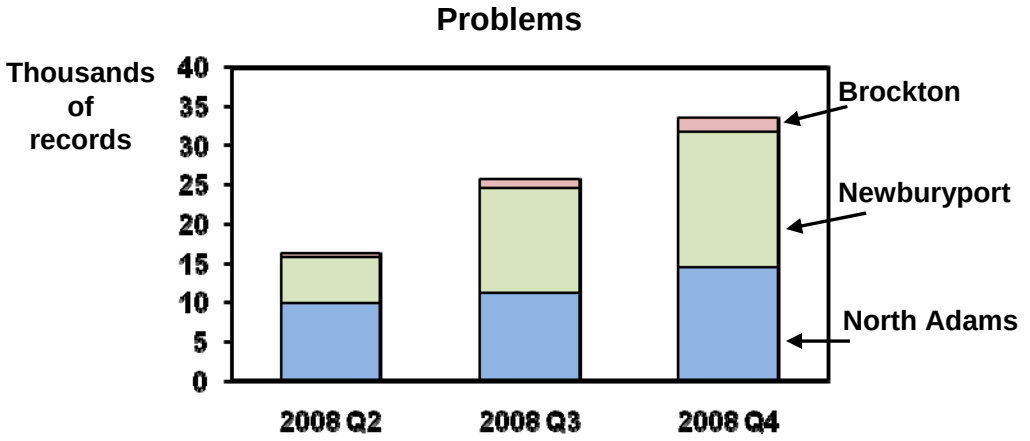


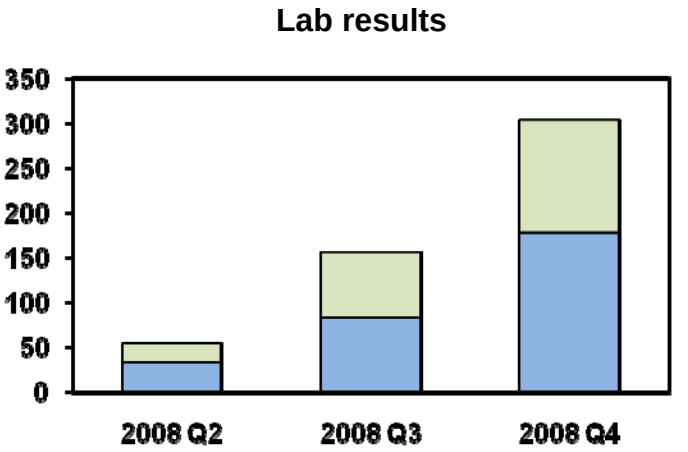


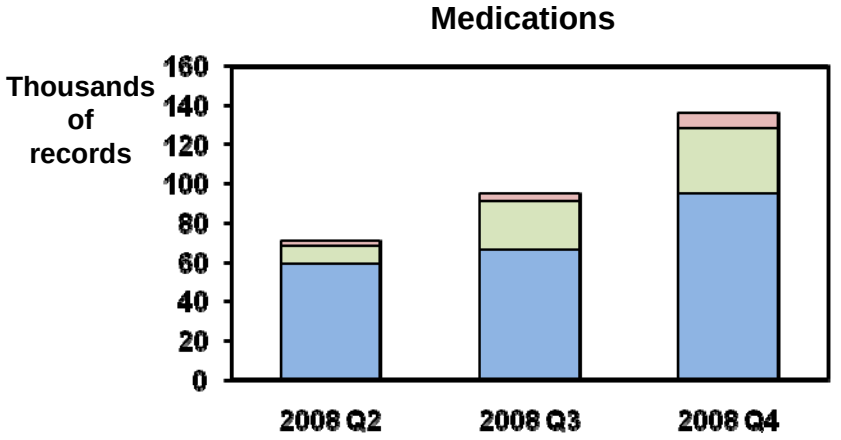


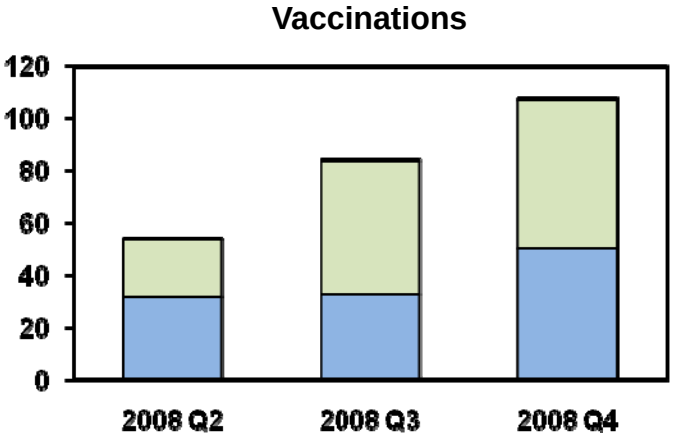


MAEHC QDC DATA COUNTS (II)







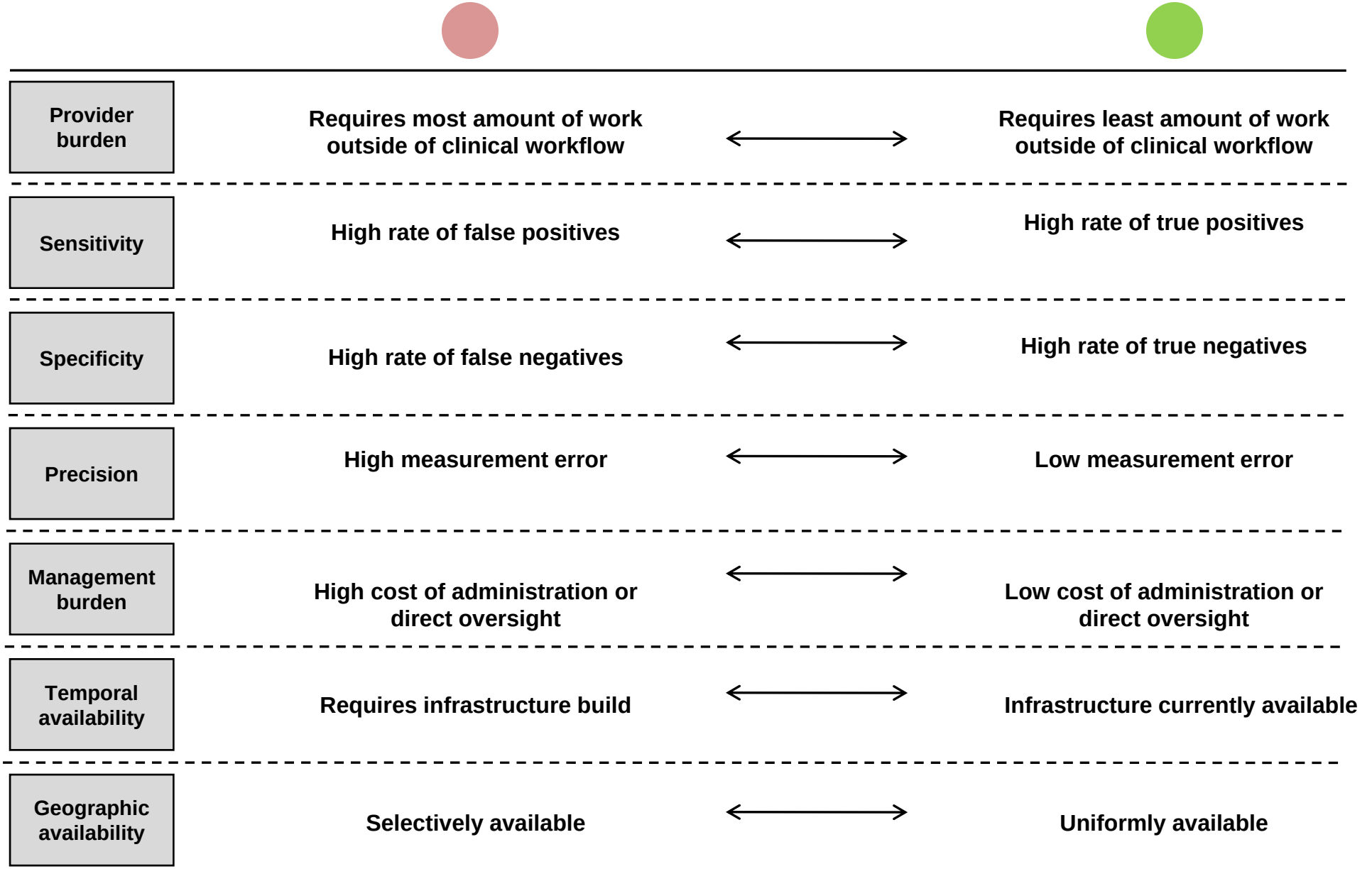


THERE IS A RANGE OF MEASUREMENT APPROACHES TO CHOOSE FROM

A shallow definition of meaningful use does not require robust measurement

Attestation & Audit	• Physician self-attestation to Medicare/Medicaid • Would require creation of monitoring process and infrastructure • Periodic audits could leverage QIO infrastructure and processes
Surveys	• Routine surveys of use of all incentive recipients • Would require creation of monitoring process and infrastructure • Could leverage current CDC and NACS survey infrastructure
Third-party reporting	• Physician-level reporting from aggregator organizations • National labs, Surescripts-RxHub • Include hospital labs/imaging centers?
Claims-based reporting	• Claims-based process measure coding • Leverages existing PQRI g-code process and infrastructure
EHR activity measurement	• EHR-based reporting usage reporting
HIE activity measurement	• HIE-based activity monitoring and reporting • Content monitoring and reporting by certified quality data centers and public health entities

CRITERIA OF EVALUATION FOR MEASUREMENT METHODS

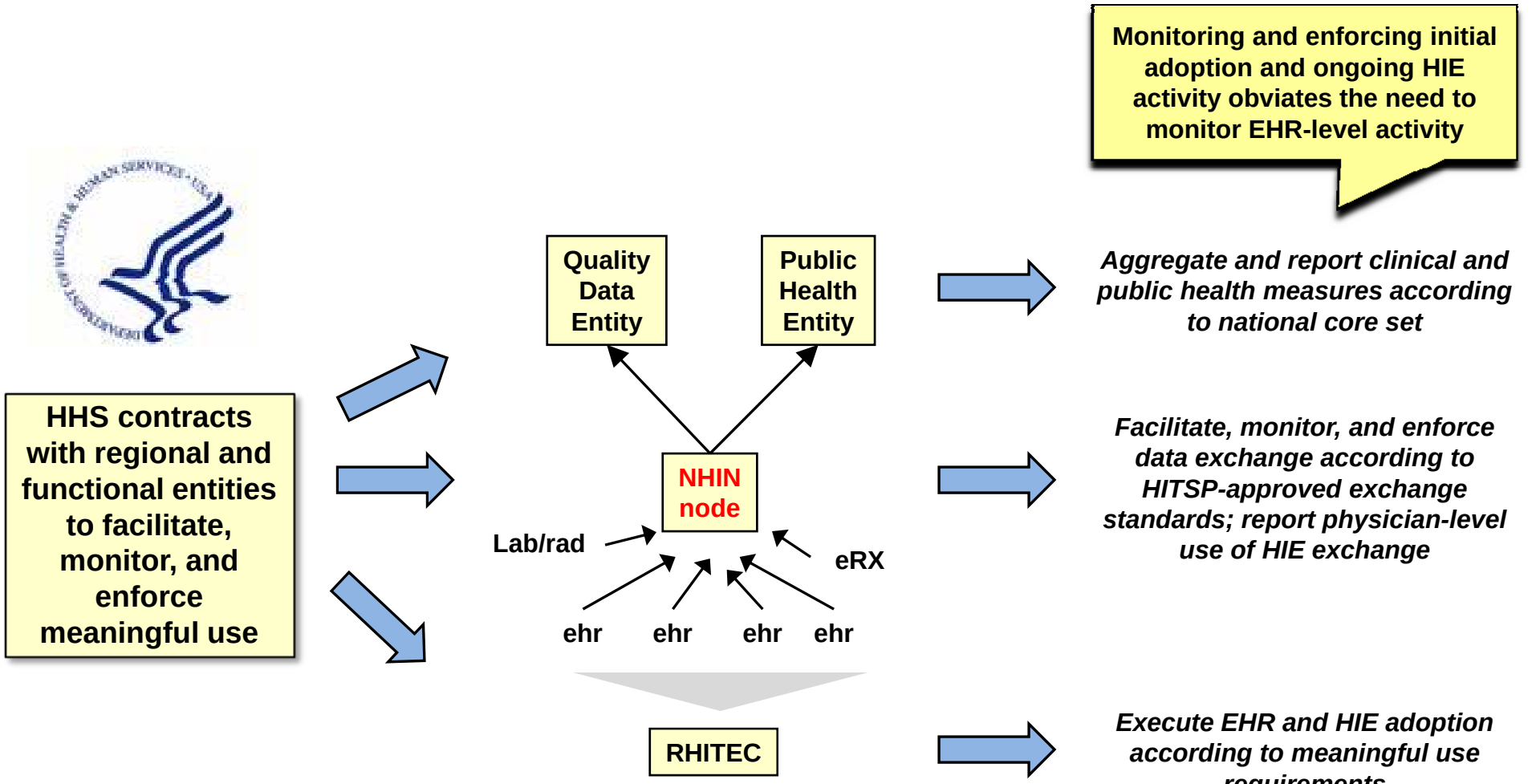


COMPARISON OF MEASUREMENT METHODS

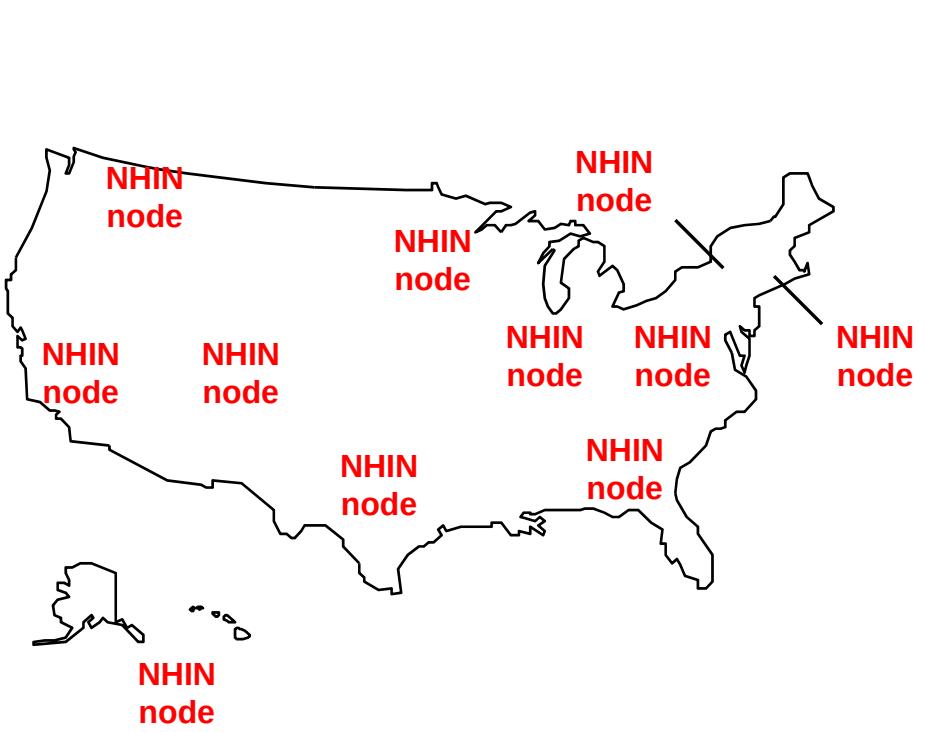
	Attestation & Audit	Surveys	Third-party reporting	Claims-based reporting	EHR activity measurement	HIE activity measurement
Provider burden	🟢	🟢	🟢	🔴	🟢	🟢
Sensitivity	🔴	🔴	🟡	🟡	🟢	🟢
Specificity	🟡	🟡	🟡	🟡	🟢	🟢
Precision	🔴	🔴	🟢	🟡	🟢	🟢
Management burden	🔴	🔴	🟡	🟡	🟡	🟢
Current availability	🟢	🟢	🟡	🟢	🔴	🟡
Geographic availability	🟢	🟢	🟢	🟢	🟢	🔴

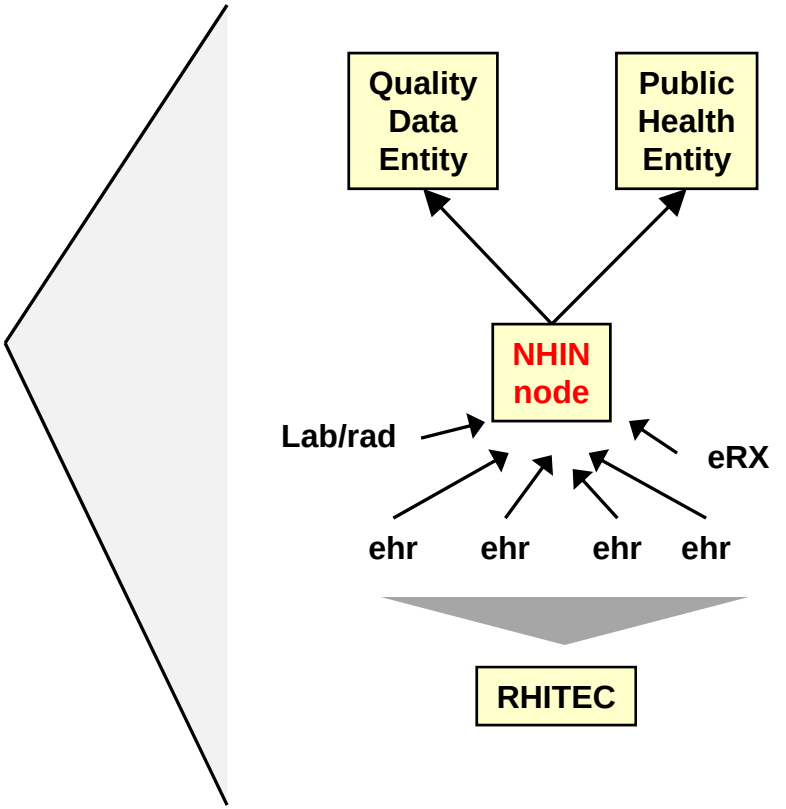
Focus of ONC discretionary spending should be here!!

MEASUREMENT RESPONSIBILITY PUSHED TO ADOPTION, INTER-OPERABILITY, AND DATA AGGREGATION ENTITIES

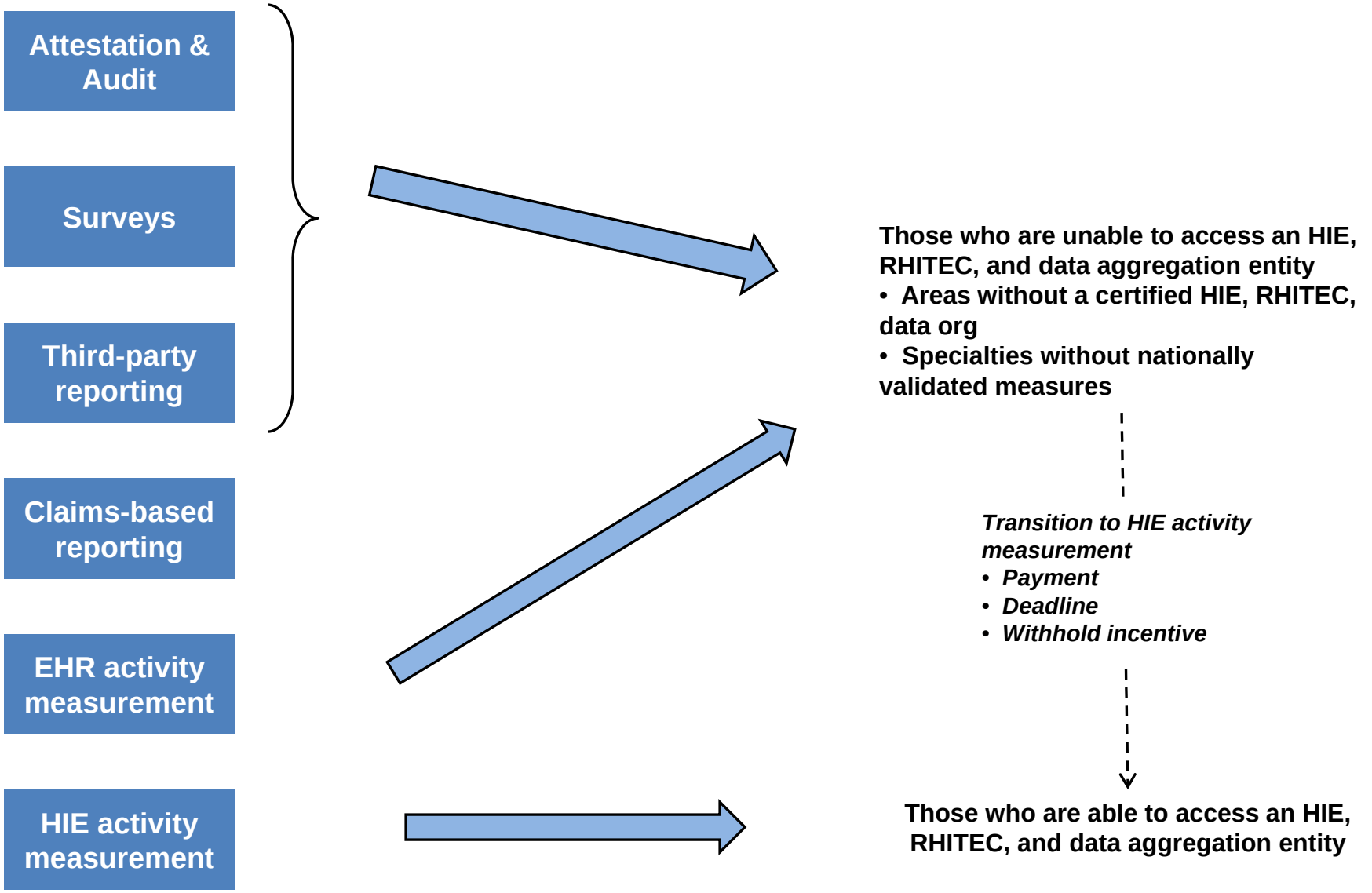


NHIN NODES EVENTUALLY BECOME THE BASIS FOR DEMONSTRATING MEANINGFUL USE





MIXED MEASUREMENT MODEL WILL BE REQUIRED WHILE THE INFRASTRUCTURE GETS ESTABLISHED



CONCLUDING THOUGHTS ON MEASURING MEANINGFUL USE

Monitoring works best when it's invisible

- **Create an infrastructure to reduce the cost and improve the effectiveness of meaningful use**
- **Directly measure activities and results that flow from clinical workflows**
- **Measure at a point of aggregation that couldn't have been achieved without effective use of an EHR**
  - **If providers are exchanging data over standards-based HIEs, and submitting quality and public health data to certified entities…..they're meaningfully using their EHRs**

To that end

- **Push measurement accountability down to the HIEs, RHITECs, and quality & public health data aggregation organizations**
- **Invest every single discretionary dime on HIEs, quality data aggregation infrastructure, and on RHITECs**
- **Require that some portion of physician incentives be directed to RHITECs, HIEs, and quality data aggregation organizations**
- **Require that meaningful use elements related to inter-operability be transacted through certified HIEs and data aggregation/measurement organizations**

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