

Presentation Overview

- **The Big Picture**
- **The Proposed Rule**
- **Objectives**
- **Quality Measures**
- **How we can work together**



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The Big Picture

- **The American Hospital Association (AHA) shares the Administration's vision of a health care system where widespread use of interoperable electronic health records (EHRs) supports improved clinical care, better coordination of care, fully informed and engaged patients, and improved public health**



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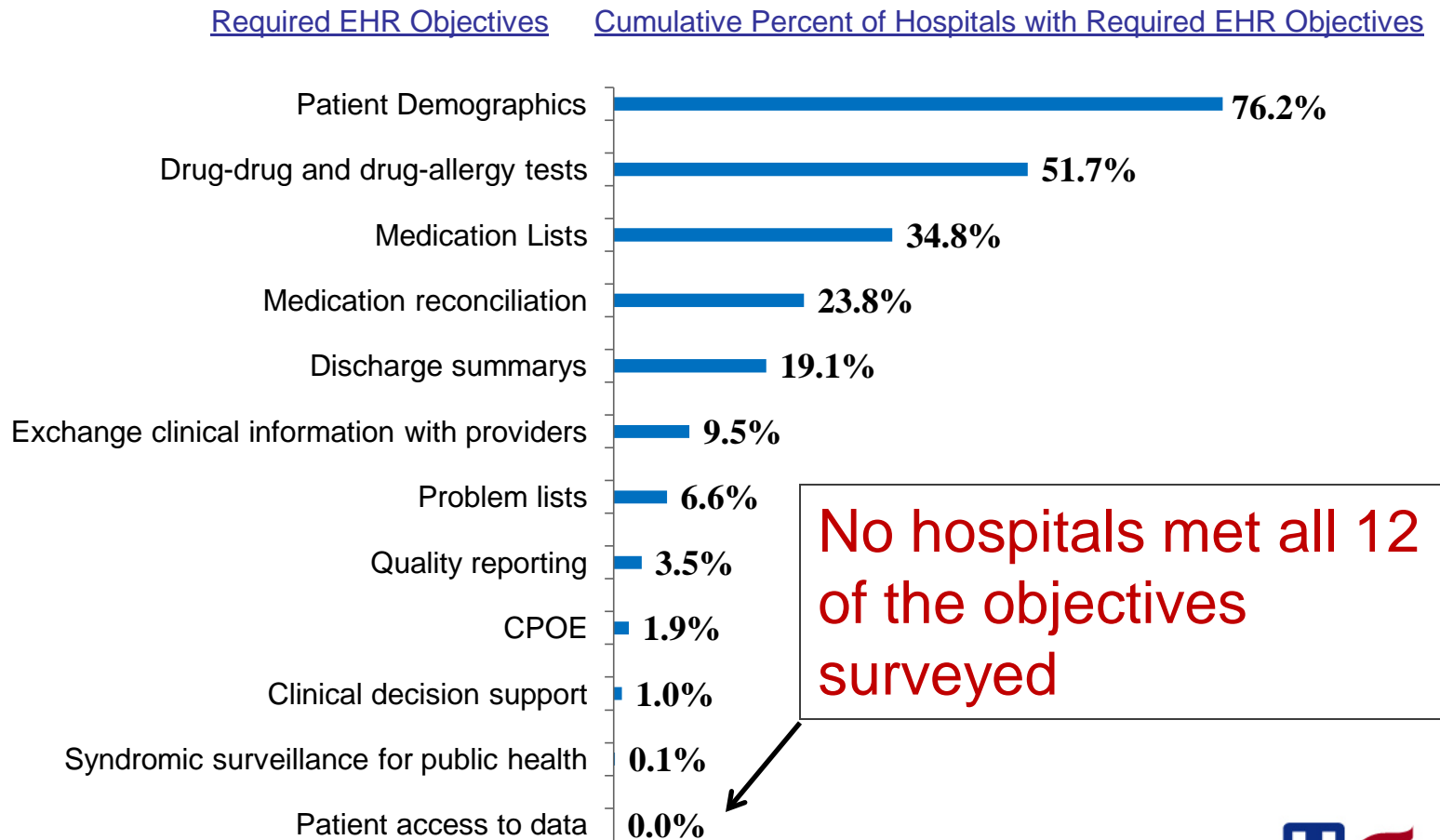
The Proposed Rule

- **The Meaningful Use Proposed Rule**
 - **American Recovery and Reinvestment Act of 2009**
 - **One of three proposed rules**
 - **Released by the Centers for Medicare & Medicaid Services (CMS) on December 30, 2010**
 - **Comment period closed on March 15, 2010**



AHA HIT Survey

“All-or-Nothing” Excludes Most Hospitals



NOTE: Percentages show cumulative effect of adding each additional objective
Based on analysis of AHA Annual Survey IT Supplement conducted in mid-2008.
Includes data from 3,342 non-federal hospitals (65% of hospitals).

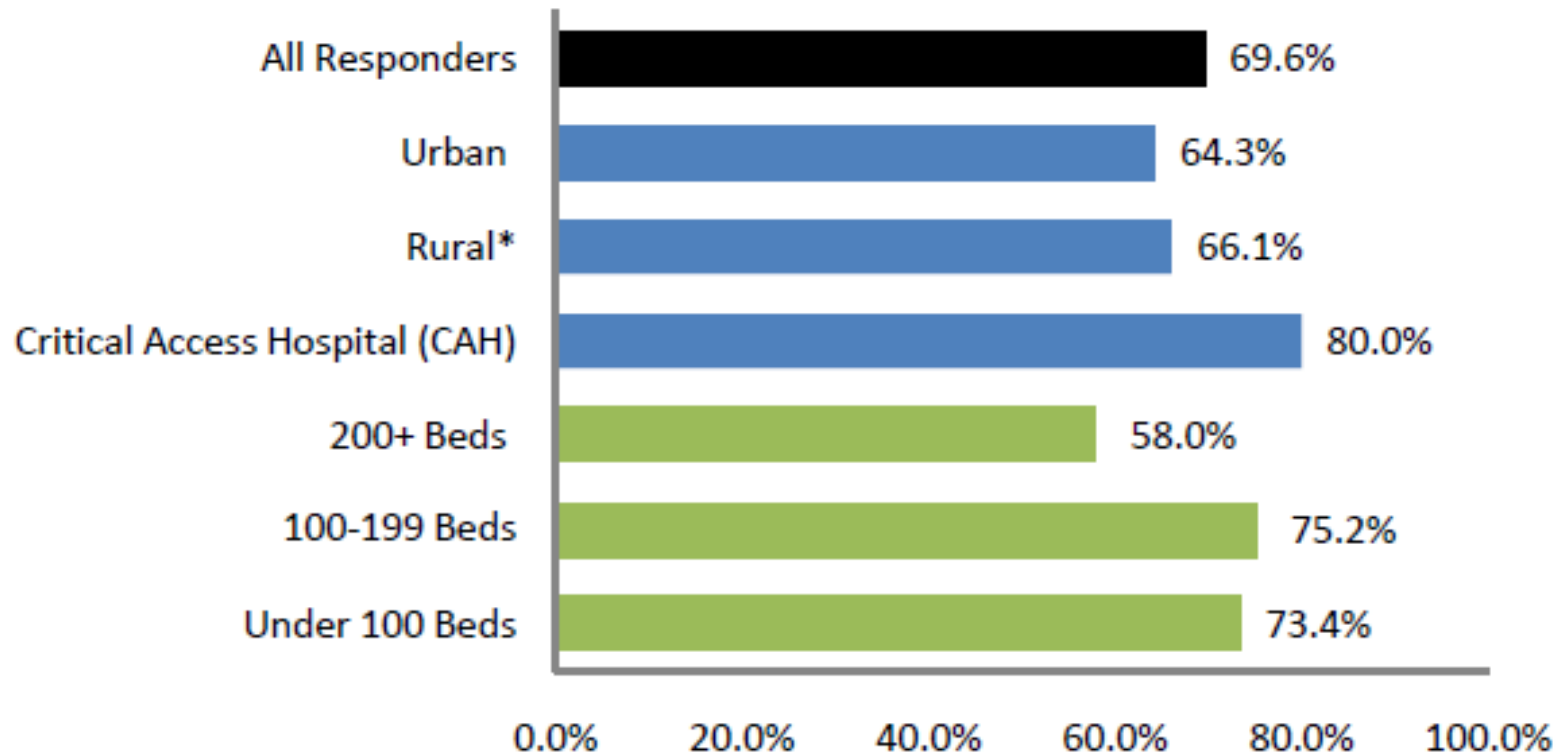


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AHA HIT Survey

Figure 5. Nearly 70% of hospitals cited upfront capital costs as a barrier to achieving the meaningful use requirements

Percent of Hospitals that Identified Capital Costs as a Barrier to Meeting Meaningful Use Criteria



Source: AHA analysis of survey data from 795 non-federal, short-term acute care hospitals collected in 2010. Hospitals were asked to identify barriers to achieving meaningful use in a timely manner. *Excluding CAHs.

AHA's Concerns: Proposed Timeline

- **High bar for achieving meaningful use**
- **Limited transition time in the proposed rule**
- **Lack of clarity on product certification**



AHA's Concerns: Proposed Timeline

- **Inadequate phase-in**
- **“all or nothing” approach**
- **Failure to acknowledge incremental adoption of functions**





American Hospital Association

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March 8, 2010

Charlene M. Frizzera
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0033-P
P.O. Box 8013
Baltimore, MD 21244-8013

[Submitted electronically]

Ref: CMS-0033-P

Dear Ms. Frizzera:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our 40,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Notice of Proposed Rule Making (NPRM) titled "Medicare and Medicaid Programs; Electronic Health Record (EHR) Incentive Program," published by the Centers for Medicare & Medicaid Services (CMS) in the *Federal Register* on January 13, 2010 [CMS-0033-P].

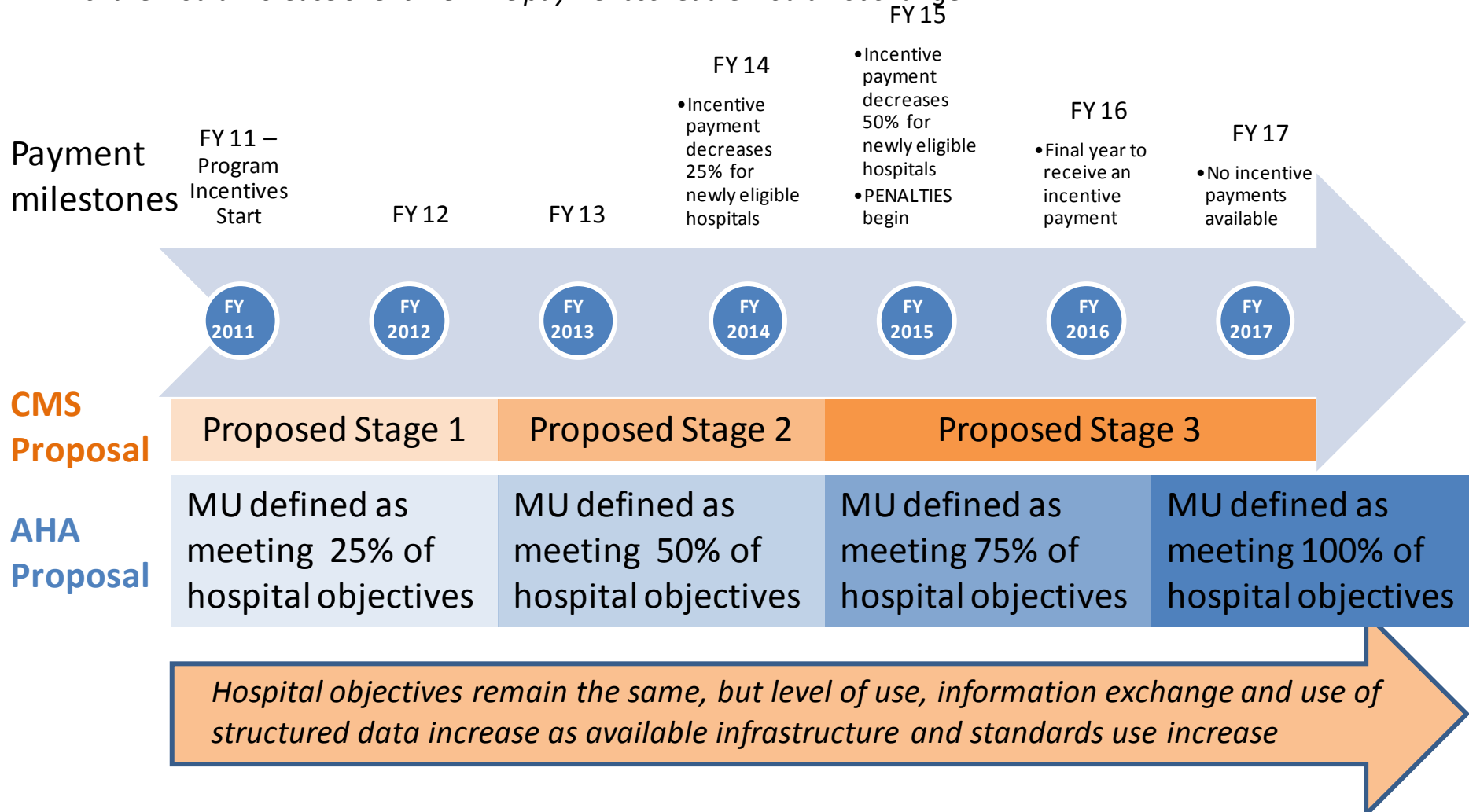
AHA Alternative: Comment Letter

- http://www.aha.org/aha_app/letter/most-recent.jsp
- **March 08, 2010** - AHA comments on CMS' Notice of Proposed Rule Making (NPRM) titled “Medicare and Medicaid Programs; Electronic Health Record (EHR) Incentive Program”



AHA Alternative: Timeline

Recommendation: CMS should identify a single, expanded set of meaningful use objectives to be achieved between 2011 and 2017. Hospitals would be considered meaningful EHR users and qualify for the full EHR incentive payment if they meet a specified share of the hospital objectives in a given fiscal year. The required share would increase over time. The payment schedule would not change.



CMS Proposal v. AHA Alternative

CMS Proposed Rule	AHA Alternative
Meet 23 Objectives in 2011; more to come in 2013, 2015	Lay out all objectives (34 suggested); allow hospitals to meet 25% in 2011 and increase over time. (Small hospitals start with 15%)
Transition to 2015	Extend the transition to 2017
Objectives include some things non-clinical data gathering	Eliminate administrative objectives and add key clinical functions important to quality
Requires 35 quality measures, many not currently collected or specified for e-collection.	Require only those in RHQDAPU, and only if e-specifications are available and have been tested.

The Proposed Rule: Objectives

- **23 Proposed Objectives**
- **“all or nothing”**



AHA HIT Survey: Objectives

- **55% of hospitals report they would be capable of performing all 23 objectives in 2015**
- **Challenges for small hospitals**
- **“yet to be named objectives for stage 2 and stage 3 make it difficult for planning**



AHA's Concerns: Objectives

- **Late adopters need to meet proposed stage 2 and stage 3 on the same schedule as early adopters**
- **Proposed objectives are beyond the capabilities of any vendor product currently available in the marketplace**
- **“yet to be named objectives for stage 2 and stage 3 make it difficult for planning**



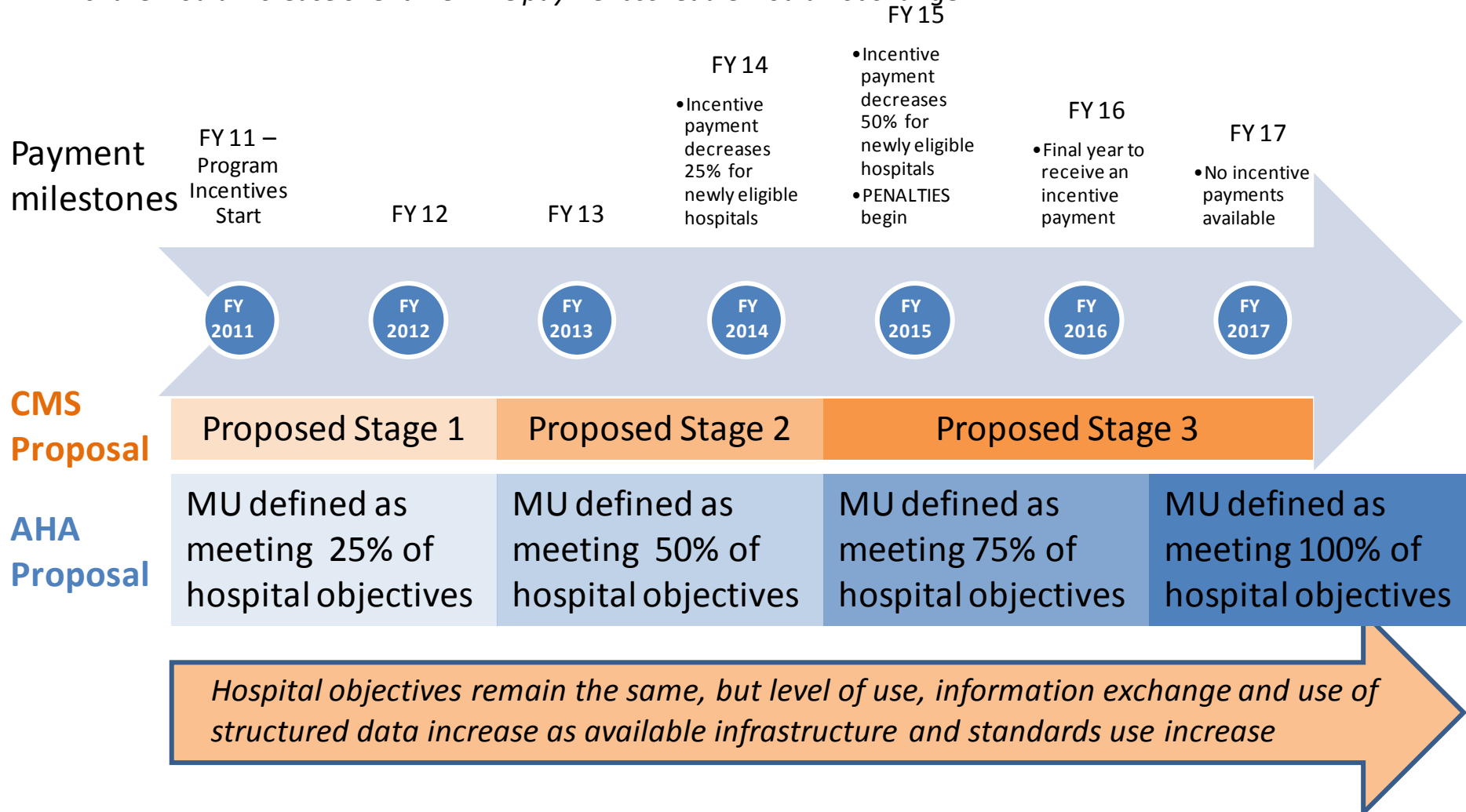
AHA Alternative: Objectives

- **We recommend adding 12 additional objectives in 2011 that the HIT policy committee recommended for 2013 and 2015**
- **Recognition that progress toward implementation is hospital-specific**
- **Target for phase 1: 25% of objectives**
 - **Specific recommendations for each objective**



AHA Alternative: Timeline

Recommendation: CMS should identify a single, expanded set of meaningful use objectives to be achieved between 2011 and 2017. Hospitals would be considered meaningful EHR users and qualify for the full EHR incentive payment if they meet a specified share of the hospital objectives in a given fiscal year. The required share would increase over time. The payment schedule would not change.



AHA Alternative: Objectives

- **Transition for small hospitals**
 - **2011-2012: 15%**
 - **2013-2014: 30%**
 - **2015-2016: 60%**
 - **2017 and beyond: substantially all**



The Proposed Rule: Measures

- **Proposed Objective #11 – report hospital quality measures to CMS**
- **35 measures proposed**
 - **All endorsed by the National Quality Forum (NQF)**
 - **25 adopted by the Hospital Quality Alliance (HQA)**
 - **9 currently reported in the Reporting Hospital Quality Data for the Annual Payment Update (RHQDAPU)**



Current State of Hospital Quality Measures

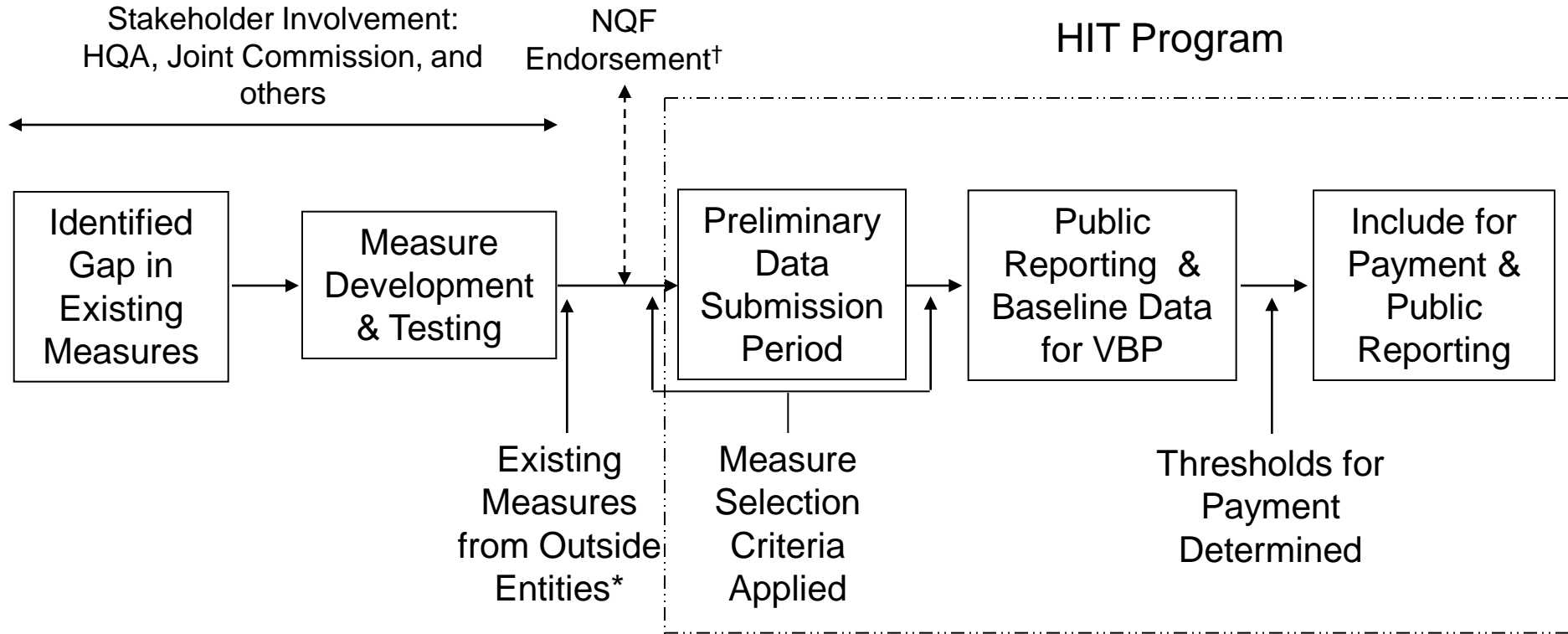
- **Through annual rule-making and meetings of the HQA stakeholders such as CMS, AHA, and others have developed a transparent, orderly, and collaborative approach to establishing a quality measurement framework**



Process for Introducing New Quality Measures

Measure Development, Testing, Endorsement

Measure Introduction



*Measures without substantial field experience will be tested as needed

†Measures will be submitted for NQF endorsement, but need not await final endorsement before proceeding to the next step in the introduction process

The Proposed Rule: Measures

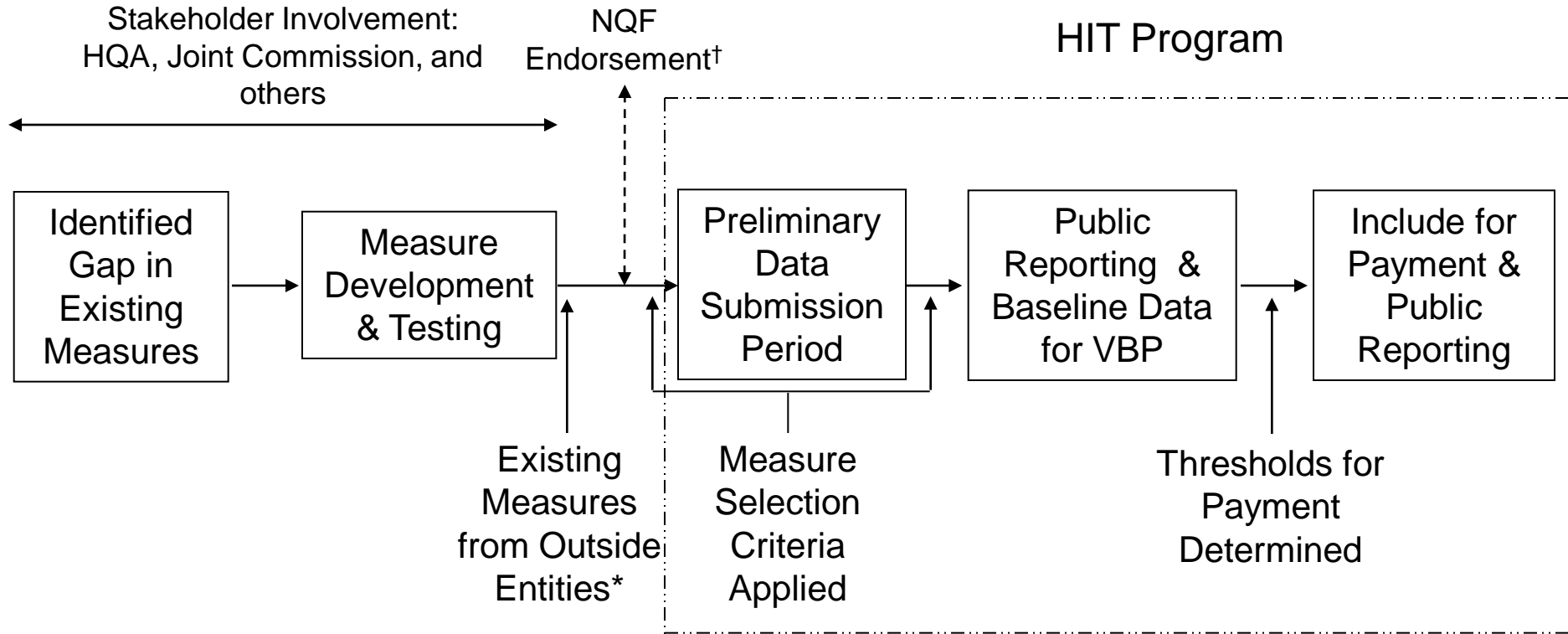
- **Fiscal Year 2011**
 - **Attestation that EHR is capturing data elements and calculating quality measures**
 - **Report calculated results to CMS**
 - **Attest to accuracy and completeness**
 - **Reporting over a 90-day time period**



Process for Introducing New Quality Measures

Measure Development, Testing, Endorsement

Measure Introduction

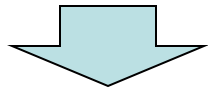


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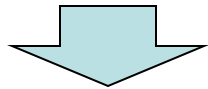
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Current State: Plus....

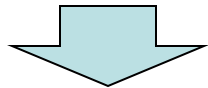
Measure specified



Specifications tested



EHR vendors program specifications



Hospitals upgrade their systems



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AHA Concerns: Measures

- **No EHR system in common use can generate the current set of proposed measures**
- **Most measures have not been specified or tested for reliability and validity when incorporated or generated from an EHR**



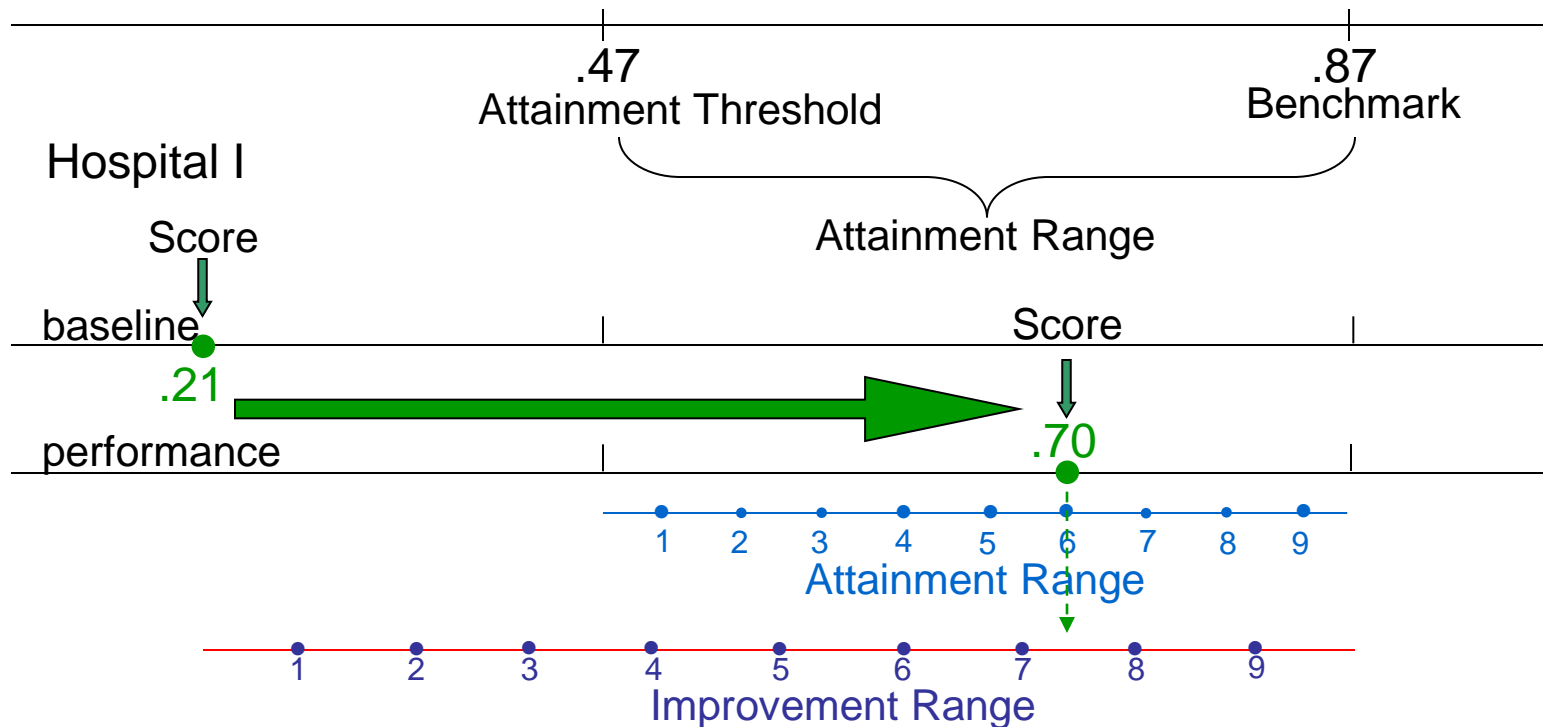
AHA Concerns: Measures

- **Lack of commonality between measure sets**



CMS Report to Congress: Transition to Hospital Value-Based Purchasing

Measure: PN Pneumococcal Vaccination



Hospital I Earns: 6 points for attainment

7 points for improvement

Hospital I Score: maximum of attainment or improvement
= 7 points on this measure

AHA Concerns: Measures

- **What works in one program, may not necessarily work in another program**



AHA Alternative: Measures

- **Defer automated quality reporting until 2013**
- **2011 and 2012**
 - **Hospitals continue to report quality measures through RHQDAPU**
- **Leverage lessons learned from RHQDAPU**



How we can work together

- **Integrating people with technology**
 - **Manual medical record abstraction to populate quality measures**
 - **Need for audit function to ensure accuracy of data**



Contact Information

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**American Hospital
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