

November 12, 2009

Office of the National Coordinator for Health Information Technology
200 Independence Ave SW
Suite 729D
Washington, D.C. 20201

Attention: HIT Standards Committee Comments on Implementation of Standards

The Minnesota e-Health Initiative, a statewide public-private collaborative, is pleased to submit comments on the implementation of standards related to “meaningful use”. We appreciate the efforts of the Implementation workgroup of the HIT Standards Committee to seek public comments on issues related to standards implementation and its interest in exploring new strategies to accelerate the adoption of health IT standards. We applaud the excellent work of the Office of the National Coordinator (ONC) in the implementation of the Health Information Technology for Economic and Clinical Health (HITECH) Act.

The Minnesota e-Health Initiative (“the initiative”) supports the standards that are being recommended to support “meaningful use” in the areas of clinical operations, clinical quality and privacy and security. The initiative also is in agreement with phased-in approach to standards recommendations based on maturity of standards and the industry readiness to adopt and implement these standards.

The initiative strongly advocates for much needed implementation support to promote the adoption and implementation of these standards. Standards and interoperability must be a critical element of “meaningful use” and not an optional component. In particular, we feel the need for implementation tools that are simple, more freely available, test beds for standards that can be used by implementers for validation and a requirement to streamline and simplify implementation.

The attached coordinated response to the request for public comment was created by inviting and engaging multiple stakeholders from within the Minnesota health and healthcare system that participate in the Minnesota e-Health Initiative. This process was coordinated by the Workgroup on Standards which is chaired by Mike Ubl from Minnesota Health Information Exchange (MN HIE) and Bobbie McAdam from Medica Health Plans.

Thank you for providing an opportunity to submit comments for your consideration.

Should you have questions you may contact:

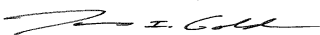
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Sincerely,



James Golden, PhD

State HIT Coordinator and Director, Division of Health Policy

Minnesota Department of Health

CC:

Dr. Chris Chute, Professor of Medical Informatics, Mayo Clinic College of Medicine, Director, University of Minnesota, CTSI (CTSA) Biomedical Informatics, Member of HIT Standards Committee

Dr. Connie Delaney, Professor and Dean of School of Nursing, University of Minnesota, Member of HIT Policy Committee

Dr. Jennifer Lundblad, President and CEO, Stratis Health, Co-Chair, MN e-Health Advisory Committee

Walter Cooney, Executive Director, Neighborhood Health Care Network, Co-Chair, MN e-Health Advisory Committee

Mike Ubl, Executive Director, Minnesota Health Information Exchange, Co-Chair, MN e-Health Standards Workgroup

Bobbie McAdam, Director, e-Business, Medica Health Plans, Co-Chair, MN e-Health Standards Workgroup

About the Minnesota e-Health Initiative

The Minnesota e-Health Initiative is a public-private collaborative in Minnesota whose vision is to accelerate the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs and improve public health. The Minnesota e-Health Initiative is guided by a statewide Advisory Committee with 25 representatives from interested and affected stakeholders. This committee is co-chaired by Jennifer Lundblad, President and Chief Executive Officer of Stratis Health and Walter Cooney, Executive Director of Neighborhood Health Care Network. Details on the Minnesota e-Health Initiative and Minnesota e-Health Advisory Committee can be found at: <http://www.health.state.mn.us/e-health>.

Minnesota e-Health Standards workgroup charges, deliverables and recommendations are available at <http://health.state.mn.us/e-health/stdnrdrshome.html>

The Minnesota e-Health Initiative
Comments and Recommendations on Implementation of Standards related to
“Meaningful Use”

General Comments

The Minnesota e-Health Initiative supports the standards that are being recommended for “meaningful use” in the areas of clinical operations, clinical quality and privacy and security. We are also in agreement with a phased-in approach to standards recommendations based on maturity of standards and the industry readiness to adopt and implement these standards.

A strategic approach to standards with timelines, priorities and associated tactics in combination with implementation support is essential in considering the balance between the need to drive rapid implementation of HIT, and the inherent challenges that lie ahead to make this transition successful particularly given the current state of standards implementation and interoperability. In considering the magnitude of policy decisions and their influence on standards adoption, the initiative is looking forward to receiving additional clarity in the guidelines when they are released in December.

This coordinated response to the request for public comment was created by inviting and engaging multiple stakeholders from within the Minnesota health and healthcare system that participate in the Minnesota e-Health Initiative. These comments reflect the consensus opinion that critical planning and readiness work on standards is an absolute must which is needed to sustain long-term success in achieving interoperability. We offer the following recommendations on strategies to promote adoption and implementation of recommended standards.

Recommendations

1. Strategy to Drive Standards Adoption

The Minnesota e-Health Initiative recommends that standards be mandated as part of “meaningful use” and not be an optional component. The initiative finds that there is a need for advancing standards adoption strategies and a timeline to facilitate essential planning that is necessary in order to achieve interoperability of EHRs and other systems effectively. Some specific examples include:

- A more detailed roadmap from the Office of the National Coordinator (ONC) with specific timelines for implementation of recommended standards for specific transactions. This is essential so that the stakeholder community can utilize it for planning and prioritizing their financial investments (e.g. incorporation of recommended standards by vendors, decisions by organizations for product purchases and software upgrades).
 - Ensure this roadmap is in synchronization with other key standards conversions of priority (ICD 9 to ICD 10, HIPAA 2.0) and have consensus privacy policies in place prior to the requirement for security standards.
- Ensure that the entities funded as part of a 3013 Cooperative Agreement to promote health information exchange in the community adhere to standards related principles such as:
 - Standards are an integral part of both strategic and tactical plans of health information exchange
 - Health Information Organizations (HIOs)/entities which facilitate health information exchange have a sustainable governance structure where interoperability is advocated as a critical component
- Brand clinical quality measures and their supporting standards as ‘point of care’ metrics supporting patient care instead of ‘compliance’ to regulations.
- Expand on-going communications from the HIT standards committee to keep stakeholders well-informed and structuring the feedback and improvement of standards as an on-going process through achievement of goals in 2015 and beyond.

2. Ensure Robust Support for Implementation of Recommended Standards

Minnesota e-Health Initiative recommends development of a sophisticated and comprehensive support structure to ensure that standards are being implemented effectively. This support can be initially targeted to transactions specified in meaningful use: e.g. electronic prescribing, lab results reporting, immunization reporting and clinical care summaries. Specific examples include:

- Recommended standards are clear and concise and focused on specific use cases of value.
- Implementation guides, tools and other resources should be comprehensive and more freely available and accessible to implementers. Currently, the implementation guides reside with the corresponding standards development organizations (SDOs) and require a membership fee to access them.
- Implementation specifications need to be straight forward and user friendly. The currently available specifications are complex and need subject matter expertise to comprehend.
- Improve the feedback loop for standards as real-life input can enhance the evolution of revisions [though a particular version is recommended, there should be a process for on-going review and revisions so that a particular standard in use can address business needs]
- Streamline and simplify implementation of standards with clear guidelines (e.g. there have been instances where there is a challenge in interpreting the standard and thus having consistency in the way it was implemented. This leads to the additional step of creating support mechanisms/groups to help in interpretation of standards to reduce the burden and implementation delays)
- Require objective measures other than self-attestation to validate implementation of standards like:
 - Readily accessible, affordable and robust test harnesses/test beds which can validate standards
 - Illustrations of valid (successful) transactions to guide implementers (snap shot of both passed and failed ones)
 - Functional test cases for which the standards are being tested
 - Utilizing the capability of existing organizations such as NIST (National Institute of Standards and Technology) to provide needed infrastructure and support to create and execute test beds for standards.

3. Leverage the Power of HITECH Supported Entities to Promote Implementation and Assessment

In order to accommodate the process that is required to successfully implement “interoperable” EHRs, it is essential for an approach with support from many entities each addressing certain requirements to promote standards adoption and implementation. Specific examples include:

- Require the Regional Extension Centers (3012 recipients) to use their outreach mechanisms to educate adopters/users of EHRs on critical role of standards (e.g. the need to use standards requirements and compliance as one of the elements of a Request for Proposals (RFP) for EHRs by providers) and used as a venue to promote implementation tools.
- Require the Health Information Exchange Cooperative Program recipients (3013 funds) to facilitate standards implementations (e.g. outreach and technical assistance to promote standards utilization, providing referrals/access to translation services if needed. The ideal scenario will be that exchange partners use standards so that HIE entities can focus on transactions as opposed to referring to third parties or building translation capabilities).
- Require the recipients of workforce funds (3016 allocations) to train and educate on standards and interoperability as a critical element of effective EHR implementation and utilization.
- Require the entities which function as certification bodies as part of HITECH to have mechanisms in place that can adequately test standards and not rely on self attestation by participants.
 - Use the HITECH certification structure to assure that vendors have a requirement to post their compliance with standards in a systematic way (e.g. it would be a “standards label” similar to a “nutrition label” for each vendor. This might look something like HL7 – yes, LOINC – not supported, SNOMED – not applicable etc). The objective is to add clarity to choice of products which support various sub-sets of standards).

4. Continue to Address Cost

Effective strategies that address the cost of standards implementation are critical to promote adoption and interoperability. Some examples include:

- Advance approaches to reduce the cost factor of not only EHR adoption but ongoing use of standards for effective utilization.
 - Providers who are moving forward responsibly with EHR planning and implementation should understand the need for ongoing maintenance of EHR software. Upgrades to accommodate new or revised standards and functionality should be accounted for in their business case and planning.
 - Providers who are just getting started in using their EHR should focus on standards requirements when planning for information exchanges
 - Providers who already have an EHR in place and are effectively using them should be willing to share their experiences and offer support as other information sharing stakeholders come on board.
- Addressing the cost factor of standards implementation by ensuring that implementation guides are more freely available to implementers
- Prioritization of upgrades to various versions of standards is vital. Some standards conversions may consume a significant amount of organizational resources (e.g., ICD 9 to ICD-10); they may take priority and focus and may force other standards upgrades to be delayed.

5. Refine and Coordinate Quality Measures

The Minnesota e-Health Initiative recommends that as you move forward developing the measures for meaningful use related to clinical quality you consider presenting clear definitions which support each and every measure. Specific examples include:

- Consensus on clinical quality metrics is critical (numerators, denominators, method for calculation etc.) as standards for quality measures are a daunting task and require reporting to multiple entities based on different parameters.
- Synchronization of various reporting requirements by CMS (Centers for Medicare and Medicaid Services) is critical (PQRI reporting requirements, electronic prescribing requirements, reporting requirements as part of “meaningful use” and HITECH).

6. Improve the Knowledge Base and Research on Best Practices on Standards Adoption and Implementation

Minnesota e-Health Initiative encourages you to consider compiling best practices on standards adoption and implementation. This is bolstered when it is presented with case studies, lessons learned, resources that can offer help and made available in easy to use and freely accessible online formats. Specific examples include:

- Organizations such as AHRQ (Agency for Healthcare Research and Quality) which is a leading organization to support health information technology research and also a recipient of HITECH funds should collect best practices on standards and interoperability in healthcare.
- Support research test beds for standards implementation
- Support research for new models for ongoing maintenance and support for standards (e.g. automated updates for some vocabularies)

If you have questions related to the Minnesota e-Health Initiative and this collaborative response, you may contact:

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