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# Collaborative Statement on CMS and ONC Issuance of Proposed Regulations on Meaningful Use and Standards for the Electronic Health Record Incentive Program

The release of proposed federal health information technology (IT) "meaningful use" regulations[1] and standards[2] marks a major, positive step forward in the nation's efforts to improve health care by putting modern IT tools at the fingertips of medical professionals and consumers alike.

We applaud the US Department of Health and Human Services for establishing an important set of priorities and drafting targets that are, in general, both ambitious and staged to enable broad participation. This was a very challenging and novel undertaking, and the result is a very important contribution to the potential of information technology to contribute to the quality and cost effectiveness of health care. The public comment period is critical for ironing out workable details, and clearly we believe some important revisions will be necessary in the final regulation. But we must not lose sight of the urgent priorities of this effort: to improve health, increase cost-effectiveness, protect privacy, and encourage innovation and broad participation across many health care settings.

This letter does not represent our full comment on the Notice of Proposed Rulemaking (NPRM) on Meaningful Use or the Interim Final Rule (IFR) on Standards. Our detailed comments will be forthcoming during the formal public comment period as we work to iron out workable alternatives in some areas where we believe revisions will be necessary, particularly where they will be needed to avoid unnecessary burden or cost. We look forward to working through the details of these proposed regulations with our collaborators and to providing detailed formal collaborative comments in the weeks ahead.

We share the goal of maximizing the opportunity stemming from the American Recovery and Reinvestment Act of 2009 (ARRA) to spur investment in health IT so that consumers and providers can share information more easily for safer, more convenient care.

It is clear that federal regulators in the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC), as well as other areas of government, accomplished an enormous and important task in drafting these proposed regulations.

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1 Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Proposed rule. 75 Federal Register 8 (13 January 2010), pp. 1844–2011.

2 Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Interim Final Rule. 75 Federal Register 8 (13 January 2010), pp. 2014–2047.

We are particularly pleased to see that the priorities set forth in the proposed rules are consistent with the key criteria[3] we have supported over the past year:

1. **The health IT investments under ARRA will be evaluated on whether they help achieve clear health and cost-effectiveness goals based on a trajectory of measureable targets that are ambitious but achievable.**

   The Notice of Proposed Rulemaking (NPRM) states that the goal of health IT and meaningful use is improving health care quality, efficiency, and patient safety, and not adoption of health IT as an end state.[4] These objectives are also strongly supported by the proposed clinical quality measures on which providers will report.

2. **Patient engagement is a critical aspect of meaningful use. Meeting the ARRA quality and efficiency goals requires support and participation of patients.**

   The NPRM includes near-term and forward-looking requirements for patient engagement, focused initially on sharing electronic personal health information with patients.

3. **Meaningful use should be achievable by a wide array of providers ranging from integrated delivery systems to solo practitioners. Standards should directly support meaningful use and enable—not stifle—innovation.**

   The technology and standards recommendations in the ONC Interim Final Rule support innovation in an evolving market and enable a broad array of providers with varying levels of technology to participate.[5] Federal regulators developed an approach that followed attributes that we have collectively supported over the past year. In particular, we note that the rule generally avoids overly complex technical specifications for the health IT tools or a prescriptive level of detail for the features and functions that doctors and hospitals must use to receive new federal incentives.

4. **Prioritize measures that matter for health improvement—measures that demonstrate improved health outcomes and greater cost-effectiveness.**

   The quality measures address critical national health improvement objectives including smoking cessation, improved preventive care, healthy weight, cholesterol control, blood pressure control, appropriate medication management, and reducing readmissions and medication errors.[6] The measures require use of clinical information, allow participation by a wide range of providers, and focus on outcomes that are meaningful to providers' work.

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3 See Markle Connecting for Health collaborative comments at the following URL: http://www.connectingforhealth.org/arra/comments.html.

4 Section II.A.2.c

5 The NPRM refers to the ONC Interim Final Rule for recommended standards and technology definitions.

6 Section II.A.3

5. **All quality measures should be reported as summary statistics, not as underlying patient-specific information.**

   The NPRM recommends submission of summary results (not personally identifiable information) on clinical quality measures.[7]

   Results will be reported for all patients, not just for Medicaid and Medicare, giving providers and CMS a clear view of overall performance.

6. **There should be a phased implementation approach to iteratively test measures, starting with simple calculation of measures and attestation in 2011, and electronic reporting in 2012. The underlying objective is to put useful information into the hands of providers and patients to improve care, and not to create a compliance exercise.**

   The NPRM adopts a phased approach to allow for technology development and testing at initial stages. Providers will attest to summary clinical quality results in 2011, using the Physician Quality Reporting Initiative (PQRI) registry definitions and reporting requirements (numerator and denominator for each measure). The clinical measures and several of the health IT functionality measures focus on information providers need for care improvement.

7. **Enable reporting of measures that matter as a byproduct of using qualified health IT.**

   This is a stated goal of the NPRM for 2012. Adopting simple and easy-to-use requirements for electronically reporting summary results will be critical.

We look forward to working collaboratively with leaders across the health sector to provide public comments on refining these proposed regulations so that health care providers and consumers see the benefits that Congress intended.

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[7] Section II.A.3.h.(2)

**These comments are jointly submitted by the Markle Foundation, the Center for American Progress, the Engelberg Center for Health Care Reform at Brookings, and the following additional supporters.**

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