Achieving Meaningful Use: Health IT Standards Committee Reviews Standards Needed to Achieve Meaningful Use

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This month the Journal introduces a new column on practical applications and emerging issues related to data standards.

The need for standards has never been more pervasive as the healthcare industry moves toward increased health IT adoption.

Provisions in the American Recovery and Reinvestment Act (ARRA) outline incentive payments for Medicare- and Medicaid-eligible providers that become meaningful users of electronic health records (EHRs). To become meaningful users and receive incentive payments providers must:

- **Meaningfully use certified EHR technology.** Eligible professionals must demonstrate the use of certified EHR technology in a meaningful manner, including the use of electronic prescribing as determined by the secretary of Health and Human Services (HHS).
- **Exchange information.** Eligible professionals must demonstrate to the satisfaction of the HHS secretary that certified EHR technology is connected in a manner that provides, in accordance with law and standards applicable to information exchange, for the electronic exchange of health information to improve the quality of healthcare, such as promoting care coordination.
- **Report on measures using EHR technology.** Using certified EHR technology, eligible professionals must submit information on clinical quality and other measures as selected by the HHS secretary.

The use of standards will enable providers to become meaningful users and will optimize system functionality, manage and improve data quality, and share information while safeguarding it. Recognizing this need, ARRA also called for the creation of the Health IT Standards Committee to advise the national coordinator for health information technology.

The Standards Committee's Work

Provisions within ARRA call for the Health IT Standards Committee to review the data and technical standards needed to achieve the meaningful use incentives. The committee will then make recommendations on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information to HHS's Office of the National Coordinator for Health Information Technology (ONC).[1]

The committee first met in May 2009 and formed three workgroups to analyze the areas of clinical quality, clinical operations, and privacy and security. An implementation workgroup was developed in late 2009 to add real-world implementation experience into the Standards Committee's recommendations. Throughout the year, the committee conducted hearings to learn and understand the current standards environment.

The group's efforts included learning about other organizations' current standards initiatives, such as the Healthcare Information Technology Standards Panel and the National Quality Forum's Health Information Technology Expert Panel, which highlight the development and use of data standards for improving care coordination.

The committee heard testimony from small and large providers, vendors, specialists, privacy and security representatives, and nonhealthcare industries, which served as the basis for its recommendations to ONC.

The Committee's Standards Recommendations

The group has been optimistic the healthcare industry can implement the recommended standards that will facilitate the adoption of EHRs but not stifle innovation and creativity in leveraging health IT to improve the delivery of care.

The committee recommended that HHS consider the following recommendations as the interim final rule is developed:

- Keep it simple. Think big, but start small. Recommend standards that are as minimal as possible to support a necessary policy objective or business need, and then build as you go.
- Do not let "perfect" be the enemy of "good enough." Go for the 80 percent that everyone can agree on. Get everyone to send the basics (medications, problems, allergies, labs) before focusing on the more obscure.
- Keep the information cost as low as possible. Minimize the costs associated with implementation of standards, including royalties, licencing fees, and other expenses. Open the NIST interoperability certification testing processes.
- Design for the little guy. Make sure the endorsed standards are as broadly implementable as possible, so diverse participants can adopt them and not only the best resourced.
- Do not try to create a one-size-fits-all standard that adds burden or complexity to the simple use cases.
- Separate content and transmission standards. Separate the network layer from the application layer. Avoid linking changes between senders and receivers.
- Create publicly available vocabularies and code sets. Ensure they are easily accessible and downloadable, with straightforward means to update or upgrade.
- Leverage the Web for transport ("health Internet"). Use what already works in transporting information securely on the Internet. Decrease complexity as much as possible to shorten the learning curve of implementers.
- Position quality measures so they motivate standards adoption. Strive for quality reporting to be an automated byproduct of using certified technology and standards, lowering the administrative burden of reporting to the lowest extent possible.
- Support implementers. Offer user-friendly implementation guides with working examples and testing tools. Facilitate use of implementation guides with effective national communication plans. Publish open-source reference implementations.

The committee also noted that the use of standards should be open and transparent and migrate away from proprietary solutions. The committee recommended that the industry address the need for semantic interoperability, which ensures that data can be understood and interpreted with the same meaning in the receiving system that it held in the sending system. Without addressing this issue, the exchange of information will never be fully realized.

The committee also noted that the use of consistent and uniform data during transition points of care are critical, as is the need for "test beds" and tools, which will facilitate the adoption and implementation of EHRs on a greater scale.

Reaping the Benefits of Standards Harmonization

By harmonizing standards, different information systems, networks, and software applications will be able to speak the same language and work together technically to manage and use consistent, accurate, and useful health information for providers and consumers. Harmonized standards have the ability to:

- Allow consumer information to follow the consumer and be available to providers to support clinical decision making even if the information originates in different locations and different computer systems
- Promote security and confidentiality in health IT systems by enabling approaches for information protection and access control[l]
- Improve patient safety, promote quality improvement, and facilitate clinical research based on the appropriate use of consistent data
- Protect populations by supporting public health disease detection and management1

Note

Department of Health and Human Services. "[Data and Technical Standards: Background](#)."

HHS was expected to issue several rules by the end of last month outlining the building blocks for achieving meaningful use and the use of data and technical standards, including:

- A notice of proposed rule making defining meaningful use
- A notice of proposed rule making defining the EHR certification process
- An interim final rule on the adoption of an initial set of standards, implementation specifications, and certification criteria for EHRs

While reviewing the rules, organizations should consider the impact on the information workflow, the resources needed to achieve interoperability, and what it means to fully become a meaningful user above and beyond the requirements and legislative mandates to realize improved care coordination.

Note

1. Department of Health and Human Services. "Health IT Standards Committee (a Federal Advisory Committee)." Available online at http://healthit.hhs.gov (see "Federal Advisory Committees").

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