Patient-Centered Care: Looking ahead to Stage 2

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By Chris Dimick

Editor's note: In the cover story to this month's print issue, Journal writer Chris Dimick explores the patient-centered measures in the meaningful use EHR incentive program. As experts tells him, the current stage 1 measures are a good start to getting patients more information about their health, but expectations are higher for what comes in stage 2.

Now a draft of those stage 2 measures is out, a "preliminary set of recommendations" released by the HIT Policy Committee for public comment. In this story, Dimick reviews the new measures related to patient-centered care and gets commentary from the committee's patient advocate representative.

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Stage 1 of meaningful use includes five requirements related to patient-centered care, which are grouped under the health outcome priority "engage patients and families in their health care." Three of the measures are mandatory, and two are optional.

As expected, the stage 2 draft recommendations build upon this foundation, generally increasing the access that patients would get to their health information.

As proposed, the patient and family engagement criteria would become a bigger part of meaningful use, requiring providers to enact more patient-centric operations, says Christine Bechtel, vice president of the National Partnership for Women and Families and patient advocate representative on the HIT Policy Committee and its Meaningful Use Workgroup.

All five of the stage 1 measures become mandatory in the draft recommendations, and more criteria are proposed.

"With many criteria moved to core, and the addition of more meaningful criteria, even as menu [optional] items, I remain hopeful that [meaningful use] will begin to change relationships between patients and providers in a way that both sides want," Bechtel says.

Stage 2 of the program begins in 2013.

View and Download

The measures the committee has proposed for stage 2 have shifted the focus from patients receiving paper or electronic copies of their records to patients gaining the ability to directly view and download their information via the Internet.

In stage 1, eligible professionals are required to provide clinical summaries to patients for more than 50 percent of office visits within three business days, either in electronic or paper format. Under the stage 2 recommendations, providers would be required to allow patients the ability to view and download relevant information about a clinical encounter within 24 hours of the encounter. Any follow-up tests linked to that encounter that are not ready in 24 hours would need to be provided within four days of becoming available.

Information that must be available in the online clinical summaries includes problem lists, medications, diagnostic test results, clinical instructions, and future appointment requests.

Moving to a healthcare system where information is portable and features a more robust and meaningful set of data in the health record will improve the system for patients, physicians, and hospitals, Bechtel said. Stage 2 helps position health information as a portable commodity.

"The notion that as patients, we can now aggregate our data from different doctors or hospitals into a central, secure place is foundational to more engaged patients and better coordination of care between all the members of the care team," she says. "It will also support a more efficient system–with patients able to track and share test results, for example, tests should not have to be repeated."

Providing online access will be more of a challenge for providers than providing paper or electronic copies, but the committee proposes a lower threshold to meet the new objective. Twenty percent of a provider's patients with Internet access would need to access their information via the portal at least once. In stage 1, half of patients must receive their clinical summaries within three business days.

Focus on Patient Portals

The committee's proposed measures promote the use of patient portals more directly. In stage 1, a menu set measure requires physicians to "provide timely electronic access" to medical information to 10 percent of their patients. Though not stated in the measure, many assumed this access would be done through a patient portal.

In stage 2, this measure is modified to clearly require that patients have use of a portal to view and download their information. Promoting the portal has also become part of the measure, as eligible professionals are required to get 20 percent of patients to access their information at least once in order to meet the measure.

While hospitals are not required to meet the specific clinical summary measure in stage 1 or stage 2, the committee proposes a new related criterion for stage 2 that calls on hospitals to provide 80 percent of patients the ability to view and download, via a Web-based portal, medical records related to their inpatient encounters within 36 hours of discharge.

These summaries would include hospitalization admit and discharge date and location, the reason for hospitalization, problem and medication lists, available discharge summaries and instructions, and care transitions plans.

Some Measures Raised…

The committee raised the threshold on several of the draft measures in stage 2, increasing the number of patients who must use services.

In stage 1, hospitals are required to provide patients an electronic copy of their discharge instructions to 50 percent of those who request the information. In stage 2, the measure is raised to 80 percent of requesting patients, though it is noted that patients may elect to receive a printed copy of the instructions.

Some Stay the Same…

Other measures remained the same. Both professionals and hospitals are required in stage 1 to provide more than 50 percent of patients with an electronic copy of their medical record upon request. In stage 2, that draft measure and percentage of patients remain the same.

Also unchanged is the measure requiring the use of certified EHR technology to provide patients educational resources specific to their treatments. As in stage 1, healthcare providers must give this information to 10 percent of their patients.

And New Measures Added

The committee also recommends new patient-centered measures for stage 2. One proposed criteria calls for physicians to use secure, online patient messaging to communicate with patients. Another measure calls on providers to record 20 percent of their patient's preferences for means of communication.

The committee intends to revisit its recommendations in public meetings beginning in the spring. The committee is accepting public comments on the preliminary stage 2 measures until February 25. It hopes to receive ample feedback, which it can use to further develop the stage 2 criteria, Bechtel said.

“These aren’t just warm and fuzzy, nice things to do,” Bechtel says of the patient-centric measures. “They are central to providing patient-centered care and getting to better individual outcomes, lower costs, and better population health.”

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