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CIOs call for delaying move to Stage 2 meaningful use

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ANN ARBOR, MI – The College of Healthcare Information Management Executives (CHIME), with 1,400 CIO members, is urging the government to allow hospitals and physician practices more time to assess Stage 1 progress and to better prepare for Stage 2 meaningful use objectives.

CHIME submitted its comments on Stage 2 meaningful use objectives Thursday.

Meaningful use measures and objectives for Stage 2 should reflect the capabilities and experiences of hospitals and physicians to handle the scope of Stage 1 before any measures for the second stage are codified, CHIME contends.

[See also: Turning the tide in EHR adoption and meaningful use.]

"CHIME believes that it would not be prudent to move to Stage 2 until about 30 percent of (eligible hospitals and eligible providers) have been able to demonstrate EHR MU under Stage 1," the organization's letter reads. "We believe this approach would strike a reasonable balance between the desire to push EHR adoption and MU as quickly as possible, and the recognition that unreasonable expectations could end up discouraging EHR adoption if providers conclude that it will be essentially impossible for them to qualify for incentives."

Providers may seek to qualify for incentives by achieving meaningful use objectives for Stage 1 by Sept. 30, 2012, but legislation establishing the EHR Incentive Program does not lay out hard-and-fast deadlines for initiating the second stage of the program, with its subsequent set of objectives.

CHIME's comment letter recommends that Stage 2 have a core and menu set structure similar to that used in Stage 1. Core measures are required meaningful use objectives, while providers must select at least five objectives from the menu set. Under the CHIME proposal, core measures would be those already incorporated in Stage 1, with some measures increasing in compliance levels, while the menu set would be new measures introduced in Stage 2.

"Hospitals and physicians are going to continue to need flexibility as we enter Stage 2," said Pamela McNutt, senior vice president and CIO of Dallas-based Methodist Health System and chair of CHIME's Policy Steering Committee. "Measures being introduced for the first time should

be part of a menu set to allow providers to focus on those that best match their operational goals."

CHIME submitted its comments to the federal Health IT Policy Committee, which is collecting public remarks in forming Stage 2 meaningful use recommendations that it will present to the Department of Health and Human Services this summer.

Delaying the move to Stage 2 also would give federal agencies more time to develop clear policies that are defined in advance, which would give time-pressed providers and vendors clear guidance that they need for the industry to implement clinical systems, meet meaningful use objectives, and qualify for stimulus funding, according to CHIME.

"Although most CIOs take the lead in deploying and encouraging optimization of information systems, our primary goal is to help introduce and manage change in our organizations," said David Muntz, chair of CHIME's Advocacy Leadership Team (pictured at right). "The change management implications of our current environment have never been greater, hence, our interest in finding certainty and practicality whenever possible. Even well-intended efforts must recognize that the staff and physicians need a clear vision of the future and time to absorb and adjust to the changes."

[See also: Hospital execs cite doc adoption as biggest MU hurdle.]

CHIME said it was difficult to comment on "unknown standards or other policies" that the Health IT Standards Committee might recommend for several proposed Stage 2 measures. "CHIME believes it will be important for any such standards or policies to pass a 'practicality test,'" the comment letter read. "They should be based on realistic expectations of what motivated providers will be able to accomplish, especially with respect to entering information in a coded or structured format."

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Read some of CHIME's comment on the next page.

In response to specific proposed objectives for Stage 2, CHIME's comments included the following:

- In using clinical decision support, CHIME calls for a limited set of rules that eligible hospitals (EHs) and eligible providers (EPs) would have the flexibility to choose. "The goal at this point should not be use of a large number of CDS rules but effective use of a smaller number," CHIME said. "EHR technology should be capable of implementing CDS rules identified as appropriate by EHs and EPs, and MU criteria should not become a 'back door' means for the federal government to interfere with the practice of medicine."
- CHIME stated concerns about several Stage 2 objectives outlining percentages of visits or patient days for which patient notes must be recorded. "We believe it is premature to focus on electronic notes, largely due to a lack of physician readiness," the comments said. "For

the foreseeable future, we believe it is much more important to focus attention on (computerized provider order entry), especially with CDS, than on electronic notes."
- In response to a proposed objective for health information exchange requiring a provider connect to at least three external providers in a primary referral network, CHIME said it was "extremely concerned...Whether there is a functioning HIE in an area is totally beyond the control of EHs and EPs. We believe that an EH or EP should be able to opt out of the HIE requirement if reasonable access to an HIE is not possible."

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