



Andy Slavitt Chief Executive Officer

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June 26, 2009

Dr. David Blumenthal
Office of the National Coordinator for Health
Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W. – Suite 729D
Washington, D.C. 20201

Re: Comments on HIT Policy Committee's Proposed Definition of Meaningful Use

Dear Dr. Blumenthal:

On behalf of Ingenix, I want to thank you for the opportunity to provide comments on the recommendations of the Health IT Policy Committee to define what demonstrates "meaningful use" of electronic health records (EHR), published in the Federal Register on June 18, 2009. You may be aware that Ingenix is a leader in health care information, technology, and consulting with significant experience and expertise in leveraging information to improve the quality, accessibility, and affordability of health care. Given the scope of our business, we are particularly interested in the deliberations impacting the manner and effectiveness of health information utilization, management, exchange, and analysis.

Ingenix recently sponsored a survey of 500 independent primary care physicians to gauge their perspectives on EHR, including their attitudes around the acceptance of health IT (HIT), barriers to adoption, perceived risks and benefits to adoption, and the impact of the American Recovery and Reinvestment Act (ARRA) incentives on their decision-making. Here are some of the findings of our survey:

- While more than half had little to no familiarity with the ARRA (or its HIT provisions), 86% of respondents indicated that they are more likely to adopt an EHR as the result of the new financial incentives available.
- Some 35% think their practice will adopt an EHR within the next two years, 37% believe they will in three to five years, while 6% indicated "never."
- Until now, 72% of the physicians cited the cost of EHRs as the greatest barrier to adoption. Even still, today more than half of the physicians surveyed still perceive the burdensome cost as the greatest risk for deployment.
- The financial incentives are viewed a great benefit in the decision to deploy an EHR, as 95% of the physician respondents noted, followed closely by the efficiencies to be gained.

- Some in the primary care community appear to be less enthusiastic about evidence-based medicine (EBM), at least as reported in this survey, and that may have implications for achieving meaningful use of EHR in their practices:
 - Almost one quarter of all respondents indicated that they do not plan to pursue EBM
 - One in five physicians do not plan to use ePrescribing for their patients.
 - Nearly 30% do not plan to access patient drug histories, allergies, or other medical history online.
 - 31% of respondents indicated that they are not planning to use information provided by health plans to address patient gaps in care.

We believe that these results underscore the very real challenges we all face to achieve the goal of interoperable EHRs and health information exchanges (HIE). We appreciate the efforts of the HIT Policy Committee to craft thoughtful recommendations that support both administrative simplification and clinical process improvement. Ingenix applauds the Committee's proposed approach to phase in increasingly complex goals and objectives over four years. We believe that the proposed goals and objectives are both aggressive and attainable and will help to drive the right behaviors from both a clinical and administrative perspective.

While we support the overall approach contemplated by the HIT Policy Committee, we suggest that the committee define specific end-state quality metrics tied to each of the objectives of meaningful use. By way of example, we recognize that providing physicians with the best available, state-of-the-art, analytics-based care guidelines to determine the appropriate treatment path within the care setting is a fundamental and essential benefit of EHR adoption. Although the Committee's proposal references clinical decision support as an early year goal, we recommend the Committee develop corresponding metrics associated with the use of clinical decision support at the point of care. Accessing real time information on care patterns based upon varied treatment options would support more timely and accurate decisions, constrain unnecessary and excessive care and cost, and improve the quality of patient care.

Other areas we support and recommendations we offer include:

- We strongly support performance measurement that is based upon defined denominators and numerators of specific clinical conditions (e.g. HEDIS measures, NQF, AHRQ).
- Evolving reporting of outcome measures by patient, by condition, by physician, and by insurance product would be very beneficial.
- Utilizing e-Prescribing in the first year, including diagnosis-drug, drug allergy, drug-drug, PDL/formulary preferences, and other e-Prescribing functions is key.

- In addition to external reporting to clinical registries, maintaining registries internal to a physician office or practice are also important.
- The Committee should define a clear process for how physicians will account for and report upon their meaningful use of EHR systems, this will likely entail additional functionality requirements of EHRs.
- Objectives and metrics around bundling of payments should be added.
- An early metric, we suggest, would be for physicians to send links to medical records when they send claims to payers.

As our survey results confirm, widespread adoption of EHRs and demonstration of meaningful use will be a challenge for many physicians, even with Federal incentives. Providers could be easily discouraged by the complexity of the requirements. We believe that it would be inherently unfair to expect providers to be technologists and experts in HIT implementation. As an EHR vendor, Ingenix understands our responsibility to do our part to simplify and facilitate the process of adopting EHRs. Indeed, in order to achieve the vision of interoperable EHRs and HIEs, vendors must be responsible for building and implementing seamless interfaces between EHR systems and other potential information trading partners that are necessary to establish the foundation of a national network of networks.

As proponents of versatile, easily updatable web-based systems, we support the adoption of clear data exchange and product certification standards and believe that vendors must be held accountable for complying with those standards. Sooner, rather than later, we believe the vendor community needs to be fully engaged with the Office of the National Coordinator for HIT (ONC) in order to assure that the ONC can pre-certify systems that will not only meet existing and new functional requirements, and ultimately be able to support the demonstration and reporting of meaningful use. Pre-certification may give providers some assurance that the ambitious goals behind meaningful use are in fact attainable. Encouraging the collaboration between the provider and vendor community, so that physicians can develop their own goals for improving their practices and the vendors understand those goals, may also improve attitudes around adoption.

And, finally, with patient engagement and improved health outcomes underpinning the goals of meaningful use, what is missing in the Committee's recommendations is actual "proof of use" with patients. The recordkeeping functionality, ePrescribing, reviewing lab results, and accessing patient histories are only one part of the story. Considering the patient's perspective on the care received and the extent to which their physician encounter included EHR at the point of care and gathering that information by surveying patients, would provide great insight into the impact, value, and meaningful use of EHR. Placing the priority for meaningful use on the relationship between the doctor and the patient, and not various arbitrary measures, largely reinforces the intended goals of this effort.

As you proceed in this massive undertaking, I would welcome the opportunity to personally brief you and/or the Committee on the detailed results of our survey, and point more explicitly to the challenges the results imply. Let me close by saying that Ingenix looks forward to working with your Office as you continue to implement the President's vision of a modernized health care information system that improves the overall health of our population, contains costs, and addresses disparities in access to quality care.

Sincerely,



Andrew M. Slavitt
Chief Executive Officer

cc: Judith Sparrow, Office of Programs and Coordination, ONC