



June 26, 2009

SUBMITTED ELECTRONICALLY TO: [MeaningfulUse@hhs.gov](mailto:MeaningfulUse@hhs.gov)

Office of the National Coordinator for Health Information Technology  
200 Independence Ave, SW  
Suite 729D  
Washington, DC 20201  
Attention: HIT Policy Committee Meaningful Use Comments

On behalf of the North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA), we are pleased provide comments on the preliminary Meaningful Use matrix and preamble published on June 16, 2009. Many of our members and affiliates are submitting their own comments, and the intent of this submission is to be additive, and not a compendium of our member's comments.

Recognizing that the published material is undergoing continuous improvement, we propose the following specific recommendations:

- 1. We recommend that the 2011 and 2012 objectives and measures be adjusted to incorporate graduated, incremental measures for providers.** For example under the first priority, "improve quality, safety, efficiency and reduce health disparities," the first bullet in 2011 suggests CPOE for all order types, and our members' experience is that significant achievement of the 2011 objectives can be accomplished with less than 100% CPOE adoption, and therefore we suggest that these measures be sequenced and 100% CPOE be required toward the end of the measurement period. An incremental set of CPOE measures will establish a more realistic approach. Similarly, under the third priority, "improve care coordination," the exchange of key clinical information % of transitions in care for which summary care record is shared should be clarified to recognize this measure as a community measure. As such, an individual provider could receive a "full" score even though none of their partners were yet prepared to receive a shared summary care record.
- 2. We recommend that the measures incorporate specific eRx measures and incorporate adoption of the CMS reporting process for validating eRx.** We believe the inclusion of electronic prescribing (eRx) in the 2011 and 2012 objectives is appropriate and that the experience of CMS with eRx incentives should also be applied here.
- 3. We recommend that the measures provide for individual providers to share in the "credit" for team-based achievements of sharing of patient information. This will allow for more than the one-to-one exchange of clinical information as the measures appear to contemplate.** In North Carolina, success with the Medical Home model for coordinating care has

delivered great results and demonstrated the value of coordinated care. We believe that team-based care and care delivery should be acknowledged by the measures of Meaningful Use.

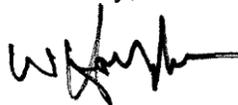
4. **We recommend the measures anticipate continuing evolution of communication tools and local governance over the appropriate meaningful use capabilities.** Meaningful Use should consistently support “Meaningful Connections” as described by the Patient Centered Primary Care Collaborative in their report of the same name. One way to do this in the measures would be to allow for local definitions of capabilities such as:
  - a. Engage patients and families in their healthcare through a variety of communication mechanisms (2015 tools will no doubt look significantly different from the proposed 2015 measures);
  - b. Team-based care clinical documentation standards and coordination of care

Establishing the practicality of the measures is important, and our feedback is that the measures should avoid unnecessary complexity. Rewarding partial achievement appears to be a reasonable component of the measures.

NCHICA is a nationally recognized nonprofit consortium that serves as an open, effective and neutral forum for health information technology (HIT) initiatives that improve health and care in North Carolina. Members include over 200 leading organizations in business, healthcare (hospitals, physicians, nurses, health information management, practice management, payers, pharmaceuticals, etc.), government, research and information technology. Working closely with its members, NCHICA has the unique ability to convene and form partnerships to advance HIT adoption. NCHICA's leadership in conducting demonstration projects, hosting educational sessions and fostering collective efforts within North Carolina helps position the state at the vanguard of national HIT acceleration efforts.

NCHICA is generally supportive of the intent expressed by the preliminary Meaningful Use definition to accelerate the adoption of information technology and enabling policies. Our members are organized into several workgroups and committees that could be called upon to provide additional practical feedback. Please feel free to contact me if we may be of direct assistance.

Sincerely,



W. Holt Anderson  
Executive Director  
NCHICA