

## **American College of Cardiology Recommendations: Defining “Meaningful Use” of Health IT for Physician Incentive Program**

By the end of 2009, the HITECH Act will establish incentives and regulations to create an accelerated pathway for widespread adoption and “meaningful use” of health information technology (IT), to be further defined beyond the Act’s three requirements of electronic prescribing (e-prescribing); health information exchange (HIE); and quality reporting. While the Act’s incentives are welcome, health IT will successfully improve health outcomes and better manage costs within the health care system only if physicians accept the premise that electronic health records (EHRs) will improve their ability to provide excellent patient care. Meaningful use should begin with current capabilities and progressively adapt to changing technology and physician practices, allowing providers to incorporate best practices and innovative products, while maintaining patient safety and privacy.

The American College of Cardiology is a professional medical society and teaching institution made up of 37,000 cardiovascular professionals from around the world – including 90 percent of practicing cardiologists in the United States and a growing number of registered nurses, clinical nurse specialists, nurse practitioners, physician assistants and clinical pharmacists. The College is a long-term leader in development of clinical guidelines and performance measures to drive high-quality cardiovascular care, and the ACC is considered a leader within the physician community on health information solutions. The College participates in many activities in the health informatics domain, including efforts related to interoperability and systems integration, data terminology and standards harmonization, quality and outcomes assessments, and e-prescribing and EHR adoption.

The ACC firmly supports the national agenda to accelerate integration of health IT into physician practices. The College believes health IT can be an excellent tool to improve patient care. We assisted in development and endorsed the Markle Foundation Connecting for Health recommendations, and support meaningful use principles outlined by the Healthcare Information and Management Systems Society (HIMSS). Above all, the national definition of meaningful health IT use should encourage early adoption, rather than create barriers to employing EHRs, particularly for small practices.

Initial meaningful use would validate lessons learned through early health IT adoption and electronic reporting programs in Medicare, such as the Physician Quality Reporting Initiative (PQRI) and the e-prescribing incentive program. Through their EHR system, clinicians should be able to document a patient’s problem list, history and physical findings; place and manage orders and e-prescriptions; and describe the assessment and patient plan for each in-office visit. For meaningful use, physicians should be required to use their EHR as the primary mechanism for documenting patient visits and managing patient health information. Future regulations must then define how physicians can use health IT systems to improve patient care through more robust data and quality measurement integration.

## **Recommendations**

### **1. E-prescribing should include bi-directional connectivity for the electronic transfer of reliable prescription information between the prescribing physician and the dispenser.**

True e-prescribing does not include software solutions that either print paper prescriptions and/or fax prescriptions that do not also have bi-directional connectivity. E-prescribing solutions also must be capable of printing paper prescriptions for medications that cannot be prescribed electronically (e.g., controlled substances). In general, any e-prescribing solution should operate over the SureScripts network and be CCHIT-certified.

**2. HIE should include participation in regional health information organizations (RHIOs) or the new regional health IT exchange centers, to be established as part of ARRA implementation.** HIE interoperability can only occur when functional data exchange is possible, and for physicians who practice in areas lacking this capability a progressive road map should include how they will qualify for incentives under this program.

**3. The initial quality reporting required as part of meaningful use should first include electronic submission of relevant quality measures.** For successful electronic reporting of measures, such as those in the PQRI program, CMS must be able to accept and process electronic submissions. Eventually, this should be expanded to full cardiovascular-related measure groups, preferably through registry-based reporting.

The ACC's IC<sup>3</sup> (Improving Continuous Cardiac Care) Program, an outpatient quality improvement program intended to facilitate the practice of evidence-based medicine, is an excellent example of how this could work. Through the program, providers submit patient data for electronic reporting of PQRI and other quality performance measures. Programs like IC<sup>3</sup> are designed to assist physicians in providing high-quality care by integrating key clinical decision support tools, facilitating care coordination, and benchmarking performance against local and national practice patterns. This surely defines meaningful use of electronic health systems as the ultimate health IT goal: a meaningful impact on patient care.

### **4. Establishing an initial definition of “meaningful use” should not create an undue burden for physicians to demonstrate they meet program requirements.**

“Meaningful use” at its start should be defined to allow the greatest number of interested physicians to adopt EHRs and participate in the federal health IT incentive program. HHS and ONC must be careful in its definition to allow small practices the opportunity to be successful health IT adopters. Over time, the definition can tighten incrementally to allow physicians to adapt gradually to more stringent requirements, and for vendors to introduce new EHRs and other products.

More advanced meaningful use could include documented adherence to appropriate use criteria and enhanced HIE interoperability to demonstrate how a physician's EHR use has improved individual and population health outcomes. However, each of these advances

must protect patients' privacy without compromising physicians' access to information. The ACC strongly recommends mandatory adoption of unique patient identifier numbers, which will greatly advance the likelihood that correct information will be available for each patient, while reducing error rates and maintaining patient privacy.

**5. Meaningful EHR use should not center on cost, formulary adherence and prior authorization. Instead, the focus should be on clinical guidelines, appropriate use criteria, and other evidence-based care provisions as the most effective methods to improve patient care practices and health outcomes.** Use of these quality improvement tools reflect provider decisions to identify what will work best for a patient, rather than merely relying on least costly alternatives and hoping for a reasonable clinical outcome. Physicians who provide scientifically documented, high-quality care help reduce overall health expenditures by alleviating the need for future additional services and therapies.

The ACC encourages a stronger national priority for utilizing registry data as a method for physicians and facilities to demonstrate health improvement and information exchange. Registry participation demonstrates adherence to these evidence-based clinical documents and an inherent desire to perform high-quality care.

### **Technology Considerations**

Physicians must be able to rely on the technology community to produce systems that allow them to be successful IT users. Products need to be simple and well-supported by vendors, and support the spirit and letter of interoperability: "to exchange information and use the information that has been exchanged." Each system must be able to document and report successful meaningful use. An effective method to achieve this would be to combine EHR compliance documentation with the system's practice management feature. The ACC suggests that Certification Commission for Healthcare Information Technology (CCHIT) certifications could require these criteria.

Interoperability requirements and EHR certification also must recognize that many homegrown systems incorporate meaningful use functionalities. Practices that have developed innovative, highly specialized systems should be allowed to meet certification requirements through deeming or a similar process.

To drive high-quality care, vendors must create EHR systems that fully integrate clinical decision support tools, allow for reporting data through hospital and ambulatory disease or patient registries, and permit safe and secure exchange of all relevant data sets by each member of the health care system. Vendors must ensure their systems are updated regularly to allow physicians to meet evolving regulations, and physicians and their staff must be fully supported with ongoing training and timely technical support. Until these certified systems are widely available and physicians, their staff and other clinicians receive sufficient training, "meaningful use" definitions should not set health outcome and information exchange requirements that are clearly unachievable in real-world practices.

## **Conclusion**

Physicians will accept major disruptions to their current paper-based systems when they recognize that EHRs allow them to provide excellent patient care and achieve their professional and practice management objectives without unreasonable time and financial outlays. A gradually more stringent definition of meaningful use that mirrors innovations and enhanced data collection and sharing capacities will allow health IT to grow and adapt to serve its ultimate purpose: allowing physicians to provide their patients with optimal care.

The ACC appreciates the HITECH Act's incentives because health IT is a critical component of a reformed delivery system's infrastructure. We agree that interoperability, clinical decision support, automatic data collection, and registry participation are necessary to achieve common goals of quality improvement, care coordination and efficiency. The ACC stands ready to assist HHS and its advisory committees to achieve these meaningful use and health reform goals.