

### **HIT Policy Committee Meeting Summary: April 21, 2010**

The Health Information Technology (HIT) Policy Committee held its monthly public meeting on Wednesday, April 21.

Highlights of the meeting are as follows:

- All materials (agenda, written testimony, and audio recording) from the meeting may be found at [http://healthit.hhs.gov/portal/server.pt?open=512&objID=1814&parentname=CommunityPage&parentid=6&mode=2&in\\_hi\\_userid=10741&cached=true](http://healthit.hhs.gov/portal/server.pt?open=512&objID=1814&parentname=CommunityPage&parentid=6&mode=2&in_hi_userid=10741&cached=true).
- Tony Trenkle of CMS reported that the agency has now finished cataloging the over 2,000 comments that were submitted in response to the CMS meaningful use proposed rule. The CMS staff is now drafting the final regulation, and it will go through the clearance process in the “near future.” Mr. Trenkle said that we can expect to see a final rule “toward the end of spring.” He also noted that the hospital-based eligible professional issue had been “taken care of to some extent” through Congressional action, but he did not elaborate on what he meant by “to some extent.”
- The following Workgroups provided updates to the full Committee:
  - The Meaningful Use Workgroup, on its patient/consumer engagement hearing;
  - The Privacy and Security Policy Workgroup, on its work on data exchange; and
  - The NHIN Workgroup on its proposed HIE Trust Framework, which includes the following five “Essential Components for Trust”
    - Agreed upon business, policy, and legal requirements: all participants will abide by an agreed upon set of rules, including compliance with applicable law, and act in a way that protects the privacy and security of the information;
    - Accountability and enforcement: each participant must accept responsibility for its exchange activities and answer for adverse consequences;
    - Transparent oversight: oversight of the exchange activities to assure compliance. Oversight should be as transparent as possible;
    - Identity assurance: all participants need to be confident that they are exchanging information with whom they intend and that this is verified as part of the information exchange activities; and
    - Technical requirements: all participants agree to comply with some minimum technical requirements necessary for the exchange to occur reliably and security.

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The Policy Committee also voted to approve the Certification/Adoption Workgroup's recommendations related to patient safety. The approved recommendations are as follows:

- *Recommendation 1.0* – A national, transparent oversight process and information system is proposed, similar to a Patient Safety Organization (PSO), with the following components:
  - Confidential reporting with liability protections (e.g., whistle-blower protection, confidential disclosure of adverse events);
  - Ability to investigate serious incidents;
  - Provision of standardized data reporting formats that facilitate analysis and evaluation;
  - Receive reports from patients, clinicians, vendors, and healthcare organizations;
  - A reporting process to cover multiple factors including usability, processes, and training;
  - Receive reports about all health information technology (HIT) systems;
  - Receive reports from all Software Sources (e.g., vendors, self-developed, and open source); and
  - Ability to disseminate information about reported hazards.
- *Recommendation 1.1* – That the ONC commission a formal study to thoroughly evaluate HIT patient safety concerns, and to recommend additional actions and strategies to address these concerns.
- *Recommendation 2.0* – Stage 2 of Meaningful Use should include a requirement that EPs and hospitals report HIT-related patient safety issues to an organization authorized by ONC to receive HIT-related safety reports (“HIT safety organization”). Copies of those reports should be sent to any vendors that might be involved.
- *Recommendation 2.1* – Certification criteria for EHRs should include functionality that makes it easier for clinician-users to immediately report any problems/concerns with information that appears on screens (a “feedback button”) to appropriate staff who can either make modifications themselves or escalate the problem to those who can. This feedback button could also be used by clinician-users to request corrections to data.
- *Recommendation 2.2* – The Regional Extension Centers should provide HIT-related patient safety reporting training.
- *Recommendation 3.0* – That the Stage 2 EHR certification criteria include requirements that vendors maintain records on all patient safety concerns reported by their customers, and that vendors have established processes to promptly provide all impacted customers with safety alerts.
- *Recommendation 4.0* – The HIT Standards Committee should consider the concept of “traceability” of interface transactions. “Traceability” refers to the ability to trace and analyze the source of problems. The HIT Standards Committee is asked to consider techniques like requiring the use of audit trails or “logs” of interface transactions.
- *Recommendation 5.0* – That ONC work with the Regional Extension Centers (RECs) and with organizations such as the American Medical Informatics Association (AMIA) to create a set of best safety practices for selecting, installing, using, and maintaining HIT, and disseminate those best practices to providers. Tools, such as Geisinger/Jim Walker’s

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Hazard Evaluation Tool and Dave Classen's flight simulator should be explored as possible resources for providers.

- *Recommendation 6.0* – ONC should discuss HIT patient safety concepts with accreditation organizations such as The Joint Commission to determine, for example, if they are examining whether large institutions have a patient safety review committee, and whether processes are in place that encourage reporting of problems.
- *Recommendation 7.0* – That, for each stage [of meaningful use], certification criteria should be available at least 18 months prior to the beginning of the eligibility period.
  - Note: the Committee voted to change the word “finalized” in this recommendation to the word “available.”
- *Recommendation 8.0* – That the ONC work with the FDA and representatives of patient, clinician, vendor, and healthcare organizations to determine the role that the FDA should play to improve the safe use of Certified EHR Technology.
- *Recommendation 9.0* – That the ONC continue its efforts to encourage implementation of EHR systems.

These recommendations will be made to the Department of Health and Human Services (HHS) through Dr. David Blumenthal, the National Coordinator for Health Information Technology.

The HIT Policy Committee will hold its next meeting on Wednesday, May 19, 2010.

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