



June 26, 2009

Submitted electronically to: MeaningfulUse@hhs.gov

Dr. David Blumenthal
National Coordinator for Health Information Technology
200 Independence Ave., S.W.
Suite 729D
Washington, D.C. 20201

• 12255 El Camino Real
Suite 100
San Diego, CA 92130
• T 858 481 2727
F 858 481 8919

• 2320 Cascade Pointe Blvd (28208)
P.O. Box 668800
Charlotte, NC 28266-8800
• T 704 357 0022
F 704 357 6611

• 3600 Market Street
7th Floor
Philadelphia, PA 19104
• T 215 387 9401
F 215 689 9406

• 444 N Capitol Street NW
Suite 625
Washington, DC 20001-1511
• T 202 393 0860
F 202 393 6499

premierinc.com

Re: “Meaningful Use;” Comments on June 16, 2009 Draft Definition

Dear Dr. Blumenthal:

On behalf of the Premier healthcare alliance serving more than 2,100 not-for-profit hospitals and health systems and 58,000 non acute settings, we appreciate the opportunity to comment on the draft Meaningful Use Matrix presented during the June 16, 2009 HIT Policy Committee Meeting.

Premier has created a nation-wide HIT Collaborative to assist the more than 2,100 Premier alliance hospitals and their respective medical staffs in implementing EHRs pursuant to the HITECH Act. Premier’s comments below are based on an analysis of the Meaningful Use Matrix by a select group of experienced CIOs and other HIT experts who comprise our HIT Collaborative’s Steering Committee. Our comments also are based on survey information from hospitals in our HIT Collaborative that have reviewed the Matrix in light of their respective existing HIT technology capabilities and planned EHR implementations.

The overarching assessment of our HIT Collaborative’s Steering Committee and hospitals is that many of the Objectives and Measures in the Meaningful Use Matrix can be achieved if the following clarifications are made:

1. The Objectives and Measures applicable to eligible hospitals should be expressly designated as such in the Matrix.
2. The CPOE-related Objectives and Measures should be phased in with compliance targets for each year that provide hospitals and their medical staffs with sufficient time to accomplish the process changes and training necessary for successful CPOE.
3. The compliance percentage for each percentage-based Measure should be set at an appropriate level that recognizes most eligible providers currently

- have no, or virtually no, EHR capabilities, and will require at least several years before they can even start engaging in electronic clinical messaging.
4. The compliance targets for 2011 should be set at appropriate levels in light of the current absence of a functioning electronic health information exchange (“HIE”) in most communities, and the time typically necessary to implement an HIE. Also, compliance targets which require the existence of a functioning HIE should be phased in so as to avoid multiple overlapping HIEs being established to serve any particular community or region.
 5. The quality reporting Measures applicable to an eligible hospital for purposes of qualifying as a “meaningful user” for FY 2011 should be the same as: (i) the CMS quality reporting requirements under the FY 2011 IPPS rule; and (ii) the quality reporting measures required of hospitals today by the recognized authorities on hospital quality measures, such as NQF, JCAHO, etc. (with any changes in the eligible hospital quality reporting Measures for any subsequent federal fiscal years being based solely on the then-current standards set by those recognized authorities). In addition, quality Measures should be separated from EHR usage metrics, and the EHR technology certification standards should require vendors to include in their EHR products the functionality necessary to report any required quality Measures and any required EHR usage metrics (with such functionality being included in each certified EHR product sufficiently in advance of the year for which an eligible hospital must use its EHR to report any particular quality Measure or EHR usage metric). Finally, any requirement for an eligible provider to use its EHR to report information electronically to a public health agency or other entity should depend on such agency/entity possessing all the technology and functionality necessary to receive such information from the provider’s EHR (i.e., without the need for the provider to incur any additional costs or obtain any additional technology to permit such electronic transfer).
 6. Each Objective and Measure in the Matrix should be stated with sufficient clarity to eliminate uncertainty as to what an eligible provider must do to comply (e.g., the 2013 Measures “Potentially preventable Emergency Department Visits and Hospitalizations” and “Inappropriate use of imaging” do not clarify what an eligible provider must do to satisfy these Measures).
 7. Special consideration should be given to rural hospitals and Critical Access Hospitals since, as a practical matter, most of these facilities will not be able to obtain EHR technology unless they first receive EHR incentives or other financial support through the HITECH Act (such as loans and other financial support available under Division A of ARRA). In addition, rural hospitals and CAHs should be given priority in technical assistance and

Dr. David Blumenthal
June 26, 2009
Page 3

other support available from the HIT Regional Extension Centers to be established under the HITECH Act.

Dr. Blumenthal, your statements at the close of the HIT Policy Committee's June 16th discussion on the Meaningful Use Matrix identified the key issue regarding the definition of "meaningful use:" The criteria for being a "meaningful user" must be achievable, while still promoting implementation of a nation-wide HIT infrastructure within the timeframe set by the HITECH Act. Our foregoing comments are intended to provide you with information to help ensure both those goals are met.

Premier and our HIT Collaborative Steering Committee Members are looking forward to discussing these issues with you during our meeting on July 8th. Please feel free to contact me at 202-879-8009, or Blair_Childs@PremierInc.com if Premier can provide any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Blair Childs". The signature is fluid and cursive, with a large initial "B" and "C".

Blair Childs
Senior Vice President, Public Affairs