



The Office of the National Coordinator for  
Health Information Technology



# IOM Roundtable on Value & Science-Driven Health Care: The Meaningful Use Lever

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Putting the **I** in **HealthIT**  
[www.HealthIT.gov](http://www.HealthIT.gov)



# Alignment Between Meaningful Use and the National Quality Strategy

- If not aligned with NQS, not in MU
- Patient safety/Partnership for Patients
  - New objective on eMAR (Core)
- Million Hearts
  - Core CQMs related to heart disease

## Aims

*"These aims are not separate, but are interrelated and mutually reinforcing...Because of these connections, national priorities should contribute to the achievement of all three aims."*

**Better Care:** Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

**Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

**Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.

## Priorities

Making care safer by reducing harm caused in the delivery of care.

Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Promoting effective communication and coordination of care.

Working with communities to promote wide use of best practices to enable healthy living.

Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

Ensuring that each person and family are engaged as partners in their care.

# Linking Stage 2 Meaningful Use Notice of Proposed Rule Making with Four NQS Priorities

- Effective prevention/treatment of CV disease
  - Safer care
  - More coordinated care
- Patient/family engagement

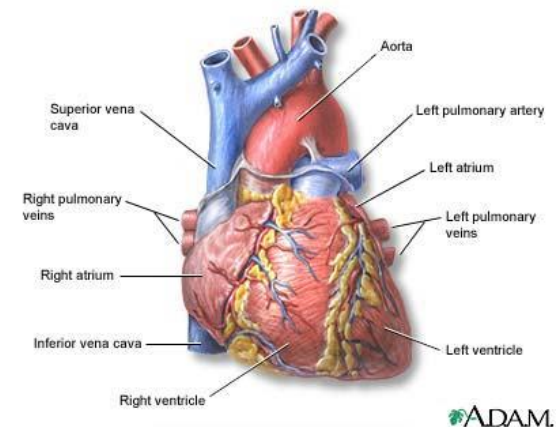
# Continuous Quality Improvement

*“Save a Million Heart Attacks and Strokes in 5 years”* [www.HealthIT.gov](http://www.HealthIT.gov)

- Quality Measurement
- Registry Functions (Make a List)
- Clinical Decision Support (5+)

- Demographics
  - Blood Pressure
  - Smoking
  - Height/ Weight
- } 80%

- ~~Problem List~~
- ~~Med List~~
- ~~Allergies~~



**Patients get recommended care  
about half of the time**

# Safer Care

*“Reduce Hospital-Acquired Conditions by 40% in 3 years”*

- Computerized Provider Order Entry (CPOE) -> **60%**
  - **Includes Laboratory and Radiology orders**
- CDS (including Drug-Drug, Drug-Allergy interaction checks)
- Electronic Prescribing (EPs-> **65%, EH – 10%**)
- Medication Reconciliation -> **65%**
  
- **Electronic Medication Administration Records (eMAR)– 10%**

**There are 100,000 – 200,000 medical errors in the US each year**

# More Coordinated Care

*“Reduce Hospital Readmissions by 20% in 3 years”*

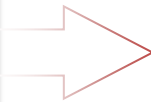
- Medication Reconciliation – **65%**
- Lab Data: EP- **55% (EH?)**
- ~~Test of Exchange~~
- Care Summary Exchange (care plan, team members) – **65%**
- Electronic Exchange (across vendor, org boundaries) – **10%**
- Menu item: viewing images
- Standards! Standards! Standards!
  - Transport (Direct, Optional SOAP)
  - Message (Consolidated CDA, lab, public health)
  - Vocabulary (SNOMED, LOINC, CVX)
  - and more (InfoButton, QDM, synchronized clocks)





- Patient Education -> **10%**
- Reminders -> **10% (per pt preference)**
- After Visit Summary (**incl. care plan**) -> **50%**

- ~~Patient Copy~~
- ~~Online Access~~



**View, Download, or Transfer – 10%**

- **Secure Messaging – 10%**



# Example of Meaningful Use as Lever: Case Study of Christopher Tashjian, MD

- MU offers immediate financial incentives
- MU provides a roadmap for how to get there
- MU resonates—passion for better patient care
- MU prepares for accountable care

# Who is Christopher Tashjian, MD?

- Family Physician – Residency Trained in 1988
- Independent Rural Practice
- Population of town: 2,000
- One other family physician & FP PA



- HITECH statute passes February 2009
- 2009: Plans EHR implementation
- January 2010: Implements e-prescribing
- April 2010: Implements ambulatory EHR
- April 18, 2011 (first eligible day): Successfully attests to MU

# The Meaningful Use Roadmap

Clear  
Expectations

Clear pathway to achieving  
MU

Clinical Logic

All MU objectives  
resonated → Better  
patient care

Alignment  
with Vendor

MU & associated S&CC  
pushed vendor to provide  
MU-ready product

- “The meaningful use requirements are not hoops to jump through—these are actually things that can help us improve care and practice better medicine. I’ve seen it firsthand.”
- “From a safety standpoint, one of the most obvious benefits is the computer physician order entry. There is no more confusion about the care instructions or the prescriptions I write because it is all done electronically.”
- “When we first implemented EHRs..we didn’t have access to an after-visit summary. But our vendor implemented this feature in our EHR system [because of S&CC requirements], and we are now able to create and print visit summaries for every patient when they leave.”

# Real Meaningful Use – Why are we doing this?

Previous simvastatin label	New simvastatin label
<p>Avoid simvastatin with:</p> <ul style="list-style-type: none"> <li>Itraconazole</li> <li>Ketoconazole</li> <li>Erythromycin</li> <li>Clarithromycin</li> <li>Telithromycin</li> <li>HIV protease inhibitors</li> <li>Nefazodone</li> </ul>	<p>Contraindicated with simvastatin:</p> <ul style="list-style-type: none"> <li>Itraconazole</li> <li>Ketoconazole</li> <li>Posaconazole (New)</li> <li>Erythromycin</li> <li>Clarithromycin</li> <li>Telithromycin</li> <li>HIV protease inhibitors</li> <li>Nefazodone</li> <li>Gemfibrozil</li> <li>Cyclosporine</li> <li>Danazol</li> </ul>
<p>Do not exceed 10 mg simvastatin daily with:</p> <ul style="list-style-type: none"> <li>Gemfibrozil</li> <li>Cyclosporine</li> <li>Danazol</li> </ul>	<p>Do not exceed 10 mg simvastatin daily with:</p> <ul style="list-style-type: none"> <li>Amiodarone</li> <li>Verapamil</li> <li>Diltiazem</li> </ul> <p>(Note: These drugs are contraindicated with Simcor as Simcor is only available with 20 mg or 40 mg of simvastatin.)</p>
<p>Do not exceed 20 mg simvastatin daily with:</p> <ul style="list-style-type: none"> <li>Amiodarone</li> <li>Verapamil</li> </ul>	<p>Do not exceed 20 mg simvastatin daily with:</p> <ul style="list-style-type: none"> <li>Amlodipine (New)</li> <li>Ranolazine (New)</li> </ul>
<p>Do not exceed 40 mg simvastatin daily with:</p> <ul style="list-style-type: none"> <li>Diltiazem</li> </ul>	
<p>Avoid large quantities of grapefruit juice (&gt;1 quart daily)</p>	<p>Avoid large quantities of grapefruit juice (&gt;1 quart daily)</p>

## Reinvest

- Did other menu objectives
- CMS \$18K for portal, printers & patient education/engagement

## Improve

- Improved diabetes performance
- Better care coordination (med rec)
- Improved patient engagement

## Accept Risk

- Feel prepared for accountable care
- November 2011: Signed first total-cost-of-care contract



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