

ACP recommends Stage 3 Meaningful Use focus on measuring improvements in health outcomes

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Stage 3 Meaningful Use measures need to focus more on measuring improvements in patient health outcomes rather than a large and growing collection of functional measures, the American College of Physicians (ACP) says in a letter submitted to the Health Information Technology Policy Committee (HITPC).

While praising the HITPC and its Meaningful Use Work Group for their diligence and hard work in developing recommendations for the Meaningful Use portion of the EHR [Incentive Program](#), ACP noted that the proposed Stage 3 measures appear nearly identical in structure to those in previous stages.

"Stage 3 of Meaningful Use should encourage patients and practices to innovate, discovering creative ways to use the certified EHR technology they worked so hard to implement in Stages 1 and 2 and determining what has the greatest beneficial impact on the healthcare quality and value for patients, families and communities," said Michael H. Zaroukian, MD, PhD, FACP, FHIMSS, chair of ACP's [Medical Informatics](#) Committee and author of ACP's letter.

"A number of the proposed Stage 3 measures necessitate significant increases in clinical documentation, involve new and potentially complex workflows, are likely to be difficult for many eligible professionals to understand and implement, or depend on technologies that are not yet

widely deployed or shown to be usable in busy practices," he added.

ACP's letter included the following specific concerns and suggestions:

- Do not introduce new functions without appropriate testing.
- Choose additional EHR provider note documentation requirements wisely and reduce existing requirements that do not add value.
- Require usability testing with a specific focus on reducing data collection burdens.
- Do not add functional requirements that have not been adequately defined.
- Understand the implications of intensively focusing vendor programming capacity on Meaningful Use requirements, leaving them with little capacity to optimize the expanded capabilities added to meet Stage 1 and 2 certification criteria.
- Consider the direct and indirect cost implications to EPs when adding new Meaningful Use requirements.

"We believe the some of the proposed Stage 3 requirements are likely to result in new, inefficient workflows and activities that shift physician focus away from the intended goal of patient-centered care and toward an excessive focus data collection for purposes that conflict with the physician's sense of what is most important for quality, safety, and value," Dr. Zaroukian said.

ACP noted its support of the comments offered by HIMSS Electronic Health Record Association (EHRA). In particular, ACP supports the following EHRA recommendations:

- Focus primarily on encouraging and assisting providers to take

advantage of the substantial capabilities established in Stages 1 and especially Stage 2, rather than adding many new meaningful use requirements and product certification criteria.

- Given recent experience with Stage 2, reconsider and extend the timeline for initiating Stage 3.
- Meaningful use and functionality changes for Stage 3 should focus on interoperability as a priority area.
- Invest in quality measure alignment, infrastructure, and standards.

ACP also asked the HITPC to consider previous comments about Stage 2 for its final recommendations regarding Stage 3 Meaningful Use measures.

Provided by American College of Physicians

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