

June 26, 2009

David Blumenthal, MD, MPP  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Office of the National Coordinator for Health Information Technology  
200 Independence Ave. SW  
Suite 729D  
Washington, DC 20201

**Re: HIT Policy Committee Meaningful Use Response**

Dear Dr. Blumenthal:

On behalf of Eclipsys Corporation, thank you for the opportunity to respond to the ONC Meaningful Use definition proposal. Eclipsys has nearly 40 years' experience as a leading electronic healthcare software and services company, working with providers to achieve documented, improved outcomes in care quality, safety, coordination and cost-effectiveness.

With this background and our dedication to the power and potential of advanced information technology to transform care delivery and each patient's care experience, we applaud the Federal government and you personally for this unparalleled commitment to advancing the use of healthcare IT across our nation.

Specifically regarding the definition of Meaningful Use and its ramifications, we offer these comments and recommendations for your consideration:

**Support of CPOE in 2011**

We fully support the criteria of Meaningful Use to include Computerized Provider Order Entry (CPOE) for 2011 and the move forward of Clinical Decision Support from 2013 to 2011. Countless studies, both public and proprietary, have demonstrated the positive outcomes achieved with direct physician use of an advanced clinical information system. Eclipsys CPOE clients have long been a leader in this area. For example, a recent study noted that our clients lead in "deep" CPOE adoption, with over 40% of Eclipsys clients studied as having more than 50% of all orders entered electronically using CPOE. Many of our clients in both the community and academic settings have achieved high CPOE adoption — up to and including 100% — for years. For example, **Piedmont Hospital** (Atlanta, GA) achieved 100% CPOE within two years after implementation began. The hospital has reduced medication-delivery time, duplicate tests, conflicting orders, medication errors, and has a drug error rate at essentially zero.

Even without 100% CPOE adoption, hospitals have achieved dramatically improved outcomes. At **Children's Hospital and Medical Center** (Omaha, NE), patients cared for using CPOE showed:

- 42% decrease in prescribing errors reaching patients
- 84% decrease in dispensing errors by pharmacists
- 45% reduction in administration errors by RNs

This means the achievable vision for reducing avoidable medication errors by 50% by 2015 is being attained *today*. As healthcare leaders, we don't understand what would cause us to delay additional years.

Some vendors and providers are indicating they think 2011 is too ambitious to require CPOE as part of Meaningful Use. The experience of Eclipsys, and many of our clients, shows this is already achievable. And we point to two important facts:

- Organizations that do not have a culture to support CPOE in 2011 have 3 full years to establish Meaningful Use and still receive full incentive money.
- The landmark Institute of Medicine report “To Err is Human” was published nearly 10 years ago, calling for expanded use of CPOE to reduce avoidable medical errors and deaths. An estimated 1 million people have died in hospitals alone from medical errors during that time, waiting for this “cure” to become a reality. We should not delay it any further and risk additional preventable deaths.

A related comment on **CPOE Speed to Value**... This is to address the concerns expressed by Representative Gayle Harrell in the HIT Policy Meeting on the length of time it takes for training and adoption of CPOE in an environment. Our experience is different from her concerns. Eclipsys' community hospital clients have achieved up to 100% physician CPOE within as little as 15 months. As more and more hospitals implement CPOE, best practices for both implementation and use are becoming apparent, and the required timeframe is expected to continue to shrink.

### **Support for Cancer Centers**

We recommend under ARRA Section 4104 that consideration be given for some type of incentive for EHR Meaningful Use adoption by cancer treatment centers. Cancer is the #2 leading cause of death in the U.S., and treating cancer patients involves some of the most complex — and expensive — ordering, testing, dosing and overall treatment plans of any types of illnesses. Dr. Mansour, one of this letter's authors, is a practicing oncologist and medical informaticist who fully understands the value of healthcare IT with advanced clinical decision support in the care of his patients. Advanced electronic health record capabilities enhance the communication among the many providers needed to care for these patients. Use of an EHR for cancer patients also promotes adherence to national evaluation and treatment guidelines and eliminates the inherent redundancy of test ordering associated with a fragmented paper medical record. It also enables patients to be treated with a closed-loop medication management chemotherapy regimen for optimum results.

We work closely with many of our clients, such as Memorial Sloan-Kettering Cancer Center (New York, NY) and Roswell Park Cancer Institute (Buffalo, NY) in development and/or deployment of complex chemotherapy order sets and dosing. It does not seem appropriate that centers specializing in treating this leading killer of our citizens should not receive financial support toward the significant investments they must make for the technology that enhances care quality, safety and coordination for this fragile patient population.

Including cancer treatment centers in the program is also in keeping with the achievable vision of Meaningful Use to include prevention and management of chronic diseases, such as cancer, heart attacks, strokes, etc.

### **Support for Closed-Loop Medication Management in 2011**

We support the discussion from the HIT Policy Committee to consider moving up Closed-Loop Medication Management to 2011. CCHIT's inpatient certification has been *all about* closed-loop medication management since 2007, including documentation on the electronic medication administration record. A “closed loop” starting at medication orders, through to Pharmacy perfecting and dispensing and nursing medication administration is at the very core of patient safety and decreased medication errors. With prescribing errors, a pharmacist or nurse *may* catch the error before the wrong medication is administered to the patient; with administration there are *no* other clinician safeguards to prevent the occurrence of a medication error.

We urge the Office of the National Coordinator to consider including closed-loop medication management in the 2011 Meaningful Use criteria

### **Support for CCHIT as the Certifying Body**

We believe that CCHIT has been responsive to the constituency that it has served: Federal regulators, suppliers of HIT and the providers who purchase, implement and use healthcare IT. CCHIT has been responsive to the needs of these constituents, adding new certifications such as ePrescribing and health information exchange (HIE) as demand has dictated. CCHIT continues to be responsive to its constituents' needs, and in the last several months alone has been proactive in new types of certification programs for homegrown, open-source and best-of-breed modular systems. This can create room for market innovation from new and emerging suppliers as well as support as appropriate the large install base of legacy systems that can document value.

We believe that due to the quality of the work performed to date by CCHIT — and because a change to *any* other certification body or program would almost certainly mean a push-back of the aggressive timelines for Meaningful Use adoption — CCHIT should be named the go-forward certifying body for this program.

### **Length of Time to be Considered at Meaningful Use**

A concern we hear from clients virtually every day is that they will not have time to achieve Meaningful Use for the first payment in 2011. The standard industry timeframe for development of new functionality is typically 6 to 18 months, depending on functionality size and scope. The timeframe for a provider to install, test and perform training on new functionality ranges from a few months in an ambulatory physician office to as much as 6 to 18 months in a large hospital organization.

Considering these timeframes for development and implementation, Eclipsys recommends that the Office of the National Coordinator and the Secretary of Health and Human Services consider a first-year qualification time shorter than one year — between 6 to 12 months is recommended — for hospitals and eligible providers to demonstrate Meaningful Use. A full year of Meaningful Use could be required for qualification in subsequent years.

### **To Boldly Go...**

It is with the deepest respect for the HIT Policy Committee and the Office of the National Coordinator, and the daunting task ahead that we have offered these comments and recommendations related to Meaningful Use.

The commitment of this administration to address healthcare reform, starting with the passing of the American Recovery and Reinvestment Act of 2009, is as bold a national cause as the Space program and a “breathtaking pace” as outlined by President Kennedy in his September 12, 1962 speech:

*“ We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard...because that goal will serve to organize and measure the best of our energies and skills...because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win, and the others, too.”*

The computer technology that came out of that dream formed the foundation for the healthcare IT industry and, specifically, the heritage of Eclipsys, so we think it is particularly apt. If President Kennedy were alive today and giving a speech on Meaningful Use of EHRs, he might well say:

*“We choose to do electronic health records not because it is easy, but because it is hard...because that goal will serve the public health and that of each citizen, tangibly improving the quality of life for us all.”*

Respectfully submitted,

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In addition to his duties at Eclipsys, Dr. Mansour is a practicing oncologist; he is an Associate Professor of Clinical Medicine at the Feist-Weiller Cancer Center of Louisiana State University Health Sciences Center and works part-time in the Hematology/Oncology clinic. Dr. Mansour also has been active in the development of clinical decision support software.

Ms. Raiford is a nurse who has previously held informatics positions at the Smithsonian Institution, Kaiser Permanente and Microsoft. She closely follows the activities of the NeHC, HITSP, CCHIT, the HIT Standards Committee and the HIT Policy Committee. She is active in the planning of the HITSP webinar series on national IT interoperability, is a two-time recipient of the Spirit of HIMSS award and received the 2008 HIMSS Distinguished Fellow Service Award.