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**Testimony to the HIT Policy Panel on Meaningful Use and Specialties
Washington, D.C.**

On behalf of the American Society of Clinical Oncology (ASCO), thank you for the opportunity to submit testimony to the HIT Policy Committee on Meaningful Use measures as they may apply to specialties. I am a medical oncologist practicing in Mountain View, CA at the Palo Alto Medical Foundation (PAMF), a not-for-profit health care organization with more than 900 physicians serving more than 600,000 patients. I am also a member of the Certification Commission for Health Information Technology (CCHIT) Clinical Trials Work Group, a member of the American Society of Clinical Oncology (ASCO) Board of Directors, and Chair of ASCO's Electronic Health Record (EHR) Workgroup.

ASCO is the leading specialty society in the United States and throughout the world for physicians who treat people with cancer and who conduct research that leads to improved patient outcomes. ASCO members include more than 27,000 oncology practitioners from all oncology disciplines (medical, radiation, and surgical oncology) and subspecialties.

We are committed to widespread adoption of EHRs by the oncology community and have been working with our members and others to facilitate that process. ASCO has published a comprehensive Field Guide to assist oncologists in the evaluation, selection and implementation of EHRs with oncology-specific functionality and has hosted two EHR Symposia to disseminate the most recent developments in HIT technology and public policy to the oncology community. We have also partnered with the National Cancer Institute (NCI) and others to define the functional requirements of an oncology-specific EHR, which will form the basis for a planned certification effort by CCHIT.

In addition, ASCO has a deep and abiding concern for the quality of cancer care. ASCO supports scientific development of quality measures, use of performance measures to assess and improve quality, and the collection of quality data for practice improvement, primarily through its Quality Oncology Practice Initiative (QOPI).

ASCO welcomes the opportunity to bring its clinical and scientific knowledge and expertise in cancer care to the development of appropriate measures of the meaningful use of EHRs by clinical oncologists.

Answers to your specific questions follow:

Q1. In the context of the policy priorities, care goals and objectives that are part of the definition of Meaningful Use, what is the best way for specialists to be integrated into that framework?

Cancer care involves the treatment of patients with acute and chronic disease, coordination of care among multiple specialties, and adherence to sudden advancements in therapeutics and diagnostics. Each of these attributes requires that specialists provide direct, ongoing input into the framework of defining and measuring Meaningful Use. In particular, specialists can identify critical areas for quality measurement and improvement, and possibly health care savings, based on scientific evidence. For example, future therapeutic and diagnostic breakthroughs will likely require the creation of novel measures to monitor the rate of adaptation into routine clinical practice.

Specialists and specialty societies can be integrated into the meaningful use framework by undertaking three complementary roles:

- (i) Identifying the core functions of specialty EHRs;
- (ii) Developing appropriate meaningful use measures; and
- (iii) Developing relevant quality registries and reporting mechanisms.

Identifying the core functions of specialty EHRs. To achieve the best outcomes, oncologists require EHRs that meet their needs and the needs of cancer patients. Currently, however, oncologists are challenged by the limited availability of products tailored to support oncology clinical care. For example, oncologists must document the type and stage of cancer, use computer physician order entry (CPOE) systems designed to support complex chemotherapy order sets that include supportive care drugs, have access to oncology-specific flow-sheets, and document chemotherapy treatments that often involve highly toxic medications.

ASCO has worked diligently and will continue to promote development of products that support safe and efficient cancer care. ASCO has partnered with the National Cancer Institute (NCI) Center for Bioinformatics and Information Technology (CBIIT) and the NCI Community Cancer Centers Program (NCCCP) to develop functional requirements for an oncology-specific EHR through the Clinical Oncology Requirements for the EHR (CORE) project. A white paper documenting this work is available at www.asco.org/ehr. The vendor community has been engaged with this project as well as ASCO's EHR Laboratories and Symposia.

Developing appropriate meaningful use measures. Specialty societies can serve the role of developing, validating, and recommending measures that meet the objectives of the Office of the National Coordinator for Health Information Technology (ONC) through direct input to ONC and the Centers for Medicare and Medicaid (CMS). ASCO would gladly work with ONC, CMS, and others to build on the knowledge developed through the CORE project and other efforts to identify appropriate meaningful use measures for oncologists, including the suggestions outlined below.

These meaningful use measures, like all measures, would need to be derived from evidence, and then validated, piloted, and tested before use. Given its expertise, commitment, and track record in cancer quality measure development, we feel confident that ASCO can contribute significantly to the development of meaningful use measures relevant to oncology.

Developing relevant quality registries and reporting mechanisms. ASCO has built a strong infrastructure to develop, test, and collect measures of the quality of cancer care, with 80 measures currently in use. ASCO would be pleased to consult with ONC and CMS about specific quality measures that might be incorporated into the meaningful use framework. We recommend that these measures be coordinated with the existing PQRI program. Unfortunately, although ASCO is committed to strong engagement with the National Quality Forum (NQF), many of the cancer quality measures are not yet NQF-endorsed. Restricting measures to the limited number that can be endorsed by the NQF process will poorly serve the pace at which new technology and therapeutics are generated.

Q2. Are there relevant national registries in your specialty? Would participation in those registries be a good measure of meaningful use for the HIT incentive?

Oncology is a specialty with a history of national data registries. For decades, public agency and association-led registries have aggregated data, most often for the purpose of national surveillance related to cancer incidence and survival. Increasingly, registry work in oncology is focusing on quality measurement and research.

For example, ASCO's QOPI program was developed to promote quality measurement and practice improvement. Currently, more than 650 practice sites are registered for QOPI. QOPI reports allow oncologists to systematically assess the quality of care they provide and engage in data-driven practice improvement activities. In early 2010, ASCO will begin to offer formal quality certification of ambulatory practice sites based on QOPI data.

QOPI has a rich catalogue of 80 measures that cover a diverse range of cancer diagnoses and domains of high quality cancer care. Participating practices submit their data to a secure, central database and receive performance reports which can be compared to their own past performance and to the performance of the national peer group. Already, ASCO is working with EHR vendors to support electronic QOPI participation. In the very near future, we will begin testing the electronic transmission of data. Electronic data transfer will promote feasible participation across diverse practice sites, including those that do not have the resources to conduct chart abstraction.

Defining meaningful use presents a unique opportunity to promote feasible reporting to national data registries. Participation in national registries focused on quality measurement, improvement and research is an appropriate measure of meaningful EHR use in oncology. ASCO is prepared to support and promote meaningful use measures related to registry participation.

Q3. How can specialists and the societies that represent them help accelerate the development of HIT-enabled quality measures that are appropriate for the definition of meaningful use?

Many of the activities undertaken by the cancer community in recent years have put ASCO and its partners in an excellent position to accelerate the development of HIT-enabled quality measures that are appropriate for the definition of meaningful use. For example, the functional requirements laid out through the CORE project provide insight into the ways in which EHRs can better support clinical care and lead to improved quality. Examples of items identified through the CORE project include use of structured processes for cancer staging, use of evidence-based order sets for chemotherapy administration, support of workflows and safety checks that support safe chemotherapy administration, and inclusion of advanced directives in the clinical record.

To further development of EHRs that incorporate these functions, CCHIT has accepted ASCO's suggestion to develop an oncology certification module, work upon which will commence before the end of 2009.

On the quality side, ASCO will continue to develop, evaluate, test, and implement quality measures. ASCO has a proven process of measure development that builds upon evidence-based guideline recommendations and expert input. Over time, the ongoing efforts to automate QOPI and other cancer registry reporting through EHRs will facilitate collection and reporting of quality metrics relevant to meaningful use.

Q4. What other measures would you propose be considered to assess the meaningful use by specialists? Are there any cross cutting measures that could be added to the MU definition today?

The activities described above lay the groundwork for development and adoption of oncology-specific EHRs. ASCO stands ready to work with ONC and CMS to build a rigorous set of meaningful use measures for oncology. Some of those may be cross-cutting measures that could apply to all physicians, particularly in the areas of coordination of care and patient engagement. Within oncology, meaningful use measures could reflect use of critical oncology-specific EHR functions, such as proper classification of tumor stage, safe chemotherapy administration, use of proper pain assessment and management protocols, and documented patient education activities such as discussion of survivorship plans.

Selection and development of specific measures will require consultation across the cancer community, including patient advocacy organizations, assessment of the scientific evidence, and adequate time for testing, piloting, and implementation. ASCO stands ready to help in that process.

Q5. Which measures could be incorporated in the definition of meaningful use that would help drive more communication and coordination between specialists and primary care?

As part of the CORE project, ASCO and NCI defined the data elements needed to generate EHR-enabled chemotherapy treatment plan and a treatment summary reports that can be shared with patients and their care teams. Meaningful use measures for oncologists should include generating and sharing these treatment plan and summary documents. ASCO has already developed, tested and implemented quality measures regarding preparation and dissemination of chemotherapy treatment plans and summaries. As the availability of more oncology-specific EHRs meets growing demand for EHR adoption by oncologists, additional, future measures could be considered, such as:

1. Secure electronic messaging systems between specialists and primary care physicians.
2. Identification of the health care team of primary care and specialty health care providers for an individual patient and shared reporting of laboratory, imaging and procedure reports.
3. A calendar of pending consultation appointments, imaging studies, operative procedures and other diagnostic and staging events to assist coordination of care among primary care and specialists, avoid redundant test ordering, and organize the evaluation process for the patients and care givers.
4. Adoption of an advanced continuing care document (CCD) that electronically captures specialty related clinical data, past treatment and planned future care. An interoperable CCD would be a foundation for coordinated, shared healthcare.

Q6. Does your specialty participate in primary care, and how should that be measured?

It is crucial that meaningful use quality reporting be directly relevant to specialists. For this reason, oncologists (and many other specialists) require measures that are specific to specialty care. Applying primary care measures to oncology care will not provide clinically meaningful quality data.

During active treatment, oncologists often assume responsibility for coordinating the patient's overall medical care, working closely with primary care physicians and other providers. As such, ASCO supports measures that promote coordination and communication, as noted in question 5.

Respectfully submitted,



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