



February 25, 2011

Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Attention: Paul Tang, M.D.
Mary Switzer Building
330 C Street, SW, Suite 1200
Washington DC 20201

RE: Comments on Proposed Meaningful Use Stage 2 Objectives and Measures

Dear Dr. Tang:

Sunquest Information Systems, Inc. (Sunquest) appreciates the opportunity to respond to the request for comments regarding meaningful use (MU) Stage 2, as reflected in the proposal made by the Health Information Technology Policy Committee (HITPC) and its Meaningful Use Workgroup.

As you know, Sunquest delivers market leading diagnostic information technology and outreach solutions designed and implemented to fulfill the business objectives of today's healthcare leaders. Headquartered in Tucson, Arizona, the company has offices in Raleigh, North Carolina; Norwich, United Kingdom; and Bangalore, India. Sunquest serves the global marketplace with reliable technology required for mission critical applications. These solutions provide the foundation to optimize the healthcare experience, deliver safe, effective, and timely patient care, expand community reach, and transform the delivery of healthcare with predictive and personalized medicine.

While we understand most vendors and many providers interpret Meaningful Use legislation as applying to a "comprehensive EHR," we argue that a modular approach to demonstration of Meaningful Use is the more advantageous approach for eligible hospitals allowing them to leverage existing technology while maintaining the as much of the same workflow as possible. While the importance of laboratory data is not questioned, studies show that laboratory data constitutes over **70%** of a patients' medical record and is critical to the majority of decisions that affect patient care. This critical nature of this data and its interchange necessitates a greater focus on the laboratory in MU and related regulations.

Before directly addressing the specific proposed Stage 2 criteria, we would like to make a few general observations:

- While we recognize that your task is monumental and your goals worthy we feel that the second stage of MU represents an approach that will backfire when it comes time to move to Stage 3. As the proposed criteria stand, they are not enough of a movement from the first stage requiring a much larger step to Stage 3. We propose that the committee consider a more linear approach.

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- The criteria are too vague in general. While we understand that this is to be expected at this stage, we trust you will consider the confusion that will no doubt ensue without much more specific guidance.
- Given the large percentage of the patient health record that is composed by laboratory data, robust information exchange cannot occur without rapid saturation of standardized nomenclature such as LOINC.
- All hospitals are not created equal. We fear that the current approach is geared toward the lowest common denominator. The people of the United States deserve our money’s worth for the incentives that are handed out. It may prove beneficial to allow for two different tracks within the eligible hospital domain in order to ensure continued progression; one for more advanced hospitals and one for those with greater barriers to overcome to achieve demonstration of MU.
- Thank you for your efforts to bring to pass a wholesale sea change in an industry so resistant to change due to status quo inertia. We believe the goals of MU are worthy and we are committed to helping you and our clients to achieve those goals.

Specific Comments:

Proposed Stage 2 Criteria	Sunquest Comments
CPOE for at least 1 medication, and 1 lab or radiology order.	Laboratory orders are not only critical but also constitute a high percentage of all orders. The relative importance of laboratory orders should be reflected in this criteria requiring a lab order along with a medication order. The importance of Anatomic Pathology orders should also be considered as they relate to “lab orders.”
Move Incorporate Lab Results as Structured Data to “core.”	This criteria does not constitute any movement from Stage 1 as the incorporation of lab results as structured data has already been taking place in many hospitals for years. Lab results should also be more specifically defined and required to be translated into LOINC to enable true interoperability. There need to be some sort of step to full LOINC operability that we anticipate will be required in Stage 3.
Move Reportable Lab Results to “core” for Eligible Hospitals and introduce this criteria for Eligible Providers.	This approach seems acceptable though it needs to be made clear that EPs can use the reference lab or hospital lab interface to meet this criteria.



The goal of Meaningful Use is to enable significant and measurable improvements in population health through a transformed health care delivery system. We are anxiously engaged in making sure that we are an advocate for our clients' interest in achieving this goal. Given our large and renowned footprint in the laboratory information system market we can be a valuable asset to assist HITPC achieve our mutual goals.

At Sunquest, we believe the laboratory is at the heart of healthcare and that one cannot achieve Meaningful Use without meaningful laboratory results.

Best regards,

A handwritten signature in black ink, appearing to read "Tom Wilson", written in a cursive style.

Tom Wilson
Meaningful Use Program Manager and In-house Counsel