



June 26, 2009

Office of the National Coordinator for Health Information Technology
200 Independence Ave, SW
Suite 729D
Washington, DC 20201

Attention: HIT Policy Committee Meaningful Use Comments

To Whom It May Concern:

The Consumer Partnership for e-Health is a coalition of consumer, patient and labor organizations working toward a patient-centered health care system enabled by health information technology. Transforming the health care delivery system from one centered on the needs of providers and payers, to a coordinated system of care that emphasizes active consumer participation and meaningful partnerships between patients and providers is foundational to health reform.

HIT is an essential tool for providing patient-centered care, and therefore the definition of its meaningful use should be patient-centered, reflect a clear, stepwise approach for workflow redesign and should signal, from the outset, a bold shift in the culture of health care. We appreciate the significant work that has already gone into the preliminary definition of “meaningful use,” particularly the inclusion of patient and family engagement, as well as privacy and security.

We applaud the overall framing of the vision for meaningful use in the context of the National Priorities Partnership (NPP), convened by the National Quality Forum. The goals and objectives of NPP are widely accepted as being necessary for patient-centered care, and therefore provide a strong foundation for goals, objectives and measures that are specifically linked to the meaningful use of HIT.

We offer the following comments to strengthen the definition.

The objectives and measures should be linked more clearly to improved health outcomes and the efficient use of health care resources, and should be verified in robust ways. The significant investment in HIT will be justified only if it results in clear and measurable gains in health outcomes and more efficient use of our health care resources. The “Achievable Vision for 2015” establishes concrete measures by which success can be determined. As currently stated, however, it is difficult to understand the pathway by which these goals will be reached.

- We suggest clearly mapping each objective, goal, and measure to at least one of the five key goals for HIT and transformed health care and articulating in the preamble how they address populations with unique needs, such as children and the underserved.

- Patient engagement is critical to achieving the dramatic improvements outlined in the Achievable Vision, and therefore each of the key goals should have a patient engagement component, in addition to the establishment of a separate patient engagement goal. We suggest collecting information about functional status over time, beginning in 2011.
- In a similar way, information about disparities must be collected relative to each of the five key goals. We are very pleased that stratification of quality reports by gender, race, ethnicity, and primary language has been included in 2011. We suggest that performance results should be stratified by race, ethnicity, primary language, and gender for all measures of meaningful use, beginning in 2011.
- We strongly urge you to task CMS with monitoring compliance using electronic means, rather than relying on attestation.
- We strongly suggest that in 2011 we begin collecting measures that help us detect efficiency, such as appropriate use of antibiotics.

We must ensure the expectations for “meaningful use” provide value and clear direction for how to achieve a patient-centered health care system through the use of HIT. Redesigning clinical processes so that measurable gains can occur will take significant time. Since the largest sums of money are available in the first years of incentives it is vital to ensure that providers receiving incentives begin improving clinical processes from the outset.

- We recommend leveraging the meaningful use incentives to drive further advancements in existing initiatives, where possible. For example:
 - The meaningful use definition should build on the CMS Electronic Prescribing Incentive Program incentives, which requires participating providers to have an e-prescribing system capable of advanced medication management. Meaningful use should require providers to use their e-prescribing systems to download medication history and other data for actual use in patient care.
 - PQRI requires reporting of whether or not an HbA1c test was performed. Meaningful use should require demonstration that the patient’s blood sugar is under control using test outcomes.

Care coordination should be emphasized as a top initial priority for meaningful EHR use. The poor outcomes of our current health care system are largely the result of inefficient systems that are not well-coordinated.

- We strongly urge that the measures related to care coordination and care transitions in 2013 be moved up to 2011, since ARRA requires that meaningful users will have the capability of exchanging the information necessary for better coordination of care.

In addition, the definition of meaningful use should signal the importance of using HIT to coordinate care more broadly. Legislation has already been proposed that expands the incentives into long term care. Ultimately, home health and relevant non-clinical settings, such as schools, behavioral health, public health and social services should be included.

- We recommend adding references to long term care, home health and community services in the preamble as part of the vision for meaningful use of HIT, thus signaling to both providers and vendors that full coordination of care in clinical and non-clinical settings will be expected in the future.

Patient engagement must be fully integrated into all aspects of health care delivery through the innovative use of technology. HIT is an essential tool for engaging consumers in ways never before possible. The meaningful use of HIT should require that providers do more than simply automate their current processes; they should seek to leverage HIT’s potential to enable comprehensive, individualized care; to empower patients and their families to be partners in their care; to improve patients’ access to their providers; and to enable patients and their caregivers to be participants in the continuous improvement of care quality.

We applaud the inclusion of patient and family engagement as a policy priority for the meaningful use of HIT. However, the Achievable Vision for 2015, the care goals for patient and family engagement, and the corresponding measures for 2011, 2013 and 2015 could be strengthened significantly. It is critical to understand what the vision of full patient and family engagement really means, given that it will rightly be used to “guide our key policy objectives, advanced care processes needed to achieve them and...the specific use of information technology.” Based on the Consumer Partnership for eHealth’s (CPeH) pathway for using HIT to achieve patient centered care (see Appendix A), the following are critical outcomes to expect from the meaningful use of HIT.

- HIT must be used to improve patient and family access to information.** Simply providing consumers with an electronic copy of their medical record, while a good first step, is not sufficient for fully engaging them in their care. Access to medical information needs to be *timely*, and this should be clarified in the 2011 objectives and measures, with real-time access provided by 2013. As connectivity with labs and pharmacy benefit managers (PBMs) and others advances, patients should also be able to access this information electronically to better manage their care at home.
 - We recommend specifying this as part of meaningful use in 2011, when providers are expected to incorporate lab test results into their EHRs.
- Patients and their families need support in understanding the information they receive and applying it to their own personal health situations.** HIT can be a useful and efficient tool for connecting patients and their family caregivers with online information, such as self-management or shared decision making tools, as well as community resources like support programs, social services, and other assistance offered by community networks. Patient decision support tools also help patients understand their health information and make decisions that reflect their needs, preferences and values. Research demonstrates that such tools also can help reduce costs, since patients often choose the least invasive treatment when given information about the full range of options.¹

¹ O’Connor, A., Llewellyn-Thomas, H., and Flood, A.B. (2004). Modifying Unwarranted Variations in Health Care: Shared Decision Making Using Patient Decision Aids, *Health Affairs*, October 2004.

- We recommend adding a requirement in 2011 to provide resources to help patients understand their medical condition, such as self-management tools and shared decision-making tools, with advancements in 2013 to include providing interactive decision support tools and facilitating linkages and connections to community resources.
- c. **Patients need easier, more convenient access to their providers, which can be accomplished using technology.** Secure messaging and email is a basic first step, which is available now and should not be delayed until 2013.
- We strongly suggest moving secure messaging to the 2011 requirements for meaningful use. More innovative methods of bringing the health care system to the patient using technology, such as online scheduling and remote monitoring, should be required in 2013.
- d. **Patients and their families should be generators of information used in care delivery, not just recipients of it.** The Meaningful Use Preamble rightly highlights provider access in real-time to “all medical information...to help ensure the quality and safety of the care provided” in the vision for a transformed health care system. Patient-generated data are critical to a comprehensive view of a patient’s medical needs and their values, making this data an inherent part of providing high-quality, personalized care. While we are pleased to see that uploading data from home monitoring devices is a requirement for 2013, there are many other ways that HIT could be used to facilitate a complete information loop between patients and providers. For example, sharing observations of daily living, described by the RWJ funded Project Health Design² can result in more productive conversations with clinicians.
- As an early step toward using HIT to support patient preferences, we strongly urge you to include a measure in 2011 specifically addressing the percent of patients with an advance directive recorded in an EHR.
 - We recommend that patient-generated data be incorporated into the clinical context in 2013.

Information about patients’ experience of care should be collected and used for improvement. Seeking timely patient input about their experience of care is critical to improving care delivery in ways that are meaningful to patients themselves. HIT can be used to collect and integrate this information into the provider’s continuous quality improvement process.

- We recommend that steps toward this goal should be taken in 2013, not delayed until 2015.

Requiring compliance with HIPAA Privacy and Security Rules, state laws, and the Nationwide Privacy and Security Framework for providers to be considered meaningful users of HIT is commendable, and continued attention to privacy issues will help address the public’s concerns. We support the sharing of health information

² *Rethinking the Power and Potential of Personal Health Records*, Round One Final Report, Project Health Design, funded by the Robert Wood Johnson Foundation.

for the purposes covered by the meaningful use definition. However, it is important that providers share only the minimum necessary amount of data needed to accomplish a particular health care purpose.

- We encourage HHS to strengthen the Nationwide Privacy and Security Framework to provide clearer guidelines for sharing data electronically.

As you refine the meaningful use definition, it is important to acknowledge the tension between asking too much of providers and not asking enough to drive the kinds of changes patients are counting on to improve their health and their lives. We urge you to set ambitious goals to ensure that HIT results in the significant care improvements and cost savings necessary to justify the tremendous commitment of public funds in ARRA. The changes we propose are aligned with the current health reform debate, and ARRA established new resources to help providers transform the way they deliver care, including Regional Extension Centers and significant financial incentives. Existing successes in the public and private sectors demonstrate that it is possible to successfully implement and use HIT in patient-centered ways. Adopting a results-oriented definition of meaningful use and more robust measures of patient and family engagement will promote and support both delivery and payment reform, which must occur simultaneously in order for either to be effective.³

Thank you for the opportunity to comment on this preliminary definition of meaningful use, a term that will have tremendous implications for how health care is provided for years to come. We look forward to working with you on the refinement of this concept over time.

Sincerely,

Members of the Consumer Partnership for eHealth

The National Partnership for Women & Families

AARP

American Hospice Foundation

Center for Information Therapy

Center for Medical Consumers

Childbirth Connection

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

The Children's Partnership

Consumers Union

Family Violence Prevention Fund

³ Park, Todd and Basch, Peter, *A Historic Opportunity: Wedding Health Information Technology to Care Delivery Innovation and Provider Payment Reform*. Center for American Progress, May 2009.

Healthwise

Mental Health America

National Consumers League

National Health Law Program

NC Consumer Advisory Council on Health Information

North Carolina Senior Citizens Association

SEIU

APPENDIX A



GETTING TO PATIENT-CENTERED CARE: How Health IT Can Meet the Needs of Patients and their Families

Effective, meaningful use of HIT is an essential element of a health care system that is designed to meet the patient’s needs and preferences at the right time, in the right setting, for the right reason, and at the right cost. But the success of ARRA and broader health care reform will require a fundamental shift from a delivery system that is centered on the needs of providers and payers, to one that emphasizes active consumer participation and meaningful partnerships between patients and providers to support health improvement – a patient-centered health care system.

As a general matter, the meaningful use of health IT in ARRA should motivate information use and health IT adoption to achieve clear and demonstrable goals for improved patient health and consumer experience with care. Improving care coordination and medication management are two good starting places, and can be effectively pursued and supported by the patient-centered model described below. As technology advances, more innovative approaches to patient-centered care – some of which cannot be imagined today – should be considered in the evolution of the definition of “meaningful use.”

Below, we offer a comprehensive set of expectations for patient-centered care, and an outline of meaningful use of health IT from a consumer-perspective that:

- Is phased, consistent with the evolution of “meaningful use” in ARRA.
- Focuses on key “patient-facing” information uses enabled by health IT.
- Charts a path for using health IT to support care redesign that is patient-centered and information-rich.⁴

EXPECTATIONS FOR PATIENT-CENTERED CARE	MEANINGFUL USE OF HEALTH IT FOR CONSUMERS
<p><i>Care is comprehensive, coordinated, personalized and planned.</i></p> <p>- Providers have ready access to accurate</p>	<p>2011</p>

⁴ Additional activities and redesign of processes that do not involve direct patient/consumer generation or use of information are required for care to be patient-centered. For example, ePrescribing should be required as part of meaningful use to ensure the safety of individual patients, but the information in this case is generated and used by physicians and pharmacists, not patients. For more information, please see the document, “Achieving the Health IT Objectives of the American Recovery and Reinvestment Act: A Framework for ‘Meaningful Use’ and ‘Certified or Qualified’ EHR” by the Markle Foundation at www.markle.org.

<p>information and up-to-date medical history and information about patient health, treatment and preferences</p> <ul style="list-style-type: none"> - Communication and coordination occurs between patients, caregivers and providers, and across providers, settings and services, including service providers outside the health sector. - Providers use technology to track referrals, tests, and prescriptions, reconcile medications and provide patients/caregivers with reminders for preventive services. - Personalized care plans are developed in collaboration with the patient/caregiver. Care plans should take into account patients' needs and preferences, based on comprehensive assessments of them and their caregivers, including physical, emotional, social, and functional status. These plans should be monitored on an ongoing basis, and routinely updated. - Care team connects the patient and caregiver with community-based support services. 	<ul style="list-style-type: none"> - A care summary is generated and shared with the patient (by paper, electronic or with PHR depending on preferences) and other authorized providers and family caregivers after every visit or discharge. Includes: <ul style="list-style-type: none"> ▪ Problem list, diagnoses ▪ Care plan ▪ Referrals and follow up ▪ Lab results, ▪ Medication history - Reminders are sent to patients about preventive services, medications, necessary/routine tests, and follow-up care.
<p><i>Patients and their caregivers are partners, making informed, shared decisions.</i></p> <ul style="list-style-type: none"> - Patients and clinicians work together to proactively plan care, manage chronic conditions and support healthy behaviors based on patient needs and preferences - Patient decision tools support informed medical decision-making based on medical evidence, other patients' experience and health goals and preferences - Patients and providers collaborate to effectively manage chronic conditions, 	<p>2013</p> <ul style="list-style-type: none"> - Prompts and key information (patient preferences, health goals, functional status, preferred language, advance directives and social situation) are used to individualize and customize care. - Patient generated data is incorporated into the clinical context for individualized care. - Connections are made to community resources (online and offline groups, support programs, community services, social services, etc.). <p>2011</p> <ul style="list-style-type: none"> - Patients have electronic access to their medical record, either through a web portal or through static media, such as a CD or a jump drive. - A care summary is generated and shared with the patient and other authorized providers and family caregivers after every visit/discharge. (see above) - Patients are connected to resources that help them understand their medical information in the context of their specific health needs (Medline, etc.).

⁵ Information about a patient's experience of care should be collected at the point of care, using electronic means. While the specific methodologies for achieving this are yet to be developed, we believe that technology can and should be harnessed to solve these issues in ways that feed information about experience of care back to the provider in a much more timely and useful manner for improving the overall care experience for patients. This information is a critical element of validating the use of HIT in ways that are meaningful for patients and consumers

- including education about healthy behaviors and engagement of caregivers, where appropriate.
- Patients have access to unbiased, evidence-based information on all treatment options so that they can make an informed choice that reflects their personal preferences.

Transitions between settings of care are smooth, safe, effective and efficient

- At each care transition (office visit, discharge) patients and the care team will understand what care was provided, diagnoses, key health information and what follow-up is needed
- Providers facilitate patient coaching to build their confidence, skills and tools for managing their care and conditions.

Patients can get care when, where, and how they need it

- Clinicians are available nights, weekends, and on holidays, with ready access to the patient's information
- Alternative care delivery approaches and communication tools (phone, email, secure messaging) are available to meet patients' needs and preferences for care (after hours, without traveling to office, etc.).
- Clinicians accommodate the needs of patients with disabilities, English proficiency, cultural differences or other issues that could impede access to needed care.
- Patients and authorized family caregivers can access their information when they need it and have the ability to move and use information according to their choosing.

Patients and their caregivers are participants in continuous quality improvement

2013

- Patients have real-time electronic access to their medical record along with linkages to tools that make the information meaningful and useful to them.
- Patients have access to evidence-based decision support tools that enable informed choices tailored to their preferences

2011

- A care summary is generated and shared with the patient and other authorized providers and family caregivers after every visit/discharge. (see above)

2013

- Referrals are made to online patient coaching or other self-care management tools.

2011

- Patients are able to use secure messaging or email for more timely and beneficial communication with their providers.
- Personal health records or other consumer tools are populated by providers in culturally and linguistically appropriate and portable formats.

2013

- Patients are able to use online scheduling for more convenient access to their care providers.
- Information and tools provided by the health care team are available in multiple languages.
- Providers use remote monitoring to manage patients with chronic illnesses in the least restrictive way.
- Electronic tools provided by the health care team are accessible to people with visual, hearing, mobility, cognitive, and other impairments.

<ul style="list-style-type: none"> - Patients and caregivers are provided means for providing feedback about their experience of care, at the point of care. - Automated, aggregate data collection enables timely data for public reporting of consumer-friendly, meaningful measures - Measures are designed to be used by consumers to choose their care providers, as well as to support the partnership between patients and their providers in shared decision-making. - Data are stratified by race, ethnicity, gender, and primary language and used to eliminate disparities. - Patients are involved in care delivery redesign for processes with which they have direct contact, enabled by automated, aggregate data collection and evaluation of quality, safety and efficiency of care. 	<p>2011</p> <ul style="list-style-type: none"> - Patient experience of care is measured and reported.⁵ - Quality data are publicly reported in ways that are meaningful for consumer use. - Information about race, ethnicity, primary language, and gender is collected and used in ongoing, internal efforts to reduce disparities. <p>2013</p> <ul style="list-style-type: none"> - Cost data are publicly reported for consumer use. - Quality measures are reported stratified by race, ethnicity, primarily language, and gender.
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