The Office of the National Coordinator for Health Information Technology (ONC) is seeking additional comments on the preliminary definition of “Meaningful Use,” as approved by the ONC HIT Policy Committee on July 16, 2009.

The National Health IT Collaborative for the Underserved (NHIT) was established in June 2008 as a public/private/community partnership with the goal of leveraging advances in health information technology (HIT) to expand health care access, improve quality, promote consumer self-management and reduce and ultimately eliminate health disparities experienced by communities of color and other underserved populations.

Committed to ensuring that, regarding HIT, “no community is left behind,” the Collaborative has sought every available opportunity to describe the role HIT can play in promoting prevention and health equity, serving as a “voice for the voiceless” as critical policy decisions are made. In addition, NHIT recommendations have been submitted to decision-makers addressing health reform. The organization views HIT as an essential
enabler of a reformed medical intervention system, as well as an indispensable requirement for a robust, well-financed health promotion/disease prevention infrastructure. This infrastructure is essential for a shift from “sick care” to wellness.

The Collaborative has reviewed the definition of meaningful use in the matrix document approved and released by the HIT Policy Committee July 16, 2009, and we believe that, overall, the definition starts to meet the needs of communities of color and the underserved. While we applaud the efforts made by the HIT Policy Committee to include health disparities inside one of the Health Outcomes Policy Priorities being addressed in the definition of meaningful use, we believe health disparities is an overarching dimension that cuts across all five Health Outcomes Policy Priorities. These priorities include Improve Quality, Safety and Efficiency; Engage Patients and Families; Improve Care Coordination; Improve Population Health; and Ensure Adequate Privacy and Security Protections. Further, we strongly believe it is more appropriate to talk in terms of eliminating health disparities as a goal, not just reducing them.

Our Collaborative has also generated 29 recommendations that address the following categories: general considerations regarding the definition of meaningful use; meaningful use of certified electronic health records (EHRs); recommendations on specific Care Goals, Objectives and Measures; implementation considerations; the evaluation of meaningful use; and the rule of federal and state governments in supporting providers. These recommendations are:

General Definition Considerations

1. The essential meaningful use of certified EHRs should be patient-focused – that is, contributing to health improvement for patients.

2. The ONC definition of meaningful use should underscore the need for HIT to help reduce and ultimately eliminate disparities in treatment and outcomes experienced by communities of color and other underserved populations, including limited English-speaking or functionally illiterate people, through the delivery of culturally, linguistically, and functionally appropriate and higher quality services.

3. ONC should address the following in the development of the definition of meaningful use: a clear vision for the future state or goal for the public’s health through the effective use of HIT; the importance of preventive care; the priority of patient/consumer and provider education; and the need for definitional language and metrics that are easily understandable by all stakeholders, are achievable, highlight value propositions for all – patients/consumers, providers, payers, and lead to the fulfillment of the overall goal of improved care for all individuals and communities.
4. ONC should integrate its definition of *meaningful use* into the broader concept of health reform as a key strategy to move the current model of care delivery and coordination from a provider-centric to a patient-centric approach.

5. ONC should articulate *meaningful use* the elimination of health disparities, and should incorporate and highlight this goal across all Health Outcomes Policy Priorities. Specific recommendations on Care Goals, Objectives and Measures follow:

**Evaluation of Meaningful Use**

6. The evaluation of *meaningful use* should encompass the use of provider processes and systems to achieve disease management goals, particularly in medically underserved areas and among communities of color and other vulnerable populations.

7. The determination of *meaningful use* results should focus on quality of care and improved health outcomes, and should not be limited to cost factors.

8. The use of HIT to support health promotion and disease prevention through primary care should also be an important evaluation criterion.

9. Certified EHRs must ensure the strictest privacy, confidentiality and nondiscrimination protections for information contained therein and in personal health records.

**Meaningful Use of Certified Electronic Health Records**

10. The concept of *meaningful use* of certified EHRs should include disease management for chronic conditions and long term care (e.g., registries).

11. Certified systems must be able to document and analyze primary data on race, ethnicity, primary language and gender, consistent with OMB and U.S. Census data categories, as a prerequisite for identifying and addressing disparities in treatment and outcomes.

12. Certified EHR systems should support preventive activities in addition to providing clinical support to patients.

13. Systems meeting *meaningful use* requirements should be able to track information on disabilities, oral health, mental health, and substance abuse.

14. Certified EHR systems should be able to demonstrate the ability to support quality care and patient safety, support public health reporting, demonstrate the ability to
monitor or track patient progress over time, support e-prescribing and expand the overall knowledge base of patients and providers.

15. Certified systems meeting ONC standards should be able to support population-based documentation and reporting via registry functionality. Uses should include surveillance and population-based analyses.

16. Systems meeting meaningful use standards must be able to deliver information to the patient in linguistically appropriate and easily understandable language and formats.

Recommendations on Specific Care Goals, Objectives and Measures

17. Improve Quality, Safety, Efficiency and Reduce Health Disparities:
   a. We recommend changing the word “Reduce” to “Eliminate”, and set this as a policy goal.
   b. We applaud the 2011 expectation that EHRs will 1) support recording of primary (or preferred) language, race and ethnicity at both inpatient and ambulatory settings and 2) be able to stratify reports by primary (or preferred) language, race and ethnicity. It was not clear that this 2011 expectation would carry into 2013 and 2015 objectives and measure. We recommend this intent to carry forward to be made explicit in the document.

18. Engage Patient and Families
   a. We recommend that the text of the Care Goal under this Policy Priority be modified as follows (bold is new text suggested): “Provide patients and families with timely access to data, knowledge and tools that are delivered in a linguistically and culturally appropriate manner to make informed decisions and to manage their health.
   b. 2011 Objectives should include, for BOTH “Eligible Providers” and “Hospitals” the following objective: “Ensure that patient-specific information and education resources are provided in a linguistically and culturally appropriate manner.”
   c. 2011 Measures should include the following: “Stratify reports by primary language, race, and ethnicity.”
   d. This measure should carry forward into 2013 and 2015.

19. Improve Care Coordination
a. 2011 Measures should include the following: “Stratify reports by primary language, race, and ethnicity.”

b. This measure should carry forward into 2013 and 2015.

20. Improve Population and Public Health

a. 2011 Objectives should include, for BOTH “Eligible Providers” and “Hospitals” the following objective: “Capability to submit primary language, race and ethnicity information to immunization registries and syndromic surveillance systems, consistent with applicable laws.”

21. Ensure Adequate Privacy and Security Protections

a. Privacy, confidentiality and security of health information are critical areas of interest to communities of color and the underserved. We believe measures of meaningful use should be considered for inclusion which ensure that communications with consumers and patients regarding the privacy of their health information and, particularly, the choices and decisions they need to make regarding consent directives and authorizations are done in a manner that is culturally appropriate and meets their linguistic and literacy needs.

Implementation Considerations

22. The ONC definition of meaningful use should allow for a phased or incremental implementation to allow appropriate information and outreach efforts to inform providers of requirements, incentives and penalties. Also important is consideration of various levels of provider readiness (e.g. urban, rural, early and late adopters, providers not participating in systems and not serviced by Health Information Exchanges.)

23. ONC should reevaluate the incentives used under Medicare and Medicaid to ensure that there is equity among provider types. (Note: Presently, Medicaid incentives on the front end are not as high as those for Medicare. This may impact providers disproportionately, particularly those who serve in medically underserved areas and treat racial and ethnic minorities.) Culturally and linguistically appropriate support persons such as health navigators and community health workers must be recognized as essential providers of health services.

24. Safety net providers should get additional incentives based on the proportion of Medicaid patients seen and in light of the already limited reimbursements they currently receive. Additional funding is needed for the initial acquisition of HIT and for on-going system maintenance and subsequent enhancements. “Safety net
providers” should be broadly defined to include free clinics, behavioral health centers, other facilities that may not be federally qualified, as well as small group, solo physician practices, and community based organizations serving vulnerable populations.

25. Additional resources will be required to address implementation considerations for safety net health care providers. These include, but are not limited to the need for revised workflows within physician groups and clinics and legacy data migrations.

Role of Federal & State Governments in Supporting Providers

26. Regional Health Information Extension Centers should provide robust technical assistance to participating providers in such areas as workflow redesign, system breakdowns, etc.

27. Additional efforts are needed to help States determine and strengthen their overall level of readiness to assist providers with implementing Health IT, particularly in underserved areas.

28. The ONC and States should help support communication and coordination activities regarding meaningful use and related guidelines among groups such as the State primary care associations, hospital associations, and medical associations, with a focus on such organizations representing providers serving communities of color and other underserved populations.

29. States should develop a cohesive plan involving technical, business, public health, provider and community organizations to support the meaningful exchange of clinical and public health data.

We hope you find this information useful and we look forward to continue to provide our input as the nation determines a definition of meaningful use prior to December 31, 2009.

For More Information, Contact:

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