

April 23, 2010

The Honorable Kathleen Sebelius
Secretary
US Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

David Blumenthal, MD, MPH
National Coordinator for Health Information Technology
US Department of Health and Human Services
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Charlene Frizzera
Acting Administrator
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
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Tony Trenkle
Director of the Office of E-Health Standards and Services
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
200 Independence Avenue, SW
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Dear Secretary Sebelius, Dr. Blumenthal, Ms. Frizzera, and Mr. Trenkle:

The final federal regulation of Meaningful Use of health information technology (health IT) under the Recovery Act will be a powerful signal for the future of US health care.

By and large, the US Department of Health and Human Services (HHS) has drafted a regulation with the right priorities. As the department prepares its final rules by which providers and hospitals may qualify for health IT incentives, it is critical not to lose sight of the core goals of Meaningful Use:

- improving health and efficient use of health care resources
- protecting privacy
- encouraging innovation and broad participation across many health care settings

By emphasizing the term “meaningful use,” Congress clearly intended that the subsidies not cover the mere purchase of technology. Increasing the number of doctors’ offices or hospitals with health IT systems is not enough; the technology must be a tool to achieve specifically articulated and achievable health improvement and cost-effectiveness goals. The Meaningful Use incentives also can be a powerful driver to help physicians and hospitals prepare for implementation of recently enacted health care reform legislation. That will require the Government to retain core values that are currently well-drafted in the Notice of Proposed Rulemaking (NPRM), such as:

- declaring that the goal of health IT is to improve health quality and efficiency
- embracing patient engagement as a key aspect of Meaningful Use

- establishing goals, objectives, and metrics for health improvement rather than focusing merely on acquiring technology
- adopting a phased approach to allow for step-wise provider and hospital adoption of health IT, as well as technology development and testing at initial stages
- making progress on aligning various HHS quality reporting initiatives and eliminating the need for duplicative reporting

Through extensive collaboration, the Markle Foundation, the Center for American Progress, and the Engelberg Center for Health Care Reform at Brookings have recommended several modifications to the NPRM that would adjust several of these metrics and streamline administrative overhead for providers while retaining critical foundational, process, and outcomes measures that will lead to health IT being used meaningfully to improve health care.

We have submitted comments intended to balance the very real implementation concerns of providers with the needs of patients and families to rapidly experience more effective, efficient, and quality-driven care aided by health IT.

For providers to merit the taxpayer-financed subsidies, HHS must insist on using the Phase I period to begin the pathway toward improved results:

- reducing hospital readmissions
- improving medication management (safe medication use and effective medication management for heart disease, diabetes, asthma, mental health conditions, and hospital procedures)
- providing individuals with electronic copies of their personal health information
- improving care coordination and reducing gaps in care
- improving chronic care management, including blood pressure, diabetes, and cholesterol control
- improving preventive care, including healthy weight and smoking cessation
- improving patient safety
- reducing disparities
- increasing efficiency and appropriate use of resources
- improving active engagement of patients in their care

To justify the public investments in health IT, it is vital that HHS establish a Phase I Meaningful Use rule that puts technology adopters on a pathway for measurable progress against these critical objectives.

Our collaborative comments, supported by leaders of a diverse group of 56 organizations, are available at the following URL:

http://www.markle.org/downloadable_assets/20100315_ehrincent_cms0033p.pdf

Effective use of information is what keeps a patient from suffering a medical error, helps a doctor prescribe the right treatment at the right time, and allows a care team to provide the best possible care in the most cost-effective way. These are the expectations we have for health IT.

With enactment of the Recovery Act and health care reform, HHS is in the best position in decades to transform the nation's largest sector to meet these long unmet expectations. Phase I of Meaningful Use is the right time for a strong start with ambitious but achievable requirements.

With appreciation,

Zoë Baird, President, Markle Foundation

Carol Diamond, MD, MPH, Managing Director, Markle Foundation

Mark McClellan, MD, PhD, Director, Engelberg Center for Health Care Reform at Brookings

Peter Basch, MD, FACP, Senior Fellow, Center for American Progress