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Contact: Becky Fleischauer, 484-844-2996

Putting Patients' Needs First in Health Information Technology's "Meaningful Use" Definition

(Washington, DC) – Today an array of the nation's leading consumer, labor and employer organizations applaud the Centers for Medicare and Medicaid Services (CMS) call for aggressive benchmarks and incentives to spur early and "meaningful" adoption of health information technology and electronic health records (EHR) systems to improve patient health care and health.

"If used well, health information systems can make sure patients get better quality care and can make sure that public and private payers get better value for the dollar," said Disclosure Project Peter V. Lee, executive director for national health policy at the Pacific Business Group on Health, and co-chair of the Consumer-Purchaser Disclosure Project, a broad coalition of more than 50 groups. **"The meaningful use regulations, as currently drafted, build on congress' intent and go a long way toward making sure that the billions of dollars in new federal payment will help revolutionize healthcare quality by fostering much-needed improvements in care.**

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, included within the American Recovery and Reinvestment Act (ARRA), eligible healthcare providers can qualify for \$34 billion in Medicare and Medicaid incentive payments if they demonstrate "meaningful use." Consumers and purchasers responded to proposed regulations that will define the terms under which incentives will be paid to: improve the quality, safety and efficiency of health care; reduce disparities; engage patients and families; improve coordination, prevention and wellness; and ensure privacy protection.

"Consumer groups have voiced strong support for implementing information technology that responds to patients' needs, improves quality care, and transforms the system into one that is truly patient-centered, rather than just one that digitizes paper records. Going forward, we hope to see a system in which health information technology is an integral part of care coordination, patient education, and reductions in medical errors," said Debra L. Ness, president of the National Partnership for Women & Families and co-chair of the Consumer-Purchaser Disclosure Project.

To accelerate adoption while recognizing the challenges many providers face in implementing EHRs, CMS' criteria allow providers to adopt EHRs gradually. Incentive payments are scheduled to begin in 2011 to reward and encourage early adopters. Penalties for failure to adopt EHRs will begin in later stages

Leaders from a wide range of consumer, labor union, and employer groups – including Consumers Union, the National Business Coalition on Health, Childbirth Connection, Xerox, and others listed below -- said it is imperative that CMS continue its efforts to heed the voices of those who receive and pay for health care when crafting the requirements that providers will have to meet in order to receive incentive payments that come from taxpayer dollars. These groups signed a letter

submitted to Acting CMS Administrator Charlene Frizzera today, supporting the “meaningful use” definition, which they believe will:

- **Support a patient-centered view of health care:** The proposed rule will support the transformation of the health care system into one where all patients have the information and tools they need to be fully engaged in their care, providers have real time access to medical information and tools to improve quality and safety, which can facilitate improved access and elimination of health care disparities.
- **Offer providers flexibility:** CMS proposes multiple strategies, including the 90-day requirement in the first year, attestation of use of health information technology to meet reporting criteria during stage 1 of the program, the phased implementation of the criteria over 5 years, and assistance through various technical assistance programs.
- **Appropriately use clinical quality measurement:** The proposed definition employs clinical quality measurement appropriately to determine whether eligible providers (EPs) and Eligible Hospitals are using information technology in a meaningful way.
- **Make allowances for the current state of technology infrastructure:** The standards, technology and infrastructure are sufficiently in place to allow providers to meet the 2011 criteria for incentive payments, with CMS making accommodations to the concerns voiced by some providers.

In future stages of HITECH, consumers, labor unions and employers look forward to working with CMS to strengthen the definition of meaningful use even further, by focusing on issues related to outcomes, efficiency, and care coordination in clinical areas such as obstetrics and gynecology, pediatrics, chronic and long-term care, oral health care, and mental health and substance abuse.

Additional Supporters of this consumer, labor union, and employer perspective include the following:

Buyers Health Care Action Group
Center for Advancing Health
Childbirth Connection
Consumers Union
Employers' Health Coalition
Healthcare 21 Business Coalition
Health Policy Corporation of Iowa
Iowa Health Buyers Alliance
Massachusetts Group Insurance Commission
National Business Coalition on Health
National Partnership for Women & Families
National Retail Federation
Pacific Business Group on Health
Xerox

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The Consumer-Purchaser Disclosure Project is a group of leading employer, consumer, and labor organizations working toward a common goal to ensure that all Americans have access to publicly reported health care performance information. Our shared vision is that with this information, Americans will be better able to select hospitals, physicians, and treatments based on nationally standardized measures for clinical quality, consumer experience, equity, and efficiency.