

August 4, 2010

Secretary Kathleen Sebelius
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
330 C Street, SW
Washington, D.C. 20024

Dear Secretary Sebelius:

On behalf of the 56 undersigned consumer, labor union and employer organizations, we wish to express our sincere gratitude for the strong direction of the final meaningful use rule that was released by the Centers for Medicare & Medicaid Services (CMS) on July 13. We believe in the importance of crafting a definition – and subsequently an incentive program – that improves patient outcomes and provides value for our limited health care resources. We also believe the final meaningful use definition for 2011 provides a strong foundation for achieving the three important goals of better outcomes, improved individual experiences of care, and reduced costs.

The rule strikes the appropriate balance between requiring providers to make key changes in care delivery and offering them flexibility to maximize participation in the program. This translates into more consumers and purchasers reaping the benefits of providers effectively using electronic health records (EHRs).

The definition's requirements will create a noticeable difference in how patients and their caregivers experience the health care system. Rather than being solely responsible for keeping track of multiple providers, specialists, lab results and medications, and going without the information they need to be effectively engaged in their care, patients will be better able to partner with their providers in their care management and coordination. And providers who participate in the program will be better equipped to provide the best quality care to their patients by using health IT to ensure that the information they need is available at the point of care.

We see these requirements as crucial stepping stones toward addressing the incredibly fragmented system that consumers and purchasers face today, and improving not only care coordination and outcomes, but also patient safety. The reductions in poor outcomes and admissions/readmissions to the hospital and emergency department resulting from these infrastructure changes will translate into significant savings for the health care system.

In regard to the required quality measurements for both eligible providers (EPs) and hospitals, we applaud CMS for developing a concise list for both hospitals and eligible providers – 15 and 6 measures, respectively – for 2011, focusing on the highest priority conditions, including coronary artery disease, diabetes, and pneumonia, as well as measures related to mental health, women's health, and pediatric care. We also support the inclusion of a core measure set for all EPs. We will work with you to ensure that data from these core measures as well as other useful quality measures from the HIT program are made public in the future, to enable consumers and purchasers to evaluate the quality of care and service delivered by their providers.

Finally, we are very supportive of the inclusion of the requirement that EPs and hospitals collect data on patients' race, ethnicity, preferred language and gender (RELG) for at least 50 percent of their patients. These data will be instrumental in identifying and addressing disparities in

care, and we look forward to a time when the requirement will be expanded to include measure stratification by the RELG data, so that it is actually used to identify disparities and target interventions to eliminate them.

As the work begins on the development of the definition for stage two of this program, we believe certain elements are critical. Those critical elements include transitioning the 2011 elements that are now optional into required elements for receiving incentive payments, incorporating measures for meaningful use that matter most to consumers and purchasers – outcomes, functional status, patient experience, and efficiency – and implementing a rigorous program for monitoring and auditing information technologies supported by HITECH – particularly computerized order entry (CPOE) and decision support tools – to minimize patient safety risks. Such risks are substantial and well documented in the literature.

On behalf of the millions of Americans represented by the undersigned organizations, thank you for your efforts and your responsiveness to our comments.

Sincerely,

Advocacy for Patients with Chronic Illness, Inc
Alzheimer's Association
American Benefits Council
American Federation of State, County & Municipal Employees (AFSCME)
American Hospice Foundation
Bridges to Excellence
Business Health Care Group of Southeast Wisconsin
Buyers Health Care Action Group
Center for Advancing Health
Center for Medical Consumers
Center for Medicare Advocacy
CHADD – Children and Adults with Attention-Deficit/Hyperactivity Disorder
Childbirth Connection
Coalition of Wisconsin Aging Groups
Community Catalyst
Consumers for Affordable Health Care
Consumer Health Coalition
Consumers Union
Employers' Health Coalition
Florida Health Care Coalition
Group Insurance Commission, Commonwealth of Massachusetts
Health Care For All
Health Care Incentives Improvement Institute
Health Policy Corporation of Iowa
HealthCare 21 Business Coalition
Healthwise
HEREIU (Hotel Employees and Restaurant Employees International Union) Welfare Fund
Iowa Health Buyers Alliance
Louisiana Business Group on Health
Maine Health Management Coalition
Medical Advocacy Mural Project
Microsoft
National Business Coalition on Health

National Center on Caregiving, Family Caregiver Alliance
National Coalition for Cancer Survivorship
National Consumers League
National Family Caregivers Association
National Health IT Collaborative for the Underserved
National Health Law Program
National Partnership for Women & Families
Nevada Healthcare Policy Group
New York Business Group on Health
North Carolina Justice Center
Pacific Business Group on Health
Prometheus Payment
Puget Sound Health Alliance
SEIU
Society for Participatory Medicine
Summit Health Institute for Research and Education, Inc.
The Alliance
The Children's Partnership
The Empowered Patient Coalition
The Leapfrog Group
UHCAN Ohio
U.S. PIRG
Xerox