

September 17, 2009

David Blumenthal, MD, MPP
National Coordinator
Office of the National Coordinator for Health Information Technology
200 Independence Avenue, SW
Suite 729D
Washington, DC 20201

Dear Dr. Blumenthal:

On behalf of the below listed Associations who collectively represent over 600,000 healthcare providers, I am writing to request a meeting with you and your staff to discuss issues surrounding health information technology (HIT) and the interoperability of electronic health records (EHR). As you are aware, the use of HIT, including (EHR), is considered a valuable tool to improve healthcare quality and reduce costs. The American Recovery and Reinvestment Act (ARRA) has provided significant resources to stimulate the use of HIT and by providing incentive payments to Medicare and Medicaid providers who use certified EHR in a meaningful way.

While the definition of meaningful use and the certification criteria for EHRs have not been finalized, the Office of National Coordinator for Health Information Technology's (ONCHIT) role in this process is clearly established and defined in the legislation. Already, the work of ONCHIT, and the two federal advisory committees it is working with, has made substantial progress in laying the groundwork for the development of a definition of meaningful use and EHR certification criteria. It has not been an easy task made more difficult by the tight deadlines established by ARRA and this work is greatly appreciated.

We want to alert you to a potential problem affecting providers who do not have the authority under state law to prescribe medications. EHR products developed to meet the specific needs of practitioners who do not prescribe medications obviously need not incorporate e-prescribing functionality at this time. Such functionality would be useless for providers that do not prescribe medications and its incorporation would only unnecessarily increase the cost of the EHR products. However, the draft definition of meaningful use would require a provider interested in qualifying for the incentive payments under Medicare and Medicaid to have an EHR with e-Prescribing capabilities. Under the previous certification process used by the Certification Commission for Health Information Technology (CCHIT) and the new models of certification currently under development, the e-Prescribing capability is required. Therefore, in both meaningful use and EHR certification many providers, such as dietitians, occupational therapists, physical therapists, psychologists, social workers, audiologists, and speech language pathologists, will be excluded. However, these providers play a valuable role in the care of patients, and it is critical that they are able to exchange information electronically with other healthcare providers, such as physicians, who are covered under the meaningful use definition and have certified products.

Many of the same providers who would be excluded from EHR certification would also be excluded from the definition of meaningful use if ONCHIT's current recommendations are adopted. Thus far, the focus of the HIT meaningful use discussions has been on physicians and hospitals. We are deeply concerned that ONCHIT is not taking a more comprehensive approach to recognize the vital role of other healthcare providers across the continuum of care in the development, implementation and "meaningful use" of HIT. The providers that are being excluded from the current discussion are actively engaged in other federal activities that are directly related to the adoption of HIT such as the Physician Quality Reporting Initiative (PQRI), the transition to ICD-10, and implementation of the revised Health Insurance Portability and Accountability (HIPAA) provisions.

Therefore, we would like to set up a meeting to discuss the development of certification pathways to EHR certification and criteria for "meaningful use" that is inclusive of all providers within the healthcare spectrum. Several EHR products have already been developed for these types of providers that provide many of the other features required by the draft definition of meaningful use. Many of the policy priorities, care goals, and objectives of the draft definition of meaningful use deal with improved health outcomes, improved quality, better care coordination (provider to provider and provider to patient), and clinical decision-making support and can be found in these products.

While the diligent work of ONCHIT and others in its effort to develop a vision for what HIT may achieve by 2015 is appreciated, we want to ensure that the vision and matrix describing meaningful use incorporate a broader perspective. The pace of HIT activities is moving rapidly and delay could have serious implications. It is important that the commission hear the concerns of various groups that play a role in improving health outcomes who currently would be excluded from certification and meaningful use. Please let us know your availability in the coming weeks to discuss these vital issues.

Thank you in advance for your consideration of this information and our request. We look forward to hearing from you soon. To set-up a time and date for the meeting or if you have any questions regarding our concerns, please feel free to contact Sarah Nicholls-Sharp at 703-706-3189 or sarahnicholls-sharp@apta.org.

Sincerely,

American Dietetic Association
American Occupational Therapy Association
American Physical Therapy Association
American Psychological Association
American Speech-Language-Hearing Association
National Association of Social Workers