National Association of
Children's Hospitals

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April 30, 2009

To: National Committee on Vital and Health Statistics
From: National Association of Children's Hospitals
Re: Written Testimony Regarding "Meaningful Use"

Thank you for the opportunity to submit written testimony on what constitutes "meaningful use" of an Electronic Health Record. The National Association of Children's Hospitals (N.A.C.H.) represents 136 children's hospitals across the country and advocates for public policies that support the ability of children's hospitals to fulfill their missions of clinical care, education, research, and advocacy to advance health care for all children

Electronic health record (EHR) development that provides meaningful use for children has been lacking since EHR vendors have been focused on the needs of adults. Pediatricians have not invested in these systems since they do not offer functionality that actually improves the care of children. Children's hospitals and the clinicians they represent aggressively support the following basic functionality as a minimum for "meaningful use":

1. An e-prescribing methodology that includes weight based dosing with decision support.
2. Growth chart data collection, graphing, and reporting of body mass index (BMI) to identify obesity or growth failure.
3. A capability of recording and reporting newborn screening such as metabolic disease and hearing screening with flagging whether a clinician has acknowledged receiving the tests.
4. The capability of having bidirectional flow from state registries reporting immunizations or deferral of immunization with decision support to flag a child that needs immunizations.
5. The ability to provide the formulary appropriate to the patient for drug choices such as the Medicaid formulary.
6. The ability to format and populate a summary list including diagnoses, medications, allergies, and procedures. This clinical summary should comply with standardized methodology.

Pediatricians are at a particular disadvantage because they have a majority of the Medicaid patients. Standards for Medicaid patients are in chaos because the 52 state systems make their own rules which have inhibited vendors from investing in some pediatric functionalities. We strongly support that all IT standards for children become national standards as they are for the Medicare population. If you have any questions, please contact Jim Kaufman at 703-797-6006.

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An Affiliation of the National Association of
Children's Hospitals & Related Institutions