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**Statement**
**of the**
**American Hospital Association**
**to the**
**National Committee on Vital and Health Statistics**
**Executive Subcommittee**

**Meaningful Use of Health Information Technology**

**April 30, 2009**

The American Hospital Association (AHA), on behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our 38,000 individual members, appreciates this opportunity to comment on the concept of "meaningful use" of health information technology (HIT). The use of HIT can improve the efficiency, safety and quality of care in hospitals, and we appreciate the efforts by the National Committee on Vital and Health Statistics (NCVHS) to help clarify this key component of the *American Recovery and Reinvestment Act* (ARRA) by considering the diverse viewpoints of physicians, hospitals and other stakeholders.

In order to receive stimulus funding under the ARRA, physicians and hospitals first must become "meaningful users" of certified electronic health records (EHR) technologies. According to the ARRA, "meaningful use" is described as:

- Demonstrating to the Secretary that certified technology is being used "in a meaningful manner;"
- Demonstrating that the technology is connected in a manner that provides for the electronic exchange of health information; and
- Using the EHR to submit clinical quality measures selected by the Secretary.

The broad nature of these requirements provides an opportunity to thoughtfully consider the complex nature of the current HIT environment. To do so, the concept of "meaningful use" must be separated into two primary components. The first is an improved delivery system with higher quality care, improved patient safety and increased efficiency that results from the actual "use" of the technology. The second component is the technology itself, which enables physicians and hospitals to achieve these goals.

The requirements to achieve "meaningful use" should consider first the quality, safety and efficiency components, and allow the technology to continue to evolve incrementally. An incremental path will yield better results and more "use" than if the standards are initially set too high.

Meaningful use should start with what already works, using the capabilities of currently certified systems. For example, basic demographics on a patient are a first step. When combined with data on a patient's allergies, medication history and care history, a clinician has the information to avoid potential interactions, thereby improving the overall quality of the care encounter. Images and lab data add more information. When this information is available through a connected network of care, data quality improves, and with it the overall efficiency of the health care services. Moreover, the AHA recommends that the NCVHS avoid adding new, required capabilities that cannot be in place by 2011.

Technology should be the means to achieve these improvements, not the end. While the ARRA provides incentives for implementing the technology, physicians and hospitals should be measured and rewarded for the way the technology is used to transform health care, not for simply having implemented it. If the definition of meaningful use is too prescriptive about the type or functionality of technology, the focus will be drawn away from the larger goal that the ARRA incentives were designed to enable.

Additionally, the risk of strictly defining "meaningful use" through the lens of technology is that technology evolves over time. "Meaningful use" must be allowed to enable new ways of achieving our goals. Definitions that are too deeply rooted in specific technologies or functions could easily become outmoded given the rapid pace of technological change.

Therefore, flexibility in the definition of "meaningful use" over time is imperative. The definition, especially for the purposes of achieving broader adoption of HIT, must reflect the fact that hospitals can be very different in size, types of services offered and level of adoption. A recent *New England Journal of Medicine* study, which uses data gathered from AHA members, shows that about 1.5 percent of hospitals in the U.S. currently use a comprehensive EHR system when applying the strictest definition of an EHR. Even within that limited group, there is variety. Among the 47 hospitals that account for that figure, there are 20-bed rural hospitals as well as much larger health systems. While there is variation in hospitals, **the definition of "meaningful use" should be consistent for all hospitals, and should address the larger safety and efficiency goals. A consistent definition moves everyone forward in a measurable way.**

The level of comprehensiveness at which the threshold for meaningful use is set will have a significant bearing on the outcome of the incentive program outlined in the ARRA. If the criteria for meaningful use are first set too high, there will be limited movement toward the desired goal. In this instance, federal leadership must work closely with hospitals and physicians to find the ideal point that will encourage adoption by the greatest number, and lay the technical foundation to achieve the vision of more efficient and higher quality care.