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April 30, 2009

Harry L. Reynolds, Jr.
Chairman
National Committee on Vital and Health Statistics

**Re: Hearing on "Meaningful Use" of Health Information Technology**

Dear Mr. Reynolds,

The American Psychiatric Association (APA), the national medical specialty society representing more than 38,000 psychiatric physicians, appreciates the opportunity to submit this testimony before the Executive Subcommittee of the National Committee on Vital and Health Statistics (NCVHS) on the definition of "meaningful use" of health information technology.

APA appreciates that NCVHS is holding this public hearing to solicit input from a wide range of stakeholders in an effort to clarify and define the term "meaningful use" as contained in the HITECH Act under the American Recovery and Re-invention Act (ARRA) of 2009. Since physicians will be required to demonstrate that they are participating in "meaningful use" of a certified electronic health record system in order to qualify for payment incentives under ARRA, it is of paramount importance that the definition of the term be both clear and flexible.

Physician practices and workflow vary greatly within specialty, region, size, and capability and the definition of "meaningful use" should be flexible enough to encompass a wide range of physicians and not be overly burdensome to maximize adoption and use of electronic health systems. APA urges NCVHS to consider the different characteristics of various specialties and practices when making recommendations to the Secretary about the definition of "meaningful use."

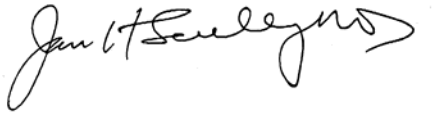
While we understand that there are core elements to meaningful adoption of an electronic health system, there are many features that will be of little use to some specialties. For example, electronic prescribing (e-prescribing) is currently only permitted for non-controlled substances. While e-prescribing is an integral part of many systems, many psychiatric and other physicians who prescribe a number of controlled substances for their patients may be unable to fully use any e-prescribing system. NCVHS and the Department of Health and Human Services (HHS) should recognize that a "one size fits all" model for

meaningful use is problematic and should seek a more flexible definition to ensure broad participation in electronic health systems.

In addition to ensuring that the definition of "meaningful use" is accommodating to the array of physician practice models and specialties, it is also important that the definition does not create a system which is burdensome on the users. Many physicians, particularly psychiatrists, are solo practitioners without a large support staff. APA is concerned that requiring all the possible features of an electronic health system for "meaningful use" could become too cumbersome and expensive for these physicians which would further deter adoption.

As NCVHS considers its recommendations to HHS for defining "meaningful use" of health information technology as required under ARRA, APA urges the Committee to consider the full scope of prospective physician users. We recommend that NCVHS and HHS allow the definition to be malleable while still accomplishing the essential goals of the HITECH legislation. Thank you for your consideration of our comments and we look forward to working with the Committee in the future in implementing the HIT provisions of ARRA and with our members in encouraging HIT adoption. If you have any questions, please contact Jennifer Tassler, Deputy Director, Regulatory Affairs, at jtassler@psych.org or at (703) 907-7842.

Sincerely,



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