Federation of American Hospitals™

Charles N. Kahn III
President

April 30, 2009

**VIA EMAIL**

Harry L. Reynolds, Jr.
Chairman, National Committee on Vital and Health Statistics
C/o James Scanlon, Executive Staff Director
Humphrey Building, Room 442-E
200 Independence Avenue, SW
Washington, DC 20201

***RE: National Committee on Vital and Health Statistics (NCVHS) Executive Subcommittee Hearing on "Meaningful Use"; Statement for the Record***

Dear Chairman Reynolds:

The Federation of American Hospitals (FAH) is the national representative of investor-owned or managed community hospitals and health systems throughout the United States. Our members include teaching and non-teaching, short-stay rehabilitation, and long-term care hospitals in urban and rural America, and provide a wide range of acute, post-acute, and ambulatory services. The FAH is pleased to submit the following statement on "Meaningful Use" for inclusion in the NCVHS Executive Subcommittee hearing summary.

The American Recovery and Reinvestment Act (ARRA) establishes an incentive payment program for providers and clinicians who demonstrate, among other criteria, "meaningful use" of Health Information Technology (HIT). Therefore, defining "meaningful use" is a critical first step as the NCVHS has recognized. The FAH recommends defining "meaningful use" in a way that starts with the current state of health information technology deployed in the field and moves to a higher standard over time. Recognizing current HIT use, while encouraging the adoption of new functionalities, is critical to ensuring early, broad participation by providers in the incentive framework established under the ARRA.

801 Pennsylvania Ave., NW, Suite 245 • Washington, DC 20004-2604 • 202-624-1500 • Fax: 202-737-6832

However, requiring discrete functionalities alone is not sufficient to realize the improvements in safety and quality of health care envisioned by Congress. If the ARRA incentive funds truly are to mark an investment in the transformation of U.S. health care, the functionalities they reward must be connected in a manner that allows for critical health information exchange to flow freely across a nationwide, interoperable health information exchange architecture. The process can begin with labs, imaging, and pharmacy within a reasonable time frame.

In support of this position, the FAH submits, for the record, a report titled, "Toward Health Information Liquidity: Realization of Better, More Efficient Care from the Free Flow of Health Information." This paper was a collaborative effort between FAH and Booz Allen Hamilton to identify the critical policy levers that will derive the greatest value from free flowing health information exchange. Germane to the discussion of defining the functionalities of "meaningful use," the paper offers the following recommendations:

- Get out of paper – continue to adopt electronic health information to increase electronic data exchange but focus additional energy to eliminate use of paper-based medical practice in critical areas such as prescriptions, lab results, medical imaging.
- Define and implement a national health information exchange and knowledge management architecture – make sure critical history data, such as pharmacy, lab, and imaging data, flow securely across organizational boundaries.
- Fast-track implementation of a nationwide e-prescribing network with decision support at the time and place of care.
- Assure availability of pharmacy, lab, and imaging histories at the point of care and increase reliable and valid reporting for quality and safety.

Thank you for the opportunity to share our views on the very critical issue of "meaningful use" of HIT. The FAH looks forward to working with you on this and other issues related to the implementation of the HITECH Act.

Sincerely,