AcademyHealth

April 28, 2009

Harry Reynolds, Jr.
Chairman
c/o Marietta Squire
National Committee on Vital and Health Statistics
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
3311 Toledo Road, Room 2402
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Dear Mr. Reynolds:

AcademyHealth, as the nonpartisan, professional society for nearly 3,800 health services researchers, policy analysts, and practitioners, welcomes the opportunity to respond to the request for comments on the definition of "meaningful use" included in the American Recovery and Reinvestment Act of 2009 (ARRA). Given the implications of this definition for our mission to support the development of research and data needed to inform health policy and practice, we are pleased to offer the following thoughts for your consideration on behalf of our members, the research community, and the public more broadly.

As you contemplate the key policy, technology, and governance elements required to achieve the vision of a safe, effective, efficient, equitable, and patient-centered health care system, we encourage you to recall that research must be identified at the outset as an essential means to advancing these goals.. Just as Health Information Technology (HIT) provides the necessary infrastructure components for improving care, research is what enables the transformation of that information into knowledge.

ARRA directs the National Coordinator for HIT to oversee the development of an HIT infrastructure that "...improves health care quality, reduces medical errors, reduces health disparities, and advances the delivery of patient-centered medical care." AcademyHealth believes that it will be impossible to meet these robust goals without research to inform decision-making by patients, practitioners, managers, payers, and policymakers. Nor will the stewards of this historic investment be able to determine whether their goals have been met unless the "meaningful use" of HIT also creates a path forward – from the outset - for research. In your deliberations of what constitutes "meaningful use," we hope that you will recognize the importance of health services research in achieving the vision, and incorporate research requirements into the definition.

To date, most of the discussions surrounding "meaningful use" have focused on improving clinical care delivery and on quality reporting. These are largely provider domains – the

expectation being that providers will increasingly contribute and use information from electronic health records (EHR), and report out metrics for quality benchmarking. Use of this information in the clinical care setting is, of course, critical, but much of the value added comes with the ability to aggregate and analyze clinical data to answer important questions.

- Patients may want to know how other patients like them have faired with treatment options.
- Physicians may want to know what outcomes their colleagues have had using alternative care processes.
- Managers may want to know which staffing strategies work best in which settings.
- Pubic health authorities may want to track the impact of community based interventions on key diseases.
- And policymakers may want to know whether access to high quality care has improved based on health reforms.

Data in silos – either because they are non-standardized or non-normalized or because they reside within systems that can't/won't communicate - will not provide the answers to these questions. Decision makers will need facility-wide, intra-facility, and population-based research to complete the picture. We are encouraged, therefore, that ARRA lays out an expectation for health information exchange as a component of meaningful use, but we caution that this is only one step.

For some time, it has been assumed that the advent of EHRs would automatically yield rich clinical information that could be used in conjunction with administrative and survey data to enhance the knowledge base of health and health care. Yet experience to date has revealed a series of challenges that require attention before EHRs can be effectively leveraged for research purposes. Examples of these challenges and their importance for furthering the research follow:

- *Lack of interoperability and standardization of data systems.* Without standardization of data elements across units, facilities, health systems and regions, the capacity for appropriate aggregation and analysis is limited.

- *Poorly coordinated data prioritization process.* Different types of data are more or less critical for research at different levels of aggregation. Who decides what data should be collected (e.g. physicians, the corporation that manages the facility, the local community, the Federal government)? Effective mechanisms for involving these essential players as well researchers in setting data priorities will impact the extent to which data relevant for research purposes are available.

- *Limitations relating to design of the EHR products.* Informaticians who design and manage HIT systems rarely consider research functions. Forging an interdisciplinary

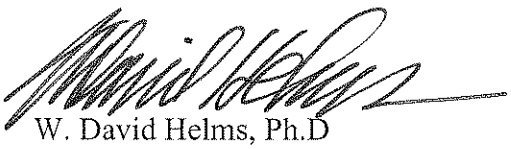
approach to design that includes researchers could increase the value of products developed, and should be considered as part of the certification process.

- *Data capture challenges.* Providers still struggle with integrating EHRs into their practice workflows, and frequently, skip or default on data fields, and overly rely on the open text field (which is quickest way for them to write notes to themselves). Engaging providers in the research enterprise may be one key to expanding their appreciation for data collection efforts. Another possible solution would be to establish (either at the regional or national level, or some hybrid) a set of clinical priorities for which data must be reliably and consistently collected.

While many of these issues will continue be addressed in the coming months and years, AcademyHealth believes that including research as an essential component "meaningful use" is one important opportunity to ensure that HIT investments under ARRA can be leveraged for research.

AcademyHealth is in active conversation with our members and other stakeholders to further operationalize these ideas and would welcome the opportunity to contribute to the implementation of the "meaningful use" concept and other HIT provisions of ARRA. On behalf of AcademyHealth's members, I appreciate this opportunity to contribute to your work and look forward to being helpful as you continue your work.

Sincerely,



W. David Helms, Ph.D
President and CEO