April 29, 2009

Harry L. Reynolds, Jr.
Chairman, National Committee on Vital and Health Statistics
3311 Toledo Road
Room 2402
Hyattsville, MD 20782

Re: Comments on "Meaningful Use" of Health Information Technology

Dear Chairman Reynolds:

As the National Committee on Vital and Health Statistics begins discussions around the term "meaningful use" as it relates to health information technology ("health IT") broadly, and the requirements set forth by the American Recovery and Reinvestment Act of 2009 (ARRA) specifically, Emdeon appreciates the opportunity to provide comments to the Committee on this issue. We commend the Committee for the process it has undertaken to conduct such matters via the inclusion of public stakeholders and the transparency of these efforts. We would be delighted to be included on any subsequent panels to testify before the Committee on these and related matters.

Emdeon believes that **any definition of "meaningful use" must take in account all health information,** including not only strictly clinical information but more broadly defined financial and administrative information as well.

**"Meaningful Use" Should Be Measured Against Both Clinical and Administrative Information**

Any definition of "meaningful use" must recognize the twin goals of improving patient care through measureable outcomes and simultaneously lowering the overall cost of care. **A definition based solely on clinical criteria may not encapsulate all opportunities for accomplishing the cost-saving goal.** Clinical and administrative information ought not continue be viewed in silos; rather, to encourage the adoption of cost saving technologies, "meaningful use" should include use of robust financial and administrative solutions.

**The "Meaningful Use" Bar Must Be Set at an Attainable Level**

We are concerned that if "meaningful use" is defined to include only extremely feature-rich clinical systems, **many small providers will not be able to reach that bar**, and our experience tells us, may not even try. "Meaningful use," like certain standards in the HIPAA Security Rule, needs to be flexible enough to recognize that one size does not fit all, and that for many providers, an incremental adoption of administrative and clinical standards is the most efficient way to advance the twin goals of improving outcomes and cost savings.

**"Meaningful Use" Should Build on the National Investment in HIPAA**

We believe that the Health Insurance Portability and Accountability (HIPAA) transaction standards, including the ICD-10 code sets, provide the foundational components to facilitate the integration of clinical and administrative exchange and reporting. We further advocate that **EHR technology, as a condition of certification, should comply with existing HIPAA regulations, as strictly**

**enforced**. Thus, the definition of "meaningful use" must begin with the assumption that existing standards are in place and enforced, and must be incorporated into the forthcoming definition.

**"Meaningful Use" Should Include Leveraging Existing Infrastructure to Realize Cost Savings**

We believe it is imperative to leverage existing infrastructure used today to send HIPAA transactions, rather than building new structures. For example, **the addition of clinical transactions, like HL7's Continuity of Care Document (CCD), would allow the existing infrastructure to pass billions of transactions** that include both clinical and administrative data. Furthermore, the private sector has already created a digital platform marketplace including companies like Emdeon that connects nearly all healthcare stakeholders and moves secured, standardized, interoperable healthcare information. In effect, this platform has created a national health information network. **U.S. taxpayers should not have to pay for a redundant resource** that has already been created by the private sector. The most judicious use of taxpayer dollars is to leverage the infrastructure currently in place – one that is *tested, proven and commercially sustainable* today. "Meaningful use" should include the use of technologies to exchange health information (both clinical and administrative) on the paved HIPAA electronic highway.

Again, we appreciate the opportunity to provide comments on the appropriate functional criteria for inclusion in the definition of "meaningful use" of health IT, consistent with the HITECH Act provisions as incorporated in the ARRA legislation. We would be happy to discuss our comments in more detail. For more information, please feel free to contact Miriam Paramore, Senior Vice President of Corporate Strategy and Government Affairs at (615) 932-3239 or by email at mparamore@emdeon.com.

Sincerely,

/s/

George Lazenby
Chief Executive Officer

**About Emdeon**

Building on more than 20 years of serving government and commercial customers, Emdeon provides powerful financial management and clinical communication solutions that connect payers, providers, and patients to improve healthcare processes. From the first patient encounter to the final resolution of payment, Emdeon transforms these processes through the sharing of healthcare information and the automation of everyday tasks. Emdeon's industry-leading healthcare information network encompasses 340,000 providers, 55,000 pharmacies, 5,000 hospitals, and 1,200 commercial and government payers. All told, Emdeon handles, in one form or another, 1 out of every 2 commercial healthcare claims processed in the United States.