Alliance for Pediatric Quality

April 30, 2009

To: National Committee on Vital and Health Statistics
From: Alliance for Pediatric Quality (AAP, ABP, CHCA & NACHRI)
Re: Written Testimony Regarding "Meaningful Use"

The Alliance for Pediatric Quality is a collaboration of the American Academy of Pediatrics (AAP), The American Board of Pediatrics (ABP), Child Health Corporation of America (CHCA) and the National Association of Children's Hospitals and Related Institutions (NACHRI).

The Alliance works to ensure that every child in the United States has the opportunity to grow up healthy, supported by a system where care is safe, effective, patient-centered, timely, efficient, equitable and based on the best possible science and technology.

Together, the Alliance represents:

- 60,000 Board-certified pediatricians, pediatric medical and surgical subspecialists
- 200+ children's hospitals
- More than $25 billion in revenue
- 10 million outpatient visits
- More than 500,000 inpatient encounters

One of the Alliance's primary leadership responsibilities is aligning the pediatric health information technology community on a common strategy to improve HIT for children. It is for this reason the Alliance respectfully submits this coordinated testimony from the pediatric HIT community as you discuss "meaningful use" as referenced in the American Recovery and Reinvestment Act statute.

## In General

Roughly a third of the U.S. population is children. Despite this, we often find that national health information technology (HIT) efforts are almost exclusively focused on adults. Unfortunately, experience has shown that unless child health is factored in to the design of HIT approaches explicitly, the unique needs of children get trampled in the (well-intentioned) stampede to solve adult-based problems.

Electronic record system development that provides meaningful use for children is lacking as vendors are focused on the needs of adults. As a result, pediatricians are reluctant to invest in EHR systems, in part, because these systems do not offer functionality that improves the care of children.

Pediatricians have different constraints and interact with different programs than physicians who treat adults. For instance, pediatricians have the largest proportion of Medicaid patients of any group of physicians, and Medicaid is the most important health

program for children. As such, the Alliance is glad to see that ARRA funding may support state-level implementation efforts, which would benefit from coordination with state-level Medicaid experts. Medicaid is also a federal/state partnership, and while many health policy specialists in Washington view health policy through the lens of Medicare, less than one-sixth of one percent of children in the United States are enrolled in Medicare.

According to ARRA, pediatricians must have a 20% Medicaid case load to receive any funding to purchase HIT while physicians who treat adults receive funding for having a Medicare provider number. Funding is also dependent on the whims of state leaders, some of whom have refused to accept other ARRA funds. Children cannot rely on Medicare - they are divided into Medicaid, CHIP, and private insurance - and the eligibility requirements in the stimulus bill for Medicaid funding limit specifically exclude the CHIP, uninsured and privately insured populations.

*If HIT goals are to be inclusive, and if we are to be successful in building a communicating healthcare network, these limitations will hinder the ability of pediatricians, and therefore children, to benefit from a National Health Information Network.*

**In your deliberations, we would appreciate your attention to the following realities:**

- There are more than 50 different Medicaid programs, each with the potential opportunity to define "meaningful use" if the Secretary chooses to allow State Medicaid programs to do so. Even if the Secretary guides states to use a federal definition, we would urge you to help the Secretary to recognize that Medicare definitions often fail to address the needs of children.

- As mentioned above, pediatricians are at a particular disadvantage because they have a majority of the Medicaid patients. Standards for Medicaid patients are in chaos because the 52 state systems make their own rules, which have inhibited vendors from investing in some pediatric system functionality. The Alliance strongly supports that all IT standards for children become national standards as they are for the Medicare population.

- "Meaningful use" is different for specialties like pediatrics, which has specific requirements (for example, weight-based medication dosing, adolescent privacy concerns, growth tracking), which are not typically found in current "open market" HIT vendor offerings. An Electronic Health Record (EHR) system designed for children will accommodate adult health care documentation needs, but the reverse is not true. The Alliance believes that ***any*** HIT system used to care for children (e.g. including family practices, emergency rooms) should – at a minimum – comply with the CCHIT **child health** certification criteria for EHR systems, which is largely based upon the ANSI-accepted HL7 Child Health Functional Standards for EHR Systems. Including, and extending beyond the current CCHIT child health certification criteria, the Alliance and its constituents support the following basic EHR system functionality as a minimum requirement for "meaningful use":

- An e-prescribing methodology that includes weight based dosing with decision support.
- Growth chart data collection, graphing, and reporting of body mass index (BMI) to identify obesity or growth failure.
- A capability of recording and reporting newborn screening such as metabolic disease and hearing screening with flagging whether a clinician has acknowledged receiving the tests.
- The capability of having bidirectional flow from state registries reporting immunizations or deferral of immunization with decision support to flag a child that needs immunizations.
- The ability to provide the formulary appropriate to the patient for drug choices such as the Medicaid formulary.
- The ability to format and populate a summary list including diagnoses, medications, allergies, and procedures. This clinical summary should comply with standardized methodology.

- The Alliance urges you to focus on the public health necessities of prevention, for example obesity and the prevention of communicable diseases, as well as undetected (and therefore untreated) genetic and newborn conditions. Adequately addressing these concerns will create long-term savings.

- Pediatricians are concerned that EHR systems can fail to update to the latest versions, that vendor selection by a practice under the current system irrevocably ties a practice to that vendor, and that vendors may charge extra for customers to be able to use e-prescribing. Health care information should not be kept at constant risk of obsolescence or loss.

Thank you for the opportunity to provide written testimony for consideration.

Sincerely,

Alliance for Pediatric Quality
- The American Academy of Pediatrics
- The American Board of Pediatrics
- Child Health Corporation of America
- National Association of Children's Hospitals and Related Institutions