**Written Comments to the April 27-28, 2009 Meeting of the National Committee on Vital and Health Statistics**

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## The Importance of Defining "Meaningful User" in the Context of Dentists and Academic Dental Institutions

Oral health is a necessary element of overall health. It has been eight years since the Surgeon General reported, "oral health is a critical component of health and must be included in the provision of health care and the in the design of community health programs." Thus, when considering the definition of "meaningful user" in the context of health information technology (HIT), a definition must be created that is appropriate for physicians as well as other health providers including dentists.

It is tragic that it has taken the deaths of children in several states, and most recently, the death of a young adult male in New Jersey due to miscommunication between the patients, physicians, and dentists, to point out the critical need for transportability of health information between various types of health care providers. Thus, any policy to facilitate the implementation of HIT must also consider the role of dentists, as a member of the health care team

Academic Dental Institutions (ADI) are the largest providers of oral health care services to low-income underserved patients. The American Recovery and Reinvestment Act of 2009 contains HIT incentives for health clinics which focus on low-income underserved patients. The Act specifically contains a provision which enables Academic Dental Institutions (ADI) to be eligible for these implementation incentives; however, the definition of "meaningful user" will significantly impact the ability of Academic Dental Institutions to receive these incentives. Given the financial shortfalls Academic Dental Institutions (ADI) are facing, these incentives are critical to providing opportunities for such institutions to further HIT implementation with the ultimate goal of increasing the quality of care delivered to patients and increasing care delivery efficiency. The demand placed on Academic Dental Institutions (AD) across America, for oral health care access, dictates HIT installation to improve capacity as well.

Specifically the following needs to be kept in mind:

1. Current CCHIT certification criteria are geared to in-patient and ambulatory primary health care records. CCHIT has no plans in the immediate future to develop criteria to certify electronic systems which meet the needs of dentists or to eliminate the evaluation of criteria for which there is no applicability. Such features only make the software systems incredibly cumbersome, expensive and difficult to use. Because of the non-applicability of many of the CCHIT criteria to dental systems, there is no dental system on the market today which would pass CCHIT certification. It is therefore recommended that the requirement that systems be certified should be phased in for dentists, allowing sufficient opportunity for CCHIT to develop and implement appropriate criteria for dental systems or enable another certifying agency to develop and implement a certification process. A third possibility would be for HHS to recognize, as certified, dental systems which pass a subset of CCHIT criteria that are applicable to dentists and dental records. (Currently, all criteria must be passed in order for the system to be certified.)

2. Required aspects of HIT systems that are not currently found in dental systems must be phased in, allowing for vendors to modify their systems to meet such functionality requirements. For example, there is no dental system on the market today which contains e-Prescribing, yet appropriately, this will be part of the "meaningful user" definition. Enabling vendors to incorporate this functionality into the system during the first couple of years will enable this directive to be achieved.

3. Incentives for Academic Dental Institutions to implement aspects of the electronic health record, such as medical histories, drug histories, laboratory test results, problem lists, etc. could significantly speed up the implementation of these aspects of HIT. Thus, consideration should be given to identifying the core group of attainable requirements and make this list the appropriate goal for 2011 and 2012. Even to reach these targets, most Academic Dental Institutions will have to make great strides over the next 1-2 years. It is critical that reasonable, attainable targets be established or minimal progress will be achieved.

4. Transportability of information clearly needs to be a long term goal; facilitating communication between health care providers will produce the most significant advancement in improving the quality of health care. Several Demonstration projects have shown that transportability is easy to conceptualize but extremely difficult to fully achieve. Thus, the actual demonstration of transportability should be phased in over time.