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McKESSON
Empowering Healthcare

April 30, 2009

Harry L. Reynolds, Jr.
Chair
National Committee on Vital and Health Statistics
P.O. Box 2291
Durham, NC 27702

Attention: Marietta Squire (marietta.squire@cdc.hhs.gov)

**Re**: **NCVHS Executive Subcommittee Hearing on "Meaningful Use" of Health Information Technology**

Dear Mr. Reynolds:

On behalf of McKesson Corporation (hereinafter "McKesson"), I am submitting comments for inclusion in the summary of the April 28-29, 2009 National Committee on Vital and Health Statistics (referred to hereafter as the "NCVHS") Executive Subcommittee hearing on "meaningful use" of health information technology.

We appreciate the opportunity to submit these comments. Please contact me at ann.berkey@mckesson.com or 415.983.8494 if we can be of further assistance.

Sincerely,

Ann Richardson Berkey

**NCVHS Executive Subcommittee Hearing on "Meaningful Use" of Health Information Technology Written Testimony Submitted by McKesson Corporation April 30, 2009**

As the largest healthcare information technology (IT) company in the world, McKesson is actively engaged in the transformation of healthcare from a system burdened by paper to one empowered by interoperable electronic solutions that improve patient safety, reduce the cost and variability of care and improve healthcare efficiency. We are pleased to be a technology partner to a broad base of hospitals, physicians and other providers, many of which are actively implementing a range of health IT systems, including electronic health records (EHRs). The experience of providers offers valuable insights for policymakers who are charged with defining "meaningful use". Over the last few weeks McKesson has convened a series of forums with hospital and medical group CEOs to gather recommendations on defining "meaningful use". These recommendations are summarized below:

## To make progress, we need clarity

Providers' uncertainty as to the requirements for demonstrating "meaningful use" and the certification standards that will be acceptable has inhibited their willingness to make investments in new technologies and systems. Expedited decisions on the definition of "meaningful use" are needed to avoid bringing EHR implementation efforts to a standstill.

Policymakers should issue interim final regulations by September to define "meaningful use" and publicly state their plan to use already approved Healthcare Information Technology Standards Panel (HITSP) standards and Certification Commission for Healthcare Information Technology (CCHIT) certification criteria as a base for future certification criteria and interoperability standards. These expedited steps will reassure the market, enable vendor compliance and stimulate provider investments.

## Requirements should be achievable, scalable and focused on patient safety

Individual organizations' priorities and available resources vary, and some requirements may be more realistic for larger provider organizations than smaller ones. Furthermore, the timeline for purchasing and installing a certified EHR can vary depending on provider size and the complexity of the institution's existing systems. The reach of initial requirements set forth in regulation should reflect this operational reality to help ensure broad success by all.

Policymakers should establish standards for "meaningful use" that will encourage early adoption of high-reward strategies. Focusing on criteria with demonstrable impact on clinical utility, physician efficiency and patient safety will provide a solid foundation for subsequent investment and deployment of more sophisticated applications.

## Early adoption successes foster provider commitment

Short-term success is critically important to sustaining the commitment necessary to achieve the long-term vision of interoperable exchange of clinical data. To drive this commitment, the initial "meaningful use" threshold should focus on high-value, high-return and high-visibility functions or applications. Hospital emergency departments offer one such opportunity. Our experience suggests that rolling out an EHR in the emergency department can yield a measurable outcome and demonstrate the value of "meaningful use" by saving lives and eliminating unintended duplicative steps by focusing on medications, allergies and lab functions of the EHR.

While complete and interoperable exchange of discrete patient information is the ideal, it is important to acknowledge that even the ability to simply view this information in emergency

departments would go a long way toward improving patient safety. The threshold could be raised over time to explicitly require providers to use EHRs to collect, store, send, receive and view a broader set of patient information in standard formats, including patient demographics, diagnosis, allergies, medications, procedure history and results.

### Build on existing technology standards and certification criteria

Prior to the current economic downturn, many providers struggled to find room in budgets for healthcare IT investment. The need to invest in new healthcare IT systems competes with other necessary and often critical capital investments, such as updating aging physical plants. This challenge is further complicated by fears that currently certified technologies may not qualify under the forthcoming certification criteria. We urge policymakers to provide assurances *by summer 2009* that certification criteria will build on existing standards, and that once certified, these technologies will continue to be recognized for the purpose of EHR incentive payments.

### Government agencies should enhance their own capability and align conflicting requirements

In some cases, federal and state government agencies must revise their rules and internal processes as appropriate to enable greater use of healthcare IT and facilitate more information exchange. These revisions are critical to achieve the long-term vision and full potential of an interoperable healthcare system. An achievable definition for "meaningful use" should take into account these practical realities. We encourage NCVHS to work with other agencies, including the Drug Enforcement Agency, state and local public health departments, and federal and state-funded community health centers, to foster coordination of rules and internal processes.

### Privacy requirements must balance patient confidentiality with patient safety

Finally, although privacy requirements are not explicitly included in the definition of "meaningful use," we encourage NCVHS to ensure that the definition acknowledges the new responsibilities providers will face as they use electronic records. The definition of "meaningful use" should support their efforts to balance the need to protect patient privacy with the charge to support meaningful information exchange.

The more complex disclosure requirements and expansive privacy restrictions in the Health Information Technology for Economic and Clinical Health Act (HITECH) are likely to increase concerns about legal liability and could slow efforts to implement health information exchange. Policymakers should ensure requirements adequately address privacy concerns without inadvertently hampering the broader safety, quality and efficiency objectives with burdensome security provisions.