**Comments on "Meaningful Use" for HIT Adoption**
**Submitted to the Executive Subcommittee for the**
**National Committee on Vital and Health Statistics (NCVHS)**
**April 30, 2009**

Elsevier is pleased to submit comments on "Meaningful Use" of Health Information Technology (HIT) and commends the NCHVS for holding this forum on this critical topic. Elsevier is one of the world's leading providers of scientific, technical and medical information products and services.

We, at Elsevier, believe a systems-oriented approach must be taken – one that can be replicated large-scale, across every healthcare setting in the nation. This requires hard work and fundamental change within the healthcare system. In order for health information technology to be "meaningful," it must be more than simply automation. It must integrate evidence-based content and clinical support tools that will help enhance the quality of care of patients across the country.

Meaningful use of health information technology via an electronic health record (EHR) must facilitate the coordination of patient care by a diverse interdisciplinary team and across the continuum of care. The EHR must serve patients with both acute and chronic healthcare conditions to serve our society at large. And finally, it must be replicable in widespread, large-scale implementations based on scientific approaches – not "one-offs" or "prolonged implementation" approaches. In other words, the EHR must address and assist to eliminate the fundamental issues that have created our *current reality* of fragmented, costly and inefficient care.

Health information technology that is "meaningful" will require a design based on a systems-thinking framework – and firmly grounded in a professional practice model that:

- provides standardization of practice and guidance based on the latest evidence;
- supports professional processes of diagnosis, assessment, planning, treatment, interventions, evaluation and education;
- demands interdisciplinary integration (all clinicians integrate their practice and documentation) to stop wasteful duplication and fragmentation;
- identifies potential complications the interdisciplinary team should be working together to prevent so that incidents of failure to rescue or never events are eliminated;
- embeds professional scope of practice and accountability into daily documentation;
- focuses on patient values and situations which change the course of care for individualization and improved outcomes;

- enhances critical thinking and clinical reasoning as delineated in evidence-based clinical practice guidelines (CPGs) embedded in the workflow;
- includes common quality data sets to enable standardization of electronic data capture and reporting to support clinical care and quality measurement/trends;
- compliments/integrates computerized physician order entry (CPOE) and documentation as implemented with the whole in mind; and
- facilitates professional exchange using a framework and technology to assure continuity of care and safe patient hand-offs.

The design and integration of best, evidence-based practices must be co-created and validated with clinicians who use it every day in practice. There must be a logical and definitive clinical engagement process – to further define clinical needs and design integration of evidence-based content and advanced clinical decision support at the point of care. This includes *maintaining and delivering updated evidence* to clinicians routinely so it can be readily available at their finger tips to apply in providing quality care.

We must have a technologically robust evidence-based clinical decision support framework that can be utilized in and across multiple HIT vendor software platforms. A common approach allows for "pre-configured" solutions that stop healthcare settings from re-creating the wheel, wasting billions of dollars and further fragmenting healthcare.

Once this fundamental *common clinical professional practice framework* is in place (via "pre-configured" within multiple HIT systems) – deep levels of integration and innovation can further evolve enhancing clinician workflow, thought-flow and decision-making at the point of care. Some examples of this include: all clinicians integrating important competency-related skills within context of the patient care delivery experience, visual examples of insidious clinical cues to prevent omissions of care, and well-designed clinical "views" of the patient's story and care across single and multiple care experiences.

These principles and concepts of "meaningful use" are not merely theoretical in nature. The nation can learn from *best practices;* including a committed and active large healthcare consortium of nearly 300 clinical settings from rural, community and universities who have collectively committed to transform healthcare. These consortium healthcare organizations and their extended clinical settings have co-created an integrated interdisciplinary approach to care that allows them to integrate technical interoperability with practice interoperability by marrying HIT standards to practice standards. This common approach described throughout these comments has allowed organizations to manage the *"practice-technology" polarity* of our day and it is where the greatest lessons on "meaningful use" are emerging. It is the valuing and being attentive to *both* practice **AND** technology that will help to achieve our final goal of meaningful and valuable electronic health records across this nation. Lessons learned are ready today to be applied to health information exchanges as well as academic settings to prepare the healthcare professional workforce of the future.

Elsevier appreciates the opportunity to share our views on this important topic. We look forward to working the members of this committee and other stakeholders in developing solutions that will help improve the quality of healthcare in this country.