Resurrection Health Care®

7435 West Talcott Avenue
Chicago, Illinois 60631
773.774.8000
www.reshealth.org

**Resurrection Health Care**
**Comments on Meaningful Use of Electronic Health Records**
April 30, 2009

Resurrection Health Care (RHC) respectfully submits the following comments on the definition of "meaningful use" of electronic health records (EHRs) to the Executive Subcommittee of the National Committee on Vital and Health Statistics.

1. Resurrection Health Care (RHC) has provided Catholic-sponsored care to those most in need throughout Chicagoland for over 100 years through its network of eight community hospitals, skilled nursing and rehabilitation centers, behavioral health services, immediate care centers, home health, retail pharmacies and physician practices.

2. The total Medicare and Medicaid utilization rate for RHC hospitals is more than 80 percent of all patient bed days, evidence of our role as a vital healthcare "safety net" for the large number of senior citizens, persons with long-term disabilities and the underprivileged who rely on us for care.

3. RHC supports the recommendation of HIMSS and other organizations that the definition of meaningful use should include adopting CCHIT as the certifying body for EHRs.. CCHIT is an effective and reputable certifying body that has been in existence for several years and has demonstrated its long-term commitment to an open and transparent process.

4. As a system of financially challenged community hospitals that operates with significant capital constraints, RHC supports a phased-in approach to implementation of EHRs and the criteria for meaningful use. Properly phasing in will give us, and the many hospital systems like us, the ability to set achievable targets without requiring the rapid acquisition and implementation of extremely costly systems. Transition from legacy systems and portability are major operational challenges that cannot be rushed.

5. Smaller community hospitals, such as the RHC hospitals that serve as the health care safety net for economically challenged communities, are the most in need, but the most at risk of being left behind because of the huge capital needs for implementation of EHR systems. Safety net hospitals do not have the capital to move rapidly to acquire and implement EHR systems.. A phased-in approach that allows us to implement EHR systems with reasonable initial targets would enable us to apply for stimulus incentive funds from the reimbursement program that could then be used to help fund future phases of implementation.



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