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June 26, 2009

Office of the National Coordinator for Health Information Technology
200 Independence Ave, SW
Suite 729D
Washington, DC 20201

ATTN: HIT Policy Committee, Meaningful Use comments

Dear HIT Policy Committee members:

DMAA: The Care Continuum Alliance applauds the efforts of the HIT Policy Committee to develop a draft framework for the definition and adoption of “meaningful use” criteria. DMAA supports the Policy Committee’s “recommendation that the ultimate goal of meaningful use of an Electronic health Record is to enable significant and measurable improvements in population health through a transformed health care delivery system.” We appreciate this opportunity to provide comments on the specific priorities, goals and objectives included in the Committee’s proposed definition.

DMAA: The Care Continuum Alliance represents over 200 organizations providing care to over 160 million Americans through wellness, chronic care management and complex case management. DMAA members include wellness, disease and care management organizations, pharmaceutical manufacturers and benefits managers, health information technology innovators, biotechnology innovators, employers, physicians, nurses and other health care professionals, and researchers and academicians.

DMAA supports the thorough nature and far reaching components and measures included in the draft definition and matrix but wishes to provide general comments on two aspects of the framework. First, DMAA urges the Committee to recognize the ancillary providers of health care services, including nurse case managers, health coaches and others, involved in the coordination of care for chronically ill populations. The Committee’s stated recommendation for significant and measureable improvements cannot be achieved by hospitals and physicians operating in a silo of the current draft meaningful use definition. Chronically ill patients, especially those with multiple co-morbidities, require coordination of numerous providers, multiple medications and diagnostic tests, and may transition among several care settings. We urge the committee to incorporate a health care team approach to providers that ensures the collection of timely and actionable health information for these patients.

Second, DMAA members currently utilize numerous health information technology tools including EHRs and PHRs, remote monitoring and other telehealth technologies, patient registries, and decision support tools. Many of these tools are interoperable and are already providing actionable data exchanges among numerous health care providers. DMAA believes the existence of these tools permits the acceleration of some of the Committee’s proposed

measures. For example, the Committee's proposed 2011 goal includes "reporting health information" but requires only percentage reporting for most measures. DMAA advocates that the Committee consider implementing specific outcomes measures for process and outcomes as early as 2011. Candidate measures for such acceleration include:

Priority: Improve Quality, Safety, Efficiency, and Reduce Health Disparities

2013: manage chronic conditions using patient lists and decision support

2013: use evidence based order set

2015: clinical outcomes measures

Priority: Engage Patients and Families

2013: Upload data from home monitoring devices

2013: provide access to patient-specific educational resources in common primary languages.

2015: Percentage of patients with full access to PHR population in real time with EHR data

DMAA appreciates the Committee's thoughtful deliberation on this issue. We hope these comments will be useful to you and your staff and we stand ready to provide additional resources as necessary.

Sincerely,

A handwritten signature in black ink, appearing to read "Tracey Moorhead". The signature is written in a cursive, flowing style.

Tracey Moorhead
President and CEO