

Congress of the United States
Washington, DC 20515

September 18, 2013

Farzad Mostashari, MD, ScM
National Coordinator, Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Dr. Mostashari:

We write to you in support of advancing patient- and family-centered care planning in Stage 3 of the “meaningful use” Electronic Health Record incentive program. This issue not only affects our constituents, but the American public as a whole. Despite widespread agreement in the principle that individuals should be fully involved in decisions and planning related to their health care, too often this is not the reality. Moreover, while the concept of a care plan is not new, there is little uniformity in what these plans look like, how they are used, and how the patient and patient’s family and caregivers are involved.

Care plans can serve as an important vehicle for identifying and communicating advance directives. Together they provide a process to inject patients’ values, goals, and preferences into medical care and wellness needs, as well as an opportunity for shared decision making and collaborative planning, leading to more person-centered, culturally appropriate, and often, less costly care. While human interaction drives the process of care planning, technology can help make necessary information more readily available and actionable, connect all people who have a role in an individual’s care plan, and provide a shared platform for the ongoing maintenance and management of an individual’s care and wellbeing. Electronic platforms also make it possible to scale plans according to individual needs and various stages of life – supporting, for example, a woman during her childbearing years, helping to manage chronic or debilitating conditions, and ultimately articulating her advance directives toward the end of life. The Meaningful Use program offers an immediate opportunity to advance the technological foundation for care planning, including advance directives.

As the Office of the National Coordinator (ONC) continues the important deliberations on these and other key issues, we encourage you to hold a hearing in the Health Information Technology Policy Committee and the Health Information Technology Standards Committee to examine advanced directives and care planning more broadly. Furthermore, we ask that as ONC promulgates regulations regarding the Stage 3 Meaningful Use criteria, those regulations foster the development and use of standards for a shared care plan including those for structured recording of other data elements, such as patient goals and preferences, related interventions, care team member list, and family caregiver status.

A coalition of over 18 consumer organizations has endorsed the following set of patient-centered principles as a starting place for building the functionality to support care planning into health IT. We call these to your attention as a resource to guide efforts going forward:

1. Care plans should be goal-oriented, dynamic tools (not static documents).
2. Care planning and tools should facilitate decision-making and specify accountability.
3. Care plans should identify and reflect the ability and readiness of an individual (and caregiver) to successfully meet their goals, as well as potential barriers.
4. Tools that facilitate care planning should enable all members of the care team to securely access and contribute information, according to their roles.
5. Every individual would benefit from care planning and tools.

We look forward to working with you and your staff, CMS, and other members of Congress to ensure that our nation's citizens receive not only higher quality care, but personalized care.

Sincerely,



EARL BLUMENAUER
Member of Congress



TOM PETRI
Member of Congress



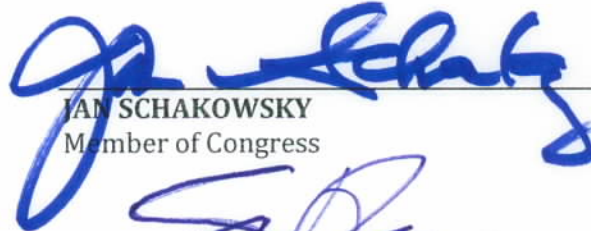
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Member of Congress



RICHARD HANNA
Member of Congress



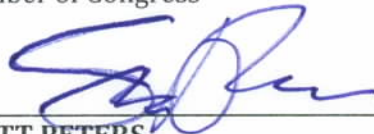
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Member of Congress



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