



## United States Senate

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June 11, 2014

Karen DeSalvo, MD  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Marilyn Tavenner  
Administrator, Centers for Medicare and Medicaid Services  
US Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Dear Dr. DeSalvo and Administrator Tavenner,

We write to you in support of progressing advance care planning in Stage 3 of the “Meaningful Use” Electronic Health Record (EHR) Incentive Program. Advance care planning has widespread agreement among patients, caregivers, and providers alike; documenting patients’ preferences helps to ensure that their wishes will be respected and their voices heard, but most importantly, it improves their quality of life and care.

The Meaningful Use program has been an important driver for standardizing the way we collect, store, and exchange health information nationwide. Advance directives are a critical piece of that information, and we laud the Office of the National Coordinator for Health IT (ONC) and the Centers for Medicare and Medicaid Services (CMS) for setting the recording of the existence of advance directives as a menu criterion for eligible hospitals from the very first stage of the Meaningful Use program. CMS data show that recording advance directive status has been among the most popular menu items of Stage 1 for eligible hospitals, underscoring the value of advancing this objective in subsequent stages.

As regulations regarding the Stage 3 Meaningful Use criteria are promulgated, we believe that this presents you an opportunity to make progress on advance care planning. Given the capabilities of current technology, EHRs can not only record the presence or absence of an advance directive—which the Health Information Technology Policy Committee has already recommended as a core requirement for hospitals in Stage 3—but also the content of an advance directive as well. The specifics of an advance directive constitute the essential patient preference information that is necessary for providers to act according to their patients’ choices. Thus, ONC and CMS should require EHRs to include a link to or instructions for finding the most recent version of a patient’s advance directive.

June 11, 2014

Page 2

Additionally, the advance directive criterion should be expanded to capture this information for all adult patients, not just those ages 65 and older, as the criterion currently stands. While the older population benefits most immediately from improving policies regarding advance directives, as we well know, unexpected end-of-life incidents can happen at any age and without any warning. As increasing numbers of hospitals and practitioners across the country adopt and meaningfully use EHRs, it is critical that the systems they utilize can connect the providers to the wishes of all of their patients.

We encourage ONC and CMS to leverage the capabilities of current technology to make available the content of advance directives to help ensure that providers have the information necessary to respect patient preferences. This can bring better quality of life to patients and their families while also helping to achieve greater healthcare value.

We look forward to working with you as we continue to transform our health care system to one that is truly patient-centered.

Sincerely,



Bill Nelson



Tammy Baldwin



Sheldon Whitehouse



Mark Warner



Elizabeth Warren



Richard Blumenthal