

# United States Senate

WASHINGTON, DC 20510

March 6, 2014

Karen DeSalvo, MD  
National Coordinator for 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, DC 20201

Marilyn Tavenner, Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Room 445–G, Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201

Dear Dr. DeSalvo and Administrator Tavenner:

We write in support of leveraging the “Meaningful Use” Electronic Health Record (EHR) incentive program to reduce health disparities. Health disparities are a pervasive and costly problem. The Joint Center for Political and Economic Studies reports that from 2003 to 2006, the combined cost of health disparities and premature death in the United States was \$1.24 trillion. Through the development of the Stage 3 Meaningful Use criteria, the Office of the National Coordinator for Health Information Technology (ONC) has an opportunity to make an extraordinary difference for the millions of patients, families, and caregivers experiencing health disparities, and to improve the quality, safety, and efficiency of our health care system.

Recently, the Consumer Partnership for eHealth (CPeH), a nationwide coalition of more than 50 consumer, patient, and labor organizations, released a plan to integrate disparities reduction with the other criteria in Stage 3 to improve the identification and understanding of health disparities while improving health outcomes. The Disparities Action Plan was submitted to the Health IT Policy Committee on August 7, 2013. We call these recommendations to your attention and ask that you consider and act on them in upcoming rulemaking efforts.

While the Action Plan suggests a number of important recommendations, we would particularly appreciate your attention to the following recommendations:

- 1) **Improve data collection.** The first step in reducing health disparities is attaining the ability to identify and analyze them, which requires collecting relevant patient demographic data. Currently, Meaningful Use only requires a basic level of race, ethnicity, language and sex data collection based on standards promoted by the Office of Management and Budget. The program should transition to the more granular data collection standards developed by the Department of Health and Human Services—

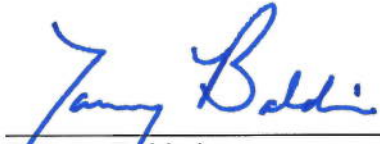
similar to what the Census uses—to help providers better recognize, track, understand, and reduce disparities. Moreover, data collection should be expanded to include disability status as well as sexual orientation and gender identity, as significant health disparities exist for these populations as well. The first step in accomplishing this goal is to require that all certified EHR technology have the functional capacity to collect information on sexual orientation, gender identity, and disability status.

- 2) **Improve data use.** As our health care system shifts away from its current fee-for-service model towards one that is outcomes focused and rewards high-quality, coordinated care, our IT infrastructure must keep pace. Data collection is a critical first step, but that data should also be used to reduce disparities. Health care providers should have the ability in Stage 3 to use EHRs to stratify patient data, thereby empowering providers to identify patterns among their patients. Enabling providers to identify such patterns can alert them to health outcome disparities among their patient populations that they might not have otherwise understood. Additionally, quality reporting in Stage 3 should include disparity variables, with health disparity reduction demonstrated in at least one reporting measure.
- 3) **Improve health literacy and communication.** Health IT should also be leveraged to address underlying causes of health inequity such as health literacy and online access to patient-specific health information. To do so, information and communication platforms must be easily accessible, usable and understandable. The View, Download, Transmit (V/D/T) functionality beginning in Stage 2 of Meaningful Use offers patients and consumers unprecedented access to their own health information. As a next step, we recommend that information such as visit summaries, educational materials and discharge instructions be displayed at a reading level no higher than sixth to eighth grade level, use common terminology rather than medical jargon when possible, and be accessible to those with visual, hearing, cognitive and communication impairments. EHRs must have the functionality to enable providers to improve health literacy and communication in these ways.
- 4) **Improve access.** Smartphones can help bridge the “Digital Divide” and provide access to health information and health care in underserved communities. Many underserved populations rely on smartphones instead of computers. Consequently, Meaningful Use should ensure that patients can access their own health information through mobile platforms. Further, the program should require that EHRs be able to receive data from mobile health applications, which are an increasing source of patient-generated health information.

The reduction of health disparities is one of the stated goals of the Health Information Technology for Economic and Clinical Health (HITECH) Act. We ask that you consider these recommendations as regulations regarding the Stage 3 Meaningful Use criteria are promulgated.

We look forward to working with you and your staff to improve health outcomes and make our health care system more equitable for all people.

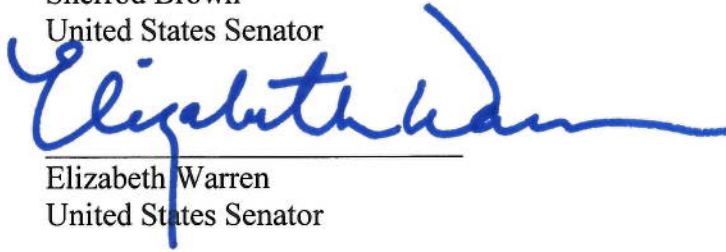
Sincerely,



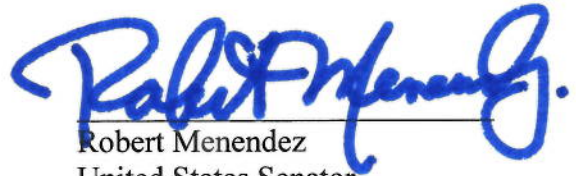
Tammy Baldwin  
United States Senator



Sherrod Brown  
United States Senator



Elizabeth Warren  
United States Senator



Robert Menendez  
United States Senator



Richard Blumenthal  
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