

May 26, 2009

David Blumenthal, M.D., M.P.P.
National Coordinator for Health Information Technology
Office of the National Coordinator
U.S. Department of Health and Human Services
200 Independence Ave, SW
Suite 729-D
Washington, DC 20201

Re: Promoting Children's Health Through Meaningful Use of HIT

Dear Dr. Blumenthal:

The Children's Partnership welcomes your appointment as the National Coordinator for Health Information Technology. We would like to be a resource to you and your staff as you promote better health and health care through the best possible applications of health information technology (HIT). We write today with recommendations regarding implementation of the HIT provisions of the American Recovery and Reinvestment Act (ARRA). Specifically, we offer suggestions in furtherance of Congress' intent to address the unique needs of children.

The Children's Partnership is a 15-year old nonprofit policy and strategy center, with offices in Washington, DC and California, working to improve the health of children and to improve their educational achievement and economic opportunities through effective use of the Internet and other technology tools. A key focus of our research and policy development is the potential for health information technology (HIT), if properly deployed, to support the transformation of our health care system into one that is more patient-centered and that promotes higher quality, coordinated, cost-effective care that is designed to produce better health outcomes for all, including America's 74 million children. Because many prevalent and costly adult-onset conditions have their origins in childhood, the use of HIT to support better preventive and chronic care in childhood can reduce the burden of disease over the life course and "bend the curve" on health care spending. Accomplishing these goals over the long term, however, will require careful attention to promoting the development, adoption, and use of HIT that supports system improvements for children and families.

The ARRA offers a tremendous opportunity to drive such system improvements through meaningful use of HIT. Consistent with the recently released Markle *Connecting for Health* consensus statement, The Children's Partnership agrees that all activities and investments to implement the ARRA's provisions under HITECH and the Medicare and Medicaid incentives for certified electronic health record (EHR) adoption be strongly focused on improving patient outcomes and health status, improving care delivery, and controlling cost growth. Achieving those outcomes, rather than ensuring the adoption and use of any particular technology, is paramount. The most likely path to success will be achieved by embedding those goals in the definition of meaningful use, establishing flexible requirements and metrics for meaningful use that scale up over time, and directing authority and funding for infrastructure development toward those activities that will enable and promote more robust use of HIT over time.

Within that general framework, there is a need for specific attention to children's health. Children have different health needs, are often served by different caregivers and in different care settings, and in some cases require HIT with different functionality than adults. Section 3001(c)(3) of the ARRA requires the National Coordinator

to update the Federal Health IT Strategic Plan to include specific objectives, milestones, and metrics “for ensuring that populations with unique needs, such as children, are appropriately addressed in the technology design, as appropriate, which may include technology that automates enrollment and retention for eligible individuals.” A similar requirement applies to States under Section 1903(t)(6) of the Social Security Act, as created by the ARRA, when they establish the means for Medicaid providers to demonstrate meaningful use of certified EHR technology. ONC’s specific and detailed guidance for addressing the unique needs of children will be essential across the full range of HIT activities and investments under HITECH. To that end, The Children’s Partnership offers the following recommendations.

Recommendations

1. *Clarify Privacy Protections for Children's Health Information.* Uncertainty, real or perceived, regarding privacy protections can be a barrier to adoption and use of HIT for both providers and consumers. Areas of uncertainty in federal and state privacy protections of particular concern to children and families, and providers of services to them, include: standards for information about adolescents' health; standards in situations of complex parental rights or guardianship, such as joint custody or foster care; and standards for sharing information across settings and programs that serve children, such as schools, social services, child welfare services, public health, juvenile justice, and Medicaid and CHIP. ONC can provide leadership in developing federal and state guidance that fosters common understanding and standards for protecting children's health information while supporting the communication that can lead to more effective, better coordinated care.
2. *Promote HIT Adoption and Use Among Providers Who Care for Children.* Evidence suggests that physicians who treat children, particularly pediatricians, are slower to adopt HIT into their office practice than other physicians. Early ARRA implementation efforts should focus on maximizing pediatricians' and other child health professionals' access to HIT resources through ARRA. Such efforts might include specifically tailoring outreach, training, and assistance through the EHR loan fund programs and regional extension centers to professionals who treat children; supporting the development of affordable certified EHR technology that provides functionality of relevance to pediatric practice, such as clinical decision support with norms for pediatric data; counting children enrolled in the Children’s Health Insurance Program (CHIP) toward the patient volume thresholds providers must meet to qualify for Medicaid EHR incentive payments; and ensuring that meaningful use requirements and metrics are scaled up over time in a way that recognizes the capabilities and needs of pediatric practice and takes a state’s HIE design and stage of deployment into account. For example, early demonstrations of meaningful use might include participation in immunization information systems (IISs) even if such participation is not initially accomplished via direct linkage of the provider's certified EHR technology, because such capability does not yet generally exist.
3. *Enable Meaningful Exchange of Child Health Information.* Meaningful use of HIT among professionals who treat children, including but not limited to those eligible for EHR incentives under Medicaid, is dependent on ensuring that HIT standards and infrastructure enable and promote the kinds of information exchange that are most useful and efficient for pediatric practice. Without such standards and infrastructure in place, the benefit to HIT adoption among professionals who treat children is unclear, meaningful use is not realistic, and the improvements in health and health care envisioned under ARRA will not be accomplished for children. To enable and promote meaningful exchange of child health information, ONC should direct activities and investments, including grants awarded to States under Section 3013 of ARRA, to efforts such as the following:
 - a. *Develop Clinical Information Exchange Capabilities of Particular Relevance to Children.* Opportunities for early success exist in the use of information exchange to promote prevention services. For example, priority should be placed on information exchange that improves immunization reporting and management by enabling information exchange with and among IISs;

enables exchange of newborn screening information, beginning with laboratory results; tracks and monitors performance of EPSDT services; and/or provides linkages across these and similar child health information systems to enable the creation of a life-long EHR for every newborn. With these types of exchange capabilities and associated EHR functionality in place, children will be more likely to get recommended preventive care, including screening and appropriate follow-up.

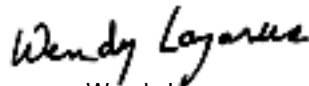
- b. *Enable Exchange of Information Among the Array of Programs and Professionals that Serve Children.* Coordination of care for children requires more than just coordination among medical providers. Information-sharing across settings and programs that serve children—such as schools, social services, child welfare services, public health, juvenile justice, and Medicaid and CHIP—can promote better outcomes, including health outcomes, for children generally and particularly for vulnerable children, such as children in foster care and children with special health care needs. ONC should ensure that federal rules and funding streams promote information-sharing across these settings and programs to promote better outcomes for children, consistent with privacy protections as clarified above. Efforts might include a review of existing requirements in order to assess legal and financial barriers or disincentives to sharing information across programs; funding demonstrations to promote child-centered information exchange across programs; and prioritizing efforts to develop standards and infrastructure to promote appropriate information exchange. In enabling such cross-program information exchange, ONC should consider information exchange that promotes eligible children's enrollment and retention in Medicaid, CHIP, and other public services programs as well as improvements in service delivery.
- c. *Create Incentives for Child-Centered Care.* The transition of our health care system into one that targets its benefit more effectively to the individual child and supports children and families in managing their health can be accelerated through the investment of ARRA funds. ONC should reward the use of consumer-focused HIT by defining meaningful use to include consumer-directed features, both at the individual and population level. For example, meaningful use of HIT can include use that supports parents in meeting their children's needs, as well as children and adolescents in meeting their own needs, by fostering more effective communication with providers. Such communication might include the use of secure tools (e.g., e-mail, text messaging, social networking, and gaming) to promote screening, monitoring, management, and education as well as information exchange with patient-controlled records such as PHRs. Meaningful use might also include use of HIT to build greater understanding of children's health, health needs, service utilization, and effective treatment, such as through sharing of anonymized health information for use in evidence-based analysis or knowledge networks.
- d. *Capitalize on the Unique Importance of Medicaid to Children.* Medicaid serves more than one in four children in the United States, with many more children eligible but not enrolled. Participation of Medicaid programs, plans, and providers in information exchange will therefore be of tremendous importance to children's health, as will States' implementation of the Medicaid EHR incentives. As noted above, meaningful exchange of children's health information should be prioritized, in order to enable meaningful use by Medicaid pediatric practitioners and to ensure adoption of appropriate technologies. While that capacity for meaningful exchange is developing, States should have the flexibility to devise Medicaid EHR incentive programs that recognize the realities of the HIT environment in the State and drive improvements that have the highest potential impact for the underserved populations in the State. Such flexibility is necessary for states to meet their obligations under ARRA to ensure that populations with unique needs, such as children, are appropriately addressed.

4. *Refine Performance Measures to Ensure HIT Adoption and Meaningful Use for Children's Health.* ONC's current performance measures focus on physician adoption of EHRs, including in small practices. Our recommendations are intended to help meet the performance targets by increasing adoption among professionals who care for children. To gauge progress toward that end, and toward meeting Congress' intent to appropriately address populations with unique needs, we recommend that ONC refine the existing performance measures to establish specific measures and targets for adoption of EHRs among professionals—including, but not limited to, physicians—who serve such populations, including children. In addition, we recommend development of performance measures and targets for meaningful use of HIT, including, but not limited to, EHRs in ways that address these populations' needs. We support ONC's plans to move to quarterly reporting of some measures and we recommend these new measures be included in such reports. We also suggest that the annual reports specifically highlight the strategies, resources, and progress toward meeting Congress' intent to address populations with unique needs, such as children, and that this topic be addressed in the upcoming hearings and meetings that ONC plans to hold.

The Children's Partnership believes that HIT is essential to achieving better health outcomes for children, improving care delivery, and controlling cost growth. We will be providing additional findings and recommendations based on research on technology-enabled innovations for improving children's health that we conducted with the Health Technology Center with funding from The California Endowment.

We look forward to working with you and the Administration to maximize the impacts of the ARRA HIT provisions for children and all Americans. Please contact Terri Shaw, Deputy Director, at (510) 967-3165 or tshaw@childrenspartnership.org should you have any questions about these recommendations or the work of The Children's Partnership.

Sincerely,



Wendy Lazarus
Founder & Co-President

cc: Members of the HIT Policy Committee
Members of the HIT Standards Committee