

**Congress of the United States**  
**Washington, DC 20515**

February 21, 2014

Karen DeSalvo, M.D.  
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 to you in support of leveraging the “Meaningful Use” Electronic Health Record (EHR) incentive program to reduce – and ultimately eliminate – 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 costs of health disparities and premature death in the United States were \$1.24 trillion. Through the development of the Stage 3 Meaningful Use criteria, ONC has an immediate opportunity not only to make an extraordinary difference for the millions of patients, families, and caregivers experiencing health disparities, but to improve the quality, safety, and efficiency of America’s health care system as a whole.

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 rulemaking efforts going forward.

While the action plan suggests a number of important recommendations, we would particularly appreciate your attention to the following recommendations that address immediate needs:

1. **Improve data collection.** The first step in reducing health disparities is 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, in order 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 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, it is critical that our IT infrastructure keep pace. While data collection is a critical first step, that data must also be used to reduce disparities. Clinicians should be encouraged to use EHRs to stratify patients' health status by locally relevant disparity variables such as race, ethnicity, language, gender identity, sexual orientation, socio-economic status and disability status. Moreover, these data should be used to report quality measures by at least two disparity variables in order to facilitate improvements in care and health status among these vulnerable populations.
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 effectively, information and communication platforms must be made 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, which is a critical first step. Accordingly, it is essential 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 whenever 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 critical 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 that is essential to providing high quality, equitable care.

The reduction of health disparities is one of the stated goals of the Health Information Technology for Economic and Clinical Health (HITECH) Act. As regulations regarding the Stage 3 Meaningful Use criteria are promulgated, we ask that you incorporate these recommendations to not only give weight to that goal, but to make a positive life-altering impact for the nation's underserved and vulnerable populations.

We look forward to working with you, your staff, and other members of Congress as we continue to transform our health care system into one that ensures improved health outcomes and more equitable care for all people, especially the most vulnerable among us.

Sincerely,



LOIS CAPPS  
Member of Congress



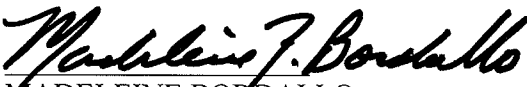
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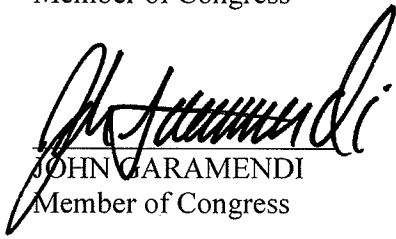
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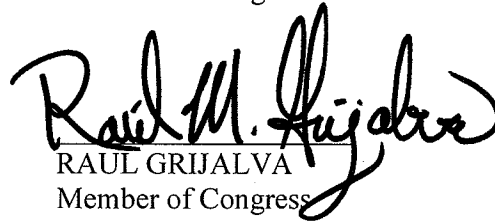
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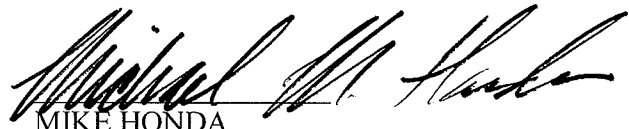
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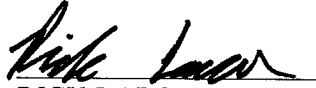
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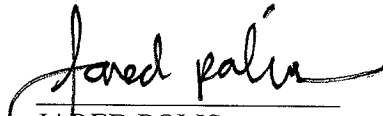
  
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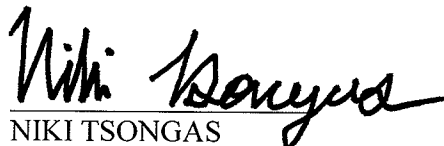
  
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