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Via email: [Michelle.Consolazio@hhs.gov](mailto:Michelle.Consolazio@hhs.gov)

March 3, 2014

Dear Ms. Consolazio and Members of the Health IT Policy Council:

I write to express our grave concern about the proposed changes to the Meaningful Use requirements as we move from Stage 2 into Stage 3. Specifically, I am troubled by the proposal of the Meaningful Use Workgroup to eliminate all substantive public health reporting requirements for health care providers in Stage 3. If approved, this change would set us back years in our work with providers and disrupt our ability to fully realize the promise of population health management made possible by integration of public health and healthcare IT systems.

The Boston Public Health Commission (BPHC) is the health department for the city of Boston, serving over 600,000 diverse city residents. While we are fortunate to be a city that is rich in healthcare providers – we have 13 major hospitals and 24 community health centers in the city – we continue to see significant disparities in health outcomes between White residents and Black and Latino residents. Since the early 2000's, BPHC has focused on narrowing the gap in key health outcomes among Boston residents. By necessity, this effort involves collecting health data on our residents so we have an accurate understanding of where we need to focus our limited public health resources.

We currently operate the Boston Health Information Exchange (HIE) that collects communicable disease reports, patient demographics and key diagnosis codes for Boston residents. The Boston HIE collects chief complaints and diagnosis codes from 9 hospital emergency departments and two health centers in the city; patient demographics from 10 urgent care, emergency and inpatient hospital departments; and laboratory results for 60 of communicable diseases from all hospitals and health

centers in Boston. Laboratory reporting allowed BPHC to effectively investigate and manage several hundred local communicable disease outbreak investigations last year alone.

All along, the federal meaningful use requirements and HIT incentive payments to providers have aided us in our efforts to build greater connectivity between health care providers and our health department. The expectation of providers that they would have to report communicable disease, immunization and population health data to health departments as part of Stage 2 and beyond helped us to convince providers to invest their limited IT resources in building out their public health reporting capacity. Without this powerful incentive, we will lose the limited leverage we have now to convince healthcare providers that robust public health reporting systems accomplish shared objectives. In addition, we have invested scarce resources – over half a million dollars – in building the necessary IT infrastructure to receive this data.

We realize that ONC is under pressure from provider groups to reduce the federal regulatory burden by limiting the criteria for Stage 3 meaningful use. While ease of implementation is an important consideration for ONC and its workgroups, we ask that you not sacrifice the progress we have made in safeguarding the health and safety of the public in order to satisfy these concerns. ONC should also realize that short-term investments in IT infrastructure, while considerable, will yield both reductions in administrative burden for providers and health departments as well as improved population health in the long-term. We respectfully ask you to reconsider your recommendation to eliminate public health reporting from Stage 3. Please do not hesitate to contact me at (617) 534-5395 or at [bferrer@bphc.org](mailto:bferrer@bphc.org) if I can be of assistance.

Sincerely,



Barbara Ferrer, PhD, MPH, MEd

Executive Director

Cc: Members of the Meaningful Use Workgroup  
Members of the Health Information Technology Policy Council