



August 23, 2013

*By electronic mail*

Dr. Farzad Mostashari, M.D.  
Chair, HIT Policy Committee  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
355 E Street, S.W.  
Washington, D.C. 20201

Dr. Paul Tang, M.D.  
Vice Chair, HIT Policy Committee  
Chair, Meaningful Use Workgroup  
Palo Alto Medical Foundation  
795 El Camino Real  
Palo Alto, California 94301

**RE: CONSUMERS REQUEST AN IMPORTANT REVISION TO THE MEANINGFUL USE  
DEEMING OPTION**

Dear Dr. Mostashari and Dr. Tang,

At the HIT Policy Committee's meeting on August 7, 2013, the Meaningful Use Workgroup briefed the Committee on a Deeming Option, whereby high performance on some measures would be deemed to satisfy performance and thresholds on a number of meaningful use criteria. While we appreciate the spirit of this proposal, we have significant concerns about part of it. None of the measures (August 7 presentation, slides 70 and 71) capture directly how well providers and hospitals are engaging patients or providing patients with access to critical health information. Nonetheless, high performance would be deemed to satisfy some of the very patient-facing criteria that consumers have been demanding, namely (slide 72) patient reminders, clinical (or after-visit) summaries, patient educational materials, even the possibility of patient online access to their own health information through the View/Download/Transmit function, and secure messaging with their doctors.

**On behalf of patients and families, we ask that you revise the Deeming Option and not allow high performance on the listed measures to satisfy meaningful use of these five key patient-facing criteria.** For example, we do not believe that high performance on colonoscopy screening or LDL screening should be deemed to satisfy a patient's online access to her health information, or her access to patient educational materials in a language other than English where needed. A doctor might—but just as easily, might not—use any of these patient-facing criteria to

perform well on these measures. High performance on such clinical measures should not be deemed to show high performance on such important patient-facing items as clinical summaries and online access.

Furthermore, current data from the Centers for Medicare & Medicaid Services (CMS) show limited provider uptake of many patient-facing menu objectives. Patient reminders, for example, are the least popular menu objective for Eligible Professionals, and are the second most commonly deferred criterion. Similarly, 90-day performance data is the lowest for the after-visit summary objective in 2011 and 2012, and second lowest in 2013.<sup>1</sup> Patient reminders and clinical summaries are key criteria that meaningfully engage patients and families—we cannot afford to simply deem them satisfied, particularly when they continue to be deferred or underperformed by large numbers of providers.

We thank the HIT Policy Committee for its work in general to engage patients and families in their own health and health care. In that spirit, we hope that you can act quickly to correct this significant issue by removing the five patient-facing criteria from the list of measures deemed to satisfy meaningful use. If you have any questions or suggestions, please feel free to contact Mark Savage at (202) 986-2600 or MSavage@nationalpartnership.org.

Respectfully,

American Association on Health and Disability  
American Hospice Foundation  
Asian & Pacific Islander American Health Forum  
Caregiver Action Network  
Caring From a Distance  
Center for Democracy & Technology  
Center for Medical Consumers  
Childbirth Connection  
Colorado Consumer Health Initiative  
Healthwise  
National Consumers League  
National Health Law Program  
National Partnership for Women & Families  
OWL – The Voice of Midlife & Older Women  
Well Spouse Association  
The Children’s Partnership  
Regina Holliday, Patient Advocate

cc: Marilyn Tavenner, Centers for Medicare & Medicaid Services  
Members, HIT Policy Committee

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<sup>1</sup> Centers for Medicare & Medicaid Services, “Medicare & Medicaid EHR Incentive Programs,” pp. 16, 18, 29, HIT Policy Committee, June 5, 2013 (available at [http://www.healthit.gov/sites/default/files/hitpc\\_june2013nn.pdf](http://www.healthit.gov/sites/default/files/hitpc_june2013nn.pdf)).