



American Academy of Neurology

American Academy of Neurology
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June 1, 2009

David Blumenthal, MD, MPP

Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Blumenthal:

The American Academy of Neurology Professional Association (Academy), the major specialty society for neurology, represents more than 21,000 neurologists and neuroscience professionals dedicated to the promotion of high-quality, patient-centered neurologic care. The Academy supports your efforts and appreciates the opportunity to provide input on the definition of "meaningful use of certified EHR technology."

The Academy's membership includes many neurologists in small practice settings; in fact, a quarter of US neurologists are in solo practice. In a 2008 Academy survey of its members, neurologists in private practice cited cost as the top reason for not using an EHR. The Academy's Practice Management & Technology Subcommittee has been reviewing technology vendors since 2005 in order to educate members about the process for selecting and implementing EHRs and other technologies, and the members are developing a standard neurology exam for EHRs. The Academy also has a strong commitment to developing clinical practice guidelines and quality measures.

The Office of the National Coordinator (ONC) has an important task in deciding how \$17 billion in stimulus money will be provided to the nation's health care providers. This should be a singular opportunity to help physicians adopt technology that can improve the quality and the safety of the care they provide to patients, and not just an occasion for large EHR vendors to make money. Meaningful use of EHR technology should facilitate better patient care and not be an additional burden on providers. The Academy is very much in favor of the appropriate application of technology to promote patient safety and improve the quality of care delivered, but it is concerned that the misapplication of "meaningful use" could actually produce systems that do not support the aforementioned goals.

The ONC should make accommodations for early adopters who have been successfully using an EHR in their practice. The Academy recognizes that physicians, especially those in small or solo practice, may have found less expensive EHR solutions that meet their needs and it would cause an undue burden to force those physicians to have to purchase and implement a different EHR system to replace their current system.

Limiting the “meaningful use” definition to only those products that are CCHIT certified will bias the EHR market toward larger, plurifunctional products produced by only the largest vendors. Some of these products are not user-friendly and these mega corporations are unable to respond to the needs of neurology or to small practices. The Academy proposes, therefore, to allow small, “best of breed” applications be recognized as qualifying for the incentive pay (and eventually, avoiding penalty withholding of payments).

The Academy suggests considering these points. The technology must:

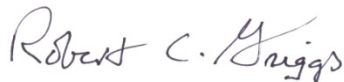
- **Put patient care first by being usable during the visit and engaging the patient:** This means that technology must be used efficiently during office visits such that the greatest amount of time that a physician spends with a patient addresses the patient’s concerns, not documentation of the encounter. Many current EHR systems are so cumbersome that data entry, even by facile users, reduces the time during which a provider can look patients in the eye and address their deepest problems. HIT must be user-friendly, intuitive, and flexible enough that provider and patient can share the process, perhaps using it before, during and after the visit, to facilitate medical explanations, patient-centered teaching, and solidification of the doctor-patient relationship. Present systems that claim to share a patient’s “medical record” with the patient are often based on billing data and other often inaccurate “meta-data” that is not only useless to the patient, it is often misleading.
- **Be inexpensive for physicians and practices:** Most technology solutions currently available may put such a financial strain on small and solo physician practices that financial incentives may not be enough for these practitioners to realistically consider meaningful HIT adoption. The worst possible outcome is that these practices opt out of HIT adoption due to cost, which will hamper national efforts to make patient data available to HIPAA compliant healthcare providers. This threat is real, especially since many physician practices in this country fall into small and solo practice categories.
- **Be interoperable between multiple systems:** David Brailer’s comments suffice to explain our position. “Without interoperability and health information exchange, health information will remain in proprietary silos, in which the health care enterprise hopes to gain comparative advantage by imposing high costs on consumer switchover and by exercising market leverage over small-niche players such as solo physicians and community hospitals.” (Health Affairs, 1/19/2005, w5:19-21)
- **Support provider acquisition of patient information held in a central data warehouse:** During office visits, physicians and other healthcare providers need immediate access to all of the patient’s medical record. Any meaningful users will have to actually use data to ensure better outcomes for their patients. This is only possible if the technology infrastructure for health information exchange is robust and accessible.
- **Auto-document compliance with quality and safety initiatives to demonstrate meaningful use:** As new quality initiatives grow, the burden of documentation is growing exponentially. This burden lies squarely on the shoulders of the physicians, and it negatively impacts a provider’s ability to see more patients and provide better care, and it will reduce physician revenue. The Academy supports HIT that will auto-document compliance with quality and safety initiatives. We believe that this will put the focus on achieving quality improvement rather than simply reporting it.

With this framework in mind, the Academy submits that the definition of a meaningful HIT user is one who uses HIT or an EHR that:

1. Is efficiently used at the point of care to improve patient health and the patient-doctor interaction
2. Is capable of electronically exchanging standardized patient summary data with all appropriate, HIPAA compliant parties involved in the clinical, financial, and administrative aspects of a patient's care through the use of federated identity
3. Is capable of e-prescribing
4. Is capable of documenting patient quality and safety data. There should be no reason to require external validation.
5. Incorporates best practices and clinical guidelines into an order entry system that supports efficient workflows
6. Is interoperable with multiple different systems
7. Is not limited to CCHIT certified products
8. Must lead to demonstrable and measurable efficiencies in healthcare delivery that reduces healthcare costs for all clinical, financial, and administrative parties in the long run without sacrificing quality.

Thank you for your time and attention to the Academy's position on this matter. If you wish to discuss any of these points, please contact Amanda Becker, Academy staff, at 651.695.2718 or abecker@aan.com.

Sincerely,

A handwritten signature in cursive script that reads "Robert C. Griggs".

Robert C. Griggs, MD, FAAN
President, American Academy of Neurology Professional Association