

HIT Policy Committee's Meaningful Use Workgroup, Summary of Hearing on Disparities:
June 4, 2010

The Health Information Technology (HIT) Policy Committee's Meaningful Use Workgroup held a public hearing on Friday, June 4 to hear testimony on issues related to HIT and disparities. The title of the hearing was "Using HIT to Eliminate Disparities: A Focus on Solutions." Highlights of the meeting are as follows:

- All materials (agenda, written testimony, and audio recording) from the meeting may be found at http://healthit.hhs.gov/portal/server.pt?open=512&objID=1472&&PageID=17094&mode=2&in_hi_userid=11673&cached=true.
- The Workgroup heard testimony from three panels of stakeholders on the topics of health literacy and data collection, culture, and access.

Broadly speaking, issues the participants discussed included:

Panel 1: Health Literacy & Data Collection

- "Meaningful access," in terms of awareness of and access to necessary technology and support, health literacy, and the ability to understand and integrate content and use information appropriately, to prevent increased disparities among at-risk groups;
- Integrating users, particularly those in underserved communities, into the HIT-development process, by considering user capabilities, requirements, and characteristics to understand consumer needs;
- Diminishing the possibility of increased disparities by including audio/visual material for those who may lack literacy levels necessary for written material and including information in multiple languages;
- Focusing on simplicity and cost effectiveness;
- Reducing healthcare disparities through HIT's provision of easier access to information on illnesses and diseases that may aid users in making better informed decisions concerning treatment options and healthcare more generally;
- Building trust through peer-to-peer and culturally sensitive outreach efforts;
- Utilizing Electronic Health Records (EHRs) to send relevant data to Personal Health Records (PHRs) and teaching providers and users to adequately use systems;
- Possibility of using untethered PHRs communicating with EHRs to attain more complete records;
- Using HIT to standardize categories for race, ethnicity, and language through "granular ethnicity data" (a term coined by the Institute of Medicine), that may improve

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demographic data collection and the capacity to identify where healthcare disparities occur; and

- Concern about a lack of federal funding for PHR systems.

Panel 2: Culture

- How to provide vulnerable populations with technical and financial support systems, so that HIT can help eliminate disparities;
- Problems with focusing HIT goals and incentives on physicians and hospitals to the exclusion of patients;
- Increasing patient awareness of issues to lead to patient self access;
- How physicians might tailor activities to their patient population, as they will be increasingly responsible for patients being seen;
- The need for a culturally-informed design of standards;
- The possibility of using regional extension centers (RECs) to prevent small, high-volume Medicaid practices from being left behind;
- The possibility of incorporating data for culturally competent care into meaningful use requirements;
- The need to ensure more resources are devoted towards research development and provide resources to evaluate these programs;
- Effectiveness of on-line translator services to make culturally competent care available;
- The need for provider-generated patient instructions to be translated, as well as a need for uniform symbols across cultures, possibly removing all medical abbreviations (the National Library of Medicine and its services were suggested as a tool); and
- Successes in disseminating information via mobile devices to underserved populations.

Panel 3: Access

- The possibility of requiring EHRs to capture nontraditional (culture, language, literacy) and well as traditional (race, ethnicity) measures as Stage 2 and 3 meaningful use requirements;
- How the costs of EHRs can affect disparities and adoption rates, particularly at smaller clinics;
- Using telehealth to decrease disparities in rural communities;
- Importance of interoperability between EHR systems;
- Applications that allow EHRs to work with newer media, smart phones being the most pressing;
- Engaging all patients in their healthcare by allowing access to their EHRs at registration, in the provider's office and at home through computers or smart phones; and
- Importance of gathering nontraditional data on disparities to increasing patient satisfaction.

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The Meaningful Use Workgroup will use the information it gathered during this hearing to develop recommendations for the HIT Policy Committee, both around future meaningful use measures and general HIT policy.

The HIT Policy Committee will hold its next meeting on Friday, June 25, 2010.

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