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RWJF PROVIDES RECOMMENDATIONS FOR USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE AMERICANS' HEALTH AND HEALTH CARE

Robert Wood Johnson Foundation Comments on Meaningful Use Stage 2 Proposed Rule

Princeton, N.J. — The Robert Wood Johnson Foundation (RWJF) has provided formal comments to the Centers for Medicare & Medicaid Services (CMS) on the proposed rule for the Electronic Health Record (EHR) Incentive Program's Stage 2. The program provides incentive payments to health care providers and hospitals as they demonstrate meaningful use—the use of EHR technology to improve the quality of patient care in measurable ways. In the comment letter, RWJF reaffirmed its belief that the meaningful use of health information technology (HIT)—and EHRs, specifically—is a vital tool for improving the health and health care of all Americans.

- **Patient, family, and consumer engagement.** RWJF is encouraged by efforts in the proposed rule regarding patient and consumer engagement. Nevertheless, the Foundation thinks desirable physician behaviors should be required more frequently—and quickly—than the proposed rule calls for. For example, in its comment letter, RWJF suggests that electronic clinical summaries should be provided to patients within 24 hours for more than 50 percent of office visits, and further suggests that hospitals provide downloadable summaries within 36 hours of discharge.
- **Population and public health.** RWJF believes meaningful use of EHRs will provide a vast amount of information with great potential to help the public and health professionals protect and improve health. The Foundation recognizes that population health priorities vary across regions of the country and supports public health agencies and others having flexibility to identify measurement and reporting paradigms that are locally relevant.
- **Quality measurement and reporting.** RWJF believes that the government has the opportunity to leverage the new EHR and Health Information Exchange (HIE) environment to push strongly for better quality measures than currently exist—particularly regarding measures of outcomes that matter to patients and consumers. RWJF suggests that the provisions in the proposed rule still do not include sufficient measures for many relevant domains, including care coordination or patient engagement. RWJF strongly supports the commitment in the proposed rule to align quality measurement across all relevant programs such as meaningful use, the Physician Quality Reporting System, Accountable Care Organization programs, and others.

- **Interoperability and data exchange to support coordinated care.** RWJF believes that meaningful use should help patients, their families, and health care professionals enhance communication and decision-making in ways that dramatically improve care across clinical settings. The Foundation believes the use of health information technology will only be truly meaningful if those who have it can readily and easily exchange information with those who need it when they need it, and says the rules regarding meaningful use should promote the use of electronically extracted health information in ways that improve coordination of complicated care.

In its formal comment letter, RWJF offers several specific recommendations in support of these four focus areas. The Foundation also cites its efforts in programs like [Aligning Forces for Quality](#) where communities are using HIT to demonstrably improve quality through measurement and reporting, and [Project HealthDesign](#) and [OpenNotes](#), which are on the front lines of patient engagement in their clinical information. RWJF suggests that the proposed rule should eventually help promote liberation of patient data for apps and other personal health tools as a platform for informed conversations between patients and health professionals.