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Office of the National Coordinator for Health Information Technology
200 Independence Ave, SW
Suite 729D
Washington, DC 20201
Attention: HIT Policy Committee Meaningful Use Comments

Dear Dr. Blumenthal:

The Association for Professionals in Infection Control and Epidemiology (APIC), an international association comprised of 12,000 infection preventionists, wishes to thank you for the opportunity to provide input on the preliminary definition of “Meaningful Use.” However, we are also concerned that the very limited comment period provided will significantly limit the quantity and quality of the responses to this very important definition.

Our members are critical to efforts to provide data for internal facility quality improvement efforts, as well as public health efforts. As the Health IT Committee considers “meaningful use” related to infection prevention and control, it is important to note administrative data may allow facilities to compare hospital-associated infection (HAI) rates internally from year to year and be considered “meaningful” internally, but does not provide for accurate inter-facility comparisons of HAI rates. We would recommend administrative data not be used as the sole source of any HAI reporting of meaningful data.

In addition, if health IT is to reform public health efforts, we strongly advise the Committee to consult with the Centers for Disease Control and Prevention (CDC) on information technology and interoperability related to reporting healthcare-associated infections (HAIs) or any additional infection prevention process measures which are often used as quality indicators and are considered meaningful data in healthcare facilities. Data definition in sync with the CDC’s National Healthcare Safety Network (NHSN) is a critical component of health IT for collection and analysis of the data.

We believe there is a need to address the importance of utilizing existing meaningful definitions for hospital-associated infections and process measures. Given the attention to infection prevention and quality measures in this field, it is important to include these measures to assure that fields generated in the patient record are created to capture key components of these definitions which can then be data mined for surveillance and public reporting purposes.

APIC notes that in the existing meaningful use matrix there appears to be a gap in regulatory reporting to Departments of Health. Currently the 2011 objectives to improve population and public health address lab reporting and syndromic surveillance but lack the other important required Department of Health metric “Reportable Conditions.”



We also believe the measures and objectives should be adjusted for the various differences in United States healthcare facilities and account for the complexity and resources needed to implement a complete electronic health record. Few facilities currently have full electronic record systems, and those who have developed robust systems have taken years to modify designs which improve patient safety and quality. Smaller hospitals (critical access facilities) may also need to be supported in this effort due to the amount of resources needed to develop such a system.

Finally, with the exception of childhood immunizations, there appears to be a lack of objectives that specifically address the pediatric population and its related conditions.

We again thank you for the opportunity to briefly comment on the definition and are available for further consultation as needed. We have attached our position paper on surveillance technology as a further resource for you on our support for highly meaningful data systems.

Sincerely,

A handwritten signature in black ink that reads "Kathy L. Warye". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kathy L. Warye
Chief Executive Officer