

Dear Drs. Mostashari and Tang:

The Centers for Disease Control and Prevention (CDC) is proud to partner with the Centers for Medicare and Medicaid Services and the Office of the National Coordinator in support of the Electronic Health Record (EHR) Incentive Program. The Health Information Technology Policy Committee (HITPC) has worked hard to establish high-value population and public health objectives for the program.

CDC supports the general direction proposed by HITPC's Meaningful Use Workgroup at your August 1 meeting. It builds on Stage 1 and 2's advances in data capture and sharing, as well as clinical process improvement, to pursue real improvements in health outcomes. The agency suggests prioritizing two areas where information-driven health care improvements can reduce preventable death and disability in the U.S.: reducing preventable chronic disease deaths and improving immunization protection.

Cardiovascular Prevention: Using Meaningful Use to Improve Blood Pressure Control and Reduce Tobacco Use

Cardiovascular disease is the leading cause of premature death, and racial and ethnic disparity in premature death. It also leads health care spending. In September 2011, the Department of Health and Human Services launched the Million Hearts initiative to prevent one million heart attacks and strokes in the next five years through improved community and clinical prevention. For Stage 3, CDC recommends a focus on blood pressure control and tobacco cessation, two areas where effectiveness is clear and clinical performance lacking. These two clinical preventive services yield among the highest reductions in mortality per unit of utilization. For example, every 10 percent increase in blood pressure control could prevent an additional 14,000 deaths per year in those aged <80 years.¹ During 2005–2008, approximately 31 percent of U.S. adults (68 million people) had hypertension, but only 46 percent had their blood pressure controlled.² A significant proportion of patients with uncontrolled hypertension (more than 60 percent in Kaiser Southern California's experience)³ do not regularly see their primary care provider. Because of this, all health care providers who provide direct patient care have a role to play in improving high blood pressure control and cardiovascular health in the United States. Systematic, information-driven quality improvement can yield great impact. The highest performing health systems have achieved blood pressure control rates of over 85 percent.

CDC specifically recommends the following objectives for appropriate eligible professionals:

- Use EHR technology features (such as structured recording of vital signs and registry capabilities) to identify patients meeting criteria for hypertension who are not yet diagnosed and managed

for the disorder. In some studies, up to 30 percent of patients with hypertension remain undiagnosed.

- Use EHR technology features (registries, clinical decision support, patient reminders) to achieve improvements in hypertension control across their practice.
- Report the adequacy of blood pressure control in their practice populations using NQF measure 0018. In Stage 1 and the NPRM for Stage 2 this is a menu (optional) “core” clinical quality measure. Because of its importance to the Million Hearts focus, it should be made mandatory in Stage 3.
- Eligible professionals and hospitals should use EHR technology to refer tobacco users to public health sponsored tobacco quit-line services. This objective could potentially be supported using the recommended new objective establishing the capacity to exchange referral documents (recommendation SGRP3-03). Because of the importance of tobacco cessation to the Million Hearts campaign, an objective should specifically include quit-line referrals.

Reducing tobacco use is critical to achieving the Million Hearts goal, and **CDC opposes retiring the objective that eligible professionals and hospitals record patient smoking status in the EHR**. Eligible professionals and hospitals need to record and respond to tobacco use in patients, whether or not they have elected to report on the smoking-cessation clinical quality measure. CDC understands the need to revise the associated specification to make this EHR data harmonious with that used in tobacco-related clinical quality measures and clinical decision support, and so it better reflects non-cigarette tobacco use and tobacco use by minors.

Immunization

Immunization is one of the best validated and cost-effective public health interventions. Over the past 15–20 years, investments in immunization information systems (i.e., immunization registries) have enabled health care providers to report and obtain information about their patients’ immunization status. Stages 1 and 2 of the meaningful use program establish conditions enabling EHRs to automatically report immunizations to these registries. In Stage 3 it is time to “close the loop” by requiring that EHRs be able to automatically retrieve information from immunization registries. This will allow eligible professionals and hospitals to obtain needed information to provide and improve vaccination rates for their patients without having to manually log into immunization registries. The agency strongly concurs with the Meaningful Use Workgroup recommendations SGRP4-1a and 1b, establishing the capacity to receive a patient’s immunization history and access patient-appropriate recommendations for additional immunization. Both capabilities will help clinicians improve immunization protection for both individual patients and their communities.

CDC may submit additional comment on Stage 3 objectives. Reducing the highly preventable burden of heart disease and further protecting the population from vaccine-preventable illness are top priorities and represent capstone opportunities based on advances made in Stages 1 and 2.

Thank you again for the opportunity to address the Stage 3 objectives and for your work to leverage meaningful use for prevention, population health, and public health.

Sincerely,

Thomas R. Frieden, M.D., M.P.H.

Director, CDC

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1. Farley TA, Dalal MA, Mostashari F, Frieden TR. Deaths preventable in the US by improvements in use of clinical preventive services. *Am J Prev Med* 2010;38:600–9.
 2. CDC. Vital signs: prevalence, treatment, and control of hypertension—United States, 1999–2002 and 2005–2008. *MMWR* 2011;60:103–8.
 3. Personal communication with Kaiser Southern California.