Five years after the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act, health information technology is beginning to improve the health care experiences of patients and families.

**Consumer Wins in 5 Years of HITECH**

*Health IT is no longer an abstract, futuristic notion, but is now an integral part of health care delivery and payment reform.*

- Many of the best ideas to change our health care system from the current fee-for-service model to one that rewards outcomes and quality care hinge on the availability and seamless exchange of electronic health information.

- The arc of electronic health record (EHR) adoption exceeds what anyone imagined five years ago and has jumped well past the tipping point.
  - As of December 2013, 94% of eligible hospitals had registered for the Meaningful Use incentive program, with 88% having attested and received incentive payments.
  - As of December 2013, 436,295 eligible professionals had registered for the Meaningful Use incentive program, representing 83% of all eligible professionals. 335,646 eligible professionals had attested and received incentive payments, representing 64% of all eligible professionals.

- Health IT and programs such as Meaningful Use are being folded into overall health care reform efforts such as the SGR fix and are foundational to innovative delivery and payment models such as ACOs, PCMHs, and bundled payments.
Thanks to the consumer-benefiting criteria in the Meaningful Use program (such as the ability to securely email doctors, or view, download or transmit health information), health IT improves patients’ and families’ health and health care, just as technology has revolutionized so many other aspects of our lives.

- Before the HITECH Act, a patient had a right to receive a copy of her or his health records within 30-90 days under the HIPAA Privacy Rule. Now, thanks to Meaningful Use, a patient has the ability to view online, download and transmit her or his records within 36 hours after a hospital discharge, or within 4 business days after a doctor receives the health data. Patients get after-visit summaries within one business day, if not immediately after their visit. And health information is even available at the click of a button with Blue Button. This easy, online access to our own health information is a game-changer for patient engagement.

- Meaningful Use is building the foundation for health and care planning that embraces patients and families as key members of the care team. Stages 2 and 3 begin to collect the patient’s care goals and preferences and the names of personal caregivers, and the patient is able to contribute information about themselves and their health status privately and securely.

- Thanks to Meaningful Use, more providers are able to maintain standardized up-to-date electronic lists of the health conditions, diagnoses, medications, and medication allergies of patients, allowing them to automatically check for drug-drug interactions and drug-allergy problems. Also, more providers are now able to send prescriptions electronically to a patient’s pharmacy of choice, thereby reducing patients’ wait times and eliminating handwriting errors.

**Consumers are at the policy decision-making tables more than ever before.**

- Under the HITECH Act, patients and consumers have had designated seats in ONC’s stakeholder committees and workgroups to formulate policy recommendations to the National Coordinator, including three spots on the HIT Policy Committee.

- There is unprecedented emphasis on consumer engagement in health IT policymaking and implementation, evidenced by the Office of Consumer eHealth at ONC, annual summits on consumer health and engagement, and a very robust section of the HealthIT.gov website devoted to patients and families.

**Meaningful Use is acting as a springboard for innovation in health care.**

- Meaningful Use regulations and complementary technical standards rules are essential to enabling health information to be more uniformly
collected and shared, and have already catalyzed innovation for providers, patients and families.

- ONC has funded several advanced research projects that leverage the standards of EHRs. An example is the SMART platform, whereby individual patients, physicians, small software vendors and others can design innovative health IT applications at a lower cost, using an approach that is similar to developing an iPad app today.

  - For example, Meducation, an app created by Polyglot Systems, was the winner of the SMART Apps for Health challenge in 2011. SMART Meducation translates medication instructions so that they are understandable for patients with lower health literacy, for whom English may not be the primary language, and those who are visually-impaired.

- ONC’s technology competitions have also led to the creation of iBlueButton, which won ONC’s Blue Button Mash-up Challenge in 2012. This app combines Blue Button data downloaded from a hospital, health plan, or doctor’s EHR and makes the data securely available on patients’ mobile devices in an easy-to-read, easy-to-use format.

### Moving Forward

- We need to ensure that every provider in the country has health IT that is capable of safely and securely measuring the quality of care, coordinating with other providers, and giving patients and family caregivers the information they need to be active partners in care and in health.

- We should capitalize on the remarkable progress we have made already and expand the Meaningful Use program, both by advancing its requirements and technical standards and by extending the program to other, non-eligible providers, such as long-term care, behavioral care, and home-based care to ensure that information is exchanged and care is coordinated across settings of care.

- While Meaningful Use has taken major steps forward to help identify health disparities by establishing core data collection requirements for all certified EHR technology, we must also expand our current data collection capacity, stratify health data by those disparities variables, and use that data to actively reduce – and ultimately eliminate – health disparities.

- Today, 58 million people ages five and older speak a language other than English at home. Health information, such as patient education materials, needs to be available in the patients’ chosen languages.
information, such as patient education materials, needs to be available in the patients’ chosen languages.

- We should leverage technology to provide consumers with the next generation of electronic, dynamic health and care planning tools to support their efforts to set and achieve personal health and wellness goals, track progress, and adapt to changing circumstances.

Editorial Note — The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at www.NationalPartnership.org.

Editorial Note — The Consumer Partnership for eHealth (CPeH) is a coalition of more than 50 consumer, patient, and labor organizations working at the national, state, and local levels to advance private and secure health information technology in ways that measurably improve the lives of individuals and their families. The combined membership of CPeH represents more than 127 million Americans.

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