



June 26, 2009

David Blumenthal, MD, MPH  
Director  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
200 Independence Ave, SW, Suite 729D  
Washington, DC 20201

**VIA: MeaningfulUse@hhs.gov**

**RE: Meaningful Use Comments**

Dear Dr. Blumenthal and Members of the HIT Policy Committee:

The National Changing Diabetes® Program (NCDP) commends you on your work to define "meaningful use" for purposes of electronic health record (EHR) systems and the new Medicare and Medicaid payment incentives. Given the enormous human and economic cost of diabetes – much of it preventable – in order to truly transform health care we must purposefully target diabetes with this effort.

To help change diabetes, patients, their families, clinicians, patient educators, and other care givers need information to support prevention, detection, treatment, and self-care. We, therefore, greatly appreciate your vision for meaningful use of EHRs, particularly the inclusion of:

- Diabetes-specific data elements.
- Data and functionality to directly promote and facilitate team-based care management, clinical communication, and tracking of referrals, orders, and lab test results.
- Capabilities to support patient decision making, patient education, and self-care management.
- Quality and patient safety measures, public health measures, and public health surveillance capabilities.
- Clinical decision support for diabetes and other high priority conditions, with specific linkages to systems in the primary care environment

As you finalize the year 2011 goals for the meaningful use of EHRs, both pre-diabetes as well as diabetes must be included within the use cases needed for certification. The data set should also include screening test results, including hemoglobin A1C assay results. This initial step of capturing diabetes specific information will help lead to an integrated, patient centered decision support system and improved patient outcomes by 2013.

Changing diabetes prevention, detection, treatment and care management must remain a top priority area. Diabetes prevalence is increasing at an alarming rate, and unlike several other chronic diseases, Type 2 diabetes is often preventable. Improved diabetes treatment and self-care can dramatically reduce the risks of complications for those already with the disease.

Health IT systems that improve quality, safety, efficiency, access and coordination of care will be a critical component in reforming and improving care for patients with diabetes and pre-diabetes. We encourage you to prioritize the increasing prevalence, economic costs, and death rate of diabetes by creating a clear roadmap and timeline that will enable the desired outcomes.

#### **About the National Changing Diabetes Program**

Since 2005, NCDP – a program of Novo Nordisk, Inc. – has served as a catalyst, convener and aligner, promoting collaboration among all parties in the health care system to elevate diabetes on national health agendas and improve the lives of people with diabetes.

NCDP consists of six member associations, who are engaged in many NCDP projects: American Diabetes Association, American Association of Diabetes Educators, American Association of Clinical Endocrinologists, American Optometric Association, American College of Physicians, and American Academy of Family Physicians. Two of our member associations have chosen to endorse this letter.

Our projects include the National Diabetes Barometer, a research initiative designed to evaluate the current state of diabetes in the United States in three critical areas: societal, economic and clinical. In addition, we recently commissioned a study on how disease-based modeling for diabetes can inform projections of federal health spending.

Thank you for the opportunity to comment on the draft description of meaningful use.

Sincerely,

A handwritten signature in cursive script that reads "D Haza". The signature is written in black ink and is positioned above the typed name and title.

Dana Haza  
Senior Director  
National Changing Diabetes Program



Jeffrey R. Garber, MD, FACP, FACE  
President  
American Association of Clinical Endocrinologists



Lana Vukovljak  
Chief Executive Officer  
American Association of Diabetes Educators