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*National Advocates for  
Asian American,  
Native Hawaiian &  
Pacific Islander Health*

Dear Mr. Seidman:

The Asian & Pacific Islander American Health Forum (APIAHF) and the Association of Asian Pacific Community Health Organizations (AAPCHO) appreciate the opportunity to provide comments on the Office of the National Coordinator for Health Information Technology (ONCHIT) Policy Committee's proposed Stage 2 (and Stage 3) meaningful use requirements for electronic health record (EHR) incentives under the Health Information Technology for Economic and Clinical Health (HITECH) Act.

APIAHF is a national organization that strives to influence policy, mobilize communities and strengthen programs and organizations to improve the health and well-being of Asian Americans, Native Hawaiians and Pacific Islanders (AAs and NHPs). APIAHF was pleased to submit testimony to the ONCHIT Policy Committee in June 2010 and incorporates that testimony by reference here:

<http://www.apiahf.org/resources/rdb/testimony-meaningful-use>.

AAPCHO is a national not-for-profit association of 27 community-based organizations dedicated to promoting advocacy, collaboration and leadership that improves the health status and access of medically underserved AA and NHOPIs in the U.S. territories and freely associated states. AAPCHO advocates for policies and programs that improve the provision of health care services that are community-driven, financially affordable, linguistically accessible and culturally appropriate.

Many of our comments below address the issue of language access. Language access is a vital issue for AAs and NHPs; 36% of Asian Americans and 14% of Pacific Islanders are limited English proficient, compared to 9% of the general population.<sup>1</sup> Asian Americans report greater communication difficulties during their health care visits and are "the least likely to feel that their doctor understands their background and values, to have confidence in their doctor, and to be as involved in decision-making as they would like to be."<sup>2</sup> Health information technology (HIT) has the potential to facilitate communication, but also has the potential to exacerbate these barriers if language needs are not addressed.

AAs and NHPs suffer disproportionately high rates of hepatitis B, diabetes and cancer. Limited national data exists for these communities for various health

<sup>1</sup> U.S. Census Bureau, American Community Survey, 2009 One Year Estimate.

<sup>2</sup> K. Collins, D. Hughes, M. Doty, B. Ives, J. Edwards, K. Tenney, Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans (2002) available at [http://www.commonwealthfund.org/usr\\_doc/collins\\_diversecommun\\_523.pdf](http://www.commonwealthfund.org/usr_doc/collins_diversecommun_523.pdf).

<sup>3</sup> Institute of Medicine, Race, Ethnicity and Language Data: Standardization for Health Care Quality Improvement (2009), available at <http://www.iom.edu/Reports/2009/RaceEthnicityData.aspx>.

<sup>4</sup> DOJ Guidance, 67 Fed Reg at 41464, available at <http://www.justice.gov/crt/about/cor/lep/DOJFinLEPFRJun182002.pdf>.

conditions because quality measures have not been defined and implemented, and data recommendations contained in these comments have not been collected. If implemented concurrently with data collection on race, ethnicity and language preference, as outlined below, HIT has the potential to greatly improve our understanding of health disparities and increase the effectiveness and efficient delivery of health services in AA and NHPI communities.

## **Improve Quality, Safety, Efficiency and Reduce Health Disparities**

### E-prescribing

This Stage 2 objective should explicitly require transmission of primary language data to the pharmacy so that the pharmacy can provide appropriate counseling in the patient's primary language, as well as translated medication instructions.

### Record demographics

This objective is of the highest concern and priority for our communities and many other racial and ethnic minority and underserved communities. We recommend in the strongest terms that this Stage 2 objective require implementation of the Institute of Medicine's recommendations for the standardized collection of race, ethnicity and language data.<sup>3</sup> These demographic data are essential for so many other objectives for meaningful use for our communities and to achieve the stated goal of reducing health disparities. As EHRs are refined to comply with Stage 2 requirements, it is vital that certified EHR systems and modules implement the IOM recommendations sooner rather than later.

### Report clinical quality measures

Under this Stage 2 objective, these reported clinical quality measures should be accompanied by the patient's race, ethnicity and language demographic data to permit stratification to identify and address disparities.

### Record existence of advance directives

Similar to consent forms, an advance directive is a quintessential "vital document" that requires culturally appropriate translation in order to be meaningfully executed by a patient. One of the potential functionalities of an EHR is the ability to store and readily retrieve translated versions of key documents such as advance directives. This Stage 2 objective should explicitly require advance directives to be translated into threshold languages (see Department of Justice guidance defining threshold languages as the primary language spoken by the lesser of five percent or 1,000 persons "eligible to be served or likely to be affected or encountered").<sup>4</sup>

### Generate patient lists for specific conditions

This Stage 2 objective should require that these patient lists include the race, ethnicity and language of patients to both identify potential disparities and allow for tailored communications and interventions for the relevant patients. For example, any communications with patients must be in their primary language in order to be effective. Moreover, an EHR system could produce culturally tailored patient education and self-management information.

### Send patient reminders

This Stage 2 objective must explicitly require that patient reminders be sent in the primary language of the patient. Moreover, reminders should be written at a literacy

level accessible to patients with low health literacy, and should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

In addition, we recommend the following Stage 2 objective: “Use stratified race, ethnicity, language and other demographic data to identify disparities.”

The measure for this objective should be: “Implementation of a quality improvement action plan to reduce an identified disparity in quality outcomes.”

## **Engage Patient and Families**

### Provide electronic copy of health information, upon request

This Stage 2 objective should explicitly ensure language access to health information, either through translations of the health information or interpreter services. The health information intended for patients (medication instructions, treatment and care plans, discharge instructions, patient education materials, etc.) must be in the primary language of the patient and should be written at a literacy level accessible to patients with low health literacy. Moreover, the electronic health information should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

### Provide electronic copy of discharge instructions at discharge

This Stage 2 objective should explicitly ensure language access to electronic discharge instructions, either through translations of the discharge instructions or interpreter services. The discharge instructions must be in the primary language of the patient and should be written at a literacy level accessible to patients with low health literacy. Moreover, the electronic discharge instructions should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

### EHR-enabled patient-specific educational resources

This Stage 2 objective should explicitly ensure language access to patient-specific educational resources, either through translations of the educational resources or interpreter services. The patient-specific educational resources must be in the primary language of the patient and should be written at a literacy level accessible to patients with low health literacy. Moreover, the electronic patient-specific educational resources should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

### Web-based portal for patients

This Stage 2 objective should explicitly ensure language access through the web-based portal for patients, either through translations of the patient portal or interpreter services. The information on the patient portal should be available in the primary language of the patient and should be written at a literacy level accessible to

patients with low health literacy. Moreover, the patient portal should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

#### Provide clinical summaries for each office visit

This Stage 2 objective should explicitly ensure language access to electronic clinical summaries, either through translations of the clinical summaries or interpreter services. The clinical summaries must be in the primary language of the patient and should be written at a literacy level accessible to patients with low health literacy. Moreover, the electronic clinical summaries should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

#### Provide timely electronic access

There should be no delay in providing equal access to electronic health information to patients with limited English proficiency, patients with low health literacy, and patients with disabilities.

#### Online secure messaging

This Stage 2 objective should explicitly ensure language access to online messaging, either through translations or interpreter services. The online messages must be in the primary language of the patient and should be written at a literacy level accessible to patients with low health literacy. Moreover, the online messages should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

#### Patient preferences for communication recorded

This is a critical Stage 2 objective: patients should be offered multiple channels for communication that, at a minimum, include phone calls, electronic mail and text messages. Patients should be able to choose multiple channels (both a phone call and a text message) and different channels for different purposes (send me an electronic mail reminder about a prescription medication refill but send me a text message to remind me about an office visit appointment with my physician). This objective should be to record and utilize the patient's preferences (and consent) for copies of communication to be sent to family members and/or caregivers. If there are language preferences that are different for family members and caregivers (for example, "send me a text message in Spanish but send a copy electronic mail in English to my adult son"), these should be recorded and utilized.

#### Electronic self-management tools

This Stage 2 objective should explicitly ensure language access to electronic self-management tools, either through translations of the self-management tools or interpreter services. The self-management tools must be in the primary language of the patient and should be written at a literacy level accessible to patients with low health literacy. Moreover, the electronic self-management tools should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited

English proficiency, patients with low health literacy and patients with disabilities.

Capability to exchange data with Personal Health Records (PHRs)

This Stage 2 objective should explicitly include the capability to exchange data in other languages from PHRs.

Capability to report experience of care measures online

This Stage 2 objective should explicitly include the capability to report on an experience of care measure online, in English and other languages. The online data collection tool must be in the primary language of the patient and should be written at a literacy level accessible to patients with low health literacy. Moreover, the online data collection tool should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

Capability to incorporate patient-generated data

This Stage 2 objective should explicitly include the capability to incorporate patient-generated data in other languages.

We recommend an additional Stage 2 objective: “Ensure that all patient-specific information is provided in a linguistically and culturally appropriate manner.”

The measure for this objective should be: “% of patient-specific information which are provided in a linguistically and culturally appropriate manner, based on patient demographic data.”

We also recommend the following additional Stage 2 objective: “Ensure that all patient-specific education resources are provided in a linguistically and culturally appropriate manner.”

The measure for this objective should be: “% of patient-specific education resources which are provided in a linguistically and culturally appropriate manner, based on patient demographic data.”

We also recommend the following additional Stage 2 objective: “Offer secure patient-provider messaging capability in multiple languages to meet patient communication needs.”

The measures for this objective should be: “% of patients offered secure patient-provider messaging capability in multiple languages to meet patient communication needs.”

## **Improve Care Coordination**

Perform medication reconciliation

This Stage 2 objective should explicitly require that the electronic medication reconciliation include a review to ensure that the language access needs of the patient have been met. In other words, the reconciliation should be incomplete if the EHR has not documented the use of language assistance services and the use of translated medication instructions. Without such documentation, there is inadequate

assurance that the patient has understood and agreed with the updated medication list and the medication instructions.

#### Provide summary of care record

This Stage 2 objective should explicitly ensure language access to electronic summary of care records, either through translations of the summary of care records or interpreter services. The summary of care records must be in the primary language of the patient and should be written at a literacy level accessible to patients with low health literacy. Moreover, the electronic summary of care records should be accessible in alternate formats for patients with visual, motor and other disabilities. Without such access, this use of the EHR will not be meaningful for patients with limited English proficiency, patients with low health literacy and patients with disabilities.

We recommend the following additional Stage 2 objective: “Ensure that all electronic prescription fill data includes patient language needs.”

The measures for this objective should be: “% of electronic prescriptions include patient language needs.”

We also recommend the following additional Stage 2 objective: “Ensure that all electronic summary care records are provided in a linguistically and culturally appropriate manner.”

The measures for this objective should be: “% of electronic summary care records which are provided in a linguistically and culturally appropriate manner, based on patient demographic data.”

### **Improve Population and Public Health**

#### Submit syndromic surveillance data

Under this Stage 2 objective, these reported syndromic surveillance data should be accompanied by the patient’s race, ethnicity and language demographic data to permit stratification to identify and address disparities.

#### Patient-generated data submitted to public health agencies

Under this Stage 2 objective, data reported to public health agencies should be accompanied by the patient’s race, ethnicity and language demographic data to permit stratification to identify and address disparities.

We recommend the following additional Stage 2 objective: “Capability to submit data stratified by primary language, race and ethnicity to immunization registries and syndromic surveillance systems, consistent with applicable laws.”

The measure for this objective should be: “% of reports submitted to immunization registries and syndromic surveillance systems stratified by primary language, race and ethnicity.”

## **Ensure Adequate Privacy and Security Protections**

We recommend the following additional Stage 2 objective: “Ensure that communications with consumers and patients regarding the privacy of their health information and, particularly, the choices and decisions they need to make regarding consents, directives and authorizations are done in a manner that is culturally appropriate and meets their linguistic and literacy needs.”

The measure for this objective should be: “% of consents, directives and authorizations which are provided in a linguistically and culturally appropriate manner, based on patient demographic data.”

In conclusion, APIAHF and AAPCHO appreciate the opportunity to submit comments on the ONCHIT Policy Committee’s proposed Stage 2 (and Stage 3) meaningful use requirements for EHRs. Please contact Priscilla Huang, Associate Policy Director for the Asian & Pacific Islander American Health Forum at [phuang@apiahf.org](mailto:phuang@apiahf.org) with any questions or additional information. We welcome future opportunities to work together on behalf of our communities.

Respectfully,

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