

January 14, 2012

Office of the National Coordinator for Health Information Technology (IT) Policy Committee
Department of Health and Human Services (HHS)
Attention: HHS-OS-2012-0007, Reference SGRP 104
Patriots Plaza III
355 E Street SW
Washington, DC 20201

VIA ELECTRONIC SUBMISSION

RE: **Document ID: HHS-OS-2012-0007-0002/ Docket ID: HHS-OS-2012-0007, Reference SGRP 104**
Comments on HIT Policy Committee's Request for Comment Regarding the Stage 3 Definition of Meaningful Use of Electronic Health Records (EHR)

Dear Sir/Madam:

We appreciate the opportunity to comment on the Stage 3 recommendations for the Meaningful Use Criteria for Electronic Health Records (EHRs). In particular, we would like to comment on the question posed at **SGRP 104**, regarding the retirement of certification criteria for the demographic objectives of occupation and industry data.

The undersigned groups advocate for improved job quality, particularly through improved access to paid leave. We strongly support the inclusion of work information, specifically industry and occupation, in EHRs as a part of the certification criteria under the proposed recommendations for Meaningful Use of EHRs.

There are three reasons why the inclusion of patient's industry and occupation information criteria in certified EHRs is crucial. First, this data can help to improve clinical diagnosis, disease management, and injury and illness prevention. Second, it can assist patients and their families in promoting their health and preventing disease. Finally, it can enable public health agencies to track and prevent causes of morbidity and mortality in the United States.

The latter reason for collecting occupation and industry data is of special interest to our groups, given our work in the area of improving job quality, particularly for low-income people. Health economist J. Paul Leigh recently found that the cost of workplace injuries and illnesses to the U.S. economy was \$250 billion in 2007.¹ Moreover, the cost of the more than 1.7 million injuries and illnesses incurred by low-wage workers in 2010 was \$39 billion, according to Leigh.² In order to better understand the reasons for these injuries and illnesses, which come at such high human and economic costs to our society, it is crucial that accurate data are available for analysis by public health officials, researchers, members of the media, and advocates.

Such data can inform public policy decisions about appropriate labor standards that can help to prevent costly occupational injuries. For example, a recent study found that workers with access to paid sick leave were 28 percent less likely to experience workplace injuries.³ More comprehensive data cross-referencing the occupation and industry of workers who incur workplace injuries with data on which industries provide workers with paid sick leave will help government officials, advocates, and public health practitioners to make recommendations about the need for paid sick leave and other crucial labor standards.

Preventing and responding effectively to workplace injuries are two among many potential benefits to public health and social welfare that EHRs can offer in the future. Yet, we believe they are of particular importance in our current economic recovery, which will likely continue for some time. At present, working families are particularly vulnerable to the financial strain that workplace injuries can cause. Furthermore, the economy as a whole, including businesses and the healthcare system, is heavily burdened by high occupational injury rates. Accurate data can be a powerful tool in designing effective solutions to this problem.

With regard to SGRP 104, we strongly urge the HIT policy committee to include the collection of occupational and industry data in EHRs as a part of the certification criteria under the proposed recommendations for Meaningful Use of EHRs.

Thank you for your attention to these comments. We welcome any questions you may have. For more information, please contact Elizabeth Ben-Ishai at the Center for Law and Social Policy (CLASP), by phone (202.906.8028) or email (lbenishai@clasp.org).

Sincerely,

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Center for Law and Social Policy

Direct Care Alliance

Family Values @ Work Consortium

Institute for Women's Policy Research

Massachusetts Paid Leave Coalition

PathWays PA

Public Justice Center

Wider Opportunities for Women

Notes

¹ Leigh, J. "Economic burden of occupational injury and illness in the United States." *Milbank Quarterly* 89.4 (2011): 728-772.

² Leigh, J. "Numbers and Costs of Occupational Injury and Illness in Low-Wage Occupations." Center for Poverty Research and Center for Health Care Policy and Research, University of California Davis, 2012, http://defendingscience.org/sites/default/files/Leigh_Low-wage_Workforce.pdf.

³ Asfaw, A., R. Pana-Cryan, and R. Rosa. "Paid Sick Leave and Nonfatal Occupational Injuries." *American Journal of Public Health*, 102, no. 9 (2012): 59-64.