



M I G R A N T C L I N I C I A N S N E T W O R K

SUBMITTED VIA:

<http://www.regulations.gov/#!submitComment;D=HHS-OS-2012-0007-0001>

January 9, 2013

SUBJECT: Office of the National Coordinator for Health Information Technology (HIT)
Request for Comment--Stage 3 Definition of Meaningful Use in EHRs
Document ID: HHS-OS-2012-0007-0002 // Docket ID: HHS-OS-2012-0007
Reference #: SGRP 104

To Whom It May Concern:

The Migrant Clinicians Network, Inc. (MCN) is writing to express our very strong support for the proposal to retain "Industry" and "Occupation" as demographic information in the final electronic health record (EHR) software certification criteria.

MCN, an international nonprofit organization with more than 10,000 healthcare-professional constituents, is the oldest and largest clinical network serving the mobile underserved. MCN works to improve the health of migrant and seasonal farmworkers and other migrant populations. Since our inception in 1984, MCN has worked to eliminate health disparities among migrants and their family members. In particular, we have focused on occupational health disparities as the work and lifestyle that accompanies this vulnerable population places migrants at higher risk for injuries and other health problems.

Clinical care of the mobile underserved involves constant attention to cost-control and to the difficulties this patient population encounters from lack of public health and preventative care, including in the workplace. Information related to the patient's occupation is important for the recognition and management of injuries, illnesses and exposures. This is particularly relevant to workers in high-risk work environments.¹

It has been demonstrated that clinicians achieve better outcomes in caring for both acute and chronic conditions when they are able to address the impact of the patient's work on their health.^{2, 3} Having access to information related to patients' occupation in the EHR would further assist clinicians in their effort to incorporate relevant work-related issues into the overall management of patient care.

It is critical that we take this opportunity to improve the recognition, management and prevention of work-related illness, injury and death. Our endorsement of these proposed elements is consistent with the views of health professionals and public health experts who have examined this issue,

¹ Liebman, AK and Rowland M. To ask or not ask: The critical role of the primary care provider in screening for occupational injuries and exposures. *J Public Health Manag Pract.* 2009 Mar-Apr;15(2):173-5.

² Seven Principles for Successful Return to Work. Toronto, Ontario, Canada: Institute for Work & Health; 2007. <http://www.iwh.on.ca/seven-principles-for-rtw> [accessed 1/8/2013].

³ Returning to Work After a Heart Attack. London, England: British Heart Foundation; 2005. <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1000355> [accessed 1/8/2013].

"A FORCE FOR HEALTH JUSTICE FOR THE MOBILE POOR"

PO BOX 164285 • AUSTIN, TEXAS 78716 • (512) 327-2017 • (512) 327-0719 FAX • www.migrantclinician.org

including the Institute of Medicine (IOM),⁴ the American Public Health Association,⁵ and the Council of State and Territorial Epidemiologists.⁶ Industry and occupation information have meaningful applications to both clinical practice and population health. With respect to meaningful use criteria, addressing occupation can provide value in the following required areas:

- 1. Improve the quality, safety and efficiency of care and reduce health disparities:** Information about occupation and industry allows clinicians to better diagnose and treat patients with a number of common diseases, such as asthma or musculoskeletal disorders; helps clinicians safely return patients to work following injury and helps clinicians understand specific needs of workers. For the mobile poor, this information is especially important because our patients frequently work for small employers and are often not provided with workplace safety and health services. Decisions about medical risks for heat exposure, for example, must be made by primary care clinicians.
- 2. Engage patients and families in their health care:** Clinicians who engage patients in discussions about work connect with them in a respectful, mutual exchange of information that may include recognition of risks and of preventive measures in addition to the benefits and stressors encountered. Parents should know what their children face in the workplace and have an opportunity to assess the risks.
- 3. Improve care coordination:** From a diagnostic, management and funding perspective, prompt and appropriate diagnosis and referral of health problems caused or exacerbated by work could be facilitated by information collected on occupation.
- 4. Improve public and population health:** Acknowledgement of occupation can help improve public health reporting and surveillance. Understanding disease processes and the epidemiology of work-related illness and injury will be greatly enhanced by having work exposure and injury information available for population based studies using EHRs.

MCN also asks the Office of the National Coordinator for Health Information Technology to consider three important operational areas in order to make the data useful to clinicians caring for patients, increase efficiency of front-line staff collecting the data and minimize potential challenges in using the data for research and public health.

1. The systematically captured occupational data needs to be readily presented to the clinician, not sequestered in a section of the EHR with demographic parameters captured by the front office staff or entered by the patient. To be available readily to the clinician in the EHR, the occupation information needs to be either displayed in summary format on a screen used by clinicians in the data gathering/decision making process, and/or duplicated in the social history section of the medical record, which is where the occupational history is most often located.
2. The collected data must be in a structured format, ideally standardized across all EHRs, but allowing some customization if the standardized structure is not able to capture locally important occupation information. The IOM committee reviewed examples that used the

⁴ Board on Health Science Policy, Institute of Medicine. *Incorporating Occupational Information in Electronic Health Records: Letter Report*. Washington DC: The National Academies Press, 2011. http://www.nap.edu/catalog.php?record_id=13207 [accessed 1/8/2013].

⁵ American Public Health Association. "Incorporating Occupational Information in Electronic Health Records," adopted October 2012. <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1435> [accessed 1/8/2013].

⁶ Council of State and Territorial Epidemiologists. Position Statement 12-OH-01 "Inclusion of Occupation and Industry as core data elements in Electronic Health Records systems and in recommended elements in other minimum data sets," adopted June 2012. <http://www.cste.org/ps2012/12-OH-01FINAL.pdf> [accessed 1/8/2013].

Bureau of Labor Statistics Standard Occupational Classification (SOC) system or the U.S. Census Bureau's occupation codes, which are derived from the SOC, and noted that the SOC system offers a well-accepted means to standardize these data.⁷ The International Standard Classification of Occupations (ISCO), set by the United Nations Statistical Division is another option since EHRs are used outside the United States.

3. A tool to efficiently assist accurate coding is necessary. The newly released and freely-available NIOCCS (NIOSH Industry and Occupational Computerized Coding System) makes the process of selecting the correct codes much more intuitive when used with the SOC system. If the ISCO standard is selected, a tool similar to the NIOCCS should be built into EHRs to make data gathering more efficient and accurate.

Recognized occupational illness and injury is the second costliest health problem in the United States, totaling an estimated \$250 billion per year.⁸ Nearly 60 percent of the U.S. population is employed and these individuals spend almost half their waking hours at work. EHRs offer an important opportunity to better understand and treat work-related injury and illness and can ultimately help facilitate improving preventive services in the workplace and reducing health disparities. Occupation and industry elements in EHRs would provide healthcare providers with critical information to guide treatment, rehabilitation, and prevention of both work-related and non-work-related health conditions. We urge you to include them in the EHR software certification criteria.

Sincerely,



Karen Mountain, MBA, MSN, RN
Chief Executive Officer



Amy K. Liebman, MPA, MA
Director of Occupational and
Environmental Health



Edward Zuroweste, MD
Chief Medical Officer

⁷ Board on Health Science Policy, Institute of Medicine. *Incorporating Occupational Information in Electronic Health Records: Letter Report*. Washington DC: The National Academies Press, 2011.
http://www.nap.edu/catalog.php?record_id=13207 [accessed 1/8/2013].

⁸ Leigh JP. Economic burden of occupational injury and illness in the United States. *Milbank Q.* 2011 Dec;89(4):728-72.