



eHEALTH INITIATIVE

Real Solutions. Better Health.

November 12, 2013

The Honorable Dave Camp
Chairman
Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Sander Levin
Ranking Member
Committee on Ways and Means
1106 Longworth House Office Building
Washington, DC 20515

The Honorable Max Baucus
Chairman
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Orin Hatch
Ranking Member
Committee on Finance
219 Cannon House Office Building
Washington, DC 20510

Dear Representatives Camp and Levin and Senators Baucus and Hatch:

In response to the discussion draft on the Sustainable Growth Rate (SGR) titled, "*SGR Repeal and Medicare Physician Payment Reform*," published October 30, 2013 eHealth Initiative (eHI) is pleased to submit these comments and recommendations for utilizing health information technology to improve information exchange, patient safety, and the quality of care delivered across the healthcare system.

eHI is an independent, non-profit, multi-stakeholder organization. Our mission is to drive improvements in the quality, safety and efficiency of healthcare through information and information technology (IT). eHI advocates for the use of health information technology (Health IT) that is practical, sustainable and addresses stakeholder needs, particularly those of patients. Since 2004, eHI has tracked the progress of organizations and initiatives working in health information exchange across the country. eHI and its membership support exchange efforts through research and educational activities. The comments below were developed through our multi-stakeholder consensus process.

From its inception, eHI has emphasized the importance of health information exchange in achieving the goal of a healthcare system that improves the delivery, management and cost of care, and that supports development of therapies, tools, and services for ongoing improvements in the healthcare of patients and populations. Today's health system redesign initiatives underscore the need to accelerate the availability and use of health information exchange.

SGR Repeal and Annual Updates

eHI requests that the Committees' proposals reflect the need to adjust the new value-based for those professionals for whom any part of the new value-based performance formula doesn't apply (e.g. those providers who get Significant Hardship Exceptions under Meaningful Use or are hospital-based).

Value-Based Performance (VBP) Payment Program - Assessment Categories

Quality Measures

eHI supports your efforts to align quality reporting initiatives of the Physician Quality Reporting System (PQRS), Meaningful Use Program, and the Value-Based Performance Payment program. We believe further alignment of quality reporting programs, including Medicaid Adult measures and Children's Health Insurance Program measures, will continue to prevent duplication of efforts and serve as one component in preventing increased administrative burden. Measure development activities should also leverage, to the greatest extent possible, data captured in the electronic health record (EHR) during the delivery of care, while minimizing the data collection burden for providers. We note that this efficiency can be best achieved when the infrastructure for information exchange and interoperability is further developed and enhanced than the current state. The infrastructure serves as the underpinning for all other functions within and among EHR use and interoperability.

eHI supports the proposed funding for measure development and also for the testing of standards that support the capture and collection of data needed by professionals to allow for successful quality measure reporting, including future measures that will be dependent on patient-entered data. We recommend the enablement and consistent approaches allowing for the development and/or identification, testing, and refinement of Clinical Quality Measure (CQM) electronic specifications to support requirements for measure reporting. We urge the Committees to incorporate not only funding for measure development priorities but for the critical need for measure maintenance over time as well. To maintain measures is extremely costly and we believe it is essential to find the full life cycle of existing and new measures and not include coverage for maintaining measures that must be updated periodically to reflect new codes and treatments.

We strongly recommend that, in conjunction with aligning the quality reporting programs, there must be an understanding of the degree to which measures are in use and how they have been able to improve care and outcomes. The Department of Health and Human Services (HHS) should evaluate areas of need to help inform the potential for adding or removing certain measures from the program that have either topped out or no longer effective and we encourage discriminating measure choices.

Clinical Practice Improvement Activities

eHI supports the need for developing a collaborative process with all stakeholders, particularly providers practicing in rural health areas and designated Health Professional Shortage Areas (HPSA). Care coordination can best be achieved when all healthcare providers regardless of size, specialty, or location – and especially small physician practices (that deliver a majority of care in the U.S.) – are engaged and supported in both local and national efforts to make patient-focused electronic health information available at the point of care. There is value in adopting Health IT in care settings but even greater value when the exchange of electronic health information is implemented across care settings which includes long term and post-acute care and behavioral health. Care transformation will be supported by the deployment and use of Health IT and secure data exchanges with all relevant stakeholders.

EHR Meaningful Use

eHI supports continued efforts to increase adoption, implementation and use of Health IT. We agree with the general approach in the draft to maintain the Meaningful Use program while placing it within the broader context of value-based payment and quality improvement. The Meaningful Use program is one important mechanism that continues to push the industry forward; however, we recommend the consideration of issues outlined below as this program is developed further.

Given the substantial changes that are envisioned within the draft during the 2016-17 period, we trust that both the timing and content of the forthcoming Stage 3 of the program, which is slated for introduction and launch during this same period and which would require large numbers of providers to upgrade their EHRs and to adopt new workflows, will take into account potential needs for adjustment in implementation timing and a greater focus to ensure overall success of both the new Value-Based Performance (VBP) program and Meaningful Use. In this regard, we believe that Stage 3 should be especially focused around interoperability, accurate and efficient quality reporting, and patient engagement, building off of and leveraging the major advance included in Stage 2.

Interoperability as an essential prerequisite

Continued emphasis should be placed upon building the infrastructure and tools to achieve interoperability among Health IT systems and applications. At the same time, beyond technical issues and capabilities, the more challenging aspects of developing interoperable systems are the clinical and business processes surrounding the health information capture, use, and exchange for patient care. These are the components that require multi-stakeholder engagement to determine how best to support the data needs in order to achieve necessary outcomes. We encourage Congress, and by extension the Administration, to place its emphasis on the desired quality of care or other specific outcomes desired and enable industry stakeholders to work together and discover what works best to achieve the stated goals, without a proscriptive approach on how to accomplish the goals.

Since 2004, eHI has fielded a comprehensive survey assessing the state of data exchange in the United States. One key finding from our research is that achieving interoperability with disparate information systems is a major concern; in fact, concerns about interoperability have become more prevalent as data exchange scales up. 151 respondents have had to build multiple interfaces with disparate systems, 68 initiatives reported that they have to connect to 10 or more different technological systems in their geography, and one-fifth of the total have had to construct interfaces with more than 25 different systems. Interoperability with other health IT systems was a challenge for 142 organizations, an increase in recent years. Among organizations responding in both 2011 and 2013, ten more reported this as a challenge in 2013.¹

Leverage the use of standards

eHI recommends support for the use of standards in a manner that advances interoperability. We note, however, that standards use requires considerable planning to ensure adequate testing of systems, education, and training to ensure successful adoption and real interoperability. Standards use will only work if the implementation steps are clear and timelines are adequate. We urge accomplishment of this goal within a public-private framework that enables identification of standards that are modular and highly specified; in order to foster flexibility for the continuous innovation needed to support the current and future demands for data exchange. We believe this approach will best accelerate the exchange of health information.

Prevent additional burden and leverage existing programs and policies

The HHS has several diverse programs in place to facilitate the acceleration of health information exchange and improved interoperability efforts. HIEs continue to enter the market and evolve to meet the needs of providers and patients and increasing regulatory burden on a

¹ eHealth Initiative (eHI), "Results from Survey on Health Data Exchange 2013: The Challenge to Connect," (2013): 2. http://www.ehdc.org/resource-center/publications/view_document/333-survey-results-results-from-survey-on-data-exchange-2013-data-exchange

system that continues to mature would inhibit further development. eHI recommends consideration of approaches that utilizes public/private partnerships that complements and aligns with the federal regulatory processes.

Conclusion

eHI appreciates the opportunity to comment on the discussion draft. Through HHS' continued engagement and outreach with Health IT stakeholders to inform, develop and mature the Meaningful Use program, we anticipate continued improvements with EHR interoperability and exchange of health information, alignment of technology with policy, quality measurement initiatives, continued evaluation of patient engagement, and program flexibility to advance high quality patient care.

We look forward to providing further information in support of your efforts. If you have any questions, please contact me at Jennifer.Covich@ehealthinitiative.org.

Sincerely,



Jennifer Covich Bordenick
Chief Executive Officer
eHealth Initiative