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Honorable Max Baucus
Chairman
U.S. Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Honorable Orrin G. Hatch
Ranking Member
U.S. Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Dear Chairman Baucus and Ranking Member Hatch:

In response to the Senate Committee on Finance hearing titled, "Health Information Technology: Using it to Improve Care," held on July 24, 2013, HIMSS is pleased to submit these recommendations for utilizing health information technology to improve information exchange, patient safety, and the quality of care delivered across the healthcare system.

HIMSS is a global cause-based, not-for-profit organization focused on better health through information technology (IT). Globally HIMSS leads efforts to optimize health engagements and care outcomes using information technology. HIMSS is a part of HIMSS WorldWide, a cause-based, global enterprise producing health IT thought leadership, education, events, market research and media services around the world. Founded in 1961, HIMSS WorldWide encompasses more than 52,000 individuals, of which more than two-thirds work in healthcare provider, governmental and not-for-profit organizations across the globe, plus over 600 corporations and 250 not-for-profit partner organizations, that share this cause. HIMSS WorldWide, headquartered in Chicago, serves the global health IT community with additional offices in the United States, Europe, and Asia.

The ability to exchange health information confidentially and securely across healthcare systems, settings of care, vendors, and distances is a fundamental requirement to transforming America's healthcare delivery system, improving clinical outcomes, and controlling costs. With passage of the [Health Information Technology for Economic and Clinical Health \(HITECH\) Act \(Pub.L. 111-5\)](#) in 2009, Congress established a clear expectation for the nation's healthcare community to adopt and meaningfully use interoperable electronic health records (EHRs), including financial incentives for adopting EHRs and disincentives of reduced Medicare payment rates for not doing so. Additionally, the ability to secure and appropriately exchange data is an essential component of the nation's healthcare transformation strategy.

As a result of the Medicare and Medicaid EHR Incentive Program, authorized by Congress in the HITECH Act, the adoption of EHRs across the nation has surpassed the original goal of 50 percent of eligible professionals (EPs) and 80 percent of eligible hospitals (EHs) using EHR systems by the end of 2013 ([HHS press release May 22, 2013](#)). However, as the nation prepares to enter into Meaningful Use Stage 2 (October 1, 2013 for EHs and January 1, 2014 for EPs), challenges remain with safely and securely exchanging health information to improve the coordination of care delivery. We offer the following recommendations to help achieve transformational healthcare in America.

1. Recommend launching Stage 2 Meaningful Use on-schedule and extending Year 1 of Meaningful Use Stage 2 to achieve optimal results and ensure the effectiveness of Health IT in support of national healthcare transformation.

The speed at which healthcare transformation is occurring requires the healthcare community to ensure the health IT infrastructure, particularly the adoption and implementation of certified health IT products, results in robust and secure information exchange and care coordination that fully supports healthcare transformation. However, current information from our industry-leading HIMSS Analytics® Database indicates that there are very clear challenges surrounding the ability for some eligible hospitals and tethered ambulatory care facilities preparing for Meaningful Use Stage 2. Our data indicates that as many as 68 percent of eligible hospitals and 41 percent of tethered ambulatory facilities¹ have purchased the necessary software to attest to the 2014 Certification requirements, but there are concerns that many may still be waiting for the necessary upgrade to the certified version.

EPs, EHs, and vendors are increasingly citing timeline and certification challenges in preparation for Meaningful Use Stage 2. Therefore, HIMSS is recommending that Stage 2 of the Meaningful Use Program be launched on-schedule, and that Year 1 of the Meaningful Use Stage 2 attestation period extend through April 2015 and June 2015 for EHs and EPs, respectively. This extension would encompass 18 months in which EHs and EPs can attest to quarterly Meaningful Use requirements.

HIMSS will continue to engage our stakeholders, chapters, events, and resources to articulate steps providers, hospitals, and vendors can take to ensure 2014 certified products are installed, tested, and implemented successfully. We pledge to focus our efforts during [National Health Information Technology Week, September 16-20, 2013](#), on the [Value of Health IT](#) and the necessary steps to ensure all stakeholders receive the benefits of health IT.

HIMSS recommends that Stage 2 Meaningful Use launch on-schedule and that Year 1 of the Meaningful Use Stage 2 attestation period be extended through April 2015 for Eligible Hospitals and June 2015 for Eligible Professionals.

2. Our nation critically needs a nationwide strategy for “patient data matching”.

One of the largest unresolved issues in the safe and secure electronic exchange of health information is the need for a nationwide patient data matching strategy to ensure the accurate, timely, and efficient matching of patients with their healthcare data across different systems and settings of care. Patient data mismatches are a significant and growing problem. According to estimates, eight to 14 percent of medical records include erroneous information tied to incorrect patient identification.² The result is increased costs, estimated at hundreds of millions of dollars per year to correct information, and, most importantly, serious risks to patient safety. Mismatches, which already occur at a significant rate within individual institutions and systems, will significantly increase when entities communicate among each other via health information exchange (HIE) – a Meaningful Use Stage 2 requirement – using different systems, different matching algorithms, and different data dictionaries.

¹ Ambulatory facilities affiliated with a hospital and/or health system

² Hillestad, Richard, et. al. "Identity Crisis: An Examination of the Costs and Benefits of a Unique Patient Identifier for the U.S. Health Care System. RAND Corporation Monograph. October 2008, No. 753. Available at http://www.rand.org/pubs/monographs/2008/RAND_MG753.pdf. Accessed on Aug. 26, 2009.

A consistent nationwide strategy for patient data matching does not mean a “unique identifier” or a single, mandated solution. It means a consistent, private sector-government determined set of data standards and a common approach to interpreting the standards. A consistent nationwide patient data matching strategy is essential to patient safety and to enabling robust health data exchange safely and securely. Private sector/government collaboration must be established on a priority basis to examine best practices, the state of technology to support this objective, and determine the optimal consistent approach.

HIMSS recommends Congress make development and adoption of a consistent nationwide patient data matching strategy through government-private sector collaboration a national priority.

3. We must accelerate development and adoption of consistent, robust nationwide data standards and consistent implementation of existing standards.

To achieve data interoperability, a set of system-wide accepted data definitions, transaction standards, technical frameworks, and integration profiles are a basic requirement. Promoting the use of consistent, harmonized data standards by federal health agencies to facilitate more cost-effective private sector compliance with diverse federal program requirements is imperative. First, existing data definition and transmission standards must be implemented consistently nationwide. As needed, new standards and certification criteria must be published on a schedule that allows adequate time for developers to make needed technology changes and build robust interoperability into their products and for providers to implement these new capabilities. Of note, it is essential that new standards are sufficiently tested and matured for widespread adoption and that the needed infrastructure for interoperability exists.

HIMSS recommends that Congress exercise its oversight responsibilities to ensure that needed health IT data definition and transaction standards are implemented consistently and effectively nationwide in support of national healthcare transformation.

4. We must facilitate harmonization of federal and state privacy and security laws and regulations.

Conflicting privacy and security laws are among the most serious barriers to health information exchange. State-level legal barriers to HIE implementation are pronounced and pervasive, from the lack of laws in some states, to conflicting laws, legal standards and regulations in others. There is a lack of national guidelines for the interpretation of these laws and some existing state and federal laws are not well-adapted to HIEs. Each state has its own privacy and security laws that often conflict with other state or federal laws, causing confusion and reluctance to share.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA; [Pub.L. 104-191](#), 110 [Stat.](#) 1936), as well as its amendments in the HITECH Act, set a floor for national privacy laws to protect personal health information (PHI). HIPAA generally permits the use and disclosure of information for treatment, payment and healthcare operations, without the patient’s written consent. However, in some states HIPAA is superseded by state privacy laws that are more stringent. States’ privacy laws have varying levels of stringency, which makes the exchange of information between and among states challenging as the entities must know and comply with federal law, the laws in the receiving and sending states, and interpret how those laws interact.

The lack of laws, legal standards, regulations, and guidance specific to the privacy and security concerns related to HIE are also barriers to HIE adoption and implementation. Data stewardship—the responsibility, guided by principles and practices, to ensure the knowledgeable and appropriate use of

data derived from individuals' personal health information—is inconsistent. For nationwide HIE to work, it is crucial to determine which jurisdiction is responsible for providing protections in the data exchange process, or alternatively, develop rules for exchange based on a set of defined and accepted principles.

In addition, differences in authentication requirements also greatly hinder PHI exchange. There is currently no specific legal requirement for any particular type of authentication information or processes for electronically “signing” EHRs. Additionally, all PHI created, received, maintained or transmitted by an organization is subject to the federal HIPAA Security Rule, which requires covered entities to ensure the confidentiality, integrity and availability of PHI, and identify and protect against threats to security or impermissible uses or disclosures. The HIPAA Security Rule is aimed at regulating individual healthcare organizations and is not specific to HIEs.

The lack of understanding about how all of these laws interact with each other, and to whom they apply and when, creates an enormous question regarding liability. Private and federal rights of actions regarding patient privacy are extensive and can be harsh with respect to damages. A reconciliation of the differing laws and standards across a national scale being very difficult, developing rules for exchange based on a set of defined and accepted principles could lead to more innovation and implementation of HIEs and a decrease in potential liability.

HIMSS recommends Congress support harmonization of federal and state privacy laws and regulations by: (1) being aware of the roadblocks to information exchange created by the current differing laws and regulations; (2) convening hearings on the challenges and possible solutions to mitigate the divergence of federal and state laws and regulations; and (3) directing HHS to promulgate the ONC Privacy and Security Framework to protect personal health information while eliminating barriers to interstate exchange of health information.

5. We must encourage incentives and reduce barriers to providers and patients sharing data.

Barriers to the robust sharing of clinical data include: (1) current reimbursement systems, such as Medicare, do not encourage sharing of data or communications with patients outside individual episodes of care, despite the fact that delivery of optimal quality care demands it; (2) the Meaningful Use requirements and the ONC Standards and Interoperability Framework do not represent necessary and sufficient data and transaction standards to support evolving healthcare environments; and (3) the overall standards development process should be more robust to support the Meaningful Use Program Stages 2 and 3.

Standards development and validation is foundational and must precede EHR development and Meaningful Use. The standards development process relies on contributions from voluntary consensus-based standards development organizations. Enhanced consistent adoption and development of standards must keep up with the Meaningful Use Program. The ONC Standards and Interoperability Framework must support evolving healthcare technology including sharing data and the evolving Meaningful Use Program. Additionally, the standards development process should be more robust to support rapidly advancing Meaningful Use.

Additionally, current healthcare reimbursement systems, including Medicare, do not encourage providers to share clinical data in support of optimal coordination of care, creating consistency, and engaging patients in their own health and healthcare. Current reimbursement systems pay for episodes of care, not coordination of care or patient engagement through EHRs or other electronic means. Until payment reforms, including pay-for-performance and Accountable Care Organizations, are implemented, optimal sharing of data will likely be limited.

HIMSS recommends that Congress reduce barriers to providers and patients sharing data, and direct appropriate modifications to the Medicare reimbursement structure to encourage health information exchange, promote coordination of care, and improving clinical outcomes while helping control healthcare costs.

6. Measuring the Value of Health Information Technology.

On July 16, 2013, HIMSS introduced the [Health IT Value Suite](#) to help policymakers, providers, payers, and other stakeholders evaluate the success of their IT investments. As the health sector strives to improve health and healthcare through the optimal use of IT, measuring the impact and value of IT to patients and caregivers becomes critical. Recognizing the need for a consistent way to understand, evaluate, and communicate the real-world impact of health IT, the Health IT Value Suite offers a comprehensive knowledge repository that classifies, quantifies, and articulates the clinical, financial and business impact of health IT.

HIMSS has collected hundreds of provider case studies, including our own [Davies Award of Excellence](#), demonstrating the value of health IT, creating a “library” of case studies that now serves as the foremost collection of data/evidence of health IT value. Using this evidence, HIMSS has identified ways in which value can be realized, and has grouped them into five categories, called “Health IT Value STEPS™.”

	Health IT Value STEPS™ and Subtypes	Documented Examples
S	Satisfaction: Patient; Provider; Staff; Other	Improved communication with patients; improved patient satisfaction scores; improved internal communication
T	Treatment / Clinical: Safety; Quality of Care; Efficiency	Improved patient safety; reduction in medical errors; reduced readmissions; improved scheduling
E	Electronic information / Data: Evidence Based Medicine; Data Sharing and Reporting	Increased use of evidence-based guidelines; increased population health reporting; improved quality measures reporting
P	Prevention and Patient Education: Prevention; Patient Education	Improved disease surveillance; increased immunizations; longitudinal patient analysis; improved patient compliance
S	Savings: Financial / Business; Efficiency Savings; Operational Savings	Increased volume; reduction in days in accounts receivable; reduced patient wait times; reduced emergency dept. admissions; improved inventory control

As a living library, it will be continually updated with additional data and increased functionality, with major enhancements scheduled over the several few months.

Conclusion

HIMSS is committed to achieving the national vision for healthcare transformation; we encourage all organizations to work together to achieve meaningful use of health IT. On behalf of our 52,000 HIMSS members, we appreciate the opportunity to share our expertise and experience with the Committee as you deliberate the future of health and healthcare in America, and health IT as a transformational force in the

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July 24, 2013, Health Information Technology: Using it to Improve Care, August 15, 2013

betterment of healthcare for all Americans. If you have any questions, please contact Richard M. Hodge,
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Sincerely,



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H. Stephen Lieber, CAE
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cc:

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