

December 12, 2016

The Honorable Robert A. McDonald
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington DC 20420

Dear Secretary McDonald:

On behalf of the Healthcare Information and Management Systems Society ([HIMSS](http://www.himss.org)), we are pleased to provide written comments to in response to the [Request for Information \(RFI\): VistA Standardization, Virtualization, Consolidation, and Security Remediation](#). HIMSS appreciates the opportunity to leverage our members' expertise in the Department of Veterans Affairs (VA) continued push to modernize the healthcare our nation's veterans receive.

HIMSS is a global, cause-based, not-for-profit organization focused on better health through information technology (IT). In North America, HIMSS focuses on health IT thought leadership, education, market research, and media services. Founded in 1961, HIMSS North America encompasses more than 65,000 individuals, of which more than two-thirds work in healthcare provider, governmental, and not-for-profit organizations, plus over 640 corporations and 450 not-for-profit partner organizations, that share this cause.

HIMSS recognizes that the RFI focuses on the Veterans Information Systems and Technology Architecture (VistA) modernization efforts. HIMSS supports and provides education for all stakeholders to achieve interoperability leading to information exchange that improves the quality and cost effectiveness of care delivery. In that spirit, we are offering thoughts on the direction of the VA's modernization project, along with suggestions on private-sector tools and resources that could prove to be highly valuable to the VA's evaluation.

First, we think it useful to [define interoperability](#); per our definition, interoperability describes the extent to which systems and devices can exchange data, and interpret that shared data. For two systems to be interoperable, they must be able to exchange data and subsequently present that data such that it can be understood by a user. To that end, we encourage the VA to reach out to HIMSS to explore all our resources and communities as we can support the VA's modernization efforts.

Any major changes in how the VA delivers healthcare would have profound transformational implications on how, where, and when veterans access services. These changes directly underscore the need for fully interoperable health information systems that work across government-run and private sector health systems.

For example, while many veterans receive care through the VA, a large amount of care takes place outside the system. Specifically, the Veterans Choice Program enables eligible veterans to receive health care in their own communities instead of waiting for, or traveling to, a VA facility. As this evaluation process moves forward, we urge the VA to become interoperable with a broad range of care partners (Military Health System, Indian Health Service, academic and community care facilities, etc.) to ensure that care delivery is seamless, and supports the continuity of care for veterans in all scenarios. Interoperability and health information exchange (HIE) on this scale are

essential to the VA's ability to efficiently improve the delivery and timeliness of care for veterans and their eligible family members.

Broadly speaking, care coordination is intended to engage and foster collaboration between all those who have a role in a patient's diagnosis, treatment, and management. The focus on both coordination and collaboration across multiple care settings and providers is particularly important in the context of patients with chronic conditions.

Health IT is a critical enabler of better continuity of care for patients with chronic conditions, ensuring that the right information follows the patient and their caregivers to inform better care decisions. Health IT provides a mechanism for patients and caregivers to have access to information and participate as active members of the care team. In addition, health IT provides an opportunity for patients to tell their stories, outlining their goals and wishes, to ensure every member of the care team is informed.

Although there are many examples of health IT facilitating coordinated, collaborative care, it is clear that challenges remain. These challenges include a lack of:

- Widespread, secure information sharing across care settings;
- Patient access to information regarding the purpose of the encounter, accuracy of the information, and outcome of the encounter in each care setting;
- A shared clinical record which enables providers across settings to know what has happened elsewhere and to have more (but still not all) data needed to track performance across settings.

Silos of health information result in siloed healthcare delivery which, in turn, leads to inefficiencies, threats to patient safety, redundant services, higher cost and lower value.

Health IT can support HIE across the spectrum of care. To that end, as the VA looks to improve its system, HIMSS encourages VA to require adoption of interoperable data formats for care settings such as behavioral health, long-term and post-acute care, and community service providers. The VA must also ensure that more population-level human services data is available. Additionally, data exchange schema and standards should permit data to be shared between clinicians, laboratories, hospitals, pharmacies and patients (regardless of application vendor) to improve care delivery, outcomes, and costs.

Resources from HIMSS

In 2001, the Institute of Medicine (IOM) [published a report](#) that suggested the best way to make healthcare delivery safe, timely, effective, efficient, equitable, and patient centered was through a significant investment in IT.¹ High reliability organization theory also suggests that health IT is needed to precisely monitor a health organization's systems of care, how medications are dispensed to patients, and how much waste is in the system. To ensure that automation achieves its desired results, it is important to consider the people, process and sociotechnical factors when planning, implementing and optimizing information systems and associated workflows. Therefore, it is critically important to consider both the process of care and how technology can enable improvements in those care processes.²

¹ Crossing the quality chasm: A new health system for the 21st century. (2001). Washington, D.C.: National Academy Press.

² Hines S, Luna, K, Lofthus J, et al. Becoming a High Reliability Organization: Operational Advice for Hospital Leaders. (Prepared by the Lewin Group under Contract No. 290-04-0011.) AHRQ Publication No. 08-0022. Rockville, MD: Agency for Healthcare Research and Quality. April 2008.

To that end, HIMSS has a resource that it believes could offer the VA high value: the HIMSS Analytics [EMR Adoption Model](#) (EMRAM), an aspirational maturity model that reflects an organization's progress towards increasingly sophisticated and paperless implementation and best use of health IT and certified electronic health record technology (CEHRT). As background, IT leaders at health facilities work with skilled research professionals to complete a comprehensive survey, the outcomes of which help health leaders better understand the current technology environment of their organization. HIMSS proposes that VA use of the EMRAM could be beneficial throughout the modernization process, as EMRAM can help the VA understand how its technology functionalities could most positively impact the delivery of care to veterans and their families.

The EMRAM represents eight distinct stages measuring the adoption and utilization of those core EMR functions required to achieve a near paperless environment that harnesses IT to optimize patient care. On an ongoing basis for the past decade, HIMSS Analytics has surveyed over 5,400 acute care hospitals, and more than 36,000 civilian clinics in the US. This enables each organization, and the health sector as a whole, to understand trends and the rise of IT adoption. The EMRAM provides an unbiased, independent analysis of the technology environment of organizations to help identify gaps, demonstrate progress, conduct benchmark comparisons with other like facilities, and overall to support the measurement of value achievement from IT investments.

As one example, we know that medication management processes can be greatly enhanced through the careful integration of IT into the process. Evidence shows that auto identification capabilities such as barcoding on both unit-dose medications, and on patients' wristbands, reduces medication errors. In this example, the closed-loop medication administration process evaluated during an EMRAM assessment looks for the ability of a care facility to ensure patient safety at the bedside. The skilled research professionals are looking for nurses enabled to scan medications and patients, thus providing the data the EMR needs to verify the right patient is receiving the right medications at the right dose, time, and route.

Continuity of Care

While using the EMRAM, coupled with deployment of high-performing health IT systems through proven implementation methodologies, can help ensure excellent quality and value within a facility or organization, additional focus is required to ensure quality and value throughout the continuum of care. Continuity of care, a key attribute of the VA's unique niche in the health sector, requires ongoing assessment of the effectiveness of the capabilities required to support it. To support this assessment process, we suggest a second, potentially high-value resource: HIMSS Analytics' [Continuity of Care Maturity Model](#) (CCMM). The CCMM focuses on four key areas—effective health information exchange, coordinated patient care, advanced analytics, and patient engagement. It escalates the capabilities in each of these areas as provider organizations advance, and is unique in that it allows for assessment of success in continuity of care across providers responsible for caring for a patient with chronic conditions. Like the EMRAM, the CCMM could be beneficial to VA's strategic discussions on the current and future roles of health IT solutions in care coordination initiatives.

Achieving Widespread, Secure Exchange of Health Information

Policies to improve continuity of care also must focus on mitigating or removing barriers to facilitate widespread, secure electronic exchange of health information. There are many private sector initiatives underway aimed at promoting more robust, secure HIE. For example, Integrating the Healthcare Enterprise ([IHE USA](#)), an independent 501(c)(3) not for profit organization, represents U.S. interests and key partners in efforts for fostering nationwide adoption of a consistent set of information standards to enable interoperability of health IT systems.

As part of this work, IHE holds “[Connectathons](#)”; live, supervised, and structured testing events with over 100 vendor organizations, multiple providers and public health agencies, States, and 600+ engineers and IT architects. In January, organizations and IT experts meet for one full week of interoperability testing and problem resolution. Between January 17-23, participants will be testing their products against multiple vendors using real-world clinical scenarios contained in IHE’s Integration Profiles. To better understand the full opportunity available to resolving interoperability challenges with real-world solutions, we invite the VA to attend the Connectathon, being hosted at the Huntington Convention Center in Cleveland. It is an outstanding educational opportunity, and highly inspirational deep dive into what is really happening – today – in the quest to achieve widespread, secure electronic exchange of health information.

The final resource HIMSS believes would benefit VA in its modernization efforts is [ConCert by HIMSS™](#), an interoperability testing and certification program governed by HIMSS and built on the work of the EHR|HIE Interoperability Workgroup and IHE USA. Launched in early 2016, one vendor thus-far has earned certification, nine are actively moving through the certification process, and numerous additional vendors are anticipated to begin the certification work. We would be glad to talk with the VA about what is entailed in the certification program, and how that knowledge can help the VA in its decision-making.

HIMSS is committed to strengthening its value to VA and its agencies as VA goes through the current VistA modernization efforts. We are all dedicated to ensuring the best possible healthcare be provided to our nations veterans. HIMSS hopes that the council and resources outlined above are helpful to the VA. As the agency moves through the review process, HIMSS’s resources and education are available.

We welcome the opportunity to meet with you and your team to discuss our comments and resources in more depth. Please contact [Jeff Coughlin](#), Senior Director of Federal & State Affairs, at 703.562.8824, or [Eli Fleet](#), Director of Federal Affairs, at 703.562.8834, with questions or for more information. Thank you for your consideration.

Sincerely,



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H. Stephen Lieber, CAE
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