



Statement from the College of Healthcare Information Management Executives

House Committee on Ways and Means
Subcommittee on Health

Hearing on “Exploring the Use of Technology and Innovation to Create Efficiencies,
Higher Quality, and Better Access for Beneficiaries in Health Care”

1100 Longworth House Office Building

September 14, 2016

The College of Healthcare Information Management Executives (CHIME) is pleased to submit a statement for the record of the September 14, 2016, Committee on the Ways and Means Subcommittee on Health hearing entitled, “Exploring the Use of Technology and Innovation to Create Efficiencies, Higher Quality, and Better Access for Beneficiaries in Health Care.” We appreciate the committee’s interest in this timely issue and welcome the opportunity to offer perspective from the nation’s healthcare chief information officers.

CHIME is an executive organization serving nearly 1,900 CIOs and other senior health information technology leaders at hospitals and clinics across the nation. CHIME members are responsible for the selection and implementation of clinical and business technology systems that are facilitating healthcare transformation. CHIME members are among the nation’s foremost health IT experts and our organization is a strong proponent of health IT and its ability to enable improvements in health care quality, increase affordability, and improve healthcare outcomes.

Healthcare IT Transforming Care Delivery

Since enactment of the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), the healthcare industry has made a significant shift in the way technology is used to treat and engage with patients. The prolific adoption of electronic health records (EHRs) and other health IT resources by clinicians and patients will pay dividends as we continue to transition to value-based care. A robust digital health infrastructure — built around highly functional and user-friendly EHRs and health IT tools that are also secure and protective of privacy — is key for physicians and hospitals to be successful in new payment and care models, as well as to stimulate patient engagement and education.

Promoting Interoperability

Improving quality of care and lowering costs depends on the free flow of patient data securely across care settings. Unfortunately, we are missing out on opportunities to advance population health management and improve the nation’s overall health status because major obstacles still remain in enabling information exchange. Most notably, robust information exchange and nationwide interoperability can only flourish once we can confidently identify a patient across providers, locations and IT systems.

Patient Identification

As the need grows to exchange health information across unaffiliated providers — in order to coordinate care — and as patients increasingly access and share their own data, it becomes even

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more important to ensure that patients are accurately identified and matched to their data. This is also the first step toward effectively protecting and securing identities and moving toward an interoperable healthcare system. Recognizing that the industry can no longer wait and patients deserve better, CHIME, through its Healthcare Innovation Trust, in coordination with HeroX, launched a \$1 million crowd-sourcing challenge to find a safe, private and secure approach to ensure accurate patient identification. The first phase of the competition saw 113 innovators from around the world submit ideas; more than 370 individuals and teams from 40 countries have registered for the National Patient ID Challenge. The challenge winner and final solution is expected to be announced in April 2017.

Still, the industry will be saddled by a 20-year-old policy that continues to impede progress even once a solution is identified and adopted by the private sector. The most significant hurdle is posed by the language included in the Labor-HHS Appropriations bill that prohibits the Department of Health and Human Services (HHS) (in Sec. 510) from using any federal funds to “promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual.”

Technology has provided for alternatives to a numeric or alphanumeric identifier as a solution, and the government does not need to be the arbiter of the identification solution, but HHS must be able to provide technical assistance to private sector initiatives. Unfortunately, HHS has interpreted the annual funding ban to prohibit them from collaborating or assisting with private sector efforts to improve patient identification on a national level.

Data Standards

Even as we work to accurately identify patients and match them to their records, the industry and policymakers need to accelerate work on developing data standards. It is imperative that clinicians have faith and trust in the integrity of the data that’s moving across the continuum. Great variation exists in how IT systems set data standards to capture critical information. This includes everything from date of birth to vital signs. The result is that IT systems often can’t communicate with one another effectively or efficiently. This greatly limits the ability to move data quickly from one provider to another.

While a focus on standards may seem overly simplistic, a more defined technical infrastructure is needed to catalyze innovations in digital health. The Office of the National Coordinator for Health IT (ONC) administers the EHR certification program with which EHR developers must comply in order to be competitive in the marketplace. Providers must use certified EHRs (CEHRT) in order to avoid financial penalties under the Medicare Meaningful Use program and in some cases as a condition of reimbursement for other programs and services. Increasingly, HHS is mandating the requirement to use CEHRT as a way to drive interoperability across the healthcare system. However, variability in the standards used by EHR vendors persists which creates ongoing challenges when exchanging and using data between and among providers for patient care.

The federal government should continue to drive standards identification and adoption in the following nine categories:

1. Patient identification,
2. Resource locators (e.g. provider directories),
3. Terminologies,
4. Detailed clinical models,
5. Clinical data query language based on the models and terminology,
6. Security (defined minimum requirements for security, standard roles and standards for naming types of protected data, a common security framework, and standards for sharing cyber information),
7. Application program interfaces (APIs),

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8. Transport protocols, and
9. Expressing clinical decision support algorithms.

It's imperative that ONC continue to leverage relationships with the private sector to capitalize on the progress made to date across the industry.

Medical Device and Develop Technologies Standards

While emphasis is often placed on the exchange of data across providers, health systems and between EHRs, it's also vital to recognize the myriad of other data sources that are intended to be interoperable in order to facilitate automatic entry into the EHR for which standards are absent or immature. Biomedical devices are populating data in EHRs and patients are populating data through their patient portals or wearables which can ultimately be included in their EHR. Thus, a standards-based digital architecture must be present for the capture and exchange of data first within the four walls of a provider setting then between and among different providers, and all IT systems across the care continuum.

Strengthening Federal Telehealth Policies

Another key component to advancing value-based healthcare is keeping patients out of expensive care settings. Telehealth has long shown promise in extending the consultative reach of clinicians in tertiary settings to those in smaller or rural communities. In today's wired environment, telehealth can also be used to keep more routing cases from clogging emergency departments and physician's offices. However, Medicare telehealth policies need to mature and expand in order to achieve the transformational potential that widespread remote patient monitoring (RPM) and telemedicine adoption hold to improve care. Hospitals and health systems are embracing the use of telehealth technologies because it offers benefits, including the ability to perform high-tech monitoring without requiring patients to leave their homes, which can be less expensive and more convenient for patients. Telehealth services come in many forms, from post-discharge remote monitoring programs resulting in the potential for reduced hospital readmissions, to emergency departments using remote video consultations to enable patients to receive a telepsychiatric screening. Unfortunately, the proliferation of telehealth and remote monitoring technologies has been limited, not by technical restraints, but policy barriers.

Adequate reimbursement for hospitals and other healthcare providers for employing such services, is a complex and evolving issue and, as a result, has been a barrier to standardizing the provision of these valuable services. In fact, private payers' reimbursement policies are often far more favorable than federal ones. Inconsistencies in the definition and reimbursement policies of telehealth services in federal and state programs are hurdles to widespread adoption. Despite the expanded opportunity for reimbursement under the Medicare Access & CHIP Reauthorization Act (MACRA), we remain concerned with the limited coverage in place today. Geographical limitations currently restrict the provision of telehealth services. The demand for "parity" in reimbursement for services provided in-person by a physician and those via telemedicine has never been greater. The realignment of federal payment structures will be a key factor to increasing access to telehealth services to those patients who desperately need them.

Further, while Medicaid encourages states to use flexibility to create innovative payment methodologies for services that incorporate telemedicine, there are still significant coverage gaps from state-to-state. Differences in state laws, definitions and regulations create a confusing environment for hospitals and health systems that may care for a patient across state lines. These are just some of the barriers that we would suggest the committee consider as they finalize their telehealth-related priorities and policies.

The committee should consider how to address cross-state licensure concerns, often imposing troublesome legal barriers to a physician wishing to offer telehealth services to a patient in another state. CHIME supports policies to allow licensed healthcare providers to offer services to patients, using telemedicine, regardless of what state a patient resides in, notwithstanding whether the patient is within a traditional care setting or in one's home.

Federal telehealth policies lag those of both state and private payers, thus the federal government should leverage existing resources to explore alternative care models in order to accommodate and encourage innovation in healthcare delivery.

The Promise of Healthcare Technology

The future of healthcare transformation hinges on the ability for technology to meet clinician needs and maintain consumer/patient confidence. Federal policies that can result in the rapid deployment of life-saving and life-changing technologies to patients in the fashion desired by providers will be paramount. Technologies, from applications to devices, EHRs to wearables, must be safe, secure and reliable.

Improved outcomes, decreased costs and gained efficiencies will materialize most substantially when technology can be leveraged to exchange data seamlessly and securely and when reimbursement models allow providers the flexibility to determine the best technologies with which treat their patients, but federal incentives must be in place to keep pace. The federal government must avoid a heavy-handed approach to determining what technologies providers and patients must use. Further, regulators should take an approach that allows innovation to continue to flourish rather than prematurely try to certify or mandate these innovative technologies. The importance of reducing administrative duplication and redundant policies that may hinder success or interfere with other federal policy priorities should be a priority.

The promise of health information technology is undeniable and the rapid evolution of the field suggests innovation is not slowly, nor will it anytime soon. As the nation shifts to a value-based, outcomes-focused delivery system, it will be imperative that the role of health information technology is acknowledged and appreciated as policy and the industry matures.