Marc Probst (Chair)
Intermountain Healthcare

Charles Christian, LCHIME, FCHIME, CHCIO, FHIMSS (Foundation Chair)
Indiana Health Information Exchange

Charles Anastos (Foundation Rep.)
Pricewaterhouse Coopers

Cara Babachicos, CHCIO
Partners Healthcare

Zane Burke (Foundation Rep.)
Cerner

Myra Davis
Texas Children's Hospital

Cletis Earle
St. Luke's Cornwall Hospital

David Finn (Foundation Rep.)
Symantec Corporation

Indranil Ganguly FCHIME, CHCIO, FHIMSS
JFK Health System

Liz Johnson
Tenet Healthcare Corporation

Theresa Meadows
Cook Children's Healthcare System

Frank Nydam (Foundation Rep.)
VMWare

Albert Oriol
Rady Children's Hospital-San Diego

Donna Roach, FHIMSS, CHCIO
Via Christi Ascension Information Systems

Jan-Eric Slot (International Rep.)
Bernhoven Hospital

Russell P. Branzell, FCHIME, CHCIO
(President & CEO) - CHIME

January 26, 2016

The Honorable Orrin Hatch
Chair, Senate Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Senate Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Johnny Isakson
Member, Senate Committee on Finance
Co-chair, Chronic Care Working Group
U.S. Senate
Washington, DC 20510

The Honorable Mark Warner
Member, Senate Committee on Finance
Co-chair, Chronic Care Working Group
U.S. Senate
Washington, DC 20510

Submitted electronically to: chronic_care@finance.senate.gov

Re: Bipartisan Chronic Care Working Group Policy Options Document

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson and Senator Warner:

On behalf of the College of Healthcare Information Management Executives (CHIME), which represents more than 1,700 chief information officers (CIOs) and other senior information technology executives at hospitals and clinics nationwide, we thank you for the opportunity to provide input concerning chronic care management.

CHIME members are responsible for the selection and implementation of clinical and business information technology (IT) systems that aid in the transformation of healthcare. CHIME shares the vision of an e-enabled, modern healthcare delivery system as described in the committee's Policy Options document released on December 18, 2015. We applaud the committee's choice of chronic care as a use case to examine opportunities to improve and refine the nation's healthcare system.

Technology adoption and robust data sharing are vital resources to improve the quality of care of efficiency of the nation's healthcare system. Healthcare CIOs have experience implementing technology that must interoperate with dozens of independent systems, ranging from diagnostic imaging and biomedical devices to

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financial and remote access systems. Several converging factors present federal regulators andcongressional leaders with a unique opportunity to pursue and implement policies to bolster the digital infrastructure that will play a pivotal role in transforming care delivery for patients with chronic conditions.

CHIME encourages the committee to first focus on policies to enable better healthcare for chronically ill patients, as discussed in more detail below, through:

1. **Removing existing policy barriers.**
2. **Facilitating interoperability across the care continuum.**
3. **Strengthening telehealth reimbursement policies under Medicare.**
4. **Fostering quality measurement policies that enable delivery system reform.**

Removing Existing Barriers

While many of the options proposed are reasonable, we stress the importance of reducing administrative duplication and policies that may hinder success or interfere with other CMS initiatives. As an example, CHIME supports expanding access to digital coaching and recognizes the value in making resources available to patients and care teams alike as discussed in the Policy Options document, however, it is important to understand if these additional resources would be duplicative of patient education mandates already in place via the Meaningful Use program.

It is also vital that all stakeholders address existing policy barriers . such as patient identification, cross-state licensure, and telehealth reimbursement. Once those are removed, then hospitals and other clinicians will have the ability to navigate future opportunities. **CHIME emphasizes the importance of flexibility in the resource and reimbursement options available to healthcare providers as the nation adopts alternative payment and delivery models.**

Facilitating Interoperability

A high degree of data fluidity is imperative for reducing waste and improving quality within the U.S. healthcare system. Chronically ill patients are likely treated by numerous healthcare providers across the continuum, making the need for policies that foster interoperability and meaningful data exchange even more critical. The adoption and use of electronic health records (EHRs) has resulted in the mass digitization of patient data, and with proper policies to enhance health data exchange, can revolutionize a provider's timely access to a patient's health history. The committee cites the advancement of team-based care, identifying chronically ill population and empowering individuals and caregivers . these important policy goals will not be possible **unless we are able to identify patients.**

As discussed in the Policy Options document, robust health histories and the ability to track patients who could be at risk to develop a chronic condition will be invaluable for prevention and treatment alike. The concept of a longitudinal healthcare record should reflect the patient's experience across episodes of care, payers, geographic locations and stages of life. It should consist of provider-, payer- and patient-generated data, and be accessible to all members of an individual's care team, including the patient, in a single location as an invaluable resource in care coordination. However, CHIME reminds the committee that given the current absence of a national solution for linking patients to their healthcare data across disparate healthcare providers, it will be impossible to accomplish the ideal of a longitudinal healthcare record.

Foundational to coordinated care is the need to accurately match patients with their healthcare data across providers, systems and states. A national approach to patient identification is prerequisite for health information exchange and the lack of a national standard for patient identification only serves to intensify our industryqs technical challenges. Without a standard patient identification solution, the creation of a longitudinal care record is simply not feasible.

Further, as patient health data becomes digital and more fluid, we must ensure the implementation of stringent privacy and security standards. CHIME calls upon the committee address the growing nature of cyber threats to patient data and ensure that security is included in any policy recommendations. As we increase interoperability, additional threats to data integrity will arise. Without proper safeguards, the safe and secure transmission of sensitive data will continue to be a challenge.

CHIME calls on the committee to pursue policies with the intent to increase the secure exchange of health data, facilitating the compilation of a longitudinal healthcare record, to enable informed decision making for providers and patients alike.

Strengthening Federal Telehealth Policies

CHIME appreciates the committeeqs interest in expanding opportunities to leverage telehealth and remote patient monitoring technologies. We support the changes made under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) that clear the way for eligible professionals (EP) to be reimbursed for telehealth services under the new Merit-Based Incentive Payment System (MIPS). We furthermore support the added clarification that those participating in Alternate Payment Models (APMs) are not precluded from delivering and being reimbursed for telehealth.

While MACRA affords added flexibility for EP telehealth reimbursement, we nonetheless believe Medicare telehealth reimbursement policies need to be expanded even further. Hospitals and health systems are embracing the use of telehealth technologies because they offer 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 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. 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 MACRA, we remain concerned with the limited coverage in place today.

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.

Similarly, we urge the committee to 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. **CHIME urges the committee to consider further strengthening telehealth policies under Medicare.**

Quality Measurement that Supports Outcomes and Value

As the future of value-based reimbursement is contingent on the ability to improve performance, Congress should prioritize a unified strategy for measuring, capturing and communicating quality in healthcare. Currently, hospitals and physicians are required to report clinical quality measures (CQMs) to several public and private entities. Many CHIME members submit over 20 reports across federal, state and private sector programs each month; in many cases the measures they report on are very similar to one another, yet require duplicative reporting. CHIME urges the committee to support policies that will harmonize quality measure reporting across federal programs in order to eliminate the duplicative and burdensome reporting of meaningless measures.

Hours of work and expertise are required to comply with these reporting demands and such burdens are exacerbated by a lack of technical harmonization. In other words, even when the same CQMs are used among different reporting programs, they tend to require different technical specifications, diminishing gains inherent to alignment. We remain concerned that the complexity of generating valid, reliable and accurate electronic clinical quality measures (eCQMs) without human intervention is too often underestimated. In fact, CHIME does not believe that generation of accurate and complete CQMs is possible with current EHR technology.

CHIME appreciates the committee's recognition that useful quality measures will be imperative to track patient treatments and outcomes. However, we would urge the committee to refrain from suggesting the creation of new measures until there has been proper maturity of provider and government measurement capabilities. The measures the committee has suggested seem to focus on what the government needs to monitor the industry rather than what providers need to inform their treatment of patients.

In closing, the committee should consider ways to leverage the ongoing Medicare and Medicaid Electronic Health Record Incentive Programs or the %Meaningful Use Program+ as a method to ensure Medicare and Medicaid providers have EHR systems that are capable of exchanging patient data.. Encouraging the Centers for Medicare and Medicaid Services (CMS) to identify and enforce measures that accurately represent the exchange of relevant patient data and afford patients the ability to be active members of their care team would be invaluable for the care of all patients, but particularly to those with chronic conditions.

CHIME commends the committee for its willingness to engage stakeholders and bipartisanship demonstrated throughout the Committee's efforts to pursue policies to improve care for the chronically ill. We hope our comments are useful and hope to continue the dialogue with the committee regarding

legislative solutions for improving healthcare for patients with chronic conditions through the use of health information technology. Should you have questions about our remarks or require additional information, please contact Leslie Krigstein, Vice President of Congressional Affairs at lkrigstein@chimecentral.org.

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