



**Statement from the College of Healthcare Information Management Executives and the  
Association for Executives in Healthcare Information Technology**

Senate Committee on Finance

Hearing on “Examining Bipartisan Medicare Policies that Improve Care for Patients with Chronic  
Conditions”

215 Dirksen Senate Office Building

May 16, 2017

The College of Healthcare Information Management Executives (CHIME) and the Association for Executives in Healthcare Information Technology (AEHIT) are pleased to submit a statement for the record of the May 16, 2017, Committee on Finance hearing entitled, “Examining Bipartisan Medicare Policies that Improve Care for Patients with Chronic Conditions.” 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 and chief technology officers on how technology can be leveraged to improve care for patients with chronic conditions.

CHIME is an executive organization serving more than 2,300 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. Within CHIME is AEHIT, an organization launched in 2014 which represents more than 300 chief technology officers and provides education and networking for senior technology leaders in healthcare. CHIME and AEHIT members represent some of the earliest and most prolific adopters of electronic health records (EHRs) and other health IT resources, such as telehealth as a means to improve patient care and outcomes.

Several converging factors present federal regulators and congressional 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, especially those with chronic conditions. The committee’s consideration of the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017 is timely, as opportunities exist to enhance care delivery by modernizing federal policies to enable existing technology to augment the current care delivery paradigm.

*Expanding Access to Telehealth for the Chronically III*

Telehealth technologies offer a multitude of benefits to patients and clinicians alike. Telehealth and remote monitoring services are being leveraged in a variety of ways to meet patient care needs, especially those with chronic conditions. For instance, disease monitoring services can be less expensive, more efficient and more convenient for patients with chronic conditions or multiple co-morbidities to stay connected with their care team.

Adequate reimbursement for hospitals and other healthcare providers for employing such services is a complex and evolving issue and, thus, has been a barrier to standardizing the provision of these



valuable services. Efforts to revamp the federal Medicare telehealth policies have lagged behind both state and private payers as well as within the Department of Veterans Affairs (VA). Federal leadership is necessary as providers and health systems explore alternative care models to accommodate and encourage innovation and efficiency in healthcare delivery.

A great deal of innovation is underway to develop healthcare technologies that meet consumer needs often outside traditional care settings. These and other new technologies will be critical for advancing provider success in alternative payment models (APMs) and across federal reimbursement programs. Congress must pursue opportunities to incent and support the use of new and innovative technologies, rather than impede them as some existing federal policies do today.

The provisions in the CHRONIC Care Act that would enable expanded access to telehealth under Medicare Advantage (MA) plans and in Accountable Care Organizations (ACOs) serve as incremental, but important, steps to improving telehealth access for patients and revisiting the inadequacies in federal reimbursement for services. Further, the expansion of telehealth services for use in home dialysis under Section 102 would also be a positive step forward.

Specifically, Section 305, *Expanding Use of Telehealth for Individuals with Stroke*, would be of value to the industry as access to telestroke services grows. The benefits of leveraging telehealth to identify and administer early treatment to individuals suffering a stroke are indisputable. While telestroke programs are common, there is still room for growth.

CHIME and AEHIT members support<sup>1</sup> the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act<sup>2</sup> (S.1016). We encourage the committee to consider if any of the CONNECT for Health Act provisions could be included in the CHRONIC Care Act or if a broader telehealth bill could be considered this Congress.

The committee should also 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. Policies should 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.

#### *Improving Chronic Care Through 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. Important policy goals such as advancement of team-based care, identifying chronically ill populations and empowering

<sup>1</sup> <https://chimecentral.org/wp-content/uploads/2014/11/CHIME-AEHIT-Letter-of-Support-for-Connect-for-Health-Act-2017-.pdf>

<sup>2</sup> <https://www.congress.gov/115/bills/s1016/BILLS-115s1016is.pdf>



individuals and caregivers, will not be possible unless we are able to confidently and consistently identify patients.

The 21<sup>st</sup> Century Cures Act<sup>3</sup> declared Congress' interest in an interoperable health IT infrastructure. The committee should encourage the Office of the National Coordinator for Health IT (ONC) to include chronic care as they establish and set the agenda for the new Health Information Technology Advisory Committee. Understanding how current technology can be used to improve chronic care as well as to evaluate current shortcomings, such as the lack of ubiquitous interoperability and meaningful data exchange, should be an area of work for the new advisory committee.

#### *Patient Identification for Chronic Care*

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. 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. Without a standard patient identification solution, the creation of a longitudinal care record is simply not feasible.

Congress acknowledged the lack of a national solution to identifying patient is an interoperability and patient safety issue in the FY17 Omnibus Committee Report<sup>4</sup>. Congress then went on to clarify that the ONC and the Centers for Medicare and Medicaid Services (CMS) can provide technical assistance to private-sector patient identification efforts.

Healthcare technology has, and undoubtedly will continue to, alter how healthcare is delivered. As the committee considers how to improve the quality and efficiency of care for the chronically ill, we urge members to ensure that the federal policies in place enhance rather than hinder care delivery. CHIME and AEHit members look forward to working with committee members, Congress, the Administration and all other stakeholders to explore how we can better prevent chronic illness, and treat those with chronic disease, with technology.

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<sup>3</sup> <https://www.congress.gov/114/bills/hr34/BILLS-114hr34enr.pdf>

<sup>4</sup> <https://www.congress.gov/114/crpt/hrpt699/CRPT-114hrpt699.pdf>