



CHIME
College of Healthcare
Information Management Executives

Dec. 11 2020

National Coordinator Dr. Donald Rucker
Office of the National Coordinator for Health Information Technology (ONC)
330 C St. SW, Floor 7
Washington, DC 20201

Submitted virtually through regulations.gov.

Dear Dr. Rucker,

The College of Healthcare Information Management Executives (CHIME) welcomes the opportunity to submit comments in response to the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology's (ONC) interim final rule with comment period titled *Information Blocking and the ONC Health IT Certification Program: Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency*.

CHIME thanks ONC for the relief it provided to actors subject to the information blocking provisions contained in its previously finalized information blocking and interoperability final rules. The COVID-19 Public Health Emergency (PHE) has placed immense pressure on providers in all aspects of their daily lives. The focus of many in the provider community, including up through the health technology and C-suite level, is now centered on how best to treat patients and begin planning for the eventual distribution of a vaccine. This has taken the focus of many away from the important information blocking provisions we have all worked hard to prepare to implement.

Specifically, CHIME applauds ONC for delaying the applicability date for the information blocking requirements from November 2, 2020 to April 5, 2021. This five-month delay will give providers invaluable time to continue to prepare to implement these requirements, while also allowing them to continue focusing on COVID-19. With that in mind, we ask ONC to continue to monitor provider readiness approaching the April 5, 2021 deadline and ask that if it appears all providers are not in a position to succeed, ONC consider delaying the applicability date further into 2021.

In addition to continuing to monitor provider readiness for the April 5, 2021 applicability date, we also ask ONC to continue collaborating with the U.S. Centers for Medicare & Medicaid Services (CMS) to ensure the vendor delivery dates and provider implementation dates for the 2015 Edition Cures Update Certified EHR Technology (CEHRT) are sensible and allow for a common-sense allotment of time for providers to implement these EHR updates. In CMS' CY21 Physician Fee Schedule (PFS) Final Rule released on Dec. 1, 2020, CMS stated they will delay the provider attestation period for the 2015 Edition Cures Update CEHRT to Dec. 31, 2022, in line with the vendor delivery date outlined in ONC's interim final rule. Providers often need additional time to implement and update their technology prior to their ability to attest and we encourage ONC to work with CMS to convey the need for the provider attestation date to be moved further into the future, by at least six months.

Finally, as part of the interim final rule with comment period, ONC asked for stakeholder input on the costs incurred by stakeholders as they attempted to meet the compliance dates in the ONC Cures Act final rule. CHIME is a membership-driven organization and encompasses both large and small provider groups. As we worked to prepare our members to comply with these important and impactful requirements, it has become

clear to us that larger providers are more well equipped to meet these requirements than smaller providers, or providers more directly impacted financially by the COVID-19 PHE.

One member who was a highly engaged part of our information blocking preparation activities saw his position eliminated as part of cost-conservation activities. Stories like this have been a common refrain across the healthcare continuum. With health IT specialists absent from provider organizations, it then leaves these provider groups having to secure outside contractor support to prepare to meet these requirements, incurring higher short-term costs.

Another member at a small specialty group in a mid-sized U.S. city stated, in order to prepare for these requirements, they needed to forgo and delay the consolidation of their health IT instances. By forgoing the consolidation, this provider is now required to continue to maintain multiple, costly instances, until a time in which they are able to afford to again pursue consolidation. While the information blocking requirements may be something this member supports, they still highlighted the high opportunity cost needed to ensure they are able to comply with the final rule's requirements.

ONC continues to be a valuable partner to the provider community as it pushes forward with the implementation of these information blocking requirements outlined within the 21st Century Cures Act. CHIME encourages ONC to continue its engagement with the provider community in the form of increased education activities and through the publication of robust frequently asked questions (FAQs) and cheat sheets to ensure providers of all sizes and readiness levels are prepared for the April 5, 2021 applicability deadline.

As CHIME has since the 21st Century Cures Act was passed, we wholeheartedly support the efforts to expand access to health data for both patients and providers. It is clear that these important regulations released by both ONC and CMS will usher in the next wave of health technology innovation and continue to empower patients by putting the power in their hands to control where and how their data should be handled.

We at CHIME will continue to work with our members to ensure that information blocking implementation progresses in a way that ensures no provider is left behind. It is crucial we all work together across healthcare to make sure we get this right the first time in order to lay the foundation for a successful health data future. Should you have any questions about our letter, please contact Andrew Tomlinson, Director of Federal Affairs, at atominson@chimecentral.org.

Sincerely,



Russell P. Branzell, CHCIO, LCHIME
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