



HEALTH RECORD BANKING ALLIANCE

May 13, 2013

To: Senators Alexander, Burr, Coburn, Enzi, Roberts, and Thune

Re: Response to “Reboot: Re-Examining the Strategies Needed to Successfully Adopt Health IT”

The Health Record Banking Alliance (HRBA) is pleased to respond to your thoughtful “Reboot” white paper. HRBA is a non-profit 501(c)(6) membership organization that promotes the availability of accurate, secure, and comprehensive electronic health records that can be accessed by both patients and their health care providers under the control of the individual patient.

We advocate for legislation and regulation consistent with community repositories of electronic health records (health record banks or HRBs) as an effective and sustainable health information infrastructure solution and programs that provide assistance to communities building HRBs (see <http://www.healthbanking.org> for more information). HRBA members include national, state and community health information exchange organizations, health information providers, physicians, and vendors interested in health information technology, exchange, and services.

In lieu of our own separate detailed comments, we are writing to endorse and support the comprehensive response submitted for Patient Command, Inc., by Richard Marks (Vice President of HRBA). As he clearly describes, the underlying obstacle to our nation’s progress towards an effective health information infrastructure is the federal government’s pursuit of a misguided architecture that attempts to retrieve patient information in real time from all existing sources again and again each time it is needed. This architecture is impossibly inefficient,

expensive, and prone to error as demonstrated clearly in the attached simulation study.¹ The evidence is now overwhelming that this approach has and will continue to fail (as detailed in the attached article² from the *Journal of the American Medical Association*).

It is time for the nation to redirect its health information infrastructure efforts to an architecture that is feasible and effective: patient-centric, patient-controlled HRBs. With this approach, when patients seek care, they give permission for their health care provider to access some or all of their up-to-date health records that have already been compiled and stored in their HRB account. When care is complete, the new records from that visit or hospitalization are securely deposited into the HRB and are immediately available for future care.

This solves the problems of privacy (with patient control), stakeholder cooperation (because the patients request their own records, the HIPAA regulations require every stakeholder to provide them electronically if available in that form), and financial sustainability (with revenue generated from optional applications for patients and research use of the data with permission) that have stymied prior efforts.

HRBA appreciates your interest in this issue and welcomes the opportunity to be of assistance. If we as a nation are to have any hope of controlling the costs of health care in an informed manner, we must have an effective and comprehensive health information infrastructure.

Sincerely,

/s/ William A. Yasnoff

William A. Yasnoff, MD, PhD

President

enclosures (2)

¹ Lapsia V, Lamb K, and Yasnoff WA. [2012] Where should electronic records for patients be stored? *Int J Med Informatics* 81(12):821-7.

² Yasnoff W, Sweeney L, and Shortliffe EH. [2013] Putting Health IT on the Path to Success. *J Am Med Assoc* 309(10):989-90.