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NATIONAL ASSOCIATION of SPINE SPECIALISTS

May 9, 2013

Sent Via Electronic Mail

The Honorable Lamar Alexander
455 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
217 Russell Senate Office Building
Washington, DC 20510

The Honorable Tom Coburn, MD
172 Russell Senate Office Building
Washington, DC 20510

The Honorable Michael Enzi
379A Russell Senate Office Building
Washington, DC 20510

The Honorable Pat Roberts
109 Hart Senate Office Building
Washington, DC 20510

The Honorable John Thune
511 Dirksen Senate Office Building
Washington, DC 20510

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

The North American Spine Society (NASS) is a multidisciplinary medical organization dedicated to fostering the highest quality, evidence-based and value-based, ethical spine care by promoting education, research and advocacy. NASS is comprised of more than 8,000 spine care providers from several disciplines including orthopedic surgery, neurosurgery, physiatry, neurology, radiology, anesthesiology, research and physical therapy.

NASS appreciates the opportunity to provide feedback and recommendations on the current white paper on adoption of successful Health Information Technology (HIT). NASS supports your findings and agrees with you on conceptual issues regarding Health IT adoption.

Like any other healthcare and health advocacy organization, NASS strongly believes that the ultimate goal of Health Information Technology is to enhance the quality of care, promote patient centric treatment and outcomes and most importantly, reduce medical errors and cost in our health delivery system.

Meaningful measures are only meaningful when they meet the ongoing demand and complexity of our health care delivery system as well as meet the needs of providers and patients. We would like to address a few concerns with respect to successful adoption of Health Information Technology and Meaningful Use Requirements.

Lack of Clear Path toward Interoperability

NASS agrees with the Senators' stance on interoperability and infrastructure and encourages CMS to consider the following before transitioning to the next stages of Meaningful Use:

- NASS strongly believes that in order to achieve "true" meaningful use measures, our health care delivery system requires well-defined structure with respect to providing better training, support and understanding of electronic health records (EHRs) and meaningful use measures to the provider community.

- EHRs will need to define clinical workflows that meet the needs of providers and patients with greater usability rather than just measure the meaningful use requirements. The personalized EHR is essential to meet the high demands of spine care professionals as well as other specialties who are directly or indirectly involved in spine care. EHRs should not limit functionalities with rigid template structures that do not support the complexity of various spine conditions and treatment options.

- Successful interoperability standards are only achieved when providers can easily communicate, guide and provide support to their patients.

- EHR Interoperability should allow secure transfer of health information among various EHR systems, health care providers and stakeholders for better clinical work flows and successful outcomes.

- Health Information Technology should also support an infrastructure that has capabilities to integrate clinical and financial data as well as information collected from or entered by patients (Personal Health Records).

- Reimbursements for providers should not be limited to codes entered for various diagnoses and treatments but should allow capability to review the complexity of each case and all the efforts made to achieve better outcomes while meeting the meaningful use requirements. Basing payment on codes alone oversimplifies a sometimes very complex process.

- Until well-defined standards and technology are available to achieve meaningful interoperability, providers should not be penalized for not achieving meaningful use measures.

- EHR developers should be incentivized to not only provide systems that meet minimum requirements for certification, but to provide mechanisms for and reduce barriers to interoperability.

Misuse of EHRs

NASS supports all the efforts toward monitoring and preventing "record cloning" and "code creep". For patients' safety and quality of care perspectives, such actions need to be eliminated. NASS encourages CMS and ONC to develop a mechanism to track and monitor such behavior and generating alerts for providers when such action has been taken place.

Insufficient Oversight

NASS agrees that there are significant barriers to working with EHR vendors to develop interoperable, sustainable and user friendly systems. As currently structured, EHR vendors have the authority to block or upcharge for the exchange of data or the development of systems they deem customizable. Office of National Coordinator (ONC) and Centers for Medicare and Medicaid services (CMS) have the authority to monitor and regulate such situations to ensure the fair and appropriate use of data systems.

In addition, NASS is concerned about the impact of certified EHR vendors choosing not to re-certify or losing certification due to quality concerns. NASS agrees that this would place significant burden on the provider to transfer patient data to a new EHR system. As noted in the report and discussed above, lack of interoperability is the biggest impediment to this program. NASS encourages ONC and CMS to implement mechanisms to mandate the interoperability and sharing of data between systems.

One concern that needs to be addressed is with respect to currently certified EHR vendors not going through re-certification and in cases where the Office of National Coordinator revokes currently certified EHR vendor's license and how these situations can impact transferring patient data to a new EHR systems and how it will affect delivering proper care to patients.[1]

Program Sustainability

The provider community has expended significant effort to achieve health IT goals and milestones developed by the federal government. According to the Centers for Disease Control and Prevention's National Center for Health Statistics in 2012, electronic medical record use among office-based physicians has increased from 2001 to 2012, with a 26 percent increase from 2011 to 2012 alone.[2]

Additionally, CMS projects that 65 percent of primary care physicians in large group practices, 45 percent of primary care physicians in small group practices, and 44 percent of all other specialists could achieve the meaningful use of certified EHR technology by 2015. The expert panel also predicts that meaningful use rates could increase to 80 percent, 65 percent, and 66 percent in 2019 for these three groups, respectively.[3]

In order to have a successful outcome to these efforts, there needs to be a better infrastructure with respect to privacy, security and confidentiality of data, interoperability that supports coordination of care and clinical work flows and tools to measure outcomes and certain trends that affect health care delivery system. Before transitioning to the next stages of Meaningful Use, NASS recommends that ONC and CMS address the following:

- In order to achieve these goals, clinical data and information needs to flow easily across various networks established by hospitals and providers via appropriate levels of interoperability.

- Most Health IT systems and EMRs have different ways to collect and record the clinical information. Better classification system and data collection standards are needed for each diagnosis and treatment to reduce medical errors and promote preventive health management.

- NASS encourages CMS to establish EHR interoperability criteria, such as standardized data definitions focused on a wide range of conditions and treatments, with input from the various affected specialties, to encourage systems to talk. EHR vendors play a crucial role when it comes to interoperability issues as they need to define parameters and develop IT configuration that supports and enables one system to exchange health information with another. We need to support these efforts as well as develop standards that can guide and support EHR vendors in achieving meaningful interoperability in healthcare.

- Furthermore, according to one of the survey findings, 2013 will be considered as a “year of the great EHR vendor switch” due to more and more EHR systems falling short of expectations with respect to meeting the needs to their clinical practice and work flows. This will create a greater need to establish interoperability that will support this transition and data integrity.

- Certain technical barriers need to be removed in order to achieve successful Health Information Exchange.

NASS strongly believes that in order to have successful adoption of Health Information Technology, Interoperability issues need to be discussed and resolved so providers can make informed decisions.

In closing, NASS would like to thank you for the opportunity to review this white paper and provide our feedback. Please contact Andres Dhokai, Senior Manager of Government Affairs at adhokai@spine.org or Shweta Trivedi, Manager of Health Policy and Practice at strivedi@spine.org with any questions or concerns.

Sincerely,

Charles Mick, MD
President

John Finkenberg, MD
Advocacy Committee Chairman

Dan Resnick, MD
Research Council Chairman

Christopher Standaert, MD
Health Policy Council Chairman

References:

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[2]Hsiao CJ, Hing E. Use and characteristics of electronic health record systems among office-based physician practices: United States, 2001–2012. NCHS data brief, no 111. Hyattsville, MD: National Center for Health Statistics. 2012.

[3]*Fredric Evan Blavin and Melinda Beeuwkes Buntin (*2013: Volume 3, Number 2) Forecasting the Use of Electronic Health Records: An Expert Opinion Approach. *A publication of the Centers for Medicare & Medicaid Services,*
Center for Strategic Planning. Retrieved from http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MMRR/Downloads/MMRR2013_003_02_a02.pdf