



May 6, 2013

The Honorable John Thune  
United States Senator  
511 Dirksen Senate Office Building  
Washington, DC 20515

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

The Honorable Lamar Alexander  
United States Senator  
455 Dirksen Senate Office Building  
Washington, DC 20515

The Honorable Tom Coburn  
United States Senator  
172 Russell Senate Office Building  
Washington, DC 20510

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

The Honorable Mike Enzi  
United States Senator  
379A Russell Senate Office Building  
Washington, DC 20510

Dear Senators:

The College of Healthcare Information Management Executives (CHIME) appreciates the opportunity to submit feedback on federal progress promoting health IT adoption and standards. We believe your white paper, "REBOOT: Re-examining the Strategies Needed to Successfully Adopt Health IT," is timely and we are eager to have a dialogue on the state of health IT.

CHIME is an executive organization dedicated to serving chief information officers and other senior healthcare IT leaders. With more than 1,450 CIO members and over 95 healthcare IT vendors and professional services firms, CHIME members have frontline experience in implementing the kinds of clinical and business IT systems needed to realize the e-enabled healthcare transformation envisioned by the HITECH Act.

Below we provide over-arching comments on the proposed "reboot" to HITECH while the attachment includes our responses to specific questions and themes found in the report.

While we share some of your concerns with the current state of interoperability, we strongly believe that EHR incentive payments under the policy of Meaningful Use have been essential in moving the nation's healthcare system into the 21st Century. One of the goals behind Meaningful Use is to eliminate inconsistency and variability long-since built into healthcare information technology systems. Through the EHR Incentive Payments program, CMS and ONC have begun to mitigate this fractured and incompatible state for EHRs. Specifically, we believe that the certification process has had a major impact on the adoption and use of health information technology. The work

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accomplished through Meaningful Use to reach consensus on transport, vocabulary and content standards is foundational to advancing interoperability and exchange. Additionally, we know that many US hospitals and physicians rely on the expectation of incentive monies in executing their business plans for EHRs and interoperability solutions.

CHIME believes the industry's guiding principle should be to maximize the opportunity of program success and monitor the timelines needed to do that. **For this reason, we formally and strongly recommend a one-year extension to Stage 2 before progressing to Stage 3 of Meaningful Use.** An extension is vital for providers, vendors and policymakers to ensure the outcomes sought in Stage 3 are realized. A year extension of Stage 2 will give providers the opportunity to optimize their EHR technology and achieve the benefits of Stage 1 and Stage 2; it will give vendors the time needed to prepare, develop and deliver needed technology to correspond with Stage 3; and it will give policymakers time to assess and evaluate programmatic trends needed to craft thoughtful Stage 3 rules.

Your report highlights a number of fair and responsible criticisms of the program and it echoes many of the concerns CHIME has voiced over the last three years. But given the nation's increased adoption of EHRs, the increased investments in interoperable solutions and the early-stage transformations encountered everyday by our members, we remain convinced that the trajectory set by Meaningful Use is the correct one.

We hope this feedback is helpful. CHIME would like to be a resource to your offices by helping lawmakers understand the challenges / opportunities of implementing HITECH. If there are any questions about our comments or more information is needed, please contact Sharon Canner at [scanner@cio-chime.org](mailto:scanner@cio-chime.org) or (703) 562-8834. CHIME looks forward to a continuing dialogue with your offices on this and other important matters.

Sincerely,



Russell P. Branzell  
President & CEO  
CHIME



George T. Hickman  
CHIME Board Chair  
Executive VP & CIO  
Albany Medical Center

CC: Honorable Kathleen Sebelius, Secretary, Department of Health and Human Services  
CC: Ms. Marilyn Tavvener, Acting Administrator, Centers for Medicare & Medicaid Services  
CC: Dr. Farzad Mostashari, National Coordinator, Office of the National Coordinator for Health IT

Attachment

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Please consider the following suggestions as a means toward fulfilling the goals of HITECH and responsibly using American taxpayer resources to modernize the nation's healthcare system.

### Standards

Your report correctly identifies a lack of standards with the 2011 Edition of Certified EHR Technology to support interoperability. You state that “more emphasis should be placed on unified standards as a part of the EHR certification process.” We could not agree more.<sup>1</sup> One area of specific concern, however, is in regards to the absence of a standard way to positively identify patients. As the frequency of health information exchange increases, patient data-matching errors and mismatches will become exponentially more problematic and potentially dangerous. As stated in a survey of CHIME membership<sup>2</sup> from May 2012, “Unintended injury or illness attributable to patient data-matching error is a considerable, and growing, problem in this era of health information exchange. And with a substantial portion of CIOs involved with HIEs that use differing approaches to data matching, we can expect the inconsistency and variability inherent to healthcare IT systems to persist – and become more endemic – without national leadership and consistent standards.”

**RECOMMENDATION:** We see the work being done in support of standards development and certification as essential to the future success of HITECH. We recommend that Congress continue its support of the S&I Framework and enhance ONC's standards-setting resources. Congress could consider periodic requests for information regarding needed areas of health IT standards, or encourage ONC to engage in such formalized feedback mechanisms. Specifically, Congress should request an update from ONC on what technologies, architectures and strategies exist to mitigate patient matching errors, seek feedback from the public via congressional hearing, or other formal commenting mechanism, and determine how current work at the S&I Framework could be levered to address this foundational challenge.

### Evaluation & Oversight

We support your assertion that more formal analysis and review of progress to date is needed. In comments recently submitted to ONC's Health IT Policy Federal Advisory Committee regarding Stage 3, we urged policymakers to be “guided by thorough evaluations and reasonable expectations of what hospitals, health professionals and EHR vendors are capable of accomplishing over time so

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<sup>1</sup> “CHIME Response to CMS ONC Request for Information on Advancing Interoperability and Health Information Exchange,” (April 2013) [http://www.cio-chime.org/advocacy/resources/download/CHIME\\_Response\\_to\\_Interop\\_RFI\\_Final.pdf](http://www.cio-chime.org/advocacy/resources/download/CHIME_Response_to_Interop_RFI_Final.pdf)

<sup>2</sup> Summary of CHIME Survey on Patient Data-Matching (May 2012) [http://www.cio-chime.org/advocacy/resources/download/Summary\\_of\\_CHIME\\_Survey\\_on\\_Patient\\_Data.pdf](http://www.cio-chime.org/advocacy/resources/download/Summary_of_CHIME_Survey_on_Patient_Data.pdf)

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that more informed recommendations can be made regarding Stage 3 measures and objectives.”<sup>3</sup> Hearing such concerns from CHIME and other stakeholders, CMS and ONC wisely chose to defer Stage 3 rulemaking for the rest of 2013.

**RECOMMENDATION:** Moving forward, we would encourage the Senate committees of jurisdiction to continue their oversight efforts to better understand how CMS and ONC use evaluations to make “course corrections” and enhance policy implementation. We would further recommend that any evaluations made available to Congress also be made publicly available via HealthIT.gov so that broad policy discussions can involve all stakeholders.

### Audits & Program Integrity

CHIME respects the fiduciary responsibilities of Congress and Executive Branch agencies in ensuring the most efficient use of taxpayer funds. We believe every effort should be made to mitigate fraud, waste and abuse, but we do not agree that pre-payment audits are the answer. CHIME has previously raised concerns with “asymmetric auditing efforts” that require hospitals and clinicians to produce documentation that exceeds certification requirements.<sup>4</sup> In our view, audits should be primarily focused on uncovering fraudulent activities, not honest mistakes in documentation, especially at this early juncture in the EHR Incentive Payments program and when documentation requirements are being specified or made clear only after the fact.

**RECOMMENDATION:** We fully understand the desire to ensure that incentive payments are flowing to those who have qualified to receive them, but this desire must not translate into unreasonable auditing efforts that will simply demoralize the hospitals and health professionals that have formed the vanguard in EHR Meaningful Use. We also think that more work is needed to ensure that auditing efforts are properly structured, demonstrate more consistency, employ adequately trained personnel, and are guided by common sense criteria. We ask that Congress ensure CMS audits are efficient and effective without overburdening providers.

In response to a request for feedback regarding certain vendor practices or vendor market structures that inhibit interoperability, we point to comments filed with ONC earlier this year. In responding to the Stage 3 Request for Comment, CHIME expressed concern over what appears to be growing turmoil in the EHR vendor space. “As we move from Stage 1 to Stage 2 and beyond, it appears that many hospitals and health professionals may have little or no choice but to transition from one

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<sup>3</sup> CHIME Response to Health IT Policy Committee Request for Comments Regarding the Stage 3 Definition of Meaningful Use of Electronic Health Records (January 2013) [http://www.cio-chime.org/advocacy/resources/download/CHIME\\_Stage\\_3\\_RFC\\_Response.pdf](http://www.cio-chime.org/advocacy/resources/download/CHIME_Stage_3_RFC_Response.pdf)

<sup>4</sup> CHIME Response to Health IT Policy Committee Request for Comments Regarding the Stage 3 Definition of Meaningful Use of Electronic Health Records (January 2013)

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vendor's EHR product to another vendor's product," we said.<sup>5</sup> This could be due to a number of factors, including vendor business failures, vendor consolidation, vendor decisions not to support 2014 Edition certification for current market products and / or vendor performance problems.

**RECOMMENDATION:** While we are not aware of any conclusive data on how many providers are subject to situations described on page 20 of "Reboot," we believe ONC and CMS should consider what might be done to provide some protection or accommodation for hospitals and health professionals that must undertake such EHR product transitions at the same time that they are expected to progress from one stage of Meaningful Use to another. Likewise, we would ask that congressional oversights closely monitor how the shifting market for certified EHRs impact providers who depend on developers to meet Meaningful Use and other aspects of HITECH.

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<sup>5</sup> CHIME Response to Health IT Policy Committee Request for Comments Regarding the Stage 3 Definition of Meaningful Use of Electronic Health Records (January 2013)