January 29, 2016

The Honorable Lamar Alexander
Chairman
U.S. Senate Committee on Health, Education, Labor, and Pensions

The Honorable Patty Murray
Ranking Member
U.S. Senate Committee on Health, Education, Labor, and Pensions

Submitted electronically to HealthIT@help.senate.gov

Dear Chairman Alexander and Ranking Member Murray:

The Bipartisan Policy Center (BPC) appreciates the opportunity to comment on the Senate Health, Education, Labor, and Pensions (HELP) Committee staff discussion draft of bipartisan legislation to improve health information technology (IT) for doctors and their patients. BPC commends the members of the Senate HELP Committee for their leadership and focus on health IT, their commitment to finding bipartisan policy solutions, and the collaborative process they have undertaken.

In recent years, BPC's Health Innovation Initiative has released a number of reports that have included recommendations to advance the use of health IT to improve health and health care. BPC's recommendations align considerably with several provisions in the discussion draft. Specific comments on the staff discussion draft are provided below.

Advancing Electronic Information Sharing and Interoperability of Health IT Systems

Electronic information sharing—supported by interoperable health IT systems—plays a critical role in improving the health and wellness of individuals; supporting higher quality, more cost-effective, patient-centered care; and advancing biomedical innovation. While a majority of clinicians and hospitals are now adopting electronic health records (EHRs), the level of interoperability and meaningful electronic information sharing among different organizations is still fairly low. Congressional action is needed to accelerate the level of electronic information sharing and the interoperability of health IT systems.

Advancing Interoperability of Health IT

BPC supports multiple provisions contained in the discussion draft that are designed to improve the interoperability of health IT systems which are in alignment with findings and recommendations contained in numerous BPC reports[1]:

1. Federal adoption of standards, implementation specifications, and certification criteria for a core set of common data elements to enhance the ability of certified EHR technology to capture, use, and exchange structured electronic health information (Section 5, page 52).

1. Prioritization of standards, implementation specifications, and certification criteria by the Department of Health and Human Services (HHS) Secretary, for a core set of common data elements based on priorities that include the following (Section 5, page 53):
    a. Facilitation of the development of electronically-specified clinical quality measures;
    b. Exchange of electronic health information and integration of such information from other sources;
    c. Access to standardized clinical data related to health and clinical research;
    d. Access to standardized clinical data related to public health activities;
    e. Facilitation of individuals' access to electronic health information;
    f. Capture of clinical information that supports the treatment of populations with unique needs, such as children.

2. Inclusion of interoperability criteria within the voluntary certification program (Section 3, page 8).

3. Increased transparency of certification information associated with interoperability (Section 3, page 7).

4. Establishment of reporting measures and a rating methodology—informed by considerable public input—that relate to interoperability and electronic information sharing, including the following (Section 3, pages 11-14):
    a. Enabling the user to order and view the results of laboratory tests, imaging tests, and other diagnostic tests;
    b. Accessing and exchanging information and data from medical devices;
    c. Accessing and exchanging information from other health care providers or applicable users;
    d. Accessing and exchanging patient-generated information;

[1] Bipartisan Policy Center, *Improving Health Through Interoperability and Information Sharing*. Available at: http://bipartisanpolicy.org/wp-content/uploads/2015/11/BPC-Improving-Health-Interoperability.pdf
Bipartisan Policy Center, *Advancing Medical Innovation for a Healthier America*. Available at: http://bipartisanpolicy.org/wp-content/uploads/2015/07/BPC-Advaning-Medical-Innovation.pdf
Bipartisan Policy Center, *Clinician Perspectives on Electronic Information Sharing for Transitions of Care.* Available at http://bipartisanpolicy.org/wp-content/uploads/sites/default/files/Clinician%20Survery_format%20(2).pdf
Bipartisan Policy Center, *Accelerating Electronic Information Sharing to Improve Quality and Reduce Costs in Health Care.* Available at http://bipartisanpolicy.org/wp-content/uploads/sites/default/files/BPC%20Accelerating%20Health%20Information%20Exchange_format.pdf

e. Providing the patient or an authorized designee with a complete copy of their health information from an electronic record in a computable format; and
f. Providing accurate patient information (to support accurate matching of patient data across systems).

5. Reporting of interoperability measures as a condition of maintaining voluntary certification (Section 3, page 17).

6. Federal recognition of an independent body to implement the rating program, including publishing ratings and performance on interoperability (Section 3, page 17).

7. Prioritization of the work of the federal advisory committee (Health IT Advisory Committee) to focus on advancing the electronic exchange and use of health information across the care continuum; requiring the Health IT Advisory Committee to provide input on the development, harmonization, and recognition of standards, implementation specifications, and certification criteria that will enable the electronic use and exchange of health information (Section 5, pages 33-34).

8. Recommendations associated with the pilot-testing of standards and implementation specifications prior to adoption (Section 5, page 40).

9. Certification requirements associated with the ability of EHR technology to be capable of trusted exchange with multiple other certified EHRs (Section 8, page 64).

10. Establishment of or adoption of a provider digital contact information index to provide digital contact information for health professionals, health facilities, and other individuals or organizations (Section 5, page 31).

Discouraging Information Blocking

BPC supports provisions contained in the discussion draft that are designed to discourage information blocking, including the following:

1. Establishment of definitions for information blocking through formal rule-making (Section 4, pages 22-23).

2. Requirements for attestation associated with information blocking as a condition of health IT certification (Section 3, page 9).

3. Enforcement of rules associated with information blocking among health IT developers, exchanges, networks, and providers (Section 4, page 23).

Establishing a Trust Framework

BPC supports provisions contained in the discussion draft that are designed to promote agreement on and adoption of common policies for information sharing, including the following:

1. Consensus among public and private sector stakeholders on a trusted exchange framework and a common agreement for the exchange between health information networks (Section 5, pages 28-29).

2. Publication of a directory of health information networks that have adopted the common agreement (Section 5, page 30).

Supporting Accurate "Matching" of Patient Data

Much of the information about a patient's health and health care resides in the multiple settings in which care and services are delivered, including the offices of primary care physicians and specialists, retail clinics, hospitals, laboratories, pharmacies, and radiology centers. Enabling a clinician to view a comprehensive picture of the patient to inform clinical decision-making requires accurate and efficient "matching" of an individual patient's health information contained in multiple records across settings. Additional standards and methods are needed, many of which are addressed in the discussion draft.

BPC supports multiple provisions contained in the staff discussion draft to both enable and improve the accuracy of matching of individual patient data across health IT systems. Many of such provisions were included in recommendations included in BPC reports.[2]

1. Inclusion of reporting measures associated with the accurate matching of patient information within an independent rating program (Section 3, page 14)

2. Inclusion of technology that provides for accurate matching of patient information as one of the areas for which the HIT Advisory Committee must recommend standards, implementation specifications, and certification criteria (Section 5, pages 35-36).

3. Government Accountability Office (GAO) study of the policies and activities of ONC and other relevant stakeholders associated with patient matching within one year, including current methods used for certifying EHRs for patient matching (Section 9, pages 67-68).

[2] Bipartisan Policy Center, *Accelerating Electronic Information Sharing to Improve Quality and Reduce Costs in Health Care.* Available at http://bipartisanpolicy.org/wp-content/uploads/sites/default/files/BPC%20Accelerating%20Health%20Information%20Exchange_format.pdf
Bipartisan Policy Center, *Challenges and Strategies for Accurately Matching Patients to their Health Data.* Available at http://bipartisanpolicy.org/wp-content/uploads/sites/default/files/BPC%20HIT%20Issue%20Brief%20on%20Patient%20Matching.pdf

4. GAO determination as to whether ONC could improve patient matching by defining additional data elements to assist in patient matching, agreeing to a minimum set of elements that need to be collected and exchanged, and requiring EHRs to contain certain fields required for matching, using specific standards. Rather than wait for GAO determination, BPC recommends that the legislation direct ONC to (1) define data elements to assist in patient matching, (2) agree to a minimum set of elements that need to be collected and exchanged, and (3) require EHRs to contain certain fields required for matching, using specific standards (Section 9, page 68).

5. GAO submission of a report containing findings of its patient matching study. Currently the discussion draft requires the GAO to submit its report containing the findings of the patient matching study within three years (Section 9, page 68). BPC recommends that the time period for submission be shortened to 18 months or two years.

To further bolster recommendations associated with accurate matching of patient data, BPC recommends that the list of priorities developed by the HHS Secretary for the establishment of standards, implementation specifications, and certification criteria for a core set of common data elements (contained in Section 9, page 53), also address data elements needed for accurate and efficient matching of patient data.

Improving Patient Safety

Patient safety organizations (PSOs) play a critical role in improving safety and quality in health care. Health IT developers can play a key role in reporting and conducting patient safety-related activities.

BPC supports the provisions contained in the staff discussion draft to improve patient safety, health care quality, and health care outcomes. Such provisions were contained in recommendations included in BPC reports.[3]

1. Treatment of health IT developers as a provider for purposes of reporting and conducting patient safety activities concerning improving clinical care through the use of health IT, that could result in improved patient safety, health care quality, or [better] health care outcomes (Section 5, page 56).

2. Submission of report by the HHS Secretary within 48 months that outlines best practices and current trends voluntarily provided (without providers identified) by PSOs, to improve the integration of health IT into clinical practice (Section 5, pages 56-57).

[3] Bipartisan Policy Center, *An Oversight Framework for Assuring Patient Safety in Health Information Technology.* Available at: http://bipartisanpolicy.org/wp-content/uploads/sites/default/files/Patient%20Safety%20Health%20IT.pdf

Improving Patient Access to Health Information

Patient access to health information has been shown to improve health outcomes, patient satisfaction, and the patient experience of care.

A recent Nielsen survey released by the Council of Accountable Physician Practices and the Bipartisan Policy Center indicates that a majority of Americans look forward to the day when they can access all of their health information in the same place. Yet the same survey shows that only 28 percent of Americans have access to an electronic portal where they can log on and see their health information through their primary doctor.[4] Achieving this important goal will require aggregation of an individual patient's health information in one single place, to support patients as they manage their health and health care.

BPC supports the multiple provisions contained in the discussion draft that will enable individuals to have electronic access to their health information. Such provisions are in alignment with recommendations contained in BPC reports.[5]

1. Use of existing authorities to encourage health information exchange organizations and networks to partner with health care providers, health plans, and other appropriate entities to offer patients access to their electronic health information in a single, longitudinal format that is easy to understand, secure, and may be updated automatically (Section 7, pages 57-58).

2. Education and clarification of misunderstandings among health care providers about using health information exchanges and other relevant platforms to enable patient access to electronic health information (Section 7, page 58).

3. Issuance of guidance related to best practices for ensuring that electronic health information provided to patients is secure, accurate, verifiable, and easily exchanged, with appropriate authorizations (Section 7, page 59).

4. Promotion of and further education about federal policies that ensure that a patient's electronic health information is accessible to patients and their designees, in a manner that facilitates communications with health care providers regarding patient choices, including those related to research (Section 7, page 60).

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[4] Council for Accountable Physician Practices and Bipartisan Policy Center. (2015). Survey Results Released at Better Together: High Tech and High Touch, November 4, 2015 Event. http://accountablecaredoctors.org/wp-content/uploads/2015/11/CAPP-SHP-Consumer-Survey_Full-Presentation_103015.pdf.

[5] Bipartisan Policy Center, *Improving Health Through Interoperability and Information Sharing*. Available at: http://bipartisanpolicy.org/wp-content/uploads/2015/11/BPC-Improving-Health-Interoperability.pdf

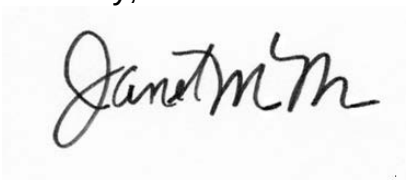
Bipartisan Policy Center, *Improving Quality and Reducing Costs in Health Care: Engaging Consumers Using Electronic Tools*. Available at http://bipartisanpolicy.org/wp-content/uploads/sites/default/files/BPC_Engaging_Consumers_Using_Electronic_Tools.pdf

5. Inclusion of certification criteria that assure that health IT supports patient access to an electronic health record, including in a longitudinal format that is easy to understand, secure, and may be updated automatically and supports the ability of the patient to electronically share such information, for purposes that include research (Section 7, pages 61-62).

Thank you again for the opportunity to submit feedback to the Senate HELP Committee's discussion draft of bipartisan legislation to improve health IT for doctors and their patients. We again commend you for your bipartisan leadership on improving health IT to support the health of individuals; the delivery of higher quality, more cost-effective, patient-centered care; and advances in biomedical innovation.

If you have any questions or wish to discuss BPC's comments, please contact me at 202.379.1634 or jmarchibroda@bipartisanpolicy.org.

Sincerely,



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