

June 22, 2015

The Honorable Orrin Hatch  
United States Senate  
Washington, DC 20515

The Honorable Ron Wyden  
United States Senate  
Washington, DC 20515

The Honorable Johnny Isakson  
United States Senate  
Washington, DC 20515

The Honorable Mark Warner  
United States Senate  
Washington, DC 20515

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The Healthcare Information and Management Systems Society (HIMSS) is a global, cause-based, not-for-profit organization focused on better health through information technology (IT). HIMSS leads worldwide efforts to optimize health engagements and care outcomes using information technology and health IT thought leadership, education, events, market research, and media services. Founded in 1961, HIMSS encompasses more than 61,000 individuals, of which more than two-thirds work in healthcare provider, governmental, and not-for-profit organizations across the globe, plus over 640 corporations and 450 not-for-profit partner organizations, that share this cause.

Health IT is a critical tool in helping to achieve many of the goals cited in your letter, including increasing care coordination among individual providers across care settings treating patients living with chronic disease, facilitating the delivery of high quality care, improving transitions, producing stronger patient outcomes, increasing efficiency, and reducing growth in spending. We applaud your formation of a bipartisan chronic care working group to address the many challenges facing this patient population, and are pleased to offer the following comments to inform your efforts.

**GENERAL COMMENTS**

Advances in treatment of chronic conditions over time have resulted in patients living longer with better quality of life. This “new normal” for Medicare patients requires increased care coordination and care collaboration. Thus, there must be sufficient emphasis on health information exchange and appropriate, secure access for all stakeholders including patients, family members, providers, payers and caregivers. Plus, as patients and their caregivers manage advice, care plans, medications, appointments, and therapies from multiple providers, patient education becomes paramount.

The starting point for bending the cost curve for this population is disease prevention and early detection, care collaboration and supporting systems. Once diagnosed with a chronic condition, individuals must be as self-sufficient as possible, get appropriate care when needed, be in a position to knowledgeably decline unnecessary care, and have the support systems in place to improve or remain stable. With their providers, patients and their families need to actively design a care plan that reflects their individual goals.

There also must be acknowledgement of the impact of social determinants of health, such as safe walking areas and the availability of healthy foods, on chronic disease prevention and management. It is critical that the healthcare delivery system work collaboratively with public health agencies and communities to address these underlying factors.

Our comments below focus specifically on the role of health IT in enabling improved care and health status of patients with chronic conditions. Specifically, we focus on how IT supports increased patient engagement and improved continuity of care, support, care collaboration and value. The critical role of telehealth, including remote patient monitoring, in achieving these goals is also addressed in detail.

Our recommendations for improving chronic care for Medicare beneficiaries include:

- Prioritize and incentivize patient engagement by encouraging payers to make available portals, personal health records (PHRs), electronic health information (EHI) and Payer Based Health Records (PBHRs) for beneficiaries that are interoperable with Electronic Health Records (EHRs) via standards-based health information exchange.
- Use lessons learned from current health information exchange initiatives to inform future policymaking.
- Remove barriers to the use of broader types of technologies (i.e., telehealth and remote patient monitoring) that will expand access to high quality, cost-effective healthcare for Medicare patients.

**PATIENT ENGAGEMENT**

Improving chronic care starts with patient activation, which depends in large part on encouraging patients who traditionally have been less engaged to take a more active role in their health and healthcare. A growing body of evidence indicates that greater patient engagement contributes to improved health and health outcomes and lower costs.<sup>1</sup> Health IT can support this engagement in many ways through innovative technologies focused on the following:

Health Management	Supports functions including patient engagement, patient/provider family communication, shared decision making, care planning, etc.	Examples: <ul style="list-style-type: none"> <li>• Portals, secure messaging, video,</li> <li>• Shared decision-making tools, patient education functionality, patient access to records, patient generated data</li> <li>• Standards-based access to individual clinical and financial data</li> <li>• Interoperable EHRs that include or link to many of these functions</li> </ul>
Social & Behavioral	Supports functions including patients’ ability to share their record via social media; patient	Examples: <ul style="list-style-type: none"> <li>• Texting, health gaming, information therapy</li> </ul>

<sup>1</sup> Hibbard JH, Greene J. [“What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs.”](#) Health Affairs. 2013 Feb;32(2):207-14.

	reported outcomes from daily living, adherence and self-care; provider ability to prescribe self-help tools	<ul style="list-style-type: none"> <li>Wearables and mobile health technology</li> <li>Interoperable EHRs with patient-facing apps linked to EHRs and other health IT</li> </ul>
Home Health	Supports functions including the patient's ability to share information from home monitoring devices	Examples: <ul style="list-style-type: none"> <li>Telehealth, remote patient monitoring and smart homes</li> <li>Patient education resources</li> </ul>
Financial Health	Supports functions including managing insurance and expenses, transparency and consumerism, patient onboarding and financial options	Examples: <ul style="list-style-type: none"> <li>Patient and provider secure access to a portal with information on cost projections for actual or proposed care</li> </ul>

Cutting edge, collaborative efforts are underway to enhance patient engagement through technology. The Personal Connected Health Alliance ([PCHA](#)) is working to improve the use of patient-generated data by bringing together the critical elements needed to ensure that consumer technologies are user-friendly, secure and can easily collect, display and relay personal health data. PCHA focuses on education, policy and interoperability standards and certification to make personal connected health a reality for patients and consumers.

Any policy aimed at improving chronic care for Medicare patients must prioritize and incentivize patient activation, engagement and adherence. HIMSS has multiple policy recommendations related to patient engagement including encouraging payers to make available portals, PHRs, EHI and PBHRs for beneficiaries that are interoperable with EHRs via standards-based health information exchange.<sup>2</sup>

**CONTINUITY OF CARE**

Broadly speaking, care coordination is intended to engage, and create collaboration between, all those who have a role in a patient's diagnosis, treatment, and management. The focus on both coordination and collaboration across multiple care settings and providers is particularly important in the context of patients with chronic conditions.

Health IT is a critical enabler of better continuity of care for patients with chronic conditions, ensuring that the right information follows the patient and their caregivers to inform better care decisions. Health IT provides a mechanism for patients and caregivers to have access to information and participate as active members of the care team. And, health IT provides an opportunity for patients to tell their story, outlining their goals and wishes, to ensure every member of the care team is informed.

Although there are many examples of health IT being used to facilitate coordinated, collaborative care, it is clear that challenges remain. These challenges include a lack of widespread, secure information sharing across care settings; lack of patient access to or information regarding the

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<sup>2</sup> See 2014-2015 [HIMSS Public Policy Principles](#) on Patient Empowerment and Consumer Engagement. Page 12.

purpose and outcome of the care in each care setting; and the lack of a shared clinical record, i.e., a way for the patient to have input into their clinical record or a method to track performance across settings. Silos of health information result in silo'ed healthcare delivery which, in turn, leads to inefficiencies, redundant services, higher cost and lower value.

Addressing barriers to continuity of care requires ongoing assessment of the effectiveness of the capabilities required to support it. To support this assessment process, HIMSS Analytics developed the Continuity of Care Maturity Model ([CCMM](#)). The CCMM model focuses on four key areas - effective health information exchange, coordinated patient care, advanced analytics and patient engagement. The CCMM model escalates the capabilities in each of these areas as providers progress. The CCMM model is unique in that it allows for assessment of success in continuity of care across providers responsible for caring for a patient with chronic conditions.

Policies to improve continuity of care also must focus on mitigating or removing barriers to facilitate widespread, secure health information exchange. There are many private sector initiatives underway aimed at promoting more robust health information exchange. For example, Integrating the Healthcare Enterprise ([IHE USA](#)), an independent 501(c)(3) not for profit organization founded in 2010, serves as a voice representing U.S. health IT interests and key partners in efforts for fostering the national adoption of a consistent set of information standards to enable interoperability of health IT systems.

As part of this work, IHE holds "[Connectathons](#)" - cross-vendor, live, supervised, and structured testing events with over 100 vendor organizations, multiple providers and public health agencies, States, and 600+ engineers and IT architects. Organizations and IT experts meet for one full week of interoperability testing and problem resolution. Participants test their products against multiple vendors using real-world clinical scenarios contained in IHE's Integration Profiles.

"[ConCert by HIMSS](#)," an interoperability testing and certification program governed by HIMSS and built on the work of the EHR | HIE Interoperability Workgroup and IHE USA, is a comprehensive program that tests and certifies EHR and health information exchange vendors. Launched in early 2015, one vendor thus-far has earned certification, nine are actively moving through the certification process, and numerous additional vendors are anticipated to begin the certification work. ConCert by HIMSS is being submitted to the HHS Office of the National Coordinator for Health IT for consideration in their ONC Health IT Certification Program as a Non-Governmental Developed Test Procedures, Test Tools, and Test Data. Once approved, ConCert by HIMSS will be available for use by [National Voluntary Laboratory Accreditation Program \(NVLAP\)](#) accredited testing laboratories.

There is a tremendous amount of ongoing work happening in the health information exchange space. Current initiatives can and should inform potential policy in this area by sharing important lessons learned from overcoming challenges, achieving successes and developing best practices.

### **IMPROVING QUALITY AND LOWERING COSTS**

The staggering data on Medicare spending on beneficiaries with chronic conditions cited in the Committee's request for feedback establishes the critical importance of achieving value for this patient population (defined as both improving quality and lowering costs). Health IT supports both sides of the value equation, capturing data and supporting the decision-making needed to measure and improve performance, increase safety and reduce costs.

Since the implementation of the HITECH Act, rates of adoption of advanced EHR capabilities have increased significantly. A [white paper](#) published jointly by HIMSS Analytics and Healthgrades in 2014 used the Electronic Medical Record Adoption Model ([EMRAM](#)) to specifically study the relationship between advanced EMR capabilities and clinical outcomes using Centers for Medicare and Medicaid (CMS) data. One important finding of this research was that high EMRAM hospitals, or hospitals with advanced health IT capabilities, saw 6.5 percent fewer mortalities from heart attack than low EMRAM hospitals. This is a concrete example of how health IT adoption is supporting better patient outcomes.

Combining the implementation of EHRs with best practices and dynamic change management increases the potential clinical value and return on investment from health IT. The [HIMSS Health IT Value Suite](#)<sup>3</sup> contains thousands of examples of organizations that connect people, process, and technology to generate value derived from the use of health IT, including many related specifically to chronic care management and care coordination across diverse care settings and geographic locations. For example, a medical practice in Arkansas utilized health IT to increase their rate of LDL cholesterol measurement from 28 percent to 72 percent over a two year period. In another instance, a health system in New Jersey was able to achieve 100 percent immediate post-discharge follow-up through effective use of health IT.

The [Davies Award of Excellence](#) is HIMSS's highest recognition of hospitals, ambulatory practices and clinics, and community health organizations that demonstrate sustainable improvements in patient outcomes through the use of health information technology. For example, 2013 Davies winner [White River Family Practice \(WRFP\)](#) in White River, Vermont, leveraged a variety of health IT interventions (clinical decision support, analytics, and patient engagement) to drive diabetic patients to better adherence to their care plan. As a result, WRFP was able to get an additional 15 percent of their diabetic patients' hemoglobin A1c level under 7 within a year.

Adoption and utilization of interoperable health IT solutions, including EHRs, patient portals and other existing and emerging technologies, also can support innovative healthcare payment models that incentivize higher quality, help control costs and promote system sustainability. These models include value-based purchasing, shared savings/risk models, bundled payments and accountable-care organizations, all of which require health IT infrastructure. The Merit Based Incentive Payment System, established in the Medicare Access and CHIP Reauthorization Act of 2015, further cemented the interconnectivity between quality, cost and health IT by including measures of each category in the new Medicare physician reimbursement calculation.

#### **IDEAS TO EFFECTIVELY USE OR IMPROVE THE USE OF TELEHEALTH AND REMOTE PATIENT MONITORING**

HIMSS believes that better utilization of telehealth, including remote patient monitoring, technologies is vital to improving care and value for patients with chronic conditions. This patient population, in particular, requires active monitoring and regular touch points with providers. Telehealth removes barriers to patients receiving the services they need (especially those in rural and underserved areas) and promotes more active participation in their care. This can lead to lower costs for beneficiaries and for the Medicare program as well as greater patient satisfaction. Telehealth also can assist in facilitating a coordination strategy for patients with chronic conditions by enhancing the frequency and effectiveness of meetings of the care team and phasing out redundancies in treatment and services.

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<sup>3</sup> Please use Google Chrome to access.

A strong body of research points to the impact of telehealth and remote patient monitoring on improving value in both public and private healthcare delivery. For example, fiscal year 2013 data from the Veterans Health Administration (VHA) showed a 59 percent reduction in bed days and a 35 percent reduction in hospital admissions resulting from use of home telehealth. Use of telehealth by VHA also resulted in high patient satisfaction and an annual savings of \$2,000 per patient.<sup>4</sup>

In another recent study on the use of remote patient monitoring, patients at St. Michael Health System had an average cost of care of \$12,937 prior to enrollment in the remote monitoring program compared to just \$1,231 post enrollment.<sup>5</sup>

We urge the Committee to consider policies that encourage use of broader types of technologies that will expand access to high quality, cost-effective healthcare for Medicare patients. HIMSS has a number of policy recommendations related to telehealth, including:

- Eliminating the restrictions contained in Section 1834(m) of the Social Security Act that greatly limit patient and provider access to telehealth technologies;
- Expanding the types of technologies that can be utilized;
- Expanding allowable sites (beyond hospitals) where telehealth services can be rendered (e.g., long term and post-acute care facilities, behavioral health services and remote patient monitoring for chronic care);
- Mitigating barriers associated with clinical licensure related to interstate telehealth practice; and
- Expanding reimbursement mechanisms for telehealth.

**Specifically, Congress should direct CMS to expand the scope of potential originating sites and embrace “store and forward” technologies and other non-audio and visual technologies to support improved chronic disease and population health management.**

By expanding the definition of originating sites and recognizing advances in technology, Congress begins to set the stage for true continuity of care, further supporting the shift away from episodic fee-for-service care. Current restrictions overlook the value of information (such as patient generated data or other types of platforms which store information for later use) that is not gathered during a traditional video-based telemedicine visit. Patient-generated health data is routinely highlighted as an important enabler of patient-centered care models.

In the absence of broader authority from Congress, CMS should use current waiver authority to expand access to telehealth services including remote monitoring in the shared savings program and bundled payment and other alternative payment model demonstrations. This would include removing current Medicare reimbursement restrictions on telehealth services and allowing “store and forward” capabilities to be utilized. Currently, only Alaska and Hawaii are authorized to use these capabilities for federal demonstration projects. Greater use of “store and forward” capabilities will aid in the long-term monitoring of chronic diseases by enabling remote capabilities for remote patient monitoring technologies.

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<sup>4</sup> Darkins, Adam. “Telehealth Services in the United States Department of Veterans Affairs.” 2014. PowerPoint Presentation.

<sup>5</sup> Use Case Study: Christus Health - Improving Health at Home: Remote Patient Monitoring and Chronic Disease; September 2013.

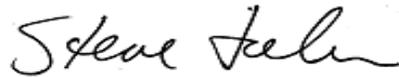
HIMSS appreciates the opportunity to share our perspective on the role of health IT in improving chronic care for Medicare beneficiaries. We look forward to an ongoing dialogue with the Committee and Chronic Care Working Group Members to ensure the continued success of health IT as a transformational force in tackling America's healthcare challenges.

If you have questions, or would like additional information, please contact Samantha Burch, HIMSS Senior Director of Congressional Affairs, at [sbburch@himss.org](mailto:sbburch@himss.org) or 703-562-8847.

Sincerely,



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