

**From:** [Bill Barnes](#)  
**To:** [Care, Chronic \(Finance\)](#)  
**Cc:** [Baker, Brett \(Finance\)](#); [Richardson, Matthew \(Hatch\)](#)  
**Subject:** Finance Committee's Chronic Care Options Paper  
**Date:** Monday, January 25, 2016 5:41:52 PM

---

An important policy consideration missing from the Finance Committee's Bipartisan Chronic Care Working Group Policy Options Document is the interoperability of health IT systems. The policy goals identified by the Bipartisan Chronic Care Working Group, particularly its goals to increase care coordination across care settings, and improve care transitions, cannot be accomplished unless the health IT systems implemented by health care providers, ACOs, and Medicare Advantage Plans are interoperable. Many of the policies identified by the Working Group would require health providers involved in the care of patients to transmit or receive timely and accurate information from other health providers concerning their patients with multiple chronic conditions.

For example, the Working Group proposed to establish a new high-severity chronic care management code under the Physician Fee Schedule, under which health care providers would be reimbursed for coordinating care with social workers, dietitians, nurses, and behavioral health specialists. In order for such care coordination to be effective, physicians need to be able to securely send and receive health information electronically with these care providers and incorporate the information into the patient's electronic medical record. In many cases, even health information technology systems currently certified the Office of the National Coordinator for Health Information Technology ("ONC") certification program are incapable of sending health information in a format usable by the receiving health IT system. The Finance Committee should seek to advance the nation's progress to interoperability. One way to advance interoperability would be to re-orient Stage 3 of the Medicare Electronic Health Record Incentive Program (the "Meaningful Use" program) to focus on standards and interoperability. Presently, the Meaningful Use program is actually detracting from our shared national goal of a nationwide health information technology infrastructure.

The interoperability gap is even more acute for providers of behavioral health. The Working Group cited research that showed that integrating behavioral health and primary care can improve care coordination and health outcomes. As the Working Group noted, however, ACOs and other models struggle to integrate behavioral health care with primary care due to federal and state confidentiality restrictions that prevent behavioral health specialists from sharing their treatment information. The Finance Committee should consider whether legislation eliminating these confidentiality restrictions with respect to care coordination would encourage interoperability and improved coordination between behavioral health specialists and primary care providers.

The Working Group also identified enhanced reimbursement for telehealth services as a consideration for improving care to patients with multiple chronic conditions. In order for telehealth providers to effectively coordinate their care with other providers, telehealth providers and technologies must be included as part of the nationwide health information technology infrastructure. Currently, health IT products certified through the ONC certification program are not required to communicate effectively with telehealth technology. The Finance Committee should consider better ways to promote standards and interoperability that are inclusive of telehealth technology products and telehealth providers.

Thanks.

Bill Barnes  
Intermountain Healthcare  
801.442.3240