33 W. Monroe, Suite 1700
Chicago, IL 60603
Phone: 312-915-9582
Twitter: @EHRAssociation

January 29, 2016

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:

On behalf of the EHR Association (EHRA) member companies, we want to thank the Senate Finance Committee for its good work on the Chronic Care Options Document. Established in 2004, the EHRA brings together more than 30 companies that develop, market, and support EHRs, to collaborate on issues that impact our businesses and our collective clients – hospitals and providers that represent the majority of EHR users in the US. Our comments are limited to those provisions that relate to health IT.

We agree that developing and implementing policies designed to improve disease management, streamline care coordination, improve quality, and reduce Medicare costs is a formidable challenge. We further stipulate that an essential part of any solution to this challenge is the increasing adoption and meaningful use of interoperable health IT that facilitates care coordination, data sharing, and communication among patients and their providers.

Expansion of the Independence at Home Model of Care (IAH) will be an important step in achieving the objectives of the Bipartisan Chronic Care Working Group. In-home visits require an aggressive reimbursement formula, and that providers have information at hand and the ability to develop and implement care plans with other stakeholders. Health IT, in combination with broadband services and security tools, enables this communication. Particularly relative to the proposal to use hierarchical condition categories (HCC) risk scores to identify complex chronic care beneficiaries for inclusion in IAH (vs. requiring that the individual undergo a non-elective hospitalization within 12 months of IAH program participation), EHRs and other health IT will be critical in calculating and communicating these scores.

Health IT is the foundation of telehealth services, so any expansion of those services will depend on the availability of various technologies that connect patients with their caregivers, regardless of physical location, at any level of frequency. Policy should support any technology that facilitates this type of frequent interaction as it encourages beneficiaries to stay engaged in their care and avoid unnecessary office visits or unnecessary use of urgent/emergency care for non-urgent chronic conditions.

EHRA has long held the belief that the development of quality measures of any kind, in this instance the proposal to develop specific measures for chronic conditions, must be a collaborative effort that engages software developers to ensure that electronic collection and reporting of the new measures are feasible, practical, and a logical part of clinical workflows. Measure developers must consider not only the time required to implement and deploy new quality measures, but also avoid burdening providers with data entry tasks.

The proposed study on medication synchronization is important in understanding how to help patients who take multiple medications that may be ordered by a number of providers at different times. EHRs can prompt ordering clinicians by presenting a list of all of the medications a patient is taking so they can help patients better manage their medications.

The EHRA supports the proposed policy to require CMMI to issue notice and comment on rulemaking for all mandatory models and those that affect a significant amount of Medicare spending, providers, or beneficiaries. We believe gathering stakeholder feedback on the care delivery, data capture, quality measure and reporting requirements before a model is enacted will improve the effectiveness of new programs.

Again, we thank the Senate Finance Committee for continuing to support the use of health IT in its policy work. The EHRA encourages this Committee and other legislators to engage the developer community, as well as other stakeholders, in this important effort to improve access to care and evaluation of clinical outcomes as we collaborate to move toward value-based reimbursement models.

Sincerely,

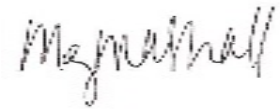
Leigh Burchell
Chair, EHR Association
Allscripts

Sarah Corley, MD
Vice Chair, EHR Association
NextGen Healthcare

HIMSS EHR Association Executive Committee

Pamela Chapman
e-MDs

Richard Loomis, MD
Practice Fusion



Meg Marshall, JD
Cerner Corporation

Rick Reeves, RPh
Evident

Ginny Meadows, RN
McKesson Corporation

Sasha TerMaat
Epic

About the EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of over 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit www.ehrassociation.org.