

April 18, 2011

Farzad Mostashari, MD, MPH
National Coordinator for Health Information Technology
Department of Health and Human Services
Submitted electronically

Re: ONC Federal Health Information Technology Strategic Plan 2011 – 2015

Dear Dr. Mostashari:

The College of Healthcare Information Management Executives (CHIME) appreciates the opportunity to respond to the request for comments regarding the Office of the National Coordinator (ONC) for Health Information Technology's Federal Health IT Strategic Plan ("the Plan").

CHIME's 1,400 members represent chief information officers (CIOs) and other top information technology executives at many of the nation's largest hospitals. CHIME members have frontline experience in implementing clinical systems, and have learned by trial and error what works and what doesn't in implementing such electronic systems and optimizing the value derived from them. Healthcare CIOs share the vision of an e-enabled healthcare system as described by the HIT Policy Committee, ONC, and the Centers for Medicare & Medicaid Services.

CHIME appreciates the efforts put forth by ONC to articulate the federal government's role in the evolving health IT landscape. As evidenced by the host of accomplishments and ongoing activities listed in the Plan, we understand the complex nature of ONC's vision and its limited ability to detail all facets of those activities in this Plan. CHIME agrees overwhelmingly with the five Goals espoused in the Plan, but would like to take this opportunity to comment on issues of particular importance to healthcare CIOs.

Confidence and Trust in Health IT

CHIME members understand the critical role trust plays in healthcare. Patient confidentiality and privacy are fundamental to providing quality care. Several of the objectives listed throughout the Plan foresee the fluid exchange of the right information, at the right time, for the health and safety of patients. In order to make sure this information is shared responsibly, ONC needs to further define how consent management should be handled and it must address the responsibility of patients, physicians, hospitals and insurers on how consent will be stored and transmitted through health information exchanges (HIEs). The consent process must also support exchange with personal health records (PHRs) so that information between patients and their providers – no matter the source – is accurate, secure and furthers the goal of improved care.

April 18, 2011

Contingent upon the ideas of trust and shared responsibility in keeping health information private is making sure laws across state boundaries are harmonized. CHIME urges ONC to establish standards for a national privacy regulatory environment that would apply to all health information exchange. We consider this yet another example of how the current HIPAA preemption policy creates problems by essentially allowing geographic variation in privacy rules, which complicates compliance and makes it more costly. We, therefore, urge the Office for Civil Rights (OCR) to re-examine its stance with respect to federal preemption in a way that facilitates, not hinders, health information exchange across jurisdictional boundaries.

Performance Measures

CHIME believes that ONC has taken the correct approach in quantifying hospital and physician performance by measuring the percentages of eligible Medicare and Medicaid EHR Incentive Program payment recipients. As previously outlined by CHIME in its comments on Stage 2 of Meaningful Use (MU), we believe this is a vital measure for ONC to monitor. We would like to reiterate that moving to Stage 2 MU objectives and criteria before 30 percent of eligible hospitals (EHs) and eligible professionals (EPs) have achieved Stage 1, may be unduly ambitious, even unattainable, for many EHs and EPs. We believe this approach – setting a reasonable percentage for EP and EH attainment of MU – would strike the right balance between the desire to push EHR adoption and MU as quickly as possible and the recognition that unreasonable expectations could end up discouraging EHR adoption if providers conclude that it will be essentially impossible for them to qualify for incentives.

Patient-accessed and Patient-added Health Information

CHIME understands the incredible opportunity that real-time data flows and remote monitoring systems can have on healthcare. We also acknowledge the potential for empowering patients to access their health information in a timely manner. CHIME believes there are two issues that need to be addressed regarding timeliness and appropriateness of instant access to information.

First, in past comments we have noted discrepancies in HHS regulations regarding timeliness. The timeliness standard under HIPAA is significantly different from that under the electronic health record meaningful use regulations recently adopted by HHS (30 days for information maintained on-site vs. three business days). CHIME considers the three business day standard unreasonable and is also troubled by the failure to adopt more consistent timeliness standards across HHS regulations.

Second, CHIME questions the wisdom in granting patients instant access to all health information, like lab results, which will likely require explanation. This kind of access could be counterproductive, and even dangerous, without the proper context and clarification from health professionals. We believe that providers and health professionals need to have a say in which information is beneficial – and not harmful – when it is instantly accessible to patients.

EHR Evolution

CHIME is encouraged to see that more resources will be directed towards the Agency for Healthcare Research and Quality (AHRQ), the Strategic Health IT Advanced Research Projects (SHARP) Program and others to focus on the “usability” of EHRs, clinical decision support, health information exchanges, and telehealth tools. As EHRs move from process requirements to requirements for improvement in outcomes and quality of care, it will be important to keep healthcare CIOs engaged about how their constituent

April 18, 2011

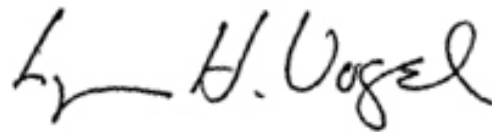
physicians, nurses and other clinicians are interfacing with EHRs and re-engineering their work processes. However, it should also be noted that while CHIME supports the ongoing development of EHR capabilities and acknowledges their importance in broader changes to ONC's strategy, caution should be exercised when expecting EHRs to do too much, too fast – such as accommodate multiple languages and disabilities.

We hope these comments are helpful. We look forward to continuing our dialogue with ONC as we work to improve health and healthcare through the use of information and technology. If you have any questions about our comments or need more information, please contact Sharon Canner, Senior Director of Advocacy, at scanner@cio-chime.org.

Sincerely,



Richard A. Correll, President & CEO
CHIME



Dr. Lynn Vogel
Chair, CHIME Board of Trustees
Vice President & Chief Information Officer,
The University of Texas M. D. Anderson
Cancer Center