

December 11, 2013

The Honorable Dave Camp
Chairman
Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Sander Levin
Ranking Member
Committee on Ways and Means
1106 Longworth House Office Building
Washington, DC 20515

Dear Chairman Camp and Ranking Member Levin:

We are writing to express our support for including in the SGR reform proposal a provision to ensure interoperability of electronic health records by a date certain and a provision to prevent the blocking of information necessary to treat a patient. We believe it is important to ensure that every health care provider has access to longitudinal data on patients they treat to make evidence-based decisions, coordinate care and improve health outcomes. This is a key goal articulated by the Office of the National Coordinator for Health IT, which we support.

Providers need interoperable systems to treat patients well. While accountable care arrangements and clinical integration can take many different forms, at their most basic level they will require evidence based processes, clinical benchmarks and the creation of a common understanding of the patient, their diseases, and the care management strategies being employed by a team of physicians across the spectrum of care.

If the Committee desires providers to be successful in improving outcomes and lowering costs, it will require a new commitment to interoperable health systems. We believe the best way to do this at this time is to require HHS to adopt standards for interoperability by a date certain, and that this change should align with the revised date of Stage 3 of the Meaningful Use program and the first date of the VBP and APM programs. This will help reduce regulatory burdens and ease transition into the new payment regimes.

Likewise, information blocking erodes provider trust in the systems they use and leads to unsafe clinical environments because partial information on a patient can result in medical errors and adverse events. We suggest Congress condition participation in Meaningful Use on an assurance that information blocking is not employed.

These two changes – interoperability by a date certain and an end to information blocking – are necessary to ensure that providers are maximally effective in care coordination programs as outlined in the bill, and so that patients and taxpayers will benefit from improvements in outcomes, quality, and efficiencies.

We strongly support these provisions as part of the SGR reform effort, and stand ready to work with you to help ensure they are enacted into law.

Sincerely,

Academy of Managed Care Pharmacy
Aetna
American Association of Diabetes Educators
American Nurses Association
Intel
Latinos in Information Sciences and Technology Association
National Association of Manufacturers
National Council for Behavioral Health
National Latino Alliance on Health Information Technology
National Patient Advocate Foundation (NPAF)
Newborn Coalition
Newborn Foundation
Oracle
RetireSafe
Verizon