PEPC
PARTNERSHIP TO EMPOWER PHYSICIAN-LED CARE

June 25, 2018

Submitted via www.regulations.gov

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-1694-P; Request for Information on Promoting Interoperability and Electronic Health Care Information Exchange through Possible Revisions to the CMS Patient Health and Safety Requirements for Hospitals and Other Medicare- and Medicaid-Participating Providers and Suppliers

Dear Administrator Verma:

Thank you for the opportunity to comment on the Request for Information (RFI) on Promoting Interoperability and Electronic Health Care Information Exchange. We welcome the opportunity to provide input on these topics, as interoperability and information exchange can be used to either encourage or limit provider competition. We appreciate your willingness to explore bold new approaches to ending anti-competitive practices like data blocking.

The Partnership to Empower Physician-Led Care (PEPC) is a membership organization dedicated to supporting value-based care to reduce costs, improve quality, empower patients and physicians, and increase access to care for millions of Americans through a competitive health care provider market. We believe that it is impossible to achieve truly value-based care without a robust independent practice community. Our members include Aledade, American Academy of Family Physicians (AAFP), California Medical Association (CMA), Florida Medical Association, Medical Group Management Association (MGMA), and Texas Medical Association.

We believe that the physician-patient relationship is most transformative when there is patient choice and provider competition within local markets. Independent physicians and practices are a key part of any value-based care system, and health information exchange – especially exchange across organizational boundaries – helps spur competition while improving quality, encouraging coordination, and reducing costs. Timely access to critical health information is also fundamental to value-based care, and independent physicians and practices seeking to adopt these models must have access to important clinical information about their patients to succeed under new models.

Yet too often today, information sits locked in silos or otherwise trapped by organizational policies that prohibit or discourage sharing with other providers. As the Centers for Medicare & Medicaid Services (CMS) notes in the RFI, "significant obstacles to exchanging electronic health information across the continuum of care persist" and "[r]outine electronic transfer of information post-discharge has not been achieved by providers and suppliers in many localities and regions throughout the Nation." New data

shows that, when given the choice, providers prioritize information sharing within their own walls, and that information exchange with other providers in the community lags as a result.[1]

While information exchange benefits providers and patients in many use cases, it is particularly important when there is a care transition. Adverse events and higher hospital readmission rates and costs result from ineffective care transition processes. One study estimated that 80 percent of serious medical errors involve miscommunication during the hand-off between medical providers.[2] Problematic transitions occur from and to virtually every type of health care setting, but especially when patients leave the hospital to receive care in another setting or at home.

Given this backdrop, we believe it is appropriate for CMS to use health and safety standards to encourage hospitals to electronically share information with community providers to support safe, effective transitions of care between hospitals and community providers; and to encourage hospitals to notify community providers when their patients present in the emergency room. Conditions that link participation in public programs to electronic, real-time information sharing should be phased in over time and flexible enough to allow providers sending and receiving information to use their preferred technological approach for doing so, including community networks where they exist. New requirements should not place additional cost or burden on community providers, but rather build on investments that have already been made in IT infrastructure and workflow improvements.

Using health and safety standards in a targeted manner will result in quality improvement and cost reduction while ensuring community providers – including independent physicians and groups – have access to the information they need. Coupled with penalties and stronger enforcement of policies designed to encourage health information exchange, such an approach will begin to break down barriers that have impeded coordinated patient care across settings, and will discourage providers from using information as a "strategic asset" at the expense of the patient. We appreciate your willingness to explore bold action to address ongoing challenges, and encourage you to continue down this regulatory path.

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Please do not hesitate to reach out to me if the Partnership to Empower Physician-Led Care can be a resource to you. I can be reached at kristen@physiciansforvalue.org or 202-640-5942.

Sincerely,

Kristen McGovern
Executive Director

[1] Vest JR, et al: Hospitals' adoption of intra-system information exchange is negatively associated with inter-system exchange. American Medical Informatics Association, 2018: doi: 10.1093/jamia/ocy058
[2] Solet DJ, et al: Lost in translation: challenges and opportunities in physician-to-physician communication during patient hand-offs. Academic Medicine, 2005;80:1094-9