**Statement**

**of the**

**American Hospital Association**

**to the**

**Committee on Health, Education, Labor and Pensions**

**of the**

**United States Senate**

**"Health Information Exchange:
A Path Towards Improving the Quality and Value of Health Care for Patients"**

**June 10, 2015**

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment for the record in support of utilizing health information exchange to improve the quality and value of health care.

**INTEROPERABILITY IS VITAL FOR THE HEALTH CARE SYSTEM OF THE FUTURE**

America's hospitals strongly support the creation of an efficient and effective infrastructure for health information exchange that facilitates the delivery of high-quality, patient-centered care across health care settings. Our members are actively engaged in building their information technology (IT) systems and view information exchange as vital to care improvement, as well as to successful implementation of new models of care. Yet, hospitals and health systems report that many electronic health records (EHRs) do not easily share information, do not universally have access to efficient exchange networks and other infrastructure, and that the cost and complexity of the many interfaces needed to connect systems today are simply not sustainable.

A key driver of EHR adoption has been the Medicare and Medicaid EHR Incentive Programs, which provide positive incentives for "meaningful use" of EHRs that have been certified through a program established by the Office of the National Coordinator for Health IT (ONC), followed

by Medicare penalties for hospitals and physicians that do not meet the requirements. The meaningful use program has spurred remarkable growth in EHR adoption by hospitals. Indeed, the most recent AHA survey data show that, by 2013, 59 percent of hospitals had at least a basic EHR in place – four times the share in 2010. However, it has become a highly proscriptive program that holds hospitals accountable for events outside of their control. It also has proved extremely expensive. The AHA estimates that between 2010 and 2013 hospitals, collectively, spent $47 billion each and every year on IT.

**While health IT tools are essential for building the care system of the future, they can be expensive and unwieldy, and do not yet support the necessary level of easy information sharing expected by consumers. Hospitals need more flexibility under the EHR meaningful use program to make progress toward creating the health systems of the future. Policy actions are needed to give providers greater flexibility in deploying EHRs, create the infrastructure for information exchange, and hold vendors accountable for designing and marketing safe and interoperable products.**

HEALTH CARE TRANSFORMATION REQUIRES INFORMATION SHARING

Hospitals and health systems face an increasing confluence of pressures to share information to support care, but need the technical capabilities and infrastructure to do so. These include imperatives to share information across care settings in support of reducing readmissions and adopting new models of care, as well as growing expectations from consumers that their information will follow them as they move through the health system. In addition, individuals and their family members or other caregivers are coming to expect electronic access to such information.

Furthermore, new payment models, such as accountable care organizations, bundling initiatives and capitation arrangements, require a better understanding of where patients are receiving care and what care is being provided. As announced by Department of Health and Human Services (HHS) Secretary Sylvia Burwell in January 2015, Medicare now has specific goals for moving fee-for-service payments from volume to value by 2018, including tying 50 percent of payments to alternative payment models and 90 percent of payments to some type of quality or value metrics. In addition, patients and payers increasingly are interested in having access to the data held by health care entities to increase patient engagement and enhance transparency. As we continue to transform health care delivery and payment systems to enhance accountability, better coordinate care and engage individuals in their own health, the importance of a strong health IT infrastructure becomes increasingly clear. Many aspects of the needed infrastructure for health information exchange are currently incomplete or missing altogether.

**These existing market pressures are motivating information sharing, and will continue to do so in the coming years as payment systems move from volume to value and consumer demand for information increases. Adding additional policy drivers aimed at encouraging providers to share health information would be unnecessary, and could prove counter-productive, if they become overly prescriptive or contradict the larger set of quality initiatives in place.**

**LACK OF INTEROPERABILITY PUTS PROGRESS IN PERIL**

Shared health information will allow clinicians and patients to have the data they need at their fingertips to make the most informed decisions about treatments and better manage individual and population health. Unfortunately, the certified EHRs hospitals were required to purchase under the EHR Incentive Programs do not meet the mark when it comes to sharing information to improve care and support new models of care. The ability of these expensive technologies to support the sharing of information across systems within a hospital or across care settings remains limited. Hospitals are finding that they still cannot share data with others outside their organization without significant work and expense. This is true whether providers are using the same vendor platform or different ones.

Efficient and effective exchange networks are not yet widely available. Although significant federal, state and private funds have been invested in developing regional health information exchanges, many hospitals and other providers must rely on a constellation of regional health information exchange organizations (HIEs), vendors and private HIEs with varying services offered and prices charged. This patchwork of exchange mechanisms meets some, but not all, of the provider information exchange needs and creates waste.

**The AHA recommends increased pilots and demonstrations to determine the readiness of standards to support interoperability. Standards should be mature and have clear implementation guidance before inclusion in federal regulation that mandates their use.** While multiple standards have been included in the meaningful use program, many of them are immature. As a result, vendors have the flexibility to interpret and implement them differently. Hospitals and health systems find it challenging to share information to support clinical care because of unique system configurations and unique implementation of standards by vendors. The result is that sharing and integrating data across EHRs is complex and costly due to unique interfaces supporting data exchange. Sometimes, it is simply not possible. The participation of public and private sector stakeholders is needed to address interoperability challenges and advance standards maturity.

**Given that hospitals and other providers are required to use certified EHRs, we believe policy changes are needed to hold vendors accountable for the design and marketing of interoperable products.** AHA members widely report that the cost and complexity of the interfaces vendors sell to create information-sharing workaround solutions are simply not sustainable. Similarly, the new transaction fees being imposed for information exchange also present an unsustainable model. At a minimum, ONC must fix the certification program for EHRs so that vendor products go through rigorous testing in a way that reflects real-world conditions. ONC also should provide more oversight of vendors, including developing transparency metrics on vendor performance parallel to the many quality reporting programs HHS has implemented for providers, such as *Hospital Compare*.

Beyond certification, federal support of widely available conformance testing would improve the ability of vendors and providers to create solutions that work. It is only by thorough and widely available testing that true interoperability can be ascertained. In the EHR space, testing should include both the EHR itself, as well as interfaces to ancillary systems (such as laboratory

information systems) that connect to EHRs. Test beds should be widely available to developers and end users of EHRs on an ongoing basis to support development, certification and assessment of implementations. Testing requirements should be developed in consultation with providers – the end users of the products tested.

Further, the issue of how to match patients with their medical records remains unresolved despite the continued push for interoperability on a national scale. The need to resolve this problem is urgent, and the AHA recommends the creation of a nationally unique identifier system to connect records so that hospitals and physicians have the best information available when providing care for each patient. Such a system would facilitate efforts to increase the safety and quality of care provided to patients and reduce duplicative work to identify patients and match records.

KEEPING SYSTEMS SECURE

While using EHRs to support information sharing for care and patient engagement, hospitals are mindful of the need to be ever vigilant in protecting the security of increasingly large stores of electronic information. Hospitals and health systems have an obligation to keep all information systems, not just those containing protected health information, confidential and secure. The AHA has created a suite of member education tools to raise awareness of cybersecurity issues and risk management strategies (www.aha.org/cybersecurity). We will continue these efforts and work with the federal government on its priorities, such as sharing information on cyber risks.

As Congress considers cybersecurity issues, it must recognize that, unlike many sectors, health care already has federal statutes and regulations governing information security. For example, the Health Insurance Portability and Accountability Act (HIPAA) regulations lay out the security and breach notification requirements for providers and others in the health sector, accompanied by enforcement mechanisms and significant criminal and civil penalties for non-compliance. **The AHA strongly believes that improving the infrastructure to support secure data sharing in support of clinical care can be accomplished within the existing HIPAA requirements and the existing framework of cybersecurity policy.**

CONCLUSION

The AHA and the hospital field appreciate your recognition of health information exchange as a cornerstone of the health care system of the future. The nation must make rapid progress to develop secure systems for interoperability, not only to improve care and engage patients, but to support new models of care. We urge Congress and the administration to create a policy environment that supports these efforts and accelerates the transition to the health care system of the future.