



AMERICAN COLLEGE OF PHYSICIANS  
INTERNAL MEDICINE | *Doctors for Adults*®

April 17, 2013

Farzad Mostashari, MD, ScM  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health  
Information Technology  
Attention: Interoperability RFI  
Department of Health and Human Services  
Hubert H. Humphrey Building, Suite 729D  
200 Independence Avenue, SW  
Washington, DC 20201

**[CMS-2013-0044-0001]**

Dear Dr. Mostashari:

On behalf of the American College of Physicians, I am writing to share our views on the Request for Information (RFI) document titled: "Advancing Interoperability and Health Information Exchange". ACP is the largest physician specialty society and second-largest physician membership organization in the United States. ACP represents 133,000 internal medicine physicians and medical student members. Internists specialize in primary and comprehensive care of adolescents and adults.

ACP applauds ONC and CMS for their diligence and hard work in developing recommendations for moving the country forward in the areas of interoperability and exchange of health information. Please consider this letter as you weigh your final recommendations for moving forward in these critical areas.

While we support the use of the policy and payment levers at your disposal to move Health Information Exchange (HIE) forward, our primary concern is that the intention seems to be to encourage the exchange of large volumes of patient information rather than encouraging the most valuable and effective forms of exchange.

- We are concerned that, while HHS is focusing on the goal of an information-rich healthcare environment, the formats that are being pushed are too often "data rich but information and knowledge/insight poor." The focus should not be on the volume of data exchanged if these data do not add sufficient value or if they are difficult to find and separate from a large collection of less valuable data, or if the external data are delivered in formats that cannot be easily compared to local data and accurately reconciled. Specifically, the RFI states, "HHS envisions an information rich, person-centered, high performance health care system where 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 statement contains the underlying assumption that there is a correlation between healthcare providers having a larger quantity of clinical information about each patient, and patients having improved health. In fact, it is possible that such data overload could result in adverse consequences for patient care. The more important, value-based goals for HIE should focus on the delivery of services, such as those mentioned, that facilitate decision-making, facilitate care coordination, and effectively measure and track health outcomes.

- We want to see HHS use the levers available to facilitate the kinds of exchange that matter most to physicians in their efforts to maximize quality, safety and value, and that are more likely to have a positive, direct effect on health care delivery.
- Incentives and penalties should not be directed at physicians and other clinicians who cannot directly control whether and how health information is exchanged. Health care teams want and value useful information exchange. Incentives and penalties should be focused on other stakeholders to take actions necessary to add the needed functionalities, work flow support, and value to the exchange processes.
- It is critical that provider health IT systems have the functionalities required to effectively manage and present incoming data before the data begin to flow. Otherwise, providers will be overwhelmed with these new data flows. Incoming data must be verified as to their provenance, reconciled with existing data, and directed to appropriate staff and appropriate systems. Even with new tooling to manage the processes, the additional overhead will become a significant unreimbursed expense.
- The current Stage 1 MU exchange of patient summaries present a clear warning about the risks of pursuing a policy of expansive an inadequately organized data exchange that too often “buries the headline” such that the most important information is so difficult to find that it is missed. What was once more typically a carefully crafted page and a half of relevant information has, through the requirements of Meaningful Use, expanded to 7 or more pages – too much of which is not helpful to the receiving clinician, who has to scan through the unstructured document received to try to determine what matters (diagnosis and thought processes) and what has changed (medications, test results, treatment plans). HHS should refrain from incentives that encourage exchange without conciseness and high usability.
- HHS policies must minimize the number of connections and protocols that practices will have to establish and manage. Currently, many EHR vendors are charging each practice thousands of dollars to establish each connection, and to exchange each document type. Vendors are also signaling that there will be ongoing maintenance charges for each connection for each practice. In addition, vendors are so overwhelmed with work that they are unable to respond to the needs of small practices in a timely manner. There is nothing to be gained from HHS policies that encourage exchange if the exchange partners do not have cost-effective and readily available connections.
- There are many opportunities for valuable exchange that should be encouraged though HHS policies. These include:
  - Directories of provider contact information – complete and up to date.
  - Reliable and accurate patient identification and matching.
  - Rapid notification of patient care activities such as emergency department arrivals, and admission and discharge notifications to Primary Care Providers.
  - Cross-system management of patient consent.
  - Support for quality measures that track patients across care settings.
  - Data cleaning and standardization services.
  - Management of longitudinal care records.
  - Data analytics, alerts and public reporting services.

The Medical Informatics Committee of the American College of Physicians respectfully submits this letter in the hope that it will assist ONC and CMS in developing effective plans to advance interoperability and HIE, and in your important work of improving healthcare in the United States through the appropriate use of all health information technologies.

Sincerely,

A handwritten signature in black ink, reading "Michael H. Zaroukian". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS  
Chair, Medical Informatics Committee  
American College of Physicians