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February 4, 2013

Farzad Mostashari, MD, ScM
Chair, Health IT Policy Committee
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Mostashari:

On behalf of the American College of Physicians, I am writing to share our views on the ONC-published public comment document: *Health Information Technology Patient Safety Action & Surveillance Plan.* 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 the Office of the National Coordinator for its diligence and hard work in developing recommendations addressing the patient safety concerns that arise with the implementation and spread of EHR systems. We were impressed overall with the document and support the goal, objectives, and strategies as described in the plan. We also support your efforts to move expeditiously to implement this plan.

To help inform the plan and optimize its implementation, we have several specific comments and concerns that we ask ONC to address in the final plan.
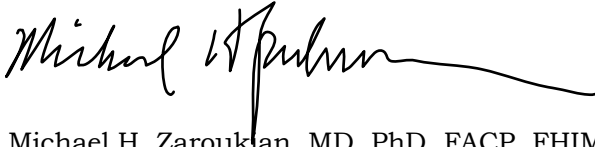
Specific Comments and Concerns:

- We wish to emphasize our support for collaboration with PSOs that might perform some of the analyses/reporting based on data collected through the EHR.

- We support embedding reporting functionality in EHR systems but the reports and any data not already part of the legal medical record should be maintained separate from the legal medical record. The content must be segregated so that it remains private and undiscoverable.

- The plan does not acknowledge the substantial burdens on physician practices and healthcare organizations to administer and manage the reporting process, or how such burdens can be mitigated. The reporting burden should be monitored to ensure that it remains as light as possible, and reporting should remain optional. There should be continual oversight of the process by appropriate experts.

- Incident reporting needs to work within the established quality and safety processes of the healthcare organization.

- There will need to be intelligent filtering processes at multiple levels to ensure that the eventual reports are not given more credence than is warranted. More reporting volume is not necessarily a good thing if the quality of the initial reports is low.

- For valid filtering to work effectively, there needs to be a generally held assumption that healthcare institution leadership can be trusted to appropriately filter, investigate, and act. For the increasing number of larger organizations that have Patient Safety Officers, involving such individuals can help ensure appropriate expertise, engagement and actionable reporting.

- Perhaps "clinical safety measures" should be added to "clinical quality measures" in future iterations of Meaningful Use.

- We have serious doubts that this activity will be adequately resourced. Appropriate aggregation and investigation activities should be conducted at multiple levels in the process, and this work will be expensive.

The Medical Informatics Committee of the American College of Physicians respectfully submits this letter in the hope that it will assist ONC in the finalizing its plans for addressing the patient safety risks of health information technology and the use of health IT to identify patient safety issues that are not related to the use of the technology itself. We support ONC in its important work of improving healthcare in the United States through the appropriate use of health information technologies.

Sincerely,

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