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Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington DC 20201

Dear Administrator Verma:

On behalf of the members of the Electronic Health Record (EHR) Association, we are pleased to offer our comments on the proposed Transparency in Coverage rule.

The EHR Association's 33 member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States. Our core objectives focus on collaborative efforts to accelerate health information and technology adoption, advance information exchange between interoperable systems, and improve the quality and efficiency of care through the use of these important technologies.

Much of the CMS proposed rule does not address the core business of members of the EHR Association and will not be addressed in our comments here. However, we are pleased to submit our feedback in several areas that do relate to our work as developers.

Request for Information: Disclosure of Pricing Information through a Standards-based API

The EHR Association supports CMS' consideration of further expanding access to pricing information through a standards-based API.

As health IT developers, our members are asked to comply with Certified Electronic Health Record Technology (CEHRT) requirements, but many of our counterparts in the healthcare ecosystem are not required to do the same (e.g. registries, HIEs, pharmacies, payers) and instead demand connections based on proprietary technologies. This results in unnecessary, duplicative development work.

Requiring other entities to also use a standards-based API (such as HL7® FHIR®-based APIs) would make information exchange, and comprehensive use thereof, more efficient and useful. For example, being able to present pricing information at the point of care would enable clinicians and patients to not only access a more complete medical record, but also facilitate a more thorough shared decision-making process. Within that context, we would prefer adoption of a standard but recognize that as of today the necessary FHIR-based guidance to develop consistent APIs across payers has not yet matured enough, but projects have been initiated, particularly HL7's Patient Cost Transparency by the Da Vinci project.

We believe that, unlike with the initial introduction of APIs for the Common Clinical Data Set for the 2015 Certification Edition the relevant standards required substantial work where the Argonaut project was able to begin to align on a common specification, the Da Vinci project already in place can help align availability of a standard, and inclusion in a rule to conform with a standard is possible. We urge CMS to work with ONC, HL7, and Da Vinci to align timelines and avoid a staged approach if at all possible, while recognizing that further work with the App and EHR community to meaningfully interact with the APIs in the relevant end-user workflows. As we experienced to date, a staged approach would result in re-work in varying degrees that has a good opportunity to be avoided based on the lessons learned and increased engagement of the industry.

We believe the overarching goal of the effort is achievable if the proper glidepath via consensus-based standards and dates that are practical is provided.

Use of Third Parties to Satisfy Public Disclosure Requirements

While the EHR Association supports the shift of data ownership to the patient and recognizes that patient information held in clearinghouses could play a role in improved interoperability, the reality is that clearinghouses do not currently have a direct relationship with the individual patient, and rarely have any contact with them. In the present structure, clearinghouses are not enabled to respond to patient requests for their data, would have trouble with patient matching, are not staffed with employees to handle the significant volume of patient calls that could be expected, and are not prepared to translate claims in meaningful ways to something easily understood by the patient. However, we also acknowledge that the clearinghouse can provide a lighter form of health data that can be useful in identifying diagnoses and treatments.

The EHR Association therefore recommends that HHS work in partnership with the industry to identify opportunities for clearinghouses to–on a voluntary basis–begin testing the practicality and applicability of APIs as a means of sharing data housed in their data repositories with patients or their approved third parties. Taking steps to address patient matching deficiencies here would also be valuable.

Transition Period

Once the regulations are finalized and as the industry moves forward with implementation, we remind CMS that there will be a steady need for ongoing education from CMS, standards development organizations such as HL7 and X12, advisory bodies such as NCVHS and WEDI, and likely software developers to ensure clarity among stakeholders. It will be necessary to remediate both infrastructure and workflows in order to consolidate the administrative and clinical systems required to provide the envisioned functionality mentioned in the proposed rules. Further, once APIs begin more widely exchanging clinical and administrative data, refinements will also need to be made as feedback comes in from app developers, consumer advisory bodies, and the patient communities which have historically had limited exposure to the types and format of clinical and administrative data that will become available.

Privacy

Regarding privacy and security, the Association views the implementation of FHIR as a favorable option because it offers the ability to send only what the patient consents to being sent. If finalized as proposed, it will align with the data sharing standards for all certified products.

Need for Harmonization

We remind CMS and other relevant departments that it will be critical to coordinate any portions of the price transparency regulations that finalize related to APIs with the corresponding CMS and ONC sections on APIs within the interoperability, information blocking and certification final rules. The industry has complied with numerous regulations requiring technology development and the expanded use of APIs in recent years, and we highlight the importance of harmonization across federal departments and agencies, as well as awareness of state-level activity.

Again, thank you for the opportunity to comment on issues such as those included in this NPRM that are important to the overall health and fiscal well-being of our country. We look forward to working with you and your colleagues as these initiatives move forward.

Sincerely,

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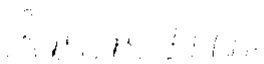

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About the HIMSS EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of more than 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.