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July 20, 2007

Robert Kolodner, MD  
National Coordinator  
Office of the National Coordinator for Health Information Technology  
330 C Street SW  
Switzer Building, Room 4090  
Washington, D. C. 20201

Dear Dr. Kolodner:

On behalf of the HIMSS Electronic Health Record Vendor Association (EHRVA), whose members represent the leading ambulatory and enterprise EHR system providers, we request that the American Health Information Community (AHIC) give due consideration at the July 31<sup>st</sup> meeting to use-cases that provide the greatest near-term impact on quality, safety and efficiency of health care delivery using health information technology (HIT).

The EHRVA was established in 2005 with the goal of working collaboratively to accelerate the adoption of live-saving EHR technology, providing a unified voice not only for the suppliers of these applications, but more importantly for the thousands of clinicians who use our products to improve the quality of the care they deliver to patients every day. EHRVA members are active participants in helping realize the goals of the Department's Strategic Framework for HIT, volunteering thousands of hours to help establish and support the Certification Commission for Health IT (CCHIT) and Health Information Technology Standards Panel (HITSP), serving as workgroup members, co-chairs and commissioners. We actively serve in these roles, representing our customers and our industry in the shared belief that accelerating the adoption and use of EHR technology can only be achieved by calling on the experiences of all industry stakeholders in an open dialogue that values all contributions and utilizes a pragmatic, business case-oriented approach to planning and harmonizing national and private sector initiatives.

EHRVA members collaboratively developed its Interoperability Roadmap to describe how a nationwide health information network (NHIN) can be established in pragmatic, incremental and value-driven steps.<sup>1</sup> More importantly, we put the Interoperability Roadmap into practice by creating and demonstrating interoperability solutions with other industry stakeholders around the world through our participation in Integrating the Healthcare Enterprise (IHE). We are excited that the roadmap is gaining acceptance internationally, as well as in the HITSP specifications and a growing number of integrated delivery network and community health information exchange initiatives in the United States. We are now at a point in the pursuit of the NHIN where we must provide value to the users of EHRs and

<sup>1</sup> HIMSS EHRVA Interoperability Roadmap, [http://www.ehrva.org/docs/roadmap\\_v2c.pdf](http://www.ehrva.org/docs/roadmap_v2c.pdf)

other HIT systems in order to realize the network effect – that is, the point where a service becomes more valuable as more people use it, thereby encouraging ever-increasing numbers of adopters.

To accelerate both EHR adoption and health information exchange -- whether between a hospital and a physician practice utilizing a donated ambulatory EHR system, or the connection of integrated delivery networks and clinics to a community health information exchange -- we strongly encourage AHIC to prioritize the sharing of medical summaries<sup>2</sup>, which represent the “80/20 rule” of health information exchange workflows. Focusing on sharing of medical summaries follows these four observations:

- Most healthcare transactions occur in the ambulatory space.<sup>3</sup> Aside from lab transactions, the vast majority of our customers are asking for the ability to share clinical information from other ambulatory or inpatient settings, such as discharge summaries, ambulatory referrals or emergency department referrals -- the basic information necessary to effectively coordinate care. The average Medicare patient sees six specialists, and we believe that the handoffs between providers is a major source of error and cost, as AHIC Commissioner Douglas Henley, MD succinctly stated at the January 23, 2007 Community meeting.<sup>4</sup> Furthermore, while we believe the 2007 AHIC Medication Management use-case is important, our customers tell us that if medical summaries were shared, the full context of patients’ conditions (including medications) would be available and minimize the need for separate medication histories that alone burden physicians to ascertain appropriate medical contexts.
- Sharing medical summaries is key to the sustainability of the health information exchanges. At the 3<sup>rd</sup> NHIN Forum Business Model Plenary Session, all four consortia highlighted the fact that without sufficient EHR adoption, HIE’s would prove difficult to sustain. Being able to easily share medical summaries would provide tremendous value to clinicians, value proposition HIE’s should pursue.
- Sharing medical summaries is key to driving government HIT adoption initiatives. While last year’s Stark changes to allow EHR donations potentially reduce the financial barriers to adoption for physicians, the lack of interoperability requirements in CCHIT-certified products has raised physicians’ concerns regarding information portability. Hospitals, too, are wary about running afoul of interoperability regulatory requirements. The interoperability definition in the Stark regulation highlights the need for interoperability specifications that handle routine ambulatory/inpatient medical summary sharing.
- The EHR industry is already investing to support this requirement for its customers. We have the opportunity to capitalize on real market demand to stimulate adoption. Many of our customers are asking for the ability to share medical summaries to support interoperability between ambulatory clinics and, as integrated delivery networks broaden their reach, to non-affiliated ambulatory clinics based on patient demand. EHRVA, in collaboration with various professional societies and IT infrastructure stakeholders, has created interoperability profiles using the IHE process that enables the sharing of medical summary information including ambulatory referrals, inpatient discharge summaries and emergency department referrals. These profiles have all been adopted by HITSP for the three use cases, for which interoperability specifications have been adopted in 2006. Open-source test tools and software

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<sup>2</sup> The term medical summaries is consistent with workflows in the AHIC Referrals and Transfer of Care use-case

<sup>3</sup> Ruthann Russo, JD, MPH, RHIT, *Apples and Oranges, For The Record*, Vol. 19 No. 1 P. 26. In 2003—when the most recently available comprehensive data on healthcare visits was collected—there were 906 million physician office visits, 94.6 million visits to hospital outpatient departments, and 113.9 million emergency department visits. That same year, there were 34.9 million inpatient hospital discharges (excluding normal newborns). Therefore, in 2003, there were approximately 1.1 billion outpatient visits compared with approximately 35 million inpatient visits to acute care hospitals.

<sup>4</sup> “Better medication management reduces medical error. But I think abundant research also shows that what produces the most medical errors is hand-off of patients from A to B to C...So, again, I think referrals and transfer of care in that context, to me, was why I ranked it much higher than the first one, simply because it’s that hand-off. Again, the more people that touch the patient, the greater number of errors you get and the lesser the degree of quality...It’s that hand-off that’s critical, and I think that’s why transfer of care, to me, is far more important.”  
- Dr. Henley, AHIC Meeting Minutes, January 23, 2007

are available for these interoperability solutions and would allow other HIT application providers to implement them quickly.

EHRVA proposes that AHIC take immediate steps in transforming the most impactful interoperability use-case for value and relevancy to clinicians and their patients by implementing the following:

- Direct HITSP to produce a basic interoperability specification based on existing HITSP constructs to address the sharing of medical summaries.<sup>5</sup>
- Direct ONC to pilot an Inpatient EHRs to Ambulatory EHRs medical summary interoperability use-case, to demonstrate a building block path for care providers to connect to a nationwide health information exchange (NHIE)
- Direct CCHIT to establish certification criteria based on publicly available testing process and tools for inpatient - outpatient medical summary sharing for 2008 certification.

Reprioritization of the AHIC driven activities towards the sharing of medical summaries would improve the quality, safety and efficiency of the most routine clinical transactions that occur today, strengthen the policy objectives of ensuring interoperability while promoting adoption through safe harbors, and provide value-added workflow to promote sustainable health information exchange.

We look forward to working with the Office of the National Coordinator, HITSP, CCHIT and the Community in accelerating interoperability solutions that enable the portability of patient health information, and believe the above referenced reprioritization will substantially promote that acceleration.

Sincerely,



Donald Schoen  
CEO, MediNotes  
HIMSS EHRVA Chair



Hugh Zettel  
GE Healthcare  
HIMSS EHRVA Vice Chair

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<sup>5</sup> HITSP C-49 Encounter Document-based on IHE-MS/CCD, HITSP C-32 Registration and Medication Summary Document based on CCD, HITSP TP-13 Manage Sharing of Documents

#### *About HIMSS EHRVA*

*HIMSS EHRVA is a trade association of Electronic Health Record (EHR) vendors that join together to lead the health information technology industry in the accelerated adoption of EHRs in hospital and ambulatory care settings in the US. Representing a substantial portion of the installed EHR systems in the US, the association provides a forum for the vendor community to speak with a unified voice relative to standards development, the EHR certification process, interoperability, performance and quality measures, and other EHR issues as they become subject to increasing government, insurance and provider driven initiatives and requests. Membership is open to HIMSS corporate members with legally formed companies designing, developing and marketing their own commercially available EHRs with installations in the US. The association, comprised of more than 40 member companies, is a partner of the Healthcare Information and Management Systems Society (HIMSS) and operates as an organizational unit within HIMSS. For more information, visit <http://www.himssehrva.org>.*