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June 4, 2010

Mariann Yeager
Office of Standards and Interoperability
Office of the National Coordinator
for Health Information Technology
US Department of Health and Human Services
200 Independence Avenue S.W., Suite 729-D
Washington, D.C. 20201

Dear Ms. Yeager:

On behalf of the HIMSS Electronic Health Record (EHR) Association, representing more than 40 EHR suppliers with the vast majority of installed EHRs in the US, we wish to indicate our strong support for the "IHE Concrete Implementation" being considered this month by the NHIN Implementation Group; the IHE implementation is the simplest, most scalable, and most sustainable implementation of NHIN Direct consistent with this project's goals. We also wish to express our appreciation for the collaborative processes being used by the Implementation Workgroup under Arien Malec's direction.

The IHE Concrete Implementation Group has proposed and defined an NHIN Direct backbone protocol defined by standards developed by the Integrating the Healthcare Enterprise (IHE) initiative. This approach uses the XDR standard, a lightweight point-to-point protocol designed to "push" documents from a source to a destination, a central requirement for NHIN Direct. Of critical importance, XDR is compatible with other IHE standards (e.g., XDM, XDS, XCA) that can be used in NHIN Direct implementations and are in use in NHIN Exchange, NHIN Connect, and a wide variety of operating HIE activities. This core approach to the NHIN Direct backbone is also compatible with other approaches to connecting edge systems to the backbone, such as REST and SMTP, as well connection by providers who may not have full EHRs.

A critical factor arguing for the IHE approach is that over 60 EHR vendors already support either the exact IHE protocols used in this implementation or protocols that can be transitioned to this implementation with a relatively small amount of development and virtually no infrastructure investment. See for example this global

map tracking usage - <a href="http://motorcycleguy.blogspot.com/2010/01/where-in-world-is-xds.html">http://motorcycleguy.blogspot.com/2010/01/where-in-world-is-xds.html</a>. It is also consistent with use of IHE profiles by NHIN Exchange, which has established the groundwork for a nationwide network of healthcare communication.

When viewed in the context of a provider using an electronic health record, the focus of meaningful use, the "IHE" approach is, in fact, the simplest to use and most easily integrated into regular provider workflow relative to the alternatives under consideration; for example, switching to an email client in the middle of an EHR workflow or reauthenticating to a web form are extra steps that add complexity to exchange.

While NHIN Direct understandably aims to accommodate the many providers who don't have EHRs today, we must realize that ARRA HITECH incentives exist to significantly increase the percentage of providers with EHRs. While clinical information **can** be exchanged using e-mail protocols for example, providers **cannot** accomplish the other clinical goals of ARRA HITECH (CPOE, Problem Lists, etc.) without comprehensive EHRs and/or EHR modules anyway. Thus we don't think that simple transport should be evaluated in a vacuum, but in the context of the overall ARRA HITECH goals.

An IHE implementation for NHIN Direct puts this project on the most straightforward path to integration with NHIN Exchange and with the substantial investments already made by many vendors, providers, and HIEs. The fact that most commercial EHR systems and many HIE solutions support protocols in the IHE family today speaks to the scalability of this proposed approach, which can rapidly leverage past and current investments in HIE standards and technology.

Building on IHE-defined protocols also provides a robust framework for sustainability given the fact that IHE's stakeholder participants include medical societies, government agencies, provider organizations, trade associations, and software vendors. The multi-stakeholder IHE process provides the needed foundation of principles, policies, and procedures; standardized and documented profiles, frameworks, and implementation guides; and an annual Connectathon solely devoted to proving interoperability.

Thank you for your consideration of our views. Please share this communication with Implementation Group members, members of the HIT Policy and Standards Committees who are involved with NHIN Direct, and other pertinent ONC leaders.

Sincerely,

Justin Barnes

Chairman, EHR Association

Vice President, Marketing & Government Affairs

**Greenway Medical Technologies** 

Mark Segal

Vice Chair, EHR Association

Mark J. Segal

**Director of Government & Industry Affairs** 

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## **About HIMSS EHR Association**

HIMSS EHR Association is a trade association of Electronic Health Record (EHR) companies 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 EHR 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 <a href="https://www.himssehra.org">https://www.himssehra.org</a>.