Representing more than 30 companies that develop and support electronic health records (EHRs) in hospitals and ambulatory care environments across the US, the Electronic Health Record Association (EHRA) offers the following input to the Request for Information (RFI) on State Innovation Model Concepts. We commend the Centers for Medicare and Medicaid Services (CMS) and the states to pursue the objectives outlined in the RFI.

As reflected through a number of questions in the RFI and the overall objectives set out through the State Innovation Model (SIM) initiative, the opportunity to accelerate healthcare transformation in and across states has a critical dependency on the ability of information to flow among clinicians, payers, and state agencies. Interoperability will be a key component of the efforts to achieve the stated goals, such as what we have seen with the federal goals around Medicare.

We have recognized that, through the roll-out of the EHR Incentive Program and certified electronic health record technology (CEHRT) to our clients across all states, variations in implementation approaches unnecessarily complicate these projects and add effort for everybody without noticeable benefits. Considering those experiences, we would like to share the following considerations as CMS and the states further their efforts through SIM in the context of Section I, Question 3, “Based on experiences in other states, CMS believes that data are available through a multitude of pathways (e.g., directly from hospitals, health systems, or third party payers), but CMS is interested in the input from potential participants, including providers, states and other payers, on access to data.”

We encourage all states, when considering how they might enhance interoperability, to evaluate opportunities both to reduce the barriers to exchange and to recognize
and support alternative means to exchange and interoperability outside of a health information exchange (HIE), including applying and more fully utilizing the standards that certified EHR vendors already must support. For example, adopt common quality measure definitions and interoperability standards (including reporting standards), such that data can be exchanged consistently within and across states using a common superset of definitions with state-specific subsets rather than variant approaches common to date.

State level programs that build on the nationally required set of interoperability standards can gain more rapid adoption and expansion, as far less incremental work would be necessary to implement and deploy the desired interoperability.

We will continue to participate in the dialog on this important topic, both at the state and national levels, and look forward to working with all stakeholders to educate provider executives, physicians, and legislators as we collaborate to achieve this important goal. The EHR Association recognizes that increasing interoperability both locally and across communities is essential in achieving our shared objectives of a more efficient, effective healthcare system for all Americans.

Sincerely,

[Signatures]

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More than Ten Years of Advocacy, Education & Outreach
2004 – 2016

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About the EHR Association
Established in 2004, the Electronic Health Record (EHR) Association is comprised of over 300 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.ehrassociation.org.