



AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

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April 22, 2013

Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
Department of Health and Human Services
Hubert Humphrey Building, Suite 729-D
Washington, DC 20201

RE: Advancing Interoperability and Health Information Exchange

Dear Dr. Mostashari:

The American Association of Orthopaedic Surgeons (AAOS) appreciates the opportunity to provide comments in response to the Request for Information (RFI), published in the Federal Register on March 3rd, 2013, on Advancing Interoperability and Health Information Exchange issued jointly by the Office of the National Coordinator (ONC) for Health Information Technology (HIT) and the Centers for Medicare & Medicaid Services (CMS) at the Department of Health and Human Services (HHS).

The AAOS represents over 18,000 board-certified orthopaedic surgeons and has been a committed partner with CMS in patient safety and the provision of high quality, affordable health care. We applaud your efforts to reach out to stakeholders and seek input on potential policy and programmatic changes to accelerate electronic health information exchange (HIE) across providers. We believe that electronic exchange of health information can effectively improve quality, safety, and efficiency of health care delivery and provide more opportunities for patients to become more active participants in their own care.

The AAOS shares your goal of encouraging physicians to adopt HIT nationwide. We have been actively encouraging our membership to adopt HIT and have provided tools for them to become meaningful users of electronic health records (EHR). As we move towards 2015 and the onset of payment adjustments under the Health Information Technology for Economic and Clinical Health (HITECH) Act, it is urgent that we work collaboratively towards the goal of the full participation of physicians in EHR adoption.

To assist HHS in achieving this goal, the AAOS provides the following general recommendations and specific information in response to the questions in the RFI.

- We encourage CMS to require that EHR vendors include in their platforms secure Health Insurance Portability and Accountability Act (HIPAA) compliant professional network communications tools as a condition of obtaining and maintaining certification. Physicians' communications using mobile technology tools linked to the EHR system can support daily workflow and secure HIPAA compliant communications to share information across providers and business associates.
- We believe that to encourage beneficiaries to get involved with their own health records, health information should be provided by physicians to their patients in a readily accessible way (e.g., portable document format (pdf)) as a transition step until such time that full interoperability among providers and beneficiaries can be achieved.
- We suggest that prior to full HIE implementation, CMS require qualified EHRs to have technology similar to Blue Button for the Department of Veterans Affairs, which allows for a summary of the medical record to be shared electronically.

To the specific questions in the RFI, we provide the following responses:

1. What changes in payment policy would have the most impact on the electronic exchange of health information, particularly among those organizations that are market competitors?

The AAOS believes that financial support is necessary for physicians to have sustainable participation in health information exchanges and other activities involved in the electronic exchange of health information. In particular, we are very interested in ensuring that physicians do not incur non-reimbursable costs for participating in HIEs over the long-term. While we understand these costs to be minimal on a "per-verbatim" basis, we believe physicians may have to commit substantial resources to electronically exchange information over the long-term.

2. Which of the following programs are having the greatest impact on encouraging electronic health information exchange: hospital readmission payment adjustments, value-based purchasing, bundled payments, ACOs, Medicare Advantage, Medicare and Medicaid EHR Incentive Programs (Meaningful Use), or medical/health homes? Are there aspects of the design or implementation of these programs that are limiting their potential impact on encouraging care coordination and quality improvement across settings of care and among organizations that are market competitors?

AAOS believes meaningful use is the preferred program to help increase use of HIE. More and more orthopaedic surgeons are integrating EHR technology in

their practices and meeting meaningful use requirements. The practices and processes that are developed along this pathway have sustainable change that could lead to significant future enhancement of care models and permit many of these other programs to effectively develop. We believe that unless the data input has validity and veracity, the other programs are not likely to be as effective.

- 3. To what extent do current CMS payment policies encourage or impede electronic information exchange across health care provider organizations, particularly those that may be market competitors? Furthermore, what CMS and ONC programs and policies would specifically address the cultural and economic disincentives for HIE that result in “data lock-in” or restricting consumer and provider choice in services and providers? Are there specific ways in which providers and vendors could be encouraged to send, receive, and integrate health information from other treating providers outside of their practice or system?**

To accelerate interoperability and health information exchange, we encourage CMS to require that EHR vendors include in their applications secure, HIPAA compliant professional network communications tools that support mobile technologies as a condition of obtaining and maintaining certification. This would enable providers to obtain EHR products from vendors and be assured that the patient health information is shared in a secure and HIPAA compliant manner.

We support the development of HIEs that use a common software framework across all exchanges, rather than independent development of programming that is non-conforming. We are concerned about the long-term financial viability of HIEs, once CMS support ends.

- 4. What CMS and ONC policies and programs would most impact post acute, long term care providers (institutional and HCBS) and behavioral health providers’ (for example, mental health and substance use disorders) exchange of health information, including HIE, with other treating providers? How should these programs and policies be developed and/or implemented to maximize the impact on care coordination and quality improvement?**

AAOS believes one particular opportunity for the exchange of health information across the spectrum of health care providers lies with clinical data registries. These registries, which typically maintain patient-level observational data on a specific procedure or disease, are already electronic and foster exchange of information between physicians and the hospitals or medical specialty societies that maintain them. They are also one area where physicians have made an

investment in their time and resources to participate in exchanging health information.

AAOS supports extending the reach of clinical data registries to allow for other providers involved in a patient's care to participate and thus have access to relevant patient information. Orthopaedic registries may be most helpful in the case of identifying medical devices implanted in patients, which is why we have funded development of the American Joint Replacement Registry. In the case that a patient sees a physician years down the road who was not involved in the original device implantation, a clinical data registry represents a primary source of details for the new provider to learn about the device and any complications that have arisen along the way. We invite ONC and CMS to reach out to us at any time for further discussion regarding clinical data registries.

9. What CMS and ONC policies and programs would most impact patient access and use of their electronic health information in the management of their care and health? How should CMS and ONC develop, refine and/or implement policies and program to maximize beneficiary access to their health information and engagement in their care?

AAOS believes that to encourage beneficiaries to get involved with their own health records, health information should be provided by physicians to their patients in a readily accessible way (e.g., portable document format (pdf)) as a transition step until such time that full interoperability among providers and beneficiaries can be achieved.

10. What specific HHS policy changes would significantly increase standards based electronic exchange of laboratory results?

HHS should establish Meaningful Use requirements directed towards clinical laboratories to adopt data exchange capabilities using the HL7 data standard.

Conclusion

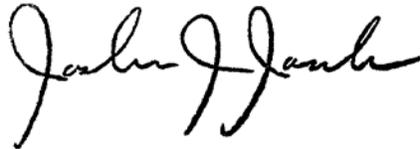
Thank you for the opportunity to provide information and comments in response to the HHS request for information. We believe that HIT is a fundamental component to improving our nation's health care system. AAOS has been working to increase EHR adoption among its members and we are committed to assisting ONC and CMS in improving the electronic exchange of health information to improve quality, safety, and efficiency of health care delivery and provide more opportunities for patients to participate in their own care.

AAOS provides the suggestions and information above to encourage adoption of HIT and exchange of electronic health information. AAOS appreciates the challenges posed by

Farzad Mostashari, MD, ScM
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interoperability and the exchange of health information among providers as HHS considers potential policy and programmatic changes. We invite ONC and CMS to reach out to us at any time for assistance or resources that we can provide from an orthopaedic perspective. If you have any questions, please contact our Medical Director, William R. Martin, III, MD, at (202) 546-4430 or martin@aaos.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Joshua J. Jacobs". The signature is fluid and cursive, with the first name "Joshua" and last name "Jacobs" clearly distinguishable.

Joshua J. Jacobs, MD
President
American Association of Orthopaedic Surgeons

cc: Karen Hackett, FACHE, CAE, AAOS Chief Executive Officer
Thomas C. Barber, MD, Chair, Council on Advocacy
William R. Martin, III, MD, AAOS Medical Director