



Electronic Health Records (EHRs) & Interoperability

New value-based payment models established under the Affordable Care Act (ACA) and the Medicare Access and CHIP Reauthorization Act (MACRA) can only succeed if technology to track, analyze and coordinate patient care is widely available and seamlessly integrated into practice. Despite increasing HIT adoption rates among physicians, participation in federal programs to encourage meaningful use of EHRs remains low; interoperability between EHRs, and between EHRs and registries, is lacking; and recent data breaches highlight the need for enhanced security.

LEGISLATION. HIT-focused legislation likely to see action this year includes:

- **H.R.6, 21st Century Cures Act (21CCA).** The 21CAA passed the House in July and is expected to be conferenced with a similar package of legislation under consideration by the Senate Health, Education, Labor and Pensions (HELP) Committee. Introduced by Rep. Fred Upton (R-MI), Chairman of the House Energy & Commerce Committee, the 21CCA includes provisions focused on interoperability of EHRs, accountability for information blocking, and the permissible use of protected health information, including for research purposes. It also would alleviate privacy concerns and mitigate the cost of clinical research by facilitating patient identification and participation.
- **H.R.2511, Improving Health Information Technology Act.** Introduced in the Senate by Sen. Lamar Alexander (R-TN), Chairman of the Senate HELP Committee, and Sen. Patty Murray (D-WA), Ranking Member of the Senate HELP Committee, this bill is a product of a bipartisan, full committee HIT working group and was considered by the HELP Committee as part of its Innovations series. The bill was favorably reported out of the committee in February and incorporated Sen. Bill Cassidy's (R-LA) **S.2141, the Transparent Ratings in Usability and Security to Transform Information Technology Act (TRUST IT)**, which seeks to better define interoperability of EHRs and address performance reporting and security requirements.
- **S. 1101, Medical Electronic Data Technology Enhancement for Consumer's Health Act (MEDTECH Act).** Senators Hatch (R-UT) and Bennet (D-CO) introduced this bill, which seeks to loosen the FDA's grip on low-risk consumer applications to spur innovation. It was favorably reported out of the Senate HELP Committee in March and is expected to be considered as part of a larger biomedical innovation package (related to the 21CCA) by the full Senate later this year.

Additional Congressional legislation may also address:

- Regulatory constraints on physicians treating patients across state lines,
- How Congress can help advance precision medicine through better access to data in a secure way; and
- The role of patient-generated data, given that the office of the National Coordinator for HIT is expected to soon define a set of policies for patient generated health data.

REGULATORY. CMS' Acting Administrator Andy Slavitt recently stated that MACRA provides a significant opportunity to transition the Medicare EHR Incentive Program from "measuring clicks" towards adoption of meaningful tools that improve patient outcomes. According to Slavitt, CMS' work will be guided by several critical principles, including:

- Allowing providers the flexibility to customize HIT to their individual practice needs. Technology must be user-centered and support physicians.
- Prioritizing interoperability by implementing federally recognized, national interoperability standards and focusing on real-world uses of technology, like ensuring continuity of care during referrals or finding ways for patients to engage in their own care. CMS will not tolerate business models that prevent or inhibit the data from flowing around the needs of the patient.

CMS also recently streamlined the approval of blanket hardship exceptions from the 2015 EHR Incentive Program, broadened exemption opportunities for newly modified measures for 2015 and 2016, and left open for additional public comment recently finalized Stage 3 rules—all indications that significant changes to the program are forthcoming.