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June 3, 2019

Don Rucker, M.D.
U. S. Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
330 C Street SW
Washington, DC 20201

Dear Dr. Rucker:

On behalf of AMGA and its members, I want to express our appreciation for the opportunity to comment on the “21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program” (RIN 0955-AA01).

Founded in 1950, AMGA represents more than 450 multispecialty medical groups and integrated delivery systems representing approximately 177,000 physicians who care for one in three Americans. Our members work diligently to provide innovative, high-quality, patient-centered care in an efficient and cost-effective manner. AMGA, therefore, has a strong interest in improving population health and care quality and reducing healthcare spending growth via, in part, the use of fully interoperable health information technologies.

The proposed rule implements provisions of the 21st Century Cures Act. The implementation of these provisions would advance interoperability and support the access, exchange, and use of electronic health information (EHI). AMGA supports the direction of this proposed rule and its intention to, as National Coordinator for Health Information Technology Dr. Donald Rucker recently testified, “stimulate a more connected health system that leverages health information to better serve patients.”¹ Such a connection is critical for providers who rely on as complete an understanding as possible of their patient population to deliver care in value-based models. AMGA offers these comments to help develop a regulatory framework for interoperability that not only supports innovative care delivery models, but is based on the need to coordinate care and shift the healthcare system towards value.

Key Recommendations

¹ Statement of Donald Rucker to Senate Committee on Health, Education, Labor, and Pensions Implementing the 21st Century Cures Act: Making electronic health information available to patients and providers, part 2. May 7, 2019.

AMGA is pleased to offer the following recommendations:

1. The Office of the National Coordinator (ONC) should reevaluate its timeframe for implementation. While AMGA supports the goals of the proposal, we are concerned the timeframe is not achievable.
2. AMGA supports the idea of price transparency. However, the responsibility to collect and report this information should be with payers, not providers.
3. AMGA supports efforts to provide clear definitions of what constitutes information blocking. We recommend that no additional exceptions be added to the proposed provisions.
4. AMGA members understand the importance of appropriate patient matching and therefore are supportive of efforts related to auto-matching and a common algorithm.
5. AMGA supports leveraging health information technology (health IT) to provide patients suffering from opioid use disorder with less fragmented and more coordinated care.

Timeline of Implementation

While we applaud ONC's efforts to create a more interoperable and coordinated delivery system, we would like to point out possible challenges given the timeline for these complex changes to be made. When finalizing its rule, ONC should work closely with the Centers for Medicare & Medicaid Services (CMS), which also has proposed significant changes to advance interoperability, to set feasible and achievable timeframes and deadlines for information technology vendors, payers, and providers to address the operational and technological challenges that result from the rule. AMGA believes that, as proposed, the 2020 deadline is too aggressive, a view shared by a number of U.S. senators, who have suggested a more phased-in approach.² However, we would like to again highlight that we believe the goals of implementing provisions that would advance interoperability and provide patients with access to their health data are important and a vital aspect of any value-based system of care.

Request for Information on Price Information

ONC is seeking comments on the parameters and implications of including price information in electronic health information and comments on the technical, operational, legal, cultural, environmental, and other challenges to creating price transparency in health care. Providing patients with information regarding the price of medical services is important. This information allows patients to make informed decisions about their care.

However, it is important to be clear about which prices are available to the patient. Many patients with insurance do not pay the list price or charges for the services they are receiving. While what they are financially responsible for is a function of the list price or charges, the ultimate bill they face reflects the structure of their benefit design (i.e., copays, deductibles, or coinsurance). Providers are not the source of information regarding the individual benefit structure for patients and oftentimes do not know the financial responsibility of the patient until after the service has been provided. This information rests with payers. Payers should work to educate their members on the costs they may face when they receive a service. Because payers have all necessary financial data related to the patient, the focus should be placed on individual

² Senate Committee on Health, Education, Labor, and Pensions hearing: Implementing the 21st Century Cures Act: Making electronic health information available to patients and providers, part 2. May 7, 2019.

insurers to make pricing information available.

Additionally, there should be consideration for how this information is transmitted when patients are in different models of care. Take, for example, a patient whose providers are participating under an episode-based model of care demonstration such as the Bundle Payments for Care Improvement Initiative (BPCI) or through an Accountable Care Organization (ACO). Presenting patients with a list of itemized prices may be of little use in such models. Providers may receive a bundled payment or continue to be paid on a fee-for-service basis. However, the prices charged or the eventual fees paid do not demonstrate the value inherent to the patient. Providing pricing information, while important, is only one aspect of the patient experience and likely will not capture the value of care in a delivery system that is built on care coordination, prevention, and population health.

Information Blocking

The 21st Century Cures Act defines information blocking as a practice by a healthcare provider, health IT developer, health information exchange, or health information network that is likely to interfere with, prevent, or materially discourage access, exchange, or use of EHI. The information-blocking provision was enacted in response to concerns that some individuals and entities engage in practices that unreasonably limit the availability and use of EHI for authorized and permitted purposes. ONC is proposing seven reasonable and necessary exceptions to the information-blocking provisions codified in the 21st Century Cures Act and asks for comments on any additional exceptions that should be made.

Interoperability has been a longstanding priority for AMGA. For example, in our May 2016 principles for interoperability, AMGA stressed the need to help providers share a patient's health information between each other and the patient and not block the exchange of EHI. As we strive for a healthcare system that rewards value over volume, the need to ensure this information is freely exchanged becomes even more important. Information-blocking practices are contrary to a desired well-coordinated healthcare delivery system because sharing information seamlessly across the care continuum is fundamental to moving toward a patient-centered, high-performing delivery system.³ As such, the exceptions to the information-blocking provisions outlined in the proposed rule are adequate and no additional exceptions are warranted.

Patient Matching Request for Information

The Request for Information seeks comments on additional opportunities for ONC to contribute to resolving issues related to patient matching and ways that patient matching can facilitate improved patient safety, better care coordination, and advanced interoperability. Accurate patient matching is important because a well-coordinated delivery system relies heavily on appropriate patient information being transmitted among providers. Inaccurate patient information can be harmful to patients who may receive care that is not appropriate or who fail to receive care they need. The result of an inaccurate match may cause unnecessary testing or services, resulting in higher costs for patients, providers, payers, and, ultimately the healthcare system. Such inaccuracies also undermine the goals of care coordination.

We recognize the importance of accurate patient data as a vital part of effective health

³ Report to Congress from the Office of the National Coordinator for Health IT. Report on information blocking. April 2015.

information exchange. It ensures that the right patient is getting the right care and enables providers to more adequately coordinate patient care. We are supportive of efforts related to auto-matching and a common algorithm, regulated by CMS and ONC. Additionally, we would like to highlight the recommendations the Health Information Technology Advisory Committee (HITAC) made regarding demographic data to aid in patient matching, such as encouraging the use of the U.S. Post Office standardized addresses and including designations for both mobile and landlines numbers.⁴

Health IT and Opioid Use Disorder Prevention and Treatment Request for Information

The Request for Information seeks comments on how existing program requirements and proposals in the rule may support the effective prevention and treatment of opioid use disorder (OUD) across patient populations and care settings. AMGA understands the toll that opioid-related substance use disorder can inflict on patients, their families, and the larger community. Health IT could be leveraged to improve adherence to opioid prescribing guidelines, enhance clinician access to prescription drug monitoring programs, and help providers coordinate prescribing. Additionally, the exchange of health information can provide more coordinated care for those suffering from OUD. AMGA believes our model of integrated and coordinated care, supported by health IT, can best address substance use disorder.

AMGA and our members thank ONC for consideration of our comments. Should you have questions, please do not hesitate to contact AMGA's Senior Director of Regulatory Affairs, Darryl Drevna at 703.833.0033 ext. 339 or ddrevna@amga.org.

Sincerely,



Jerry Penso, M.D., M.B.A.
President and Chief Executive Officer

⁴ Health Information Advisory Commission (HITAC). U.S. Core Data for Interoperability (USCDI) Task Force Recommendations. May 13, 2019.