VNAA
Visiting Nurse Associations of America

Dr. Karen DeSalvo
National Coordinator
Office of the National Coordinator on Health IT
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

April 3, 2015

Dear Dr. DeSalvo

The Visiting Nurse Associations of America (VNAA) strongly supports the goal of an interoperable health care system that allows for secure exchange of patient data across all care settings. We look forward to working with the Office of the National Coordinator on Health IT (ONC) to advance interoperability.

VNAA is a national organization that supports, promotes and advances mission driven, nonprofit providers of home and community-based healthcare, hospice and health promotion services to ensure access and quality care for their communities. As safety net providers, VNAA members provide care to all patients regardless of their ability to pay or the severity of their illness and serve a mixture of Medicare, Medicaid, privately insured and uninsured patients.

Home health and hospice providers are in the vanguard of health IT implementation and have long recognized the benefit of interoperability for transitions of care, on-going care plans, and accessing a patient's full medical record. Our members use health IT to provide high quality care in the most efficient possible setting.

Listed below are VNAA's core principles for interoperability that support and encourage the use of health IT by home health and hospice agencies. VNAA commits to sharing the experiences of our providers and patients with ONC staff and other policymakers in order to achieve these goals.

Ensure home health and hospice providers able to fully access patient health records
Federal policy must support the inclusion of home health and hospice providers—and all post-acute providers—in plans for interoperability. Home health and hospice providers devote already-stretched resources to incorporate health IT into their practice and use new technology to improve patient care and to make the coordination of a patients care seamless across all settings. Our member's experiences show the positive impact of health IT both on improving patient outcomes and reducing preventable costs like readmissions. These providers have accomplished this without benefiting from the financial and technical assistance that was made available through ARRA for a subset of providers. Future policy must include post-acute providers and ensure their robust participation.

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Enable providers to securely push, pull and use electronic health information
Home health and hospice providers rely on accurate and complete patient records to manage a patient's care and ensure the care plan is implemented. Interoperable health information facilitates more efficient care and earlier interventions. It can help identify patients in distress; allow family caregivers to consult with a provider instead of heading to the emergency department; and provide follow up monitoring that can help prevent readmissions. For example, emerging technologies allow a home health nurse to transmit images—such as with wound care—to specialists or providers for an on-the-spot assessment rather than arranging for an office visit or a specialist nurse to visit the patient. Many barriers technological and practice barriers exist that prevent data from flowing between providers and must be addressed.

Encourage innovation in health IT
Post-acute providers were not included in the Meaningful Use Incentive Program and have not had access to the same financial resources, technical assistance and support as other providers. As a result, there are few EHR products designed to capture the unique workflow of hospice providers in particular. The result is slower adoption among post-acute care providers and limited ability to compile and share health information electronically across the continuum of care. Policies should encourage innovation and creativity with a goal of interoperable products designed specifically for post-acute care provider.

Support the goals of delivery system reform
VNAA members provide high quality, patient-centered care at home as well as offer support for family caregivers. They serve the most clinically complex and vulnerable patients who are by definition homebound and who will benefit from having closely integrated health exchange between all members of the care team. Two of the most significant challenges in health care delivery today are reducing unnecessary hospital admissions and improving management of patients with chronic conditions. Home health, including home-based palliative care and hospice, plays a critical role in coordinating care for vulnerable patients and provides medically necessary care to prevent a hospitalization, as well as to prevent unnecessary readmissions to the hospital. Home health providers work with physicians and hospitals, and play an important role in helping keep patients in their homes longer. Through health information exchange, providers will be able to receive and share information in real time and help to realize the goals of new payment models and enhanced care coordination.

While VNAA is optimistic about the ability of delivery system reforms to drive high value healthcare, we believe that there is still much work to be done. At a high level, home care and hospice providers routinely use electronic health records to manage patient care but confront significant challenges related to the interoperability of these records with the hospital and physician provider offices operating in their communities. Barriers to interoperability are both technical and political. Systems are not yet capable of speaking to each other, health information exchange is nascent in many places, and some providers continue to treat patient data as proprietary and resist sharing it with providers outside of their system or accountable care organization.

Require all members of a patient's care team share data
It is important to require that all providers to share data with other others, regardless of whether the providers are within the same system, ACO or other governance structure. Currently, strong incentives by vendors and some providers to keep their software and EHRs proprietary for market purposes. Providers may be influenced by financial incentives that are not always appropriately aligned with the broader policy goals to provide cost-effective and high-quality patient care. The

federal government should play a strong role in breaking these perverse incentives to ensure that a patient's data is accessible by all members of the care team regardless of the software platform they use.

Standards must be in place for all members of a care team to securely send and receive information about a patient across different EHR systems. In regions with heavy penetration by a single EHR software, or in the case of a hospital-led demonstration project, small providers are often pressured to purchase the same EHR as everyone else. For small providers and/or those who have already invested significant resources in a certified EHR, it may be financially out of reach to purchase a new program. Interoperability ensures that all authorized providers can securely access a patient's information even if they use a different system.

For these reasons, VNAA supports a federal requirement that all Medicare and Medicaid participating providers engage in the exchange of interoperable patient data with all appropriate providers consistent with HIPAA and any other federal and state privacy rules.

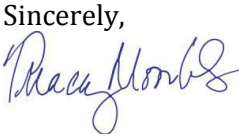
Incentivize coordinated care through the use of interoperable health records and care plans
Home health providers have deep experience coordinating care for their patients who often have multiple chronic conditions. At the same time, home health providers are required to use care plans for their Medicare patients. To achieve efficient and high quality care, these systems must work together. Patient-centered care plans can be used to coordinate medical care in the home and can be accessed in real time by all members of an interdisciplinary care team—but only if these records are interoperable. VNAA supports efforts to develop care plans that are useful to all members of the care team and that can be accessed by a wide range of providers to support patient-centered coordinated care in the home.

Move towards including records from caregivers and community-based organizations
Data such as patient or caregiver-generated information is important to all members of the care team to understand what a patient's goals are and to truly put the patient in the center of the care. Data from other community-based organizations, such as Meals on Wheels or church providers, complement health records and shows the full range of services a homebound patient needs and will assist providers in recognizing and addresses the social determinants of health. It is critical that that all providers on the care team have access to the information.

Protect patient privacy and security
VNAA strongly supports strong efforts to protect and maintain the privacy and security of health information.

The ***Interoperability Roadmap*** outlines important policy objectives that would incentivize the sharing of data and remove some of the barriers and obstacles our providers face. VNAA applauds this critical first step and encourages the ONC and all stakeholders to move quickly forward. We stand ready to share our members' experiences and to work with you to design practical and strong Policy.

Sincerely,



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