



November 22, 2013

Dr. Paul Tang
Vice Chairman, Health IT Policy Committee
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Suite 729-D
Washington, DC 20201

Dear Dr. Tang:

Thank you for your leadership as vice chairman of the Health Information Technology Policy Committee ("HITPC") and ensuring that Americans will benefit from a modern healthcare system that leverages innovative technologies that are changing the way healthcare is delivered and consumed.

The undersigned organizations write to urge the HITPC, in its ongoing consideration of Stage 3 meaningful use ("MU") definitions for electronic health records ("EHRs"):

- (1) to ensure that incentives for the adoption of interoperable EHRs encompass the full panoply of patient health data – including data generated from remote monitoring solutions that enable reliable patient-generated health data ("PGHD"); and
- (2) to ensure that the MU Stage 3 requirements contemplate the use of PGHD through the utilization of interoperable health and medical device standards.

We Cannot Fully Underscore How Important it is for the HITPC to Recommend the Use and Integration of Patient-Generated Health Data as Part of the MU Stage 3 Requirements. The health and financial benefits of remote patient monitoring are significant. Remote monitoring connects patients, care providers and medical professionals, virtually anywhere facilitating ongoing care and treatment wherever and whenever it needs to happen. The National eHealth Collaborative ("NeHC") has defined

PGHD as “Health-related data created, recorded, gathered, or inferred by or from patients or their designees to help address a health concern.”¹ A NeHC technical expert panel recently concluded that PGHD can enhance patient care and raise accountability by healthcare providers, among other benefits.² This group has since begun to contemplate how PGHD can be utilized within complex and fragmented systems. Involving this data will engage patients in their own care, can lead to improved lifestyle choices and improve overall health.³

Clinical evidence has already demonstrated that interoperable remote monitoring improves care, reduces hospitalizations, helps avoid complications and improves satisfaction, particularly for the chronically ill.⁴ So far, the cost savings appear promising: *a recent study predicted that remote monitoring will result in savings of \$36 billion globally by 2018, with North America accounting for 75% of those savings.*⁵ We believe that the HITPC should appreciate the value of PGHD by setting clear expectations in MU Stage 3 for providers, patients, and other stakeholders. PGHD should become elemental to the efficient delivery of healthcare.

Interoperability has often been viewed as necessary to facilitate the exchange of patient records between different medical facilities. Further, we understand that the HITPC is currently considering inclusion of standards and potentially certification for interoperable health and medical devices. As you continue to work through recommendations on MU Stage 3, we believe HHS should ensure that patient-generated health data (“PGHD”) created by remote monitoring systems is fully enabled. Specifically, **the HITPC should recommend that under the CMS Incentive Payment Program, EHR systems should be required to incorporate open, voluntary, and consensus-based industry standards for interoperability with remote patient monitoring devices, services and systems.**

The HITPC Should Encourage the Use of Open Standards for Interoperability Among All Health ITs.

In the context of MU Stage 3, device interoperability with certified EHRs and EHR systems, should be defined. ONC should promote the ability to exchange health information confidentially and securely across healthcare systems, settings of care, vendors, certified EHRs and EHR modules and systems, and geographies. The adoption and use of open and voluntary standards is a long-standing federal policy

¹ See NeHC, *Patient Generated Health Data White Paper (Apr. 2012)* at 2-3, available at http://www.nationalehealth.org/ckfinder/userfiles/files/PGHD%20White%20Paper_April%202012.pdf.

² See NeHC, *Patient Generated Health Data Introduction and Current Practices: Report to the HIT Policy Committee Consumer Empowerment Workgroup by the Technical Expert Panel Convened by National eHealth Collaborative on behalf of the Office of the National Coordinator for Health Information Technology* (Jul. 18, 2013), available at <http://www.nationalehealth.org/blog/patient-generated-health-data-technical-expert-panel-presents-initial-findings>.

³ See, e.g., Sanjena Sathian, “The New 21st Century House Call,” *Boston Globe* (July 29, 2013), available at <http://www.bostonglobe.com/lifestyle/health-wellness/2013/07/28/century-house-call/tdupWvOQI6b3dKdKcEgdGM/story.html>.

⁴ See, e.g., U.S. Agency for Healthcare Research and Quality (“AHRQ”) *Service Delivery Innovation Profile, Care Coordinators Remotely Monitor Chronically Ill Veterans via Messaging Device, Leading to Lower Inpatient Utilization and Costs* (last updated Feb. 6, 2013), available at <http://www.innovations.ahrq.gov/content.aspx?id=3006>.

⁵ See Juniper Research, *Mobile Health & Fitness: Monitoring, App-enabled Devices & Cost Savings 2013-2018* (rel. Jul. 17, 2013), available at http://www.juniperresearch.com/reports/mobile_health_fitness.

that promotes effective and efficient technology and innovation in the global marketplace.⁶ The use of such standards for interoperability between remote patient monitoring devices and EHRs would be consistent with established Federal policy that has promoted ubiquitous interoperable mobile devices, systems and networks generally. It would also further ONC's goals to enable systemic engagement with patients, care providers, medical professionals and other healthcare stakeholders. Indeed, such voluntary industry standards – along with consensus on specifications for interoperability between remote monitoring products and EHRs – already exists and are currently being utilized in commercial products. MU Stage 3 should be made to tie incentive payments to exclusively use interoperable EHR products that guarantee useable data regardless of vendor.

Thank you again for your leadership on these issues. We look forward to working with you, the HITPC, and HHS and to ensure that the American healthcare system rapidly transitions towards use of cutting-edge technologies that will simultaneously reduce costs and drive improvements in patient care.

Sincerely,

**American Telemedicine Association
Association for Competitive Technology
Center for Data Innovation
Continua Health Alliance
Healthcare Information and Management Systems Society (HIMSS)
IHE USA
Telecommunications Industry Association
WLSA – Wireless-Life Sciences Alliance**

⁶ See OMB Circular A-119 Revised, Federal Participation in the Development and Use of Voluntary Consensus Standards and in Conformity Assessment Activities (rev. Feb. 10, 1998) (OMB Circular A-119) available at http://www.whitehouse.gov/omb/circulars_a119/.