CZARNIK TESTIMONY, CTC TASK FORCE HEARING – JANUARY 7, 2016
DRAFT (01.06.15.1600)

I'm Chuck Czarnik, Vice President of Strategic Planning for Brookdale Senior Living. I'd like to thank the CTC Task Force and the Office of National Coordinator for the opportunity to provide feedback on this important topic.

My employer is Brookdale Senior Living. We are the largest operator of senior living and geriatric post-acute care in the United States, serving around 100,000 patients every day. We have deployed EMR systems within several care settings, including Home Health, Hospice, Skilled Nursing, and Outpatient therapy. Additionally, we interoperate with hospital and physician partners as our residents navigate the broader healthcare continuum.

In preparing these comments, I sought feedback from many sources, including Brookdale, provider colleagues, trade associations, and vendors with whom we partner. I need to caveat that my comments represent composite feedback from many sources and do not exclusively reflect the opinion of my employer.

As you know, the long term and post-acute care (or LTPAC) sector has never been scoped as "Eligible Providers," nor benefited from incentives to deploy "Meaningful Use" technology. Nonetheless, systems interoperability is essential for us as we work very closely with many kinds of Eligible Providers in caring for patients we mutually serve.

Interoperability for my industry has existed long before *HITECH*, the *ACA*, and emergence of certified technology. The care settings I represent have many years of experience in sharing complex patient assessment instruments such as the OASIS and MDS via highly standardized data. We do this within a structured interoperability framework not unlike the standards established for certified technology through ONC. For us the stakes of standardized interoperable technology are much higher than incremental economic benefit of adopting certified technology. If providers in our industry can't interoperate, we don't get paid.

I've been involved in several large EMR deployments for various LTPAC settings. In evaluating the technology, we saw demonstrations, sought feedback from peers, and referenced industry research. <u>Performance on certification criteria has never been a material factor in our selection process</u>.

With this backdrop, I'd like comment on the questions posed to this panel.

The first question I'd like to address is "If a comparison tool was established, would you use it?" Candidly, there is no shortage of resources for healthcare organizations to consult when evaluating technology. I question the value of adding another tool when so much information already exists. I'd rather see certification incorporated into resources already available such as HIMSS, KLAS, and the numerous provider specialty trade associations' resources. Making such data available in a standard way, through data.gov or some other mechanism would allow the

market to determine if – and how – to communicate such information to the consumer. Perhaps this data is already available? If so, I believe the market will put the data to use where appropriate, and that additional tools are not necessary.

Answering “What is important to you when selecting a Health IT product?” is difficult since it’s an important, complex question – one that cannot be fully explored in the time allotted. I think what’s most important is removing the friction from healthcare. I know that statement is a bit nebulous, so I’ll try to explain what I mean in my remaining time.

First, I would point out that certification is a complex, expensive process for the vendor to complete. In 2016 – many of the criteria could be considered “minimally viable product functionality.” I don’t see a lot of value in certifying to criteria such as diagnoses or problem lists. There is irony here because the certification program is intended to make technology a known quantity. Yet the result is busywork for the vendor that adds costs and complexity to a system that we all want to streamline.

Examine the criteria, simplify the process. Strive to create standards and test methods that are relevant and simple- imagine the on board diagnostics scan when I take my car in for an emissions check. The result is no ambiguity and a simple red light / green light in certifying compliance of my vehicle with EPA standards. I believe this is a powerful metaphor that brings a focus to testing, rather than attestation, and could be an example of how certification could be established with low cost and little ambiguity for both the customer and vendor. I believe it also would confront the “information blocking” concern that is surfacing on various policy fronts, which, at its core is a concern that lurks within the grey area of existing standards and processes.

Second, understand that complexity favors large, entrenched vendors who have the resources to execute on an elaborate, bureaucratic certification process. This can stifle innovation, as startups with great ideas face regulatory barriers that prohibit market entry. Innovation is something healthcare needs today, as healthcare becomes personal, with new sources of data and methods emerging every day. Certification should be modular, agile, and equally favor the enterprise vendor who can embark on a comprehensive certification process, yet support the garage innovator who conceives ways to disrupt healthcare that we have not yet imagined.

Third, I imagine that this Panel, the CTC Task Force, and the ONC gathered today represents an incredible body of thought leadership on this topic. Yet it presents a stark contrast to the rank-and-file provider- who is just trying to select technology to improve his or her practice. Most providers probably don’t know what the ONC acronym stands for, and frankly I think that’s OK. Their goal is to provide outstanding care for the patients they serve, and both the certification standards, and the comparison tools, should be conceived to streamline selection as much as possible. We need to give the vendors, and the providers an “easy button.”

In conclusion, I’d like to restate my core comments:

- First, develop a comparison strategy that is market-based, disseminating data in a way that existing industry resources can leverage it. I would strongly favor that over another tool that a provider would have to locate and study.
- Second, streamline the certification process itself, lowering complexity and costs of certification overall.

Thank you very much for the opportunity to comment today.

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