May 16, 2014

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
Chair, Health IT Policy Committee
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Suite 729-D
Washington, D.C. 20201

<u>Re: HIT Policy Committee</u>

Dr. DeSalvo:

My name is Pamela Arora, and I am submitting these public comments to the HIT Policy Committee on behalf of Children's Medical Center Dallas.

I have been in the Information Technology industry for more than 30 years with experience in a number of industries including manufacturing, travel and leisure, entrepreneurial endeavors, and health care. I currently serve as Senior Vice President and Chief Information Officer at Children's Medical Center, and I am responsible for directing all efforts of the Information Services groups in the organization. My oversight includes systems and technology, Health Information Management, and BioMedical technology and support. I currently serve on the board of the College of Healthcare Information Management Executives (CHIME), and am member of the Health Information Management Systems Society (HIMSS) and the Children's Hospital Association (CHA).

During my seven plus year tenure at Children's, we have achieved Health Information Management Systems Society (HIMSS) Stage 7 Electronic Medical Record Adoption Model award designation, we have been named to the *InformationWeek*500 repeatedly, and we have been named Most Wired by the Health & Health Networks for six of the last seven years. In 2013, Children's partnered with the Office of the National Coordinator (ONC) in their personal health record (PHR) "Ignite!" project, a pilot program designed to exchange continuity of care documents (CCD) using direct secure messaging to sickle cell anemia patients through a non-tethered PHR. Children's was also honored as a HIMSS Enterprise Davies Award winner in 2013 for the organization's deployment and innovative use of Epic, our electronic health record, and our organization achieved Level 2 certification from the Health Information Trust Alliance (HITRUST). In 2014, Children's was the first in Texas to receive Texas Covered Entity Privacy and Security Certification by the Texas Health Services Authority (THSA) and the Health Information Trust Alliance (HITRUST).

Joining me in submitting these comments is Aaron Miri, Children's Chief Technology Officer. Aaron is responsible for the delivery of all infrastructure technical services and operational support across the health system. He is charged with creating and maintaining a state-of-the-art

technology environment in order to best position Children's to effectively fulfill its mission, vision and values. He serves as a member of the HIMSS National Public Policy Committee and CHIME Awards Committee and ACHE Education Committee.

Comments to the HIT Policy Committee Regarding Meaningful Use Implementation

1. **What were the key challenges and success factors in your experience with meeting the requirements of stage 2?**

   Challenges
   In our experience, the key challenges we experienced in meeting Stage 2 requirements are as follows:

   Transition of care—in our view, one of the most significant challenges associated with meeting meaningful use stage 2 requirements involves ensuring the market is ready to accept continuity of care documents (CCD). With relatively few providers prepared to accept CCDs, the flow of information is not as robust as we would like.

   Pace of Adoption—shifting the culture of the marketplace and getting organizations engaged to share patient data has proven to be a challenge. During the first year of our exchange (2011), the number of organizations in our region that were prepared to share electronically was very small. As a result, Children's was only able to exchange information for roughly 10 patients. It should also be noted that the legal framework and case law around using electronic health information exchanges is still being established, and hinders adoption, creating a general feeling of unease with respect to electronic medical information exchange. Though the legislation removed the roadblock of "unease," adoption remains slow because of the time and expense required to deploy the electronic tools. Had the legislation not been enacted, organizations' hesitation to adopt electronic information transfer would have continued. But with the requirements in place, organizations are actively working to begin transferring information electronically, which affords an opportunity for them to gain comfort with the process.

   Patient Engagement—from a patient standpoint, we must again shift culture and change behaviors so that patients and families become more comfortable interacting with the EMR and technology. Provider organizations and clinicians must encourage patient family adoption. Different markets have different comfort levels with their involvement in their care delivery. Achieving widespread adoption will also be aided by continuing the ONC's public education campaign to achieve culture change in the community.

   Cost—there are unintended financial consequences associated with meaningful use requirements. In order to electronically transfer unique data elements as required (*e.g.,* immunizations, registries, electronic lab and syndromic surveillance), organizations must develop unique interfaces for each of those individual data feeds, multiplying the costs exponentially. These financial consequences impact the provider community and our

state agencies. Without well-established HIEs, one-off interfaces are required, preventing economies of scale across the community.

Audits—Children's has noticed a lack of consistency in the audit requirements, which is further complicated by requiring multiple audits by different bodies.

Benefits
Meaningful Use Stage 2 has brought successes for Children's Medical Center Dallas. A health information exchange (HIE) has been used to provide information electronically for 7,141 patient records since 2011. Additional positive outcomes are related to our patient engagement efforts. Through these requirements and our efforts, Children's has engaged our patients, and this increased interaction is helping improve care delivery and outcomes. To date, approximately 31,000 patients or families have been engaged in accessing their medical records electronically with nearly 10 percent actively interacting with the EMR with messaging. Though initial adoption was somewhat slow, we have seen a steady increase in patient family participation and interaction with the medical record.

With respect to encouraging meaningful use adoption, we believe that the use of incentives to drive behavior/adoption has been working, and the result is that the healthcare community is able to improve the quality of healthcare.

2. **What advice would you give to the HIT Policy Committee, based on your experience with stages 1 and 2, to inform recommendations for stage 3?**

Children's encourages the committee to consider expanding incentives for use of state HIEs in transporting population and public health data. We respectfully request that the committee consider the financial landscape of the healthcare industry and the requisite cost implications associated with unique interfaces for each data exchange.

We encourage the committee to leverage the infrastructure of HIEs to facilitate electronic communication, as well as promote state-supported HIEs as a conduit for the industry to safely and securely transmit information. By promoting state-supported HIE usage, costs are lowered for industry entities through the reduction in the number of required interfaces, the process is streamlined, and greater involvement occurs at a community level, encouraging adoption.

We recommend the committee consider implementing a 72-hour turnaround requirement. The 24-hour timeframe for patients to receive results/orders presents a risk, as this does not provide enough time for providers to turn the information around when multiple diagnostic tests are required to establish a patient's care plan.

3. **What benefits have you realized in your organization as a result of implementing an EHR and meeting the requirements of stages 1 and 2?**

Deploying an EHR has been key to improving numerous clinical processes and workflows within our organization. We have been able to develop clinical pathways for several of the

more common conditions (*e.g.,* asthma, appendicitis, and bronchiolitis) presented at our hospital, and we have seen improved outcomes as a result of these efforts. The EHR has played a key role in meeting the requirements of stage 1 and 2. As a result, many of our patients and families are becoming more involved in the management of their care, and they are actively engaging in accessing their medical records electronically.

About Children's Medical Center Dallas

Children's Medical Center Dallas is the seventh-largest pediatric health care provider in the country, with campuses in Dallas, Plano and Southlake, Texas, as well as 16 MyChildren's Pediatric Practice offices across the greater Dallas area. We see 200,000 children each year who constitute 760,000 patient encounters; two-thirds of these children are on government assistance programs such as Medicaid or CHIP. Children's has one of the busiest Emergency Departments in the country, with more than 175,000 visits to our emergency rooms in Dallas and Plano. The NICU is designated as a Level IV facility and is the patient care site for the Division of Neonatal and Perinatal Medicine at UT Southwestern.

Conclusion

Thank you for the opportunity to provide our comments on this matter. I would be happy to provide more information and answer any questions that you may have. For more information, please contact Matt Moore, Senior Director of Government Relations at Children's Medical Center Dallas, at 214-456-1971 or matt.moore@childrens.com.

Sincerely,

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