PREMIER TRANSFORMING HEALTHCARE TOGETHER®

August 18, 2014

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

The Honorable Charles E. Grassley
Member
Senate Committee on Finance
135 Hart Senate Office Building
Washington, DC 20510-6200

Dear Chairman Wyden and Senator Grassley:

On behalf of the Premier healthcare alliance, we appreciate the opportunity to respond to your solicitation for ideas to enhance the availability and utility of healthcare data, while maintaining patient privacy.

Premier Inc. is a leading healthcare improvement company uniting an alliance of approximately 3,000 U.S. hospitals and 110,000 other providers to transform healthcare. Premier maintains the nation's most comprehensive repository of hospital clinical, financial and operational information and operates one of the leading healthcare purchasing networks.

We applaud your leadership in exploring ways to better harness the vast array of data that exist in our healthcare system and to ensure that, in the process, patients' privacy is protected. Through our hospital and population health improvement collaboratives, Premier has found that when healthcare providers are able to access and use crucial, actionable data for analysis and best-practice sharing, it has spurred innovation in healthcare delivery and resulted in significant improvements in the care they provide to their patients. However, significant challenges and barriers exist to accessing the data needed for care and safety improvements. Furthermore, balancing these needs with patients' right to their privacy has become increasingly critical and challenging in light of the proliferation of healthcare data and the technologies used to collect, store and exchange them. Ultimately, technology, architecture, and information policy must work together to ensure patient privacy and to realize the full societal benefits of healthcare data.

Premier is pleased to provide the following responses to the Committee's solicitation for input on these important issues.

What data sources should be made more broadly available?

Premier urges the Committee to consider the following data sources that should be made more broadly available:

- The federal government should expand appropriate access to fee-for-service Medicare (FFS), Medicaid, Veterans' Administration, and Department of Defense (TRICARE) claims data to all organizations in order to improve coordination and quality. When limitations are imposed, they should be based on "type of use" rather than "type of user." Currently uses are restricted to nonprofit organizations.
- CMS should routinely make accessible data collected through the quality reporting programs, and at a more granular level, to be used in conjunction with CMS FFS claims data for research within Data Use Agreement (DUA) limitations.
- Qualified scientific and medical researchers should have access to clinical data form electronic health records (EHRs) under appropriate circumstances and with appropriate usage restrictions when using patient-level data.
- CMS FFS claims should include data on medical, pharmacy and behavioral health information to allow more effective research within DUA limitations.
- The federal government should allow publicly funded healthcare data to be de-identified according to Health Insurance Portability and Accountability Act (HIPAA) standards for research purposes.
- Initiatives to engage and empower individuals and their families as partners in their health through information technology should be scaled more broadly. An example of such efforts is the Blue Button+ initiative, which was first used by the U.S. Department of Veterans Affairs to grant veterans' access to their medical records in digital form.

Finally, Premier has long been a strong proponent of transparency in the healthcare industry. We caution, however, that the broad release of provider payment data, without proper context, explanation and linkages to quality and other factors, can lead to incomplete and inaccurate conclusions by patients and other users. If we are to empower patients to make educated decisions about their healthcare, we need to ensure that publicly-available data is accurate and actionable and will appropriately drive patients to higher quality and more efficient care.

How, in what form, and for what purposes should this data be conveyed?

Premier believes that the most important step in reducing unnecessary fragmentation of healthcare data and improving the accessibility and usability of healthcare data for consumers,

payers, and providers is to require the utilization of new innovative technologies such as open and secure Application Programming Interface (APIs) technology and applications. An API is a set of functions and procedures used by computer programs to communicate with one another.

Today the HIT/EHR systems are "locked" away in proprietary systems, which hinders their ability to connect and exchange information with other systems, medical devices, and sensors along the care continuum, from the emergency room to the clinic and to the intensive care unit, for instance. A group of America's leading scientists named JASON in its April report found that the current lack of interoperability among data sources for health information technology/ electronic health records (EHRs) is a major impediment to exchange of health information. The cost is not only to patient safety and care quality but to U.S. providers, who incur $8 billion annually as a result of the lack of interoperability.[1]
The JASON report recommends that EHR vendors should be required to develop and publish APIs that support the health data architecture. This recommendation was also endorsed by the President's Council of Advisors on Science and Technology (PCAST) in May, 2014.[2] Requiring open APIs as a foundational and integral standard for healthcare data would reverse the current legacy state of locked systems and enable bi-directional and real time exchange of health data currently residing in Electronic Medical Record (EMR)/ EHR systems. Enabling interoperability in healthcare in this way would help providers reduce costs and improve patient care, quality and safety.

While we are hopeful that the market will respond to the current challenges facing healthcare providers who are fed up with the increasing costs and lack of usability and interoperability of their EHRs, it may be necessary for the Office of the National Coordinator (ONC) to lead, through government action, by requiring open APIs for data elements in the EHRs to be interoperable. It is essential that we move as quickly as possible to open APIs.

In addition, Research Identifiable Files (RIFs) from service Medicare (FFS), Medicaid, Veterans' Administration, and Department of Defense (TRICARE), which contain beneficiary-level protected health information, should be made available to all appropriate research requests, provided that the requester enters into a DUA with the federal government to ensure beneficiaries' privacy is protected and the need for identifiable data is justified. The RIFs should be provided through DUAs without regard to profit status or commercial interest of the requester.

[1] http://www.healthit.gov/policy-researchers-implementers/health-it-and-patient-safety.
[2]http://www.whitehouse.gov/sites/default/files/microsites/ostp/PCAST/pcast_systems_engineering_in_healthcare_-_may_2014.pdf.

Premier believes a promising development in fostering greater access to healthcare data for quality improvement purposes is the Qualified Clinical Data Registry (QCDR) program. Recognizing the tremendous opportunity to leverage clinical data registries to measure and improve health care, Congress in the American Taxpayer Relief Act (ATRA) created the QCRD program as an additional pathway for physicians to participate in the Physician Quality Reporting System (PQRS) in 2014. A QCDR can serve a variety of roles that facilitate quality improvement, in addition to the collection and submission of quality measures data, including roles not available through other PQRS reporting methods. However, we believe patients will be better served by expanding the data that is available to QCDRs. To this end, the Senate Finance Committee and the House Energy and Commerce and Ways and Means Committees saw fit to include a provision in the physician sustainable growth rate reform consensus legislation (H.R. 4015/ S. 2000) to allow QCDRs access to Medicare Parts A, B, C and D claims data, and potentially Medicaid and CHIP data, if determined appropriate by the Secretary. The provision requires that the data be provided consistent with relevant privacy and security laws. QCDRs would then be able to link Medicare data with clinical outcomes data and perform risk-adjusted, scientifically valid analyses and research to support quality improvement and patient safety activities. Premier urges Congress to adopt this provision to fully leverage the important role that clinical data registries will have in improving quality in the coming years.

In all of this, data should be conveyed for the purposes of improving health outcomes, quality, and efficiencies in the healthcare system, and to enable innovation. Furthermore, access to and sharing of healthcare data should enhance patient engagement in healthcare and help guide their choices, as well as improve the federal government's administration of healthcare benefits. It is also critical that data is provided in order to monitor and understand diseases and for the clinical research that is needed to develop new treatments. All data requests should clearly outline these purposes and articulate how the use of the data will achieve these goals.

What reforms would help reduce the unnecessary fragmentation of health care data? What reforms would improve the accessibility and usability of health care data for consumers, payers, and providers?

The Premier healthcare alliance is pioneering collaborative efforts to integrate and share data to improve the coordination of care and spur provider performance improvement. As mentioned above, Premier has amassed one of the largest collections of patient data in the United States, including one in every three discharges. While Premier and other private sector organizations are making great strides to reduce the fragmentation of healthcare care data through these efforts and

its technology platform, action is needed by the federal government to develop consensus around setting standards for data sharing and usage. Specifically:

- The federal government should expand its efforts to incentivize interoperability for both public and private sector organizations, including a safe and legal way to match the right patient to his or her own medical record across time and place. Progress on this effort must be measurable, with clear and achievable intermediate steps for both public and private sector health organizations.
- As mentioned above, policymakers should encourage exchange of material and meaningful health data through the use of open and secure API technology and applications.
- The federal government should ensure that CMS FFS Medicare, Medicaid, Department of Defense, and VA data are able to share information with each other and EHR health data so that a seamless view of patients can be accessible across time and settings. For instance, access to these data could be provided in the virtual research data center (VRD) that CMS has created, which already has an established process for payment of data and strong privacy protection in place.
- Behavioral health, home health and long-term care data should be interoperable with all in/outpatient data.
- CMS and other appropriate agencies should redouble its efforts to align quality measures across CMS FFS government programs, and work with the private sector to align a core set of quality measures consistent with the "triple aim" to reduce data collection costs and administrative burden for providers and payers. These quality measures should be outcome-focused (rather than "process" measures), endorsed by a consensus body (e.g. NQF) and aligned with the National Quality Strategy domains.
- To avoid HIPAA conflicts, CMS should make DUAs more flexible by allowing a combination of data sets. Agreements should also enable research on data furnished to providers as part of CMS demonstrations and programs such as the Medicare Shared Savings Program.
- For healthcare pricing transparency to be useful to consumers, prices at the point of service should be made publicly available, rather than "input prices." However, information on prices must be coupled with information on quality—including patient experience, patient safety and clinical outcomes—to truly enable patients and purchasers to make informed decisions.

Again, Premier appreciates the opportunity to share ideas on how to enhance the availability and utility of healthcare data, while maintaining patient privacy. Please do not hesitate to contact Lauren Choi, senior director of federal and international affairs, at lauren_choi@pemierinc.com or 202.879.8005 with any comments or questions.

Sincerely,

Blair Childs
Senior vice president, Public Affairs
Premier, Inc.