



December 31, 2008

The Honorable Tom Daschle
Secretary-Designate
Department of Health and Human Services
C/o Obama-Biden Transition Team

Dear Secretary-Designate Daschle:

On behalf of the College of Healthcare Information Management Executives (CHIME), a membership organization of more than 1300 healthcare chief information officers across the nation, we are writing to offer our strong support for President-Elect Obama's goal of health reform that calls for the adoption of electronic health record systems and other technologies by hospitals and physicians to improve the quality and efficiency of healthcare delivery. Founded in 1992, CHIME advocates for the effective use of information technology in transforming our healthcare delivery system. CHIME works collaboratively with other industry organizations, such as the Healthcare Information Management Systems Society and the American Hospital Association. Many of our members are participants in these groups and independently have contributed their input on health reform to the Health Care Community Discussions recently sponsored by the Obama-Biden Transition Team.

Your 2008 publication, *Critical: What We Can Do About the Health-Care Crisis*, cites low adoption rates (15 to 20 percent of clinicians) of computerized patient records, which "compromise the quality of care, lead to medical errors and cost us as much as \$78 billion a year." To that point, and as overall guidance in developing the health information technology (HIT) component of health reform, CHIME offers the following recommendations.

1. **Federal Leadership.** Establish in law with necessary funding a senior level position within the Administration to oversee a national health IT strategy to coordinate and oversee implementation of health IT initiatives across all agencies and departments of the federal government in coordination with similar efforts in the private sector.
2. **Standards Policy.** Authorize funds for a public-private sector body or set of bodies to advise, coordinate, and facilitate health IT-related initiatives within and between the federal government and the private sector related to priority-setting, standards policy and standards harmonization. Build upon significant progress achieved through standards-related bodies, such as the Health Information Technology Standards Panel (HITSP).
3. **Incentives.** Authorize and appropriate the necessary funds to incentivize adoption of electronic health records (EHR) by hospitals and physician practices that receive federal funding, including Medicare, Medicaid, VA and DOD. Ensure that EHRs comply with accepted standards and certification criteria established by recognized standards-related and certification bodies, such as the Health Information Technology Standards Panel (HITSP) and the Certification Commission for Healthcare Information Technology (CCHIT).
4. **National Infrastructure for Health IT.** Support the development of a nation-wide interoperable health IT infrastructure to include the identification and adoption of standards and policies,

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uniform and consistent use of the selected standards, and policies and practices across national, state and local initiatives. While various bodies over time have addressed some of the transaction standards associated with health IT, joint government and industry collaboration are essential to ensure both interoperability and uniformity.

5. **Health IT Workforce.** Provide grant awards to institutions of higher learning to educate and train the next generation of healthcare workers in healthcare information technology practices, including clinical decision support, health informatics and EHR implementation to improve the delivery and quality of care. For the incumbent health workforce, create grant awards for career training and development in the use of clinical decision support, EMR implementation and other HIT tools.
6. **Underserved Populations.** Address the health and healthcare needs of underserved populations through health IT, including improved access to telehealth networks by expanding the Federal Communications Commission's (FCC) Rural Health Pilot Program to underserved urban as well as rural communities.
7. **Privacy and Security.** Support national action to achieve privacy standards as a means to address significant variation in legislation governing privacy between and among State and Federal jurisdictions. Toward this objective, create standards by which data can be shared and adopt one set of clearly defined privacy standards.

Over the past several years, a bi-partisan consensus has evolved around the deployment of HIT to improve the quality and value of our healthcare system with introduction of various pieces of legislation and some limited action, such as scheduled implementation of electronic prescribing for Medicare, effective January 1, 2009. An attachment to this letter includes a summary of recent HIT legislation, which may serve as models for utilizing technology to improve the delivery of care. In the short term, we urge inclusion of recommended IT infrastructure improvements in the economic stimulus package as a means to make an early down payment on health reform.

Mr. Secretary, we commend your selection to lead the Administration's health reform effort and pledge to work with you toward this important goal in strategically harnessing the tools of health information technology to transform today's paper-based system into an electronic, interconnected healthcare system to deliver "high-quality high-value healthcare" to the American people. Should you have questions on these recommendations, please contact CHIME's Director of Advocacy Programs, Sharon Canner, scanner@cio-chime.org, (703)562-8834.

Sincerely,

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