

January 29, 2016

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The Honorable Lamar Alexander  
Chairman  
Senate HELP Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Senate HELP Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

The Society of Hospital Medicine (SHM) appreciates the opportunity to provide comments on the draft bipartisan legislation to improve health information technology (IT) for patients and families. We are supportive of the Committee's efforts to enhance the quality and safety of electronic health records (EHRs) and to increase transparency in the health IT marketplace.

SHM represents the nation's nearly 50,000 hospitalists, who are front-line clinicians in America's acute care hospitals. In this role, hospitalists have many years of experience as end users of EHRs in their facilities. The use of health IT is integral to the ability of hospitalists to care for their patients. From ordering tests and procedures to coordinating the myriad providers caring for patients in the hospital, hospitalists see how the quality and efficiency of an EHR can have significant effects – positive or negative – on patient care. They are intimately familiar with the challenges presented by current EHR systems and welcome the opportunity to share their expertise to improve these important tools.

We appreciate that the Committee included elements of the TRUST IT Act (S. 2141) in the draft legislation (Section 3. Transparent Ratings on Usability and Security to Transform Information Technology). It is currently difficult for providers to compare health IT products in the absence of consistent and reliable information about each system. Also vendor prohibitions around information sharing create significant barriers to making informed purchasing decisions and to ensuring the most efficient and effective use of the technology.

Information blocking is a major impediment to sharing best-practices between sites and forces hospitals and providers around the country to expend significant resources on developing their own dashboards, workflows, and clinical decision support tools. This redundant effort wastes substantial healthcare resources. It is critical the Committee work to curtail this problematic behavior by requiring vendors to attest that they do not block information sharing and by enforcing the prohibition through fines. Improved

information sharing will increase providers' abilities to address unsafe errors or gaps within systems by creating a more transparent environment for health IT.

Interoperability is another critical aspect of health IT in ensuring consistent care across settings and providers. Today's EHRs frequently mirror the fragmentation of the healthcare system and impede fast and reliable transmission of patient health information between providers. This creates opportunities for errors and unnecessary tests and procedures, which result in gaps in care and increased spending. SHM appreciates that the Committee is considering policies to address this issue directly.

SHM commends the Senate HELP Committee for its leadership on this critical issue in healthcare policy. We stand ready to work with the Committee on developing and passing meaningful reforms to health IT. Reform is necessary to better integrate health IT into patient care, which will in turn improve quality, reduce provider frustration, and enhance communication across care settings. If we can provide more information or assistance, please contact Josh Lapps at (267) 702-2635 or [jlapps@hospitalmedicine.org](mailto:jlapps@hospitalmedicine.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Harrington, Jr.", written in a cursive style.

Robert Harrington, Jr, MD, SFHM  
President, Society of Hospital Medicine