

October 21, 2015

Senator Lamar Alexander
Chairman
Senate on Health, Education, Labor
and Pensions
455 Dirksen Office Building
Washington, DC 20510

Senator Patty Murray
Ranking Member
Senate on Health, Education, Labor
and Pensions
154 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

On behalf of the undersigned organizations, we applaud you and the members of the Senate Committee on Health, Education Labor, and Pensions for your leadership on the issue of health information technology interoperability, and your efforts to eliminate information blocking. We believe that interoperability is essential to achieving higher quality and better care. However, some electronic health record vendors are intentionally blocking the exchange of information, including not adopting the standards needed to accomplish information exchange in a timely fashion, or charging unreasonable fees to exchange clinical data – all hindering efforts to electronically exchange information in order to improve patient outcomes.

Like many medical specialty societies, our organizations each have in place or have plans to launch a clinical data registry aimed at improving quality and patient outcomes. Clinical data registries are being embraced by practicing physicians who want to improve their quality and patient outcomes, and streamline their quality reporting to CMS. Given the widespread adoption of health information technology, clinical data registries can harness and populate the data from various EHRs to effectively measure quality and performance, and track patient outcomes overtime.

However, information blocking is a real obstacle to the benefits of EHR technology when EHR vendors refuse to share electronic health information, or create financial or other barriers precluding such data from being shared with other systems, including clinical data registries. Physicians are prevented from automated electronic participation in important tools like clinical data registries. While physicians may want to share their data to participate in a clinical data registry, there is little they can do if an EHR vendor prohibits or charges exorbitant fees for participation. Therefore, we strongly support the Committee's work to address information blocking. Forbidding information blocking or introducing steep penalties would pave the way for interoperability, and expand the use of clinical data registries, allowing more physicians to measure and improve the quality of care provided to their patients. We encourage the

committee's continued efforts aimed at advancing interoperability and eliminating information blocking.

Sincerely,

American Academy of Dermatology Association

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Orthopaedic Surgeons

American Academy of Otolaryngology—Head and Neck Surgery

American Academy of Physical Medicine and Rehabilitation

American Association of Neurological Surgeons / Congress of Neurological Surgeons

American College of Emergency Physicians

American College of Gastroenterology

American College of Rheumatology

American College of Surgeons

American Gastroenterological Association

American Society for Radiation Oncology

American Society of Clinical Oncology

American Society of Nuclear Cardiology

American Society of Plastic Surgeons

American Urological Association

Society of Interventional Radiology

Society of NeuroInterventional Surgery