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The Honorable Greg Walden
Chairman, Subcommittee on Communications
and Technology
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Joseph R. Pitts
Chairman, Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Re: **Response to Additional Questions for the Record: "21st Century Technology**
for 21st Century Cures"

Dear Chairman Walden and Chairman Pitts:

Thank you for the opportunity to deliver testimony before the Energy and Commerce Subcommittee on Communications and Technology and Subcommittee on Health at the joint hearing entitled "21st Century Technology for 21st Century Cures." I am pleased to respond to the additional questions that were submitted for the record.

Responses to Questions Submitted by the Honorable Joseph Pitts

1.   **You state in your testimony that "Health IT will drive quality improvements, make our care delivery system more efficient and improve the experience for patients and their families." In what ways do you see Health IT improving the lives of patients?**
   • **In your opinion, what barriers currently exist that might otherwise inhibit such potential.**

The exchange and use of health information to inform clinical decisions at the point of care will make our healthcare delivery system more efficient and will improve health outcomes for patients. Health information technology (IT) empowers all providers across the healthcare continuum to deliver more effective care and facilitates faster, more effective data exchange which results in more informed decisions that reduce errors and drive better outcomes for patients.

We cannot realize the full potential of health IT until we have a healthcare system that is driven by *interoperable* health IT. Today, our healthcare delivery system lacks a universally adopted, easy, affordable way to allow the frictionless movement of patient-centered data across all settings of care. McKesson looks forward to continuing to work with Congress, the Administration, the industry and other stakeholders towards our shared realization of a fully interoperable healthcare system.

Furthermore, promoting innovation in health IT within a 21st century healthcare system will be increasingly difficult, if not impossible, under a regulatory framework that was crafted nearly 40 years ago. We urge Congress to amend the Federal Food, Drug, and Cosmetic Act to establish guidelines that define each category of health IT, and specifically clarify that health IT will not be regulated as a medical device. Congress should then ensure that the federal government implements these guidelines according to Congress' intent.

2. **You state in your testimony that "McKesson has decades of experience serving the health IT needs of the largest and most diverse provider base in the industry...and manage millions of aggregated personal health records." What role can data aggregation and analytics play in the search for new cures?**

Aggregated data plays three very important roles in healthcare. First, aggregated data sets subjected to analytics can help and accelerate the search for new understandings of diseases and new treatments. Large aggregated data sets serve as a foundation for researchers to look for associations among multiple factors, including environmental factors and personal and genetic attributes that may provide insights into the etiology of specific diseases. Second, aggregated data sets support enhanced care delivery models that drive better, more cost-efficient care. Patients benefit from better outcomes and better satisfaction. The community benefits from a healthier population and a more cost-efficient health system. Third, data aggregation and analytics improve individual patient care and the safety of that care. Almost all patients receive care from multiple providers and facilities. The sickest patients receive care from the most providers and are most at risk. An aggregated longitudinal patient record provides clinicians with a complete view of the patient over time and geography. This improves the quality of care and improves patient safety.

3. **One of your recommendations for advancing 21st Century Cures is what you term "fully harnessing the potential of interoperable technology." In your opinion, are we talking about electronic health records alone or do you think that medical devices and other health care sources of data should also be interoperable?**

Interoperability across electronic health records should be viewed as a critically important first step. In order to fully harness the potential of interoperable technology, we believe that medical devices and other healthcare sources of data should also be interoperable.

4. **In your testimony, you mention that McKesson "supports a collaborative effort among all healthcare stakeholders to develop uniform standards, coordinated policies and the infrastructure necessary to support secure health information exchange." You then go on to mention the CommonWell Health Alliance as part of the solution to this goal. Can you explain what the CommonWell Health Alliance is? How can an effort like the CommonWell Health Alliance solve issues of interoperability that we are currently experiencing?**

CommonWell Health Alliance™ is an independent, not-for-profit trade association, founded by McKesson in partnership with our industry competitors, to create vendor-neutral services and standards that will break down the barriers currently inhibiting effective health data exchange. Today, its members include McKesson, RelayHealth, athenahealth, Cerner, Greenway, Allscripts, CPSI, Sunquest, Brightree, MacPractice, MEDHOST and CVS Caremark. The goal is to dramatically improve the quality and cost effectiveness of care nationwide by enabling seamless sharing of patient data, no matter the setting of care, with the individual's consent. Currently, services provided by CommonWell facilitate patient consent, identify and match patient records across healthcare settings, securely access clinical data in near real-time regardless of where the care was delivered, and transfer the data directly to existing health IT software systems.

CommonWell has made significant progress in the past 18 months. In the near future, patients will be empowered to manage their healthcare and better able to utilize new electronic tools to manage and authorize those who can access their medical history. Technology barriers will no longer constrain who can access a person's record; with appropriate consent, technology will instead support a trusted network for accessing and managing the delivery of the right data, to the right place, at the right time.

Responses to Questions Submitted by the Honorable Anna Eshoo

1. **What are your top two policy recommendations that Congress could undertake to improve the adoption of telemedicine?**

Currently, the Medicare Home Health Prospective Payment System and the Medicare Hospice Payment System do not allow home health or hospice organizations to bill specifically for remote patient monitoring (RPM) or telemedicine services. To improve the adoption of telemedicine, Congress could consider directing the Centers for Medicare & Medicaid Services (CMS) to authorize Medicare reimbursement for RPM and telemedicine services under these and other payment systems. In addition, Congress could encourage policies that recognize and reward the valuable role that telemedicine often plays in preventing readmissions to the hospital and the emergency department, which not only helps patients but also lowers the costs of care for both patients and the overall healthcare system.

2. **What are additional steps we can take to encourage interoperability with electronic health records, while ensuring patient privacy and HIPAA standards?**

Achieving widespread interoperability while ensuring patient privacy and HIPAA standards requires a multifaceted approach. As our healthcare system's focus continues to shift from volume to value, we should align reimbursement and payment systems to promote coordinated care powered by seamless interoperable connectivity. The Office of the National Coordinator for Health IT (ONC) should continue to provide common guardrails for exchange of healthcare information while providing flexibility within those guardrails to allow for industry innovation.

To address the current barriers to achieving widespread interoperability, McKesson recommends that the federal government prioritize the accurate identification of system users, patients and data sources. The creation of a consistent indexing service and record locating service for federated systems will accelerate the ease of exchange and improve the confidence level of both providers and patients. McKesson encourages the federal government to support the advancement of public-private initiatives to achieve these goals. An example includes CommonWell, an independent, not-for-profit trade association founded by McKesson in partnership with our industry competitors, to create vendor-neutral services and standards that will break down the barriers that inhibit effective health data exchange.

In addition, the patchwork of state laws, regulations, and local governance efforts focused on data privacy and security create substantial legal, financial and technological barriers to interoperability. Therefore, we encourage the federal government to promote and adopt uniform national policies and a governance framework that addresses patient authorization, redisclosure and secondary use to enable providers and consumers to exchange health information across state and local boundaries.

Finally, we encourage policymakers to: (1) encourage "technology neutral" open and secure application programming interface (API) technology and applications that enable bidirectional and real-time exchange of health data, (2) certify only those EHR technology products that clearly meet meaningful use program standards and support health information exchange, and (3) harmonize all data privacy and security requirements.

Conclusion

Thank you again for the invitation to provide testimony on the role that technology can play in the transformation of our healthcare system. Should you have any questions, please contact me at jonathan.niloff@mckesson.com or Joe Ganley, Vice President of Federal Government Affairs, at joe.ganley@mckesson.com.

Sincerely,

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Vice President and Chief Medical Officer
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cc: The Honorable Anna Eshoo, Ranking Member, Subcommittee on Communications and Technology, Committee on Energy and Commerce
The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health, Committee on Energy and Commerce