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May 17, 2004

Jonathan C. Javitt, M.D.
Co-Chairman
President's Information Technology Advisory Committee
Health Care Delivery and Information Technology Subcommittee
c/o National Coordination Office for Information Technology
Research and Development
4201 Wilson Boulevard, Suite II-405
Arlington, VA 22230

Dear Dr. Javitt:

HIMSS enthusiastically applauds the PITAC Health Care Delivery and Information Technology Subcommittee's work on the draft recommendations that were outlined at the PITAC meeting in April, and again highlighted during your presentation at the May 4, 2004 HIMSS Government Relations Roundtable luncheon. HIMSS looks forward to continuing our strong working relationship with the Subcommittee and the rest of the PITAC on this issue of national importance.

The Subcommittee' recommendations are being very well received in the healthcare information technology and management systems community. We strongly encourage the full PITAC to continue working through the remaining issues and release the recommendations, which could lead the way to further federal support for the broader acceptance and use of electronic health records (EHRs).

HIMSS appreciates the opportunity to offer additional comments on the draft recommendations. In particular, we believe that one of the four bulleted "essential elements" needs further clarification. As written, this "essential element" states, "EHRs… maximize the amount of information available to health care providers, while not creating new workflow or cost issues." Providers would welcome one interpretation of this guiding principle, that being, "EHR use should not create *unnecessary* workflows or add costs for caregivers." HIMSS believes that in most instances, EHR use does create new workflows, and it is these new workflows that create value. These new workflows fall into three categories: collaborative sharing of information, administrative simplification, and transformative change.

Considering cost, adding information technology (hardware, software, connectivity) will always add net cost, unless the technology increases practice efficiency or provider productivity, or enhances revenue. The EHR may add little or no net cost in a practice that is made more efficient but adds no new services. In transformative implementations, however, the EHR will most certainly bring in new costs. But the overall benefits are sufficient to stimulate a realignment of reimbursement to create a *sustainable business case for information management.* Ultimately, this should return net savings to purchasers and payers.

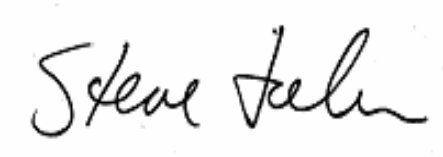
HIMSS recommends the "essential element" on workflow and costs be revised to state, "EHRs (will) appropriately increase information available to caregivers, leading to new value-added workflows, suggesting the creation of administrative efficiencies, and raising the potential for use of the EHR for a transformation of healthcare delivery. Workflow changes may result in

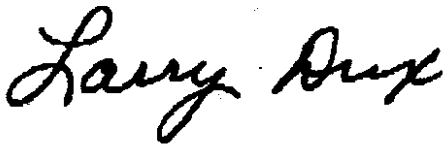
continued net costs to providers, particularly if their use of the EHR leads to the addition of new services. These added costs must be covered through an equitable realignment of reimbursement." Additional justification for the recommended changes is outlined in the two-page attachment.

In addition, HIMSS is forwarding an analysis of the ICD-10 and SNOMED issue that was prepared by our HIMSS member, Ms. Patricia S. Gibbons from Rochester, Minnesota.

We look forward to a continued dialog with the PITAC and helping further the implementation of Electronic Health Records and other healthcare information and management systems solutions throughout the U.S. healthcare system. Please do not hesitate to contact Mr. Thomas M. Leary, HIMSS Director of Federal Affairs, at 703.299.9712 or tleary@himss.org if you have additional questions.

Sincerely,





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