surescripts
The Nation's E-Prescription Network

January 19, 2011

Dr. David Blumenthal, National Coordinator
Department of Health and Human Services
Office of the National Coordinator for HIT
Attention: Steven Posnack
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue, SW
Washington, DC 20201

RE: Request for Information Regarding the President's Council of Advisors on Science and Technology (PCAST) Report Entitled "Realizing the Full Potential of Health Information Technology to Improve Healthcare for Americans: The Path Forward," Federal Register, Vol. 75, No. 237, pp. 76986—78987, December 10, 2010

Dear Dr. Blumenthal:

Guided by the principles of privacy, security, neutrality, choice, transparency, collaboration and quality, Surescripts operates the nation's largest health information network. The Surescripts network supports the most comprehensive infrastructure of healthcare organizations nationwide. Pharmacies, payers, pharmacy benefit managers (PBMs), physicians, hospitals, health information exchanges (HIEs), and health technology firms rely on Surescripts to more easily and securely share health information. By providing that information during emergencies and routine care, Surescripts is committed to saving lives, improving efficiency, and reducing the cost of healthcare for all. You and your staff can learn more about Surescripts by visiting our web site, which is located at www.surescripts.com.

Given Surescripts' central role in health information technology (HIT) in the U.S. today, we were keenly interested in the concepts, issues, and recommendations raised by the referenced PCAST report. We are pleased to offer our following comments in response to your request for information about this report.

In general, Surescripts applauds the PCAST's effort to examine how HIT could improve the quality of healthcare and reduce its cost, as well as analyzing whether existing Federal efforts in HIT are optimized for these goals. As a key national HIT participant, Surescripts also agrees with the PCAST's conclusions about the benefits of HIT, including improved access to patient data, streamlined monitoring of public health patterns and trends, and enhanced ability to conduct clinical trials. Much of what our organization does on a daily basis supports these very activities.

These things said, after reviewing the PCAST report, there are a couple of broad concepts that we would like to highlight that we believe could have been emphasized to a greater extent in the report:

- Critical Importance of Standards Development Organizations (SDOs): Since its inception, Surescripts has co-developed, supported, implemented, and enforced industry standards created by the National Council for Prescription Drug Programs (NCPDP), the Accredited Standards Committee (ASC X12), and Health Level Seven (HL7). In fact, none of the HIT functions that our company performs would be possible were it not for the nationally accepted standards developed by these organizations. These SDOs are all American National Standards Institute (ANSI) accredited entities that have been promoting the same general concepts as are presented in the PCAST report. Inasmuch as virtually all of the HIT activities taking place in the country today are doing so based on standards stemming from the work of these organizations, it is important that this work not be overlooked. These standards should continue to be used and harmonized with the suggestions included in the PCAST report.

- Government Involvement with Standards Development and Implementation Should Facilitate Processes: One example of the federal government being involved in standards development and implementation is the requirement made in the Medicare Modernization Act (MMA) that the Secretary of HHS "develop, adopt, recognize, or modify initial uniform standards relating to the requirements for electronic prescription drug programs." The process that has been established to meet this requirement presents a problem to the HIT industry in that there is a significant time lag associated with amending the Code of Federal Regulations with new standards requirements, which necessitates garnering proper stakeholder feedback and vetting of standards before a newer version is adopted.

  By the time an SDO such as NCPDP adopts a standard, that standard is vetted by the National Committee on Vital and Health Statistics (NCVHS) and recommended to CMS, and CMS pursues a notice-and-comment rulemaking process to adopt the standard, the industry is usually ready to move on to another newer, more advanced, and innovative standard, yet it cannot do so. Clearly, this is not a desirable situation, and we have recommended to HHS that it streamline its MMA standards adoption process to remedy the problem. We would likewise urge that ONC, as it evaluates its potential adoption of the PCAST recommendations, keep this problem in mind and take steps to implement processes that truly facilitate HIT procedures.

- The Government's Role in HIT: We believe the proper role of the federal government with respect to HIT is to enable, facilitate, and leverage the efforts of private industry as it builds out the national HIT infrastructure. Existing standards and processes should serve as the foundation of this infrastructure, especially in view of the challenges inherent in implementing a national health reform law. We, as one major HIT provider, stand ready to collaborate with ONC as well as other federal agencies to ensure that HIT in the U.S. delivers on all of its potential benefits.

In addition to these broad concepts, Surescripts has reviewed the list of questions that ONC posed in its request for information that was published in the Federal Register. We do not have specific responses to ONC's questions about metadata-tagged data elements per se. However, we do question whether patients can be counted upon to routinely make decisions about the use and security of each discrete piece of their health information. We cannot point to empirical evidence that indicates that they would not do so, because to our knowledge, no such request has ever been made of patients. Yet we think that it is a reasonable question to ask, and we would like to recommend that a study of patient attitudes toward performing this function be performed prior to moving forward with the widespread use of metadata-tagged data elements in healthcare as is recommended in the PCAST report.

Finally, in terms of editorial issues, we would like to point out that several times in the PCAST report it was stated that the CDA, or Clinical Document Architecture, was created by ONC, which as you know is incorrect. The CDA is actually a creation of HL7. We trust your office will bring this error to the attention of the PCAST.

Sincerely,

/s/ Paul Uhrig

Paul L. Uhrig, EVP, Chief Administrative & Legal Officer; Chief Privacy Officer

/s/ Ken Whittemore

Ken Whittemore, Jr., Senior VP, Regulatory Affairs