

The Honorable Joe Pitts
Subcommittee Chairman
House Energy & Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
House Energy & Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

June 16, 2014

Dear Chairman Pitts and Ranking Member Pallone:

We thank you for the opportunity to provide input on how technology can be harnessed to advance our nation's health care system, reduce costs, and increase the overall quality of care that patients receive. The National Transitions of Care Coalition (NTOCC) shares your commitment to promulgate policies that promote innovation in health technology, particularly efforts that make it possible for health care providers to better manage patient care through secure use and sharing of health information.

NTOCC is a non-profit organization of leading multidisciplinary health care organizations and stakeholders dedicated to providing solutions that improve the quality of health care through stronger collaboration between providers, patients, and family caregivers. The organization was formed in 2006 to raise awareness about the importance of transitions in improving health care quality, reducing medication errors, and enhancing clinical outcomes among health care professionals, government leaders, patients, and family caregivers.

As you are aware, patients —particularly the elderly and individuals with chronic or serious illnesses— face significant challenges when moving from one care setting to another within our fragmented health care system. Poor communication during transitions from one care setting to another can lead to confusion about the patient's condition and appropriate care, duplicative tests, inconsistent patient monitoring, medication errors, delays in diagnosis and lack of follow through on referrals. These failures create serious patient safety, quality of care, and health outcome concerns.

NTOCC believes that the capacity for health information technology (HIT) to improve communication and information sharing will help address the threats to safety and quality of care during care transitions. There are several examples of how current technology is improving transitions of care, including:

- **Mobile:** Health applications have capitalized on the ubiquity of provider mobile device adoption (i.e. smartphones, tablets) to achieve a wide array of care transitions improvements, especially with regard to increasing the speed and quality of communication.

- **Analytics:** Advanced analytics and predictive modeling techniques have emerged to risk-stratify patients and recommend detailed care plans, which brings greater precision and rigor to a process traditionally driven by individual clinician judgments and intuition.
- **Telehealth:** Remote monitoring and telehealth applications have extended the traditional reach of providers, enabling clinicians to monitor patients more effectively as they progress along the continuum of care.
- **Automation:** Investments in process automation geared specifically for care transitions has increased the efficiency of patient movement between levels of care.
- **Labor Force Innovation:** Health technology has empowered lower-skilled health workers to deliver effective post-acute care, thereby reducing costs and bolstering a key care transitions stakeholder group.
- **Engagement:** Software applications have increased patient and family engagement in their care transitions plans, resulting in greater ownership and buy-in.
- **Medication Management:** Technology ranging from mobile reminders to “smart” pill bottles to in-home medication dispensers have enabled increased patient compliance and fewer medication errors.
- **Education:** On-demand education and caregiver support tools have proliferated, enhancing the understanding and preparedness of patients and their families.

NTOCC believes that while there have been major innovations in HIT that are leading to improvements in patient care, barriers still remain to utilizing technology to its fullest capacity. Without addressing these impediments, the promise of HIT’s effect on overall transitions of care improvement will not be realized. These barriers include:

- **Interoperability:** Interoperability among the various technology systems—such as the administrative systems, medical record systems, diagnostic tools, transcription and security, and others—is critical for effective transitions of care. There exists a pervasive inability, to connect disparate health technology software programs to one another, resulting in poor communication across the continuum of care. Connectivity between acute and primary care, between post-acute and community-based services, between patients and health technology resources, and every touch-point within that ecosystem, is uneven at best.
- **HIPAA:** Burdensome and outdated privacy and security standards - and the resulting liability fears - lead providers to restrict the sharing of certain patient data that is critical to effective care transitions.
- **Reimbursement:** Most reimbursement models do not cover health technology interventions, such as remote monitoring devices, health applications, communications tools, and other innovations. This typically leaves providers or patients holding the bill, and oftentimes financially challenged safety-net hospitals and indigent patients with the lowest means available could benefit from these types of technological advances the most.
- **Financial Incentives:** The vast majority of recent health technology financial incentives have been geared towards acute care, at the expense of post-acute and community settings. Coupled with tightening post-acute reimbursements and shrinking state and

federal support for services, and there is an alarming amount of under-investment in these critical care transitions stakeholders.

- **Care Transitions Prioritization:** Provider IT organizations are stretched incredibly thin, focusing primarily on EHR implementation, Meaningful Use attestation, and ICD-10 readiness, among other initiatives. The investment in and implementation of care transitions technologies often fails to make the cut.

NTOCC shares the Committees' goals of promoting policies that employ technology to drive improved care coordination and quality of the delivery of care, especially during transitions of care, and we are encouraged by the deliberative and inclusive approach being taken on this important topic. We appreciate the opportunity to submit these comments and looks forward to working with the Committee on this important issue.

Sincerely,



Cheri Lattimer
Executive Director