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*The mission of the American College of  
Cardiology and the American College  
of Cardiology Foundation is to transform  
cardiovascular care and improve heart health.*

# America's Health IT Transformation: Translating the Promise of Electronic Health Records into Better Care

American College of Cardiology

March 17, 2015

Statement submitted for the record to the Committee on Health, Education,  
Labor and Pensions  
United States Senate

The American College of Cardiology (ACC) is pleased to submit this statement for the record to the Senate Health, Education, Labor, and Pensions (HELP) Committee for the March 17, 2015 hearing, "America's Health IT Transformation: Translating the Promise of Electronic Health Records into Better Care." ACC commends Chairman Lamar Alexander for convening this hearing on this important topic.

The American College of Cardiology is a 49,000-member medical society that is the professional home for the entire cardiovascular care team. The mission of the College is to transform cardiovascular care and to improve heart health. The ACC leads in the formation of health policy, standards and guidelines. The College operates national registries to measure and improve care, provides professional medical education, disseminates cardiovascular research and bestows credentials upon cardiovascular specialists who meet stringent qualifications. The ACC also produces the *Journal of the American College of Cardiology*, ranked number one among cardiovascular journals worldwide for its scientific impact.

For electronic health records (EHRs) to truly achieve their promise, clinicians must have the ability to share and exchange data with other clinicians, patients and colleagues. However, some EHR vendors are actively preventing the sharing of information. Through the National Cardiovascular Data Registry® (NCDR®), ACC works with clinicians to provide them with information regarding the quality of care that they provide. In order to do that, clinicians must be able to electronically share data with the College, and yet, this is not always possible. Instead, some vendors charge exorbitant fees for clinicians to access their own patient data, while others impose high fees on the data recipients. Regardless of who is being charged, these fees are inappropriate and serve to block the sharing of data. Still other vendors require suboptimal, unnecessary and burdensome technical interfaces that also cost a great deal and take significant time to develop. This too serves as a method of data blocking. As such, the ACC urges Congress to take steps to eliminate data blocking and to enable the free exchange of patient data by clinicians as permitted by law, allowing clinicians to improve the quality of care that patients receive.

## ***Interoperability***

Interoperability of electronic health records (EHRs) is fundamental to fulfilling the promise of electronic data exchange and improved patient care. The EHR program is driven by the requirements set forth by CMS and the Office of the National Coordinator for Health Information Technology (ONC), rather than the needs of clinicians and patients, and without regard to vendor development cycles. This has created significant difficulties for stakeholders and delayed the promise of EHRs, namely, increased patient care quality. As a result, physician adoption of EHRs and participation in the EHR Incentive Program remain low, despite the penalties that are imposed on non-participants and unsuccessful participants beginning this year. Those that have adopted and implemented EHRs have high levels of dissatisfaction with their systems because of their focus on the EHR Program requirements, rather than the needs of the end users. In fact, many physicians have chosen to accept the financial penalties, rather than invest in EHR adoption and implementation of the federal EHR Program requirements, despite the fiscal challenges physicians and medical practices face in today's economic climate and the constant uncertainty surrounding the sustainable growth rate (SGR).

## ***The federal EHR Incentive Program***

The ACC has long been a supporter of nationwide EHR adoption and applauds the goals of the federal EHR Incentive Program. The College is concerned by the manner in which the program has been implemented since 2011. The ever-increasing number of requirements that physicians and hospitals must fulfill in order to successfully participate in the program is overly burdensome and counterproductive to accomplishing its stated goals. Physicians and hospitals have become more focused on checking the boxes, rather than using their EHRs to change the way they practice medicine. The ACC urges Congress to take actions to require CMS and ONC to pause before releasing Stage 3 and to consult closely with stakeholders on ways to improve the program that would truly affect patient care.

We appreciate the opportunity to submit this statement for the record. The College looks forward to continuing to work with the Committee on improving the patient and clinician experience in this crucial and innovative space.