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April 30, 2009

Mr. Harry Reynolds Jr.
Chairman
National Committee on Vital Health Statistics
3311 Toledo Road, Room 2402
Hyattsville, Maryland 20782

By Electronic Mail

Re: Submission of Testimony Regarding Definition of "Meaningful Use" of HIT

Dear Mr. Reynolds:

Initiate Systems applauds the Executive Subcommittee of NCVHS for conducting a hearing to gather the views of stakeholders regarding how the definition for "meaningful use" should be constructed.

Attached is our written testimony which recommends that a Patient Registry be included in considering the definition of "meaningful use." Several examples of Patient Registries currently being used are included.

We will be happy to have further dialogue given our industry expertise and vast experience. You may recall that Dr. Scott Schumacher, our Chief Scientist, and Lorraine Fernandes, our Industry Ambassador, spoke with NCVHS about four years ago regarding a similar topic.

Sincerely,

Bill Conroy

Bill Conroy
CEO and President

Initiate

## *Without Patient Registry and the ability to accurately identify patients, we can not achieve "meaningful use" from HIT*

The ultimate measure of whether the investment in health care information technology (HIT) in the stimulus bill is a success will not be the amount of computers, software or Internet connections implemented. It may not even be the extent to which the medical community adopts electronic health records (EHRs) by 2014. Rather, the ultimate measure of success will be improvements in the overall cost of care delivery, the quality of health care and population health.

**The ability to accurately identify patients and make their medical records available to providers at the various points of patient care is absolutely essential to the success of the current HIT initiative.**

Currently, patient data, whether in electronic or paper form, is fragmented among providers across the healthcare ecosystem, with various fragments locked in individual "silos" maintained by each provider. This prevents any single provider from having access to a complete view of the patient's medical record, which drastically increases the difficulty of making treatment decisions and can result in medical errors. [*"As many as 98,000 people die each year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, and AIDS -- making medical errors the fifth leading cause of death in this country." To Err is Human, Building a Safer Health System, By Linda T. Kohn, Janet Corrigan, Molla S. Donaldson, Institute of Medicine (U.S.) Committee on Quality of Health Care in America, National Academies Press, 2000.*] This fragmentation often results in duplicate testing, lost time in replicating patient histories and records and drastically reduces the efficiency and effectiveness of overall care delivery thus increasing the overall cost of healthcare.

To ensure that providers at each point of care have access to relevant medical information about a specific patient, each point of care must be connected to a Patient Registry, which may also be called an enterprise master person index (EMPI) or record locator service (RLS). To overcome barriers to adoption that arise from the lack of trust in the completeness of data or a fear of sharing information, Patient Registries must be in place to facilitate the secure, consistent and coordinated communication between multiple providers.

A sophisticated Patient Registry that can accurately identify a patient and all treating providers, regardless of location, will allow healthcare providers to connect, share, and securely use patient data within and across organizational boundaries. The registry, whether geographic, disease, or care profile specific, would ensure that the medical records being connected belong to the John A. Smith seeking treatment and not another John A. Smith living in the US. Providers will then be able

to deliver more effective, patient-centric, coordinated care and reduce the number of medical errors while also reducing overall cost.

Initiate Systems is the market leader in Patient Registry technology, and has helped leading hospitals, health plans, and government agencies achieve information sharing and data exchange while supporting patient safety and cost reduction. Initiate Interoperable Health® software provides the foundation for the full implementation of electronic medical records. This claim is based on the fact that our software is the registry technology used by 180 customers worldwide, touching over 80% of the US population, including the following:

- Six of the Nationwide Health Information Network (NHIN II) and all four of the NHIN I demonstrations funded by the Office of National Coordinator (ONC);
- 77 integrated delivery networks (IDNs) and 40 health information exchanges in Arizona, California, Florida, Louisiana, Minnesota, New Mexico, New York, North Carolina, North Dakota, Oregon, Tennessee, Texas, Utah, Virginia and Washington;
- Several of the largest retail pharmacies in the US, including Walgreens, Wal-Mart and CVS/Caremark, as well as SureScripts, the largest e-prescribing network, are using Initiate's registry technology to connect records across multiple proprietary systems; and
- Eight Canadian provinces, which are using Initiate's patient registry technology to support the pan-Canadian electronic health record.

Initiate® software reduces privacy and security concerns through a federated data model, which alleviates governance challenges related to centralized data ownership. This technology works independently and supports healthcare IT solutions without disrupting current systems. Patient Registry functionality is key to achieving the goals of Health Information Exchange (HIE)

Initiate's unique, standards-based communication protocol and proven, adaptable, highly scalable data model encourage interoperability and eliminate the need to replace or redesign legacy applications.

Initiate's Patient Registry technology can help achieve the HIT stimulus goals of delivering patient-centric care at a lower cost.