



July 22, 2020

Administrator Seema Verma
U.S. Centers for Medicare and
Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dr. Donald Rucker, National Coordinator
The U.S. Department of Health and Human Services
Office of the National Coordinator for Health
Information Technology
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Administrator Verma and Dr. Rucker,

As we approach the first compliance deadline for the Information Blocking and Interoperability requirements, the College of Healthcare Information Management Executives (CHIME) welcomes the opportunity to convey from our membership the need to delay the impending deadlines in order to allow providers the time and ability to correctly implement these important requirements and fight COVID-19 successfully.

CHIME is an executive organization dedicated to serving chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs) and other senior healthcare IT leaders. With more than 3,200 members, CHIME provides a highly interactive, trusted environment enabling senior professional and industry leaders to collaborate; exchange best practices; address professional development needs; and advocate for the effective use of information management to improve the health and healthcare in the communities they serve.

We are in agreement that these information blocking requirements are needed to continue the modernization of the American healthcare system. In fact, CHIME and its members have long supported these requirements and have acted as good stewards of health policy through its partnership work with both the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC). With the health landscape shifted, we are now asking for both of your agency's help during the largest public health crisis to strike the nation in over a century.

Throughout the COVID-19 Pandemic and Public Health Emergency (PHE), CHIME has worked with its member groups to understand the best way to support them. Recently, we have heard a resounding chorus of members echo that they are concerned about meeting federal government interoperability requirements and that more time is needed to make sure they can implement new requirements properly. **The U.S. only gets one shot to implement these requirements or the health system runs the risk of putting information blocking in the same position meaningful use was in; one of rushed implementation with an increasingly negative connotation for all actors in the healthcare system. With this in mind, we are asking for both CMS and ONC to delay the compliance dates**

for information blocking and admission, discharge and transfer (ADT) requirements contained within your information blocking and interoperability regulations by at least 12 months.

Centers for Disease Control and Prevention Director Robert Redfield recently stated, “There’s a possibility that the assault of the virus on our nation next winter will actually be even more difficult than the one we just went through.¹” Delaying the implementation of these requirements gives providers the ability to focus on how to treat patients both with and without COVID-19 positive infections through the fall and winter, moving the nation through what could be the most difficult segment of the pandemic. Our members have already wholeheartedly embraced the many regulatory flexibilities provided by both Department of Health and Human Services (HHS) Secretary Alex Azar and yourself, Administrator Verma. Continuing the momentum you have already started by delaying these requirements will only continue to strengthen providers’ standing and ability to keep Americans safe.

In addition to freeing doctors to better serve patients, a delay allows the health system to make sure these requirements are being implemented correctly and sustainably. Many of our members are being furloughed and laid-off in the face of massive economic hardship faced by providers nationwide with patients choosing – or unable – to interact with the health system for non-emergency medicine. Requiring providers, especially those who are without their information blocking and policy experts, to dedicate crucial resources to review, revise, rewrite and create new complex policies to address information blocking takes crucial resources away from the fight against COVID-19, jeopardizing patients now and in the future.

The strong case for interoperability and the elimination of information blocking has been made by both of you throughout your tenures. It is important now that as a collected health system we work together to ensure a successful transition into the post information blocking world. Delaying the upcoming deadlines will only further ensure that implementation will be successful.

CHIME, and its membership, is open to any opportunity to discuss these critical issues with you further and is available to meet with both of you at your convenience. If you have questions related to our position or would like to schedule a follow-up meeting, please contact CHIME’s Director of Federal Affairs Andrew Tomlinson at atomlinson@chimecentral.org.

Thank you for all you have done and continue to do, we look forward to talking with you further.

Sincerely,



Russell P. Branzell, CHCIO, LCHIME
President and CEO CHIME



John Kravitz
Chair, CHIME Board of Trustees
CIO, Geisinger

¹ <https://www.washingtonpost.com/health/2020/04/21/coronavirus-secondwave-cdcdirector/>