



Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445–G
Hubert H. Humphrey Building
200 Independence Avenue, SW.
Washington, D.C. 20201

RE: CMS–0033–P; Comments to Meaningful Use Notice of Proposed Rulemaking

Dear Acting Administrator Frizzera:

Intel appreciates this opportunity to comment on the Notice of Proposed Rulemaking for the Medicare and Medicaid Electronic Health Record Incentive Program (Proposed Rule). We know the HIT Policy Committee, the Office of the National Coordinator (ONC), and the Centers for Medicare and Medicaid Services (CMS) have committed an extensive amount of time to developing the policy framework and the corresponding objectives and measures that lay the foundation for the meaningful use of electronic health records (EHRs). To improve the quality and efficiency of the health care system, more than simple adoption of EHRs is needed, and this definition ensures that providers will use them in a meaningful manner. Intel commends CMS for developing a definition of meaningful use that is both visionary and practical. The Proposed Rule offers a comprehensive approach with the potential to enhance the patient-provider interaction, increase the quality of care and outcomes, and create easy access to individual health information. As the U.S. moves toward coordinated care delivery systems, real-time access to patient data will be the underlying foundation that supports these new models of care. We appreciate the opportunity to make recommendations, which we believe will enhance the final rule.

Intel is certainly known as a world leader in silicon innovation, but our company is not

traditionally seen as a “health care” company.¹ Nonetheless, our technologies help to power the Internet, the broadband connected world, and many health care institutions around the world, who we increasingly work with to connect patients, families, providers, and health care researchers with one another. In fact, for more than a decade now, Intel has focused its research and development efforts specifically on health care to better understand how to connect all of the major players through a wide array of health information technologies. Intel social scientists, medical informaticists, clinicians, and engineers have studied more than 1,000 patient homes and 250 hospitals and clinics in more than 20 countries to inform the development of products and solutions that can help bring forth a connected world for health care, particularly for the care of seniors and chronic disease patients in the community through home-based health technologies. Five years ago, we formed a dedicated business group, the Intel Digital Health Group, which reports to the Chief Executive Officer and a dedicated brand, Intel Health, to focus our company’s efforts on health care innovation.

Thus, Intel is *becoming* a health care innovation company that is broader than silicon. For example, Intel has designed the mobile clinical assistant (MCA) reference architecture. When used with appropriate software, the MCA enables clinicians to access patient care records at the point of care and document a patient's condition in real time. Intel has also developed and released the Intel Health Guide, which allows for remote patient monitoring (RPM) and care of chronic disease patients in their own homes with the Intel® Health Care Management Suite, an online interface that allows clinicians to monitor those patients and remotely manage care. Furthermore, Intel has developed SOA Expressway for Healthcare, which enables the exchange of health care information inside hospitals and within health information networks. We have created a group of validated independent software vendors (ISVs) that provide best-of-breed capabilities to deploy a complete health network powered by the Intel SOA Expressway. These capabilities include controlled medical vocabulary translation, clinical patient portal applications, enterprise master patient index, clinical data repository, and operating system support.

¹ Additional information about Intel is available at www.intel.com/pressroom and <http://blogs.intel.com/policy>.

Intel also has a strong commitment to supporting industry-led, voluntary standards since market-driven solutions have often proved the best way to maximize the dynamic efficiencies of innovation and the beneficial effects on the economy. However, in order to protect the public welfare, the U.S. government may need to coordinate and specify certain technology requirements from time to time. As technology will evolve and present more efficient and effective solutions, requirements should also allow for flexibility that can reflect these market innovations. We support the many references within the ONC's Interim Final Rule, which acknowledge the role of the markets in determining which standards are most useful as technology changes and lessons are learned from patient experiences.

Interoperability

With our experience in developing advanced health technologies, we believe it is extremely important for CMS as well as the ONC, which is developing the standards, implementation specifications, and certification criteria for EHRs, to build on the existing advances in the HIT space, such as ONC has done with the HL7 versions and National Council for Prescription Drug Programs (NCPDP) standards for medications, rather than to create an entirely new foundation. Many technologies are already employed by providers and patients and are currently being used to improve patient monitoring, treatment, and outcomes. To the extent that these devices are already achieving the goals of Stage 1 meaningful use, and in many cases the goals of Stages 2 and 3, Intel recommends that CMS' definition of meaningful use include language that will serve as a glidepath toward more extensive use of remote patient monitoring devices and telehealth. Without incorporation of these technologies into the meaningful use rule and utilization by providers, EHRs will not demonstrate their full potential.

Intel commends the HIT Policy Committee's incorporation of data from home monitoring devices as an objective for Stage 2 and medical device interoperability as an objective for Stage 3. We understand that CMS will address Stages 2 and 3 of meaningful use in future rulemakings, but we note the importance of ensuring that Stage 1 includes language and measures, where applicable, that will lay the foundation for widespread incorporation of these technologies into the meaningful use definition in the future. To not include these technologies

initially in Stage 1 ignores the great body of medical literature documenting the increased quality of care and reductions in health care costs that RPM provides. We believe it is important and cost-efficient to build off the standards already being used in current products. We are pleased to see the adoption of many of the HL7v3 standards and would urge the ONC to consider the profiling work done by organizations, such as the Continua Health Alliance (Continua) and the Healthcare Technology Standards Panel (HITSP). To ignore these standards is to discount years of progress in the HIT space that have already been made. Delivering EHRs and data captured in the home via implementations, such as Software as a Service (SaaS), will significantly expedite adoption. Additionally, to continue to spur innovation, it is important to assure the definition of meaningful use encourages the use of these devices as part of the HIT initiative.

We understand that the ONC is responsible for the development of these standards, implementation specifications, and certification criteria. However, these standards have been developed expressly for the purpose of ensuring that eligible professionals and hospitals are using Certified EHR Technology that will enable them to qualify as meaningful users under the Medicare and Medicaid incentive programs. To this end, we wanted to raise use of these devices and the importance of using existing interoperability standards developed by voluntary standards organizations like Continua in our comments to CMS. We will also be submitting comments to the ONC on its Interim Final Rule on the Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology (Interim Final Rule).

Flexibility for Meaningful Use

Intel recognizes there is a fine line between demanding too much of eligible professionals and hospitals and ensuring that providers using EHRs are doing so in a meaningful way. In order to ensure early adoption of HIT, we support a flexible approach to the meaningful use definition, such as the one proposed by the HIT Policy Committee. Allowing providers to defer on certain objectives will lower the hurdle for eligible professionals and hospitals in a way that will motivate eligible professional and hospitals to adopt EHRs earlier, while enabling a process for continuous improvement. If the bar for meaningful use is set too high, providers may delay adoption of this technology. It is certainly to the advantage of the health care industry to ensure

that providers adopt EHRs as early as possible. This will allow providers to continue building on past experiences and meet the goals of meaningful use in a timely manner.

Intel believes the HIT Policy Committee's proposal to allow flexibility in meeting the meaningful use criteria provides the right balance by allowing providers to defer certain objectives while designating some of the objectives as required. This will allow CMS to ensure that certain critical objectives are met by all providers while at the same allowing flexibility that will encourage more providers to adopt EHRs.

In addition, Intel believes that CMS should allow for some flexibility in the submission of the clinical quality measures. For instance, we would propose that providers meeting less than 100 percent of the quality measures be eligible for the incentive payments.

Electronic Exchange Requirements

Although Stage 1 meaningful use focuses on the electronic capture of data with Stage 2 focusing on the actual exchange of that data, we support CMS' incorporation of a measure requiring the testing of the electronic exchange of information in Stage 1.² However, we believe providers should not only have to send the information but also ensure it was received and validated. In addition, Intel believes the Stage 1 meaningful use definition should require more than one test of the exchange of information. As information exchange becomes critical to Stages 2 and 3 of meaningful use, it will be important for providers to have conducted more than one test of their Certified EHR Technology for the exchange of information and, in addition, demonstrate the successful exchange of that information with other eligible professionals and/or hospitals. It will be important for CMS to create a glidepath towards interoperability, and we believe this will require inclusion of the exchange, receipt, and validation of data that is electronically exchanged. One method for validation could include independent certification harnesses hosted on the web to test the bidirectional exchange of standard test data and proscribed use cases. This has been used successfully within other industries to assure consistent adoption of informatics standards.

² Centers for Medicare and Medicaid Services, Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Proposed Rule, 75 Fed. Reg. 8, 1869 (January 13, 2010).

Providing Advance Notice for Stages 2 and 3

Intel supports the HIT Policy Committee's recommendation that CMS move forward in developing and giving advance notice of the requirements for Stages 2 and 3 rather than waiting to release these in late 2011 and 2013 respectively. Vendors, providers, hospitals, and patients will benefit from early access to these outcome objectives and measures.

Clarify "Transitions of Care" and "Relevant Encounter" Language Under the Medication Reconciliation Measure

Intel supports the HIT Policy Committee's recommendation to delete "relevant encounter" from the medication reconciliation objectives and measure, which are categorized under the "Improve Care Coordination" health outcome policy priority.³ In addition, Intel also supports use of the following definition for "transition of care": "A 'transition of care' occurs when a patient moves from one setting of care to another. For the purpose of the meaningful use criteria, a setting of care includes the following: hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, or rehabilitation facility."

Conclusion

Again, we commend CMS for the work it has done in creating this meaningful use Proposed Rule. We believe this will encourage providers to adopt EHRs while at the same time ensuring their meaningful use. Intel has spent years implementing complex systems, databases, and networks in its core business spread globally. Thus, our experience building some of the most complex, integrated circuits in the world allows us to bring a unique perspective to this discussion. Intel has also been a key driver in many of the standards in common use today and understands and appreciates the pitfalls that can arise if some aspects of a proposed approach or standard are not articulated. We share the ONC's vision for providing recommendations that will

³ *See Id.*

be practical, workable, and cost-effective. It is with these considerations that Intel submits its comments.

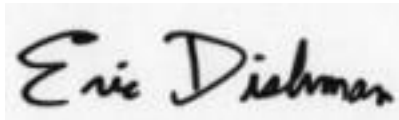
We encourage CMS to consider the advances already made in the HIT space, and where possible, to incorporate these technologies and their current capabilities into the meaningful use final rule. Many providers have already paved the way through their use of these devices and technologies, and CMS should build off of the foundation and experiences of these providers.

Intel is appreciative of this opportunity to comment on the Proposed Rule. We believe the private industry has already made significant innovations in HIT, and we believe this government initiative to ensure adoption and meaningful use of EHRs will enhance the work that has already been advanced.

Intel has spent years implementing complex systems, databases, and networks in its core business spread globally. Thus, our experience building some of the most complex, integrated circuits in the world allows us to bring a unique perspective to this discussion. Intel has also been a key driver in many of the standards in common use today and understands and appreciates the pitfalls that can arise if some aspects of a proposed approach or standard are not articulated. Finally, Intel is one of the leaders in the development and use of remote patient monitoring devices and telemedicine. We share the ONC's vision for providing recommendations that will be practical, implementable, and cost-effective. It is with these considerations that Intel submits its comments.

If Intel can be of further assistance to CMS as it drafts this final rule, we would be pleased to share our experience and insights with the agency.

Sincerely,

A handwritten signature in black ink that reads "Eric Dishman". The signature is written in a cursive, slightly slanted style.

Eric Dishman
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