



TESTIMONY

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Identifying barriers and enablers for device interoperability

Health IT Standards Committee

Clinical Operations Workgroup

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Good Morning Chairman Ferguson and Members of the HIT Standards Committee, Clinical Operations Workgroup. My name is Robert Jarrin and I serve as Co-Chair of the Continua Health Alliance US Policy Working Group. I am also a Senior Director of Government Affairs for Qualcomm Incorporated.

The Continua Health Alliance is a non-profit, open industry coalition of healthcare and technology companies, patient organizations and associations that are joined to collaborate and improve upon the quality of personal healthcare. On behalf of the 240 members of Continua, I would like to thank you for the opportunity to present testimony on the important issue of device interoperability.

Whether telehealth, mHealth, remote monitoring or electronic health records, Continua strongly believes they all make-up the foundational elements of health information technology. HIT is not limited to the mere exchange of electronic health records among providers, but rather encompasses a broader, richer ecosystem that begins with how raw-diagnostic data is captured from a patient and then derived.

Patient data begins when an interoperable medical device, sensor or other HIT product obtains a person's physiological statistics. That data should then be transmitted through a number of common specifications to ultimately populate a patient's PHR, EHR or on to an HIE. Those rich elements of information are vital throughout the continuum of care that will someday be further enhanced by a nation-wide health information network.

From the onset of the definition of meaningful use and the subsequent Medicare and Medicaid incentive program, Continua's members have maintained that capturing a



patient’s data is just as vital as the EHR which that data will ultimately help form. We feel that in order to truly achieve the goals described by the ONC – which were to enable significant and measurable improvements in population health through a transformed healthcare delivery system – that greater emphasis needs to be placed on how patient data is captured, derived and transmitted via interoperable devices.

The objective for today’s hearing is titled, “Identifying barriers and enablers for device interoperability.” Thus, we urge the Clinical Operations Workgroup to consider the following barriers and enablers:

The ONC should accelerate its proposed Stage 3 objectives and seek to include engaging patients and families in their own care as immediate objectives. Both, the HIT Policy and Standards Committees should address this core concept that is currently not being considered until possibly Stage 3 of meaningful use, if at all. The incentive program needs to be expanded to include electronic self-management tools for patients with high priority health conditions while offering the capability to upload and incorporate patient-generated data such as electronically collected patient survey data, biometric home monitoring data, patient suggestions of corrections to EHRs and clinician workflow.

Another well known barrier to interoperable devices is the criteria for allowing Medicare reimbursement for telehealth and telemedicine. Simply stated, reimbursement issues have stifled the adoption of some health information technologies because CMS continues to define telehealth in narrow and outdated ways. Reimbursement should be permitted in all settings where there are clear technological benefits to patients, providers and insurers. Healthcare management should not be limited to only live encounters, where store-and-forward technologies are perfectly capable of augmenting reliable, consistent, diagnostic care. If a Medicare benefit plan covers a service, then that plan should also cover the same service when it is performed remotely.

Continua is dedicated to establishing a system of interoperable personal connected health solutions. Continua is not a standards setting body – rather the Alliance selects existing commercially available standards and within those parameters adds definitions or refinements. Standards chosen by Continua include USB, Bluetooth and Zigby. The process begins by choosing real-world healthcare use cases. Member companies then select the best industry standards, hold a ballot process to finalize specifications and finally publish guidelines for the membership.

The results of this process are evident in the devices that have achieved Continua certification. The majority are medical devices that can be used in both clinical and home settings. Devices like pulse oximeters, glucose readers, blood pressure monitors, medical



grade weight scales, pedometers, laptop computers, medical gateway platforms and mobile phones. In a system well-designed for improving health, people with chronic diseases or failing health should be able to transmit their vital signs seamlessly; from anywhere, at any time, to anyone, and most importantly to their healthcare professionals. Regrettably, that is more the exception not the norm.

There are many barriers to adoption for these technologies. However, there are many enablers that the federal government, starting with this Workgroup, can help advance. Continua hopes this Workgroup's interest in patient and consumer device interoperability will continue. And we are here to pledge our support to make meaningful progress towards a transformed healthcare delivery system.

With that, I respectfully conclude my prepared remarks and welcome any questions you may have.

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