

The Society of Thoracic Surgeons

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February 17, 2016

The Honorable Lamar Alexander Chairman Senate Health, Education, Labor and Pensions Committee U.S. Senate 428 Dirksen Senate Office Building Washington, DC 20510

The Honorable Patty Murray Ranking Member Senate Health, Education, Labor and Pensions Committee U.S. Senate 428 Dirksen Senate Office Building Washington, DC 20510

RE: The Improving Health Information Technology Act (S. 2511)

Dear Chairman Alexander and Ranking Member Murray:

On behalf of The Society of Thoracic Surgeons (STS), I am pleased to write in support of the Committee's bipartisan legislation to improve health information technology (HIT) for patients and families, The Improving Health Information Technology Act (S. 2511). We especially appreciate the inclusion of several provisions facilitating the transmission of clinical outcomes data from electronic health records (EHRs) to clinician-led clinical data registries to improve clinical outcomes and follow-up treatment.

Founded in 1964, STS is an international not-for-profit organization representing more than 7,100 cardiothoracic surgeons, researchers, and allied health care professionals in 90 countries who are dedicated to ensuring the best surgical care for patients with diseases of the heart, lungs, and other organs in the chest. The mission of the Society is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

The Society applauds the Committee for several aspects of S. 2511. Foremost, the included definition of clinician-led clinical data registry represents a great step forward for registries that contribute to the advancement of health care quality. We appreciate the opportunity to have had input into the development of this definition. Secondly, language preventing HIT vendors from activities that constitute "information blocking" will ensure that such registries have every opportunity to execute on their quality improvement missions. Furthermore, giving the HHS Inspector General jurisdiction to investigate instances of information blocking and to impose civil monetary penalties provides a necessary incentive for HIT vendors to comply. We also support

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the requirement that HIT vendors share data with clinician-led clinical data registries as a condition of certification of such technology. This is exactly the kind of federal requirement that is necessary to ensure such registries have efficient and cost-effective access to clinical outcomes data from the EHRs of their participating health care providers.

We appreciate your leadership in introducing S. 2511 and look forward to working with you to ensure its enactment. If you have any questions, please contact STS Director of Government Relations, Courtney Yohe (202-787-1222 or cyohe@sts.org).

Sincerely,

Joseph E. Bavaria, MD

President