

April 3, 2015

Dr. Karen DeSalvo
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Suite 729-D
Washington, D.C. 20201

Dear Dr. DeSalvo,

Please accept this letter on behalf of Magee Rehabilitation Hospital (Magee) in response to your request for public comments to the Office of the National Coordinator (ONC) for Health Information Technology's publication of the first draft of "Connecting Health and Care for the Nation – A Shared Nationwide Interoperability Roadmap" (Version 1.0). Thank you for the opportunity to comment.

Magee looks forward to future versions of this document and appreciates the opportunity to provide feedback. Our hospital is an independent, 96-bed, post-acute nonprofit inpatient rehabilitation facility that provides physical and cognitive rehabilitation services to the Greater Philadelphia community. We employ over 600 staff, and Magee is nationally recognized for outstanding programs in physical and cognitive rehabilitation. Our organization has comprehensive services for spinal cord injury, brain injury, stroke, orthopedic replacement, and amputation. Magee, in conjunction with Thomas Jefferson University Hospital, serves as the federally designated Regional Spinal Cord Injury Center of the Delaware Valley. Only 14 such centers exist in the country. Magee is also a founding member of The Christopher and Dana Reeve Foundation NeuroRecovery Network, which provides state of the art rehabilitation therapy.

We commend ONC's continued dedication to the expansion of, and improvements to, our nation's health IT ecosystem. Generally, we are in agreement with the actions identified by ONC in order to ensure a majority of individuals and providers across the care continuum are able to utilize common and compatible sets of electronic information. We are also appreciative of ONC's ambitious goals and timelines. That being said, we would like to offer a few suggested changes to the report, emanating from challenges and experiences we have had in our attempts, as an independently owned, post-acute rehabilitation facility, to participate in an increasingly interoperable health IT ecosystem.

Firstly, on page 21 of the report, under the section "Who is this Roadmap For?," the report includes a breakdown of stakeholders in order to denote "which stakeholder groups are best positioned to take on critical action." Under "people and organizations that deliver care and services" subsection, we believe that post-acute facilities should be listed. Post-acute inpatient rehabilitation facilities, such as Magee, are not currently eligible to participate in the Electronic Health Records (HER) meaningful use program; nonetheless, we remain key stakeholders in the continuum of healthcare and national attempts to improve health IT interoperability. We understand that this report is unable to focus on technology adoption. However, its broader goals will only be met if segments of the health care industry that have been presently excluded by

policymakers from government financed EHR incentive programs are explicitly recognized as important participants in EHR expansion and interoperability.

Secondly, on page 39 for the report under the section titled “Supportive Business, Clinical, Cultural and Regulatory Environments,” ONC also correctly identifies the need for a shift towards “value-based and person-centered health systems” that reward positive patient health outcomes. Magee, as a post-acute facility, strongly favors interoperable systems that span the entire continuum of healthcare so that we can easily and effectively communicate with acute care facilities and primary care physicians to improve care and reduce costs. Achieving this goal is another area where expansion of EHR incentives would have great benefit. In the present environment, post-acute health organizations are not required or encouraged to adopt certified EHR systems and therefore fall outside the regulatory oversight and guidance created to produce a truly interoperable ecosystem.

We believe that financial ability of all providers to acquire the necessary technology is essential in discussions of the “Support Business, Clinical, Cultural and Regulatory Environments” section and that including post-acute facilities will strengthen the goal to achieve interoperability. In addition, we believe there remains a significant risk of creating marked inefficiencies if post-acute providers are not included in early stages of discussions related to mapping the road ahead for interoperability. Since post-acute will, necessarily, be part of interoperability, better planning will be achieved if post-acute perspectives are brought into the discussions at early stages so that post-acute EHR needs can be identified, planned for and anticipated.

Overall, Magee Rehabilitation is very appreciative of the work being done by ONC to improve interoperability. Magee also encourages ONC to broaden its discussion in this report to highlight post-acute organizations and their inability to benefit from government incentives to adopt EHR systems. The exclusion of post-acute facilities from EHR incentive programs will have serious long-term repercussions in achieving the goal of an interoperable health IT ecosystem.

We thank ONC for its extensive interoperability roadmap and its ambitious goals. We also thank ONC for the opportunity afforded to us to comment on the report. Should you have any questions or require further clarifications, please do not hesitate to contact Magee Rehabilitation’s Chief Information and Infrastructure Officer and Corporate Compliance Officer, Travis Gathright by email at TGathright@mageerehab.org or by phone at 215-587-3463.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'TG', is written over a light blue horizontal line.

Travis Gathright, MHA