Dear Senators Cassidy and Whitehouse,

On behalf of the undersigned organizations, we applaud you for your leadership on the issue of health information technology interoperability, and your efforts to eliminate information blocking. We believe that interoperability is essential to achieving higher quality and better care. However, some electronic health record vendors are intentionally blocking the exchange of information, including not adopting the standards needed to accomplish information exchange in a timely fashion, or charging unreasonable fees to exchange clinical data – all hindering efforts to electronically exchange information in order to improve patient outcomes.

Like many medical specialty societies, our organizations each have in place or have plans to launch a clinical data registry aimed at improving quality and patient outcomes. Clinical data registries are being embraced by practicing physicians who want to improve their quality and patient outcomes, and streamline their quality reporting to CMS. Given the widespread adoption of health information technology, clinical data registries can harness and populate the data from various EHRs to effectively measure quality and performance, and track patient outcomes over time.

However, information blocking is a real obstacle to the benefits of EHR technology when EHR vendors refuse to share electronic health information, or create financial or other barriers precluding such data from being shared with other systems, including clinical data registries. Physicians are prevented from automated electronic participation in important tools like clinical data registries. While physicians may want to share their data to participate in a clinical data registry, there is little they can do if an EHR vendor prohibits or charges exorbitant fees for participation. Therefore, we strongly support your work to address information blocking. Forbidding information blocking or introducing steep penalties would pave the way for interoperability, and expand the use of clinical data registries, allowing more physicians to measure and improve the quality of care provided to their patients. We encourage your continued efforts aimed at advancing interoperability and eliminating information blocking.

Sincerely,

American Academy of Dermatology Association
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons / Congress of Neurological Surgeons
American College of Emergency Physicians
American College of Gastroenterology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Society for Radiation Oncology
American Society of Clinical Oncology
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Urological Association
Society of Interventional Radiology
Society of NeuroInterventional Surgery