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CHIEF EXECUTIVE OFFICER Clifford A. Hudis, MD, FACP, FASCO December 11, 2018

The Honorable Michael Burgess, MD Chairman Energy and Commerce Committee Subcommittee on Health U.S. House of Representatives Washington, DC 20515 The Honorable Gene Green
Ranking Member
Energy and Commerce Committee
Subcommittee on Health
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Burgess and Ranking Member Green,

On behalf of the American Society of Clinical Oncology (ASCO), thank you for your work on 21<sup>st</sup> Century Cures, a landmark piece of legislation which will help accelerate the discovery, development, and delivery of promising treatments to cancer patients across the country. ASCO applauds the Energy and Commerce Committee's Subcommittee on Health for examining the implementation of provisions of this important healthcare law in its hearing entitled "Implementing the 21st Century Cures Act: An Update from the Office of the National Coordinator."

ASCO, on behalf of our members and along with other stakeholders in organized medicine, has been monitoring the implementation of legislation stemming from the 21<sup>st</sup> Century Cures Act and providing input and comments as rules are implemented. As this legislation was being drafted, we submitted statements to the Committees of jurisdiction, and we continue to provide feedback to the relevant agencies as they implement the rules governing HIT use and development.

Despite our many steps forward in this area, our members are still plagued by a lack of interoperability between electronic medical records and other forms of health information technology. These types of technology hold great promise for improving and enhancing patient care, especially in the realm of care coordination and quality improvement. To further enhance healthcare quality, we should move with urgency towards realizing the vision of seamlessly integrated health information, easily and securely accessible to all patients. The Cures Act is instrumental in these efforts, as it addresses some of the technical limitations and business practices that may contribute to the current limitations of true interoperability.

In January, the Office of the National Coordinator of Health Information Technology (ONC) released its "US Core Data for Interoperability" (USCDI), which specifies a common set of health care record data classes required for health data interoperable exchange. We support ONC's work in this area, and note that by necessity, these data classes initially tend to be

broad and encompassing of primary care; this leaves open an opportunity for specialty societies and other interested stakeholders to engage in the development of data classes, elements, and terminology needed by smaller groups of specialty physicians.

Under our CancerLinQ (CLQ®) subsidiary, ASCO is currently developing a set of "Minimal Common Oncology Data Elements" (M-CODE); this set of data elements is envisioned by ASCO to form the basis of an initial parsimonious set of necessary data that should populate all electronic health records (EHRs) serving patients with cancer. Adoption of these data elements, which are being developed by experts in the fields of oncology and informatics, would greatly streamline the exchange of basic needed data necessary for oncologists, and we look forward to collaborating with ONC wherever possible to encourage consideration and adoption of these elements when they are finalized.

Our members also continue to report significant burden associated with EHR documentation, "check box" requirements, and various reporting requirements across different payers, including Medicare. We were therefore pleased to note the November release of a draft "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs" for public comment by the US Department of Health and Human Services. This work, led by ONC, in partnership with the Centers for Medicare & Medicaid Services (CMS), was required by Congress under the 21st Century Cures Act, and includes recommendations aimed at reducing the administrative burden related to HIT use on clinicians. Again, we look forward to providing our comments to ONC for consideration.

Finally, we are eagerly anticipating the release of ONC's proposed rule titled, "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program." This proposed rule has been under review at the Office of Management and Budget (OMB) since September 17<sup>th</sup> of this year, and we would encourage its earliest possible release so that all affected stakeholders may engage with ONC and other agencies as necessary to provide iterative feedback and suggested improvements to this rule, which will have a significant impact on the broader sharing of patient health information.

We commend the Subcommittee for its leadership and bipartisan work on this issue. We look forward to working with the Subcommittee as implementation of 21<sup>st</sup> Century Cures continues. If you have any questions or would like more information, please contact Amanda Schwartz at Amanda.Schwartz@asco.org.

Sincerely,

Clifford Hudis, MD, FACP, FASCO

Clofford Lewis M)

Chief Executive Officer, American Society of Clinical Oncology