

November 14, 2017

Don Rucker, M.D.
National Coordinator for Health Information Technology
Office of the National Coordinator (ONC)
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Submitted electronically at: <https://www.healthit.gov/isa/>

Re: Request for Public Comments: Interoperability Standards Advisory (ISA)

Dear Dr. Rucker,

The Premier healthcare alliance is pleased to submit these comments in response to the Office of the National Coordinator's (ONC) Request for Public Comments regarding the Interoperability Standards Advisory (ISA).

Premier is a leading healthcare improvement company, uniting an alliance of approximately 3,900 U.S. hospitals, hundreds of thousands of clinicians and more than 150,000 other provider organizations. Premier has one of the most comprehensive and largest healthcare databases in the industry. Premier works with its members on utilizing informatics, analytics, and data to improve care quality and patient safety, while achieving cost efficiencies. With integrated data and analytics, collaboratives, supply chain solutions, and advisory and other services, Premier enables better care and outcomes at a lower cost. Premier, a Malcolm Baldrige National Quality Award recipient, plays a critical role in the rapidly evolving healthcare industry, collaborating with members to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide. Specific comments in response to your questions are provided in the attached chart.

Premier shares the vision of achieving health information technology interoperability and the establishment and deployment of core standards and functions of health information technology (HIT) to enable an interoperable, learning health ecosystem. Premier appreciates ONC's ongoing efforts to develop and enhance the ISA. However, the existence of standards and the publication of the ISA does not by itself ensure that application developers and HIT vendors implement and configure their software using the standards. Certainly, nationwide healthcare data exchange requires standards

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development and their timely adoption. Beyond exchange of data, however, interoperability requires data usability, understandability and development, recognition and adoption of common data sets, clinical terminologies and vocabularies and data definitions. Additionally, standards are needed for openly accessible electronic health record application program interfaces (APIs) to assure interoperability with other health information technologies and third party applications.

Premier hopes our comments are helpful as you continue this important work. Premier stands ready to actively participate in ONC's ongoing efforts to achieve nationwide interoperability. Please feel free to contact us for participation in your listening sessions, workgroups and other activities.

If you have any questions regarding our comments or need more information, please contact me or Meryl Bloomrosen, Senior Director, Federal Affairs, at meryl_bloomrosen@premierinc.com or 202.879.8012. We look forward to continued participation and dialogue. Thank you again for the opportunity to provide comments.

Sincerely,



Blair Childs
Senior vice president, Public Affairs
Premier healthcare alliance

ONC QUESTION	COMMENTS
General	
17-1. In what ways has the ISA been useful for you/your organization as a resource? ONC seeks to better understand how the ISA is being used, by whom, and the type of support it may be providing for implementers and policy-makers.	We urge the ONC to increase its outreach and enhance stakeholder awareness, education, understanding and use of the ISA. We suggest that ONC more clearly and comprehensively indicate standards that are federally required and to more explicitly and prominently explain what “federally required” means. When a standard or implementation specification has been adopted in regulation, referenced as a federal program requirement, or referenced in a federal procurement (i.e., contract or grant) for a particular interoperability need, it is essential that the applicable references/citations information are provided. ONC needs to depict more clearly when the implementation and implementation specifications are applicable to specific interoperability requirements within federal programs. Additionally, we urge ONC to depict version annotations throughout the ISA and to clarify the relationship between the on-line and “reference edition”.
17-2. Over the course of 2017, various new functionality has been added to the ISA to make it a more interactive and useful resource (e.g., print-friendly pages, change notifications, advanced search functionality, etc.). Are there additional features or functionalities that would enhance the overall experience?	It appears that the ISA is most directly “targeted” to/designed for fairly technical audiences. We believe that a “plain language” version would be helpful to convey the high level concepts and rationale for use across the diverse audiences of non-technical stakeholders. We also recommend that ONC include examples to depict the use of each type of different standard. We believe that “translating” the ISA for non-technical stakeholders using examples most meaningful to each stakeholder type (clinician; researcher; administrator) will help further disseminate information about and use of the ISA.
17-3. An Appendix II has been added that includes educational and informational resources as recommended by the Health IT Standards Committee/2017 ISA Task Force. Are there other topics and/or existing resources which would be helpful to include in this area to increase stakeholder understanding of health IT interoperability issues?	We offer the following Appendix suggestions: ONC could provide additional collateral educational and informational materials for specific (technical, clinical, executive and managerial) stakeholder audiences; include links to existing materials/resources (such as the CDA); and add a consolidated list/spreadsheet of all vocabulary standards for use as a reference. Additionally, we suggest that ONC consider adding a spreadsheet that depicts a more concise collection of all the required standards for specific data elements.
Section I: Vocabulary/Code Set/Terminology Standards	
17-4. Are there additional Interoperability Needs (with corresponding standards) that represent specific sociodemographic, psychological, behavioral or environmental domains that should be included in the ISA?	We recommend that additional content (including interoperability specifications and reference implementations) be developed for these sections. For example, currently, there is limited mention of using HL7 v3 for behavioral domains (http://www.hl7.org/implement/standards/product_brief.cfm?product_id=307).
Section II: Content / Structure Standard and Implementation Specifications	
17-5. A new interoperability need, Reporting Birth Defects to Public Health Agencies was added to Section II-R: Public Health Reporting. Please review and provide comment about the accuracy of the attributes.	
Section III: Standards and Implementation Specifications for Services	
17-6. A new subsection, III-J: Consumer Access/Exchange of Health Information has been added, with four interoperability needs. Please review and provide comment about the accuracy of the attributes. ONC also seeks suggestions for additional consumer access related interoperability needs for inclusion, as well as other known standards or Open APIs that should be listed for existing consumer access interoperability needs.	For View, Download, and Transmit Data from EHRs, the ISA could specify the appropriate transport mechanism(s) and the content standard(s).
Section IV: Models and Profiles	
17-7. Is the existing ISA format used for listing standards and implementation specifications applicable for listing Models and Profiles? Are there additional or different attributes that should be collected for them? Are there additional models and/or profiles that should be listed?	
Section V: Administrative Standards and Implementation Specifications	
17-8. Please review the contents of the new Section V: Administrative Standards and Implementation Specifications and provide comments about the accuracy of any of the listed standards/specifications and attributes.	
17-9. Are there additional administrative-related interoperability needs that should be listed in this section?	

<p>17-10. For Interoperability Need: Health Care Claims or Equivalent Encounter Information for Institutional Claims, feedback is requested on the update process for X12 standards, and how a more streamlined process can be implemented with greater industry engagement. Other improvement ideas are also encouraged to enhance the benefit of the transaction.</p>	<p>An enhanced update process for X12 standards is needed to address more clear and concise data definitions and more consistent and rigorous data quality checking. We also request clarification regarding standards for “Practice Management” systems.</p>
<p>17-11. For Interoperability Need: Health Care Claims or Equivalent Encounter Information for Dental Claims, feedback is requested from the dental community on enhancements to the transaction to increase uptake on electronic transactions.</p>	<p>We offer the same comments as those included above for 17-10 as applicable to dental claims. The X12 EDI standard exists but adoption and use (compliance) is challenging.</p>
<p>17-12. For Interoperability Need: Enrollment and Disenrollment in a Health Plan, feedback is requested on the use of the adopted enrollment transaction, its value to the industry, and any enhancements that could be made to increase utilization.</p>	<p>See 17-16 for comments on needs.</p>
<p>17-13. For Interoperability Need: Electronic Funds Transfer for Payments to Health Care Providers – Professionals and Institutions, are there known barriers to the use of the EFT transaction based on contract concerns, excessive fees, enrollment constraints or other non-EDI issues?</p>	<p>This was addressed in Administrative Simplification provisions of ACA and was an industry mandate. CAQH CORE and NACHA operating rules guide this EFT & ERA adoptions. We believe that adoption can be improved by more provider education and awareness</p>
<p>17-14. For Interoperability Need: Health Care Payment and Remittance Advice, feedback is requested on how the transaction or use by the submitter and/or receiver can be improved to enhance its use and increase the value of the transaction.</p>	
<p>17-15. For Interoperability Need: Referral Certification and Authorization Request and Response for Dental, Professional and Institutional Services, feedback is requested to better understand the workflows that will increase adoption of this transaction.</p>	<p>While data standards are critical, the processes required for prior authorization are vital yet challenging.</p>
<p>17-16. For Interoperability Need: Operating Rules to Support Eligibility and Claim Status Transactions (Phase II), feedback is requested on: a) the process for creating the operating rules; b) current adoption of the batch vs. real time rules for both providers and health plans; c) need for other operating rules that will improve adoption of the transactions.</p>	<p>Transactions and related work flows would be improved by more consistent use of existing standards and operating rules and development/adoption of new standards and operating rules where there are none.</p>
<p>17-17. For Interoperability Need: Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) for Payments and Reconciliation (Phase III), feedback is requested on other operating rules that will increase adoption and/or use of the standards for EFT and ERA.</p>	