October 1, 2018

The Honorable Donald Rucker, MD,
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St. SW, Floor 7
Washington, DC 20201

Submitted electronically via: http://www.healthit.gov

RE: 2018 Interoperability Standards Advisory

OCHIN appreciates the opportunity to submit the following comments in response to the request to address the Office of the National Coordinator's (ONC's) Interoperability Standards Advisory (ISA). We appreciate the ONC's effort to drive interoperability of electronic health information across the nation and appreciate the opportunity to provide comments on how the ONC coordinates the identification and assessment of interoperability specifications and standards. OCHIN has experience integrating with hundreds of different vendors on a variety of interoperability efforts and the wide variance in standards makes it more difficult to gather and share healthcare data efficiently.

OCHIN is a 501(c)(3) not for profit community-based health information technology (HIT) collaborative based in Portland, Oregon. OCHIN receives support from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), and is an HRSA-designated Health Center-Controlled Network (HCCN). OCHIN's mission is to pioneer the use of health information technology (HIT) in caring for the medically underserved. As such, OCHIN serves community health centers (CHCs), including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and correction facilities across the nation. OCHIN's comments will be through the lens of members we serve.

OCHIN Supports:
- Reducing provider burden by promoting the exchange of healthcare information through national framework's standards, such as Carequality or Commonwell;

- Continued adoption of 2015 for newer CEHRT that can easily encourage data sharing; and

- Standardization across all healthcare platforms.

OCHIN Overall Technical Comments on ISA
- Purpose: A common, nationally led effort to document and disseminate standards for interoperability is a very useful concept, but the purpose and real-world effect of the ISA are not widespread. As documented in the ISA, there are numerous standards at various levels of usage,

and there are constantly new potential standards emerging. If the ISA is meant to catalog every specification standard, then it would make more sense as a reference index, linking to the source of each specification, and including best practices. By attempting to document so many facets of each standard, the ONC is doing extra work and creating multiple sources of documentation. However, if the purpose of the ISA is to drive adoption of more nationally uniform standards, then the current implementation is falling short. Private industry will always work to enhance and improve upon specifications, and tracking these changes can be difficult for the organizations that use these technologies. An ideal implementation of the ISA is to help identify and advocate for superior standards that will simplify implementation and enhance interoperability. Organizations that serve patient populations in the safety net benefit greatly from seamless interoperability but must typically leverage the cheapest option to meet production standards to comply with a regulation. The ONC could better serve these at-risk groups and those who provide for them by pushing the industry to come together on true standards adoption. ISA should make clear that Federally Qualified Health Centers (FQHCs) and small practices rely upon production standards as opposed to emerging standards. ONC should provide a small section on its page which expresses this reality of small providers, who do not necessarily have the resources to immediately comply with those emerging standards, and therefore these providers and their patients face direct consequences when new standards emerge. If new technologies emerge that are a significant improvement, then the ONC can use the ISA to identify ideal timing (with cost considerations) for new standard adoption and seek public feedback itself and through its partner agencies (e.g. Centers for Medicare and Medicaid Services, CMS) prior to implementing changes through CMS.

- Audience: It is currently unclear who the intended audience is for the ISA. Stakeholders would benefit if they were identified in the introduction along with an explanation of how each of them could expect to use and benefit from the ISA.

- Impact: As standards are implemented, users of the technologies are often affected in unintended ways. Since a primary goal of improving interoperability is improved care coordination, the benefit or impact to healthcare providers should be considered in evaluating the standards, and their direct input should be sought. New specifications are often created with the best intentions, but it can be burdensome to change how care is documented, or information exchanged. These concerns should not delay the adoption of better technologies. However, the ISA should consider the ultimate impact of standards prior to their implementation. Ideally, those producing the changes in information technology as well as those who will apply the new standards should be included in the evolution of such standards, as unintended consequences may be identified by those parties.

- Future Use: OCHIN appreciates the current format of the ISA. However, the ISA seems to currently operate as a central list of standards. It would be helpful to implementing organizations as a best-practice reference. We further believe integrating the ISA into federal health IT programs, including in new rulemaking, may reach a larger audience and with greater precision. When vendors are considering technologies to adopt or looking to improve their interoperability capabilities, the ISA could drive them towards the adoption of standards that benefit patients the most. As a relevant example, this could be pushing vendors away from old standards that present

risks or towards new standards, such as 2015 or higher Certified EHRs, that are simple and easy to implement. Ideally, the primary goal would be to accelerate interoperability.

We appreciate your consideration of our comments. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
VP, Government Affairs and Public Relations