TO: The Office of the National Coordinator for Health Information Technology

FR: Marybeth McCaffrey, JD, Principal, The University of Massachusetts Medical School Center for Health Law and Economics

DT: April 3, 2015

RE: Comments on draft version of the Interoperability Roadmap

Thank you for this opportunity to comment on the draft Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (Roadmap)

**General**

We agree with the Roadmap’s explicit acknowledgment of the role social determinants and long term services and supports (LTSS) play in strengthening health delivery, well-being of individuals and communities, and innovation. The Roadmap actions are the right ones to improve interoperability. It supports a commitment to improving health outcomes by bridging disconnected archipelagos of care systems to a more connected, holistic and integrated information system across all providers and all settings. It gives voice and vision to significant gaps:

* modernizing information flow between the many providers involved with supporting people who receive LTSS,
* increasing coordination in the continuum of care,
* focusing on prevention as well as intervention, and
* encouraging more innovative support for people who need LTSS.

The strategies in this Roadmap will help the right stakeholders are included with critical actions, such as promoting independent and shared decision-making, helping support health outcome measurement for people, as well as the LTSS population as a whole, and fostering improvements in the learning health system. Recognizing the need to protect individual privacy, the Plan supports appropriate sharing of information to mitigate the digital divide between acute, post-acute, and community based long-term care providers. It specifically supports standardization and interoperability in the structure of person-centered health assessments, care plans and transitions of care.

The direction of the Roadmap furthers the work of our Center involved with helping policymakers develop innovative approaches to meet the LTSS needs of individuals with disabilities, elders, and people with chronic illness.

**Priority Use Cases**

Our Center would prioritize use cases 4, 10, 31 in the Roadmap Appendix H.

**Governance**

Governance must include public providers (i.e. Medicaid) as well as the private sector. Medicaid has only achieved in managing about 20% of its cost through managed care: overall Medicaid spending is still heavily weighted toward fee for service, despite the efforts of payment reform and more than 70% of people receiving Medicaid already enrolled in some sort of managed care. The biggest reason for this phenomenon is the complex nature of providing long term services and supports. Upwards of 60% of the Medicaid budgets in most states pays for supports and medical care for people with these types of needs. The cross-setting nature of LTSS/HCBS makes it especially challenging to manage effectively and efficiently. To improve health outcomes for the most costly group of people supported with public funds, cross-setting communication must advance.

**Supportive Business, Cultural, Clinical and Regulatory**

Financial incentives will support providers to send, find or receive common clinical data across the care continuum if ONC supports development of standardized data element sets for communication among all service providers through a set of iterative processes that enables the creation and updating of shared, interoperable data sets, common standards for information exchange, and performance metrics. This will provide the foundation for improved communication among providers and coordination of services across a continuously evolving service system.

**Measurement**

Measurement should focus on use cases 4, 10 and 31 of the Roadmap in order to prioritize development of core measures. In order to improve communication across settings, beyond primary and acute care to myriad social service agencies supporting the people with the greatest needs, we have to decide what information is critical to convey among the critical people involved: the people receiving supports, informal caregivers helping them, and providers delivering services and operating programs. Although many States have considered how to approach measurement no standardization of domains and little standardization in measurement for determining quality exists today.

We suggest adopting three overarching domains specified in federal law and common in the literature for at least the past ten years: a person’s functioning, a person’s satisfaction, and program performance.

* By measuring a person’s functioning, we can identify what LTSS maximize a person’s independence and autonomy
* By measuring how well services are delivered and care is coordinated, we can measure program performance and determine whether LTSS achieves its goals
* By looking at how well LTSS support a person’s subjective preferences, we will show whether a person experiences high satisfaction levels with LTSS delivery

These three domains offer a broad perspective and enduring value, likely to coincide with existing or future measurement.

 In the short term, there is a data warehouse of significant social service and Medicaid claims data where there is six years of longitudinal data available for people age 60 and older receiving LTSS. We are working to measure the impact of these services and can serve as a test bed for measures. It is replicable and we are currently studying these three areas of measurement:

A – *Useful Assessment Outcome Measures:* Apply existing, validated measures to SIMS database and correlate related Medicaid claims to identify which CDS-2 questions yield helpful information

B – *Value of LTSS:* Quantify overall cost to Medicaid program for people discharged into a nursing facility from Enhanced Community Options program (ECOP) versus those people discharged into a nursing facility from Frail Elder Waiver program (FEW)

C – *Falls Management as a Critical Clinical Priority:* Measure whether Personal Response Systems (PERS) have a positive impact on preventing falls and whether anti-psychotic medications have an impact on how often, people fall down