American Hospital Association

800 10th Street, NW
Two CityCenter, Suite 400
Washington, DC 20001-4956
(202) 638-1100 Phone
www.aha.org

November 6, 2015

Karen DeSalvo, M.D., M.P.H., M.Sc.
Acting Assistant Secretary for Health
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Suite 729-D
Washington, DC 20201

Re: 2016 Interoperability Standards Advisory

Dear Dr. DeSalvo:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the draft 2016 Interoperability Standards Advisory. The AHA supports the identification, assessment and determination of the best available standards and implementation specifications for supporting the interoperability of health information technology (IT). And, we strongly support the creation of an efficient and effective infrastructure for health information exchange that facilitates the delivery of high-quality, patient-centered care across health care settings. Our members view information exchange as vital to care improvement, as well as to successful implementation of new care delivery models.

In the introduction to the draft 2016 Interoperability Standards Advisory, the Office of the National Coordinator (ONC) for Health IT states that its goal is to provide clarity, consistency and predictability for the public regarding ONC's assessment of the best available standards. To support this goal, the advisory includes a framework that lists six general characteristics that collectively indicate why a standard is deemed to be the "best available." Given the intent to provide clarity for the public, **the AHA urges ONC to provide greater detail about the characteristics and metrics used to assess the standards identified as the "best available," including information on the readiness for use by providers to successfully meet government requirements. Our three specific recommendations follow.**

<u>Increase detail about the characteristics and metrics used to identify best standards</u>. The Interoperability Standards Advisory lists each standard in relation to one or more information exchange need and uses a list of six characteristics to assess standards' readiness to meet the information exchange need:

AMERICAN HOSPITAL ASSOCIATION
NISI DOMINUS FRUSTRA
FOUNDED 1898

- Standards Process Maturity
- Implementation Maturity
- Adoption Level
- Regulated
- Cost
- Test Tool Availability

ONC states that the inclusion of the standards in the advisory reflects ONC's current assessment and prioritization of that standard or implementation specification for a given information exchange need. **The AHA recommends that the advisory include attributes that provide insight on the ability of standards to be deployed and utilized. Supplementing the six characteristics with detailed information on the use of the standard in a real world environment will indicate how each standard was evaluated and achieved the designation "best available standard**" **in support of an interoperability need**. For example, the advisory uses the term "Adoption" to indicate whether a standard has been adopted in health care and uses five ovals to indicate the level of adoption, from low adoption to high adoption, for a particular standard. However, experience to date indicates that a standard may have a high adoption rate even though the standard, as adopted, does not successfully meet provider needs. The Direct standard is an example of this misalignment. Hospitals must ensure that their affiliated physicians and post-acute care partners can receive summary of care documents sent using the Direct standard and a Direct secure email address. Many providers have tried to use Direct to share clinical information but the standard has proven hard to use and does not always support existing clinical workflows. To evaluate the ability of a standard to support interoperability, the Interoperability Standards Advisory must assess the successful use of the included standards, not just adoption.

<u>Readiness of standards for provider use should be included in the framework</u>. The majority of the standards included in the Interoperability Standards Advisory do not indicate that a test tool is available to evaluate conformance to the standard or the implementation specification. Positive results from conformance testing will add confidence that a standard is ready to support the interoperability needs of providers, while the absence of testing tools suggests a lack of readiness for inclusion in the Interoperability Standards Advisory.

In addition, the Interoperability Standards Advisory lacks information on the limitations, dependencies or preconditions associated with many of the specific standards and implementation specifications included. To address this deficiency, **the AHA recommends that ONC publish all available testing results, including those from authorized testing bodies and standards organizations, that indicate how the standard supports the use cases referenced in the Interoperability Standards Advisory.** By providing information about standards in use in the field in a form that is searchable by the public and linked to the information on the testing tools or test conditions, ONC would assist efforts to improve interoperability.

Provide additional education about the best available standards to support successful use. The meaningful use requirements mandate an increased number of adopted standards over time and greater interoperability requirements. Support for standards implementation through the development of educational materials, funding for technical assistance, ongoing national provider calls and monitoring of progress will be crucial to the successful use of standards. For example, the Centers for Medicare & Medicaid Services provided considerable education, outreach and support to providers in advance of the recent implementation of ICD-10. While that level of effort may not always be possible, similar types of education, outreach and support should be available to guide consistent use of other mandated standards to ensure success.

The AHA recommends that ONC coordinate its work with others agencies to increase educational support for providers on the new standards embedded in the meaningful use regulation and the standards included in the Interoperability Standards Advisory. ONC may apply the designation of "best available" to standards, but whether the standards work will only be proven through successful use in the provision of clinical care.

Thank you for the opportunity to comment. The identification and use of mature standards is a prerequisite to solving the interoperability challenges facing our nation. If you have any questions, please contact me or Diane Jones, senior associate director of policy, at (202) 626-2305 or djones@aha.org.

Sincerely,

/s/

Ashley Thompson
Vice President and Acting Senior Executive of Policy