American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

April 1, 2015

Karen B. DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
Office of the National Coordinator (ONC)
Department of Health and Human Services (HHS)
200 Independence Avenue, SW
Washington, DC 20201

Re: Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap – Draft Version 1.0

Dear Dr. DeSalvo,

On behalf of the American College of Emergency Physicians' (ACEPs') 33,000 members, thank you for the opportunity to provide comments on the **Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap – Draft Version 1.0.** It is imperative for emergency providers to successfully access all relevant patient information, in properly summarized understandable form, in order to provide safe, efficient and effective emergency care.

ACEP is dedicated to promoting the highest quality of emergency care and applauds ONC's focus on building guiding principles from a patient-centered approach. True interoperability will ultimately improve the quality and safety of patient care through the access of timely and complete patient data. The draft roadmap outlines critical actions that are necessary to achieve interoperability goals over the next three, six, and ten-year timeframes, with a nationwide learning health system by the conclusion of 2024. For this vision to be possible, new incentives to share data at a lower cost must be implemented.

ACEP also appreciates ONC's receptiveness to input regarding Priority Use Cases as outlined in Appendix H and Question #2. After careful consideration, ACEP supports the inclusion of the following five priority use cases to inform priorities for the development of technical standards, policies and implementation specifications. Please also note the modifications to use cases #12 and #49 below:

- **#9** – Providers should be alerted or have access to notifications that their attributed patients have had an ED visit, or an admission to or discharge from the hospital.
- **#10** – Quality measures are based on complete patient data across multiple sources.
- **#12** – Providers are able to access imaging studies, lab results and other diagnostic results in addition to the reports on patients they are treating, regardless of where the films were taken or housed.
- **#40** – Hospitals automatically send an electronic notification and care summary to primary care providers when their patients are discharged.
- **#49** – Emergency medical providers have the ability to query data from other sources while managing chronically ill patients regardless of geography or what network the data resides in.

WASHINGTON, DC OFFICE
2121 K Street NW, Suite 325
Washington, DC 20037-1886

202-728-0610
800-320-0610
202-728-0617 (FAX)
www.acep.org

In addition to the priority use cases identified above, please see ACEP's recommendations below as it relates to health information exchanges (HIEs), a vital component to improving the structure and functionality of true interoperability:

1. All stakeholders should recognize and promote that the full value of a patient's healthcare data is only truly realized once these data are aggregated, automatically analyzed/organized and relevant information is made readily available to providers and, where appropriate, back to the patient.
2. Stakeholders, public officials, and the media should understand the value of HIE and data sharing to ensure availability of critical data while maintaining appropriate privacy.
3. More work must be done to improve patient matching both regionally and nationally, including the consideration of a national patient healthcare identifier.
4. Federal and state HIEs should implement opt-out consent (vs opt-in) and there should be no limitations on types of data available in emergency situation (e.g., psychiatric & certain diseases).
5. HIEs should report adoption and usage data not simply operational data since this allows more accurate measurement of effectiveness and value.
6. Federal and state-level HIE funding should be dedicated for infrastructure development, research, and HIE operational sustainability.
7. Due to the quantity of data, HIEs should assure that they present data that are highly summarized while still comprehensive. Well designed, specialty-specific requirements should direct the visual display of information.

ACEP looks forward to participating as an active stakeholder in advancing the functionality, adoption and use of health IT to ultimately improve the care of patients. ACEP is committed to supporting the evolution of the roadmap and looks forward to reviewing the next version. If you have any questions, please do not hesitate to contact our Quality and Health IT Manager, Diana Crowley, at dcrowley@acep.org. Thank you again for your continued leadership in health IT and commitment to improving the care of all patients through a collaborative effort.

Sincerely,

Michael J. Gerardi, MD, FACEP, President-Elect, ACEP
President

cc: Jay Kaplan, MD, FACEP, President-Elect, ACEP
Alex M. Rosenau, DO, CPE, FACEP