ACOG
THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

April 2, 2015

Dr. Karen B. DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap

Dear Dr. DeSalvo,

The American Congress of Obstetricians and Gynecologists (ACOG), representing 58,000 ob-gyns and partners in women's health, is appreciative of your commitment to developing a national Health Information Technology infrastructure through the Office of the National Coordinator for Health Information Technology (ONC) that will improve the efficiency and outcomes of our health care system.

ACOG has been a longtime advocate for interoperability. Our reVITALize initiative is just one example of our efforts to standardize definitions for the data elements used in obstetrics and gynecology, as we believe that a common starting point is critical to ensuring that data collection and aggregation can provide the kind of quality information necessary for providing the best care for women and babies. We appreciate that this same principle applies directly to improved Health IT interoperability, which will most importantly allow for significant advancements in the documentation and coordination of patient care. In addition to this primary goal, ACOG supports an effective EHR system that includes a secondary focus on improved quality measurements and public health outcomes.

Pregnancy, labor and delivery, and postpartum care provide numerous unique instances highlighting the absolutely critical importance of interoperability between EHR systems. The ability to establish and manage accurate and comprehensive mother-infant data linkages, in addition to the exchange of prenatal through postpartum information, are critical for the safe and cost-effective delivery of high-quality maternal and fetal care. With over 4 million births each year, ACOG encourages ONC to carefully consider the exchange of obstetric information throughout the development and implementation of interoperability standards.

All physicians need the information and tools to treat their patients appropriately. For obstetrician-gynecologists, the ability to exchange important clinical information from ob-gyns practicing in outpatient offices with perinatal medicine specialists, hospitalists, labor and delivery staff, anesthesiologists, social workers, and other medical specialists is imperative.

In response to *Questions on the Roadmap*:

General - What, if any, gaps need to be addressed?
Currently, ACOG finds two significant gaps in the interoperability conversation:

- The electronic clinical documentation of patient reported outcomes, and
- The inclusion of risk calculators, based on data entered into the EHR system, and shared decision-making tools for communicating with the patient about risks, benefits, and alternatives of treatments and procedures.

Both of these elements are necessary to ensure that an EHR system achieves maximum potential.

Measurement – What concepts from the framework are the most important to measure? What types of measures should be included in a "core" measure set?
The core measures that were used in previous stages of developing Meaningful Use standards are limited due to their administrative- and claims-based nature. ACOG encourages the development of future measures involving more predictive analytics and timely physician feedback at point of care.

Priority Use Cases – Please submit 3 priority use cases from Appendix H that should inform priorities for the development of technical standards, policies and implementation specifications.
ACOG supports many of these use cases for inclusion in future interoperability developments. The three specific priority use cases that ACOG finds to be critical considerations for the development of standards and policies are:

> **39: Primary care providers share a basic set of patient information with specialists during referrals; specialists "close the information loop" by sending updated basic information back to the primary care provider**; Chosen in order to ensure that systems are internally interoperable for doctor/patient care provision and transition. (This concept also encompasses priority use cases 12 and 41.)
>
> **24: Benefits communication needs to be standardized and made available on all plans through HIT to providers and patients as they make health and healthcare decisions, in a workflow convenient to the decision-making process**; Chosen in order to ensure both efficient care delivery and patient privacy.
>
> **8: CEHRT should be required to provide standardized data export and import capabilities to enable providers to change software vendors**; Chosen in order to ensure that it is not prohibitively expensive for a physician to shift systems if the need arises, which could otherwise endanger patient care.

ACOG is also particularly supportive of priority use cases 1, 2, 3, 9, 10, 27, 31, 42, 50, 53, 54, and 56.

Thank you for this opportunity to provide feedback on this important issue. We look forward to future incarnations of this roadmap, and we hope to see increased specificity and depth in the upcoming versions. Please contact Mary Schilling, Federal Affairs Manager, at (202) 863-2512 or mschilling@acog.org with any questions or concerns.

Sincerely,

Barbara S. Levy, M.D., FACOG
Vice President, Health Policy