April 3, 2015

Karen B. DeSalvo, MD, MPH, MSc

National Coordinator for Health Information Technology

Office of the National Coordination for Health Information Technology

Department of Health and Human Services

200 Independence Ave SW

Washington, DC 20201

Dear Dr. DeSalvo:

[Cambia Health Solutions](http://www.cambiahealth.com/) is a health care solutions company headquartered in Portland, Oregon. With [six health plans](http://www.cambiahealth.com/companies/health-insurance) that serve members throughout Oregon, Washington, Idaho and Utah, our focus is to transform health care by exploring innovative, person-centered and economically sustainable models of care.

Evolving from its health plan roots, Cambia is building [a family of companies](http://www.cambiahealth.com/companies/direct-health-solutions) to become a comprehensive health solutions organization. Holding a mix of wholly-owned and minority interest direct investments, Cambia’s portfolio includes more than 20 companies in addition to its health plans. From information technology and retail health care to pharmacy benefit management and health insurance plans, our growing portfolio of innovative and diverse companies are helping to transform health care in the 21st century.

To expand our commitment to health care innovation, Cambia launched the [Cambia Grove](https://www.cambiagrove.com/) in 2015, a community space for the Pacific Northwest's emerging health care economic cluster to catalyze the development of transformative, value-driven health solutions.

We believe interoperability is a fundamental enabler of providing consumers a seamless health care experience. Accordingly, Cambia appreciates the opportunity to provide the included comments on *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap* (DRAFT Version 1.0).

Thank you for your consideration of our feedback. We look forward to working with your office to ensure that individual health consumers realize the benefits of improved interoperability. If you have questions, please contact Max Templeton at 503-450-1747 or max.templeton@cambiahealth.com.

Sincerely,

John Cimral

Senior Vice President, Information Technology

Chief Information Officer

**Cambia Health Solutions Comments and Recommendations on ‘Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (DRAFT Version 1.0)**

**General Comments**

With some exceptions called out below, we find the structure and approach of the roadmap well thought out and well executed. We find the guiding principles as outlined unassailable. And we agree with the need for near term wins.

Building such a roadmap with so many stakeholders is a daunting task, and we congratulate the Office of the National Coordinator and the roadmap team for the high quality of the draft.

**A More Holistic Approach to Interoperability**

We believe that the roadmap would benefit from a more aggressive holistic approach encompassing clinical and administrative use cases from the beginning. We agree with the Blue Cross and Blue Shield Association’s comments on this issue, and would emphasize that the world of health solutions is expanding rapidly beyond the 'covered entities' of HIPAA. The number of companies working in the Health 2.0 space to provide health related services to individuals is exploding. During the roadmap timeframe we expect them to become an important constituency. Their stakeholder interests should be nurtured in the strategic plan.

**Placing the Consumer at the Center**

We believe it is vital to place the consumer at the center of the interoperability strategy and roadmap. In our ten year timeframe we expect them to become the primary managers of their own health trajectory, and interoperability needs to support this shift.

Rather than prioritizing the roadmap use cases as an undifferentiated list based on reviewer feedback (as elicited in your question 2 on page 6, "*Please submit 3 priority use cases from this list that should inform priorities for the development of technical standards, policies and implementation specifications"*)we suggest an alternate approach.

One of the challenges in the existing approach is that there is no single common framework within which we can evaluate relative priority.



Structuring the use cases with a consumer focus will help clarify their interrelationship and how they all must ultimately support individual interactions. We can prioritize based on their relative ability to improve the consumer health experience.



The inclusion of administrative use cases would enable a more complete picture of how the individual is impacted and supported and would provide the context needed to best prioritize the overall approach.

Without that perspective, the near-term path is at risk of being primarily responsive to problems in the current environment rather than being directional in achieving the strategic goals.

**Expanded and Strengthened Consumer Ownership of Data**

With respect to consumer permissions to collect, share and use identifiable health information, as described on page 62 and following, we would like to see added emphasis on consumer transparency. Not only should an individual be able to decide with whom and for what purpose their data is used, they should be able to discover how it has been used.

We also would like to ensure the emerging commercial Health 2.0 companies’ interests are well-represented here: many of them will have critical dependencies on health information their customers have opted to share with them.

We don’t believe the single use case that speaks to permission management, use case 56, is comprehensive enough to realize all consumer interactions around the collection, sharing, and transparent use of consumer data.

Empowering individuals is critical to the success of the infrastructure. If the scope of interoperability is expanded as the BCBSA has argued in their comments, we believe there will be sufficient context for architecting and implementing a robust capability.

**Clarify 'Consensus Rules'**

Governance direction provided in the roadmap for privacy and security protections for Health Information (pg. 55) includes guiding determinants for access authorization including 'consensus rules'. 'Consensus rules' is not clear in context and needs either further definition or appropriate reference to clarifying text elsewhere.