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May 1, 2015

Karen DeSalvo, MD
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: *Comments on 2015 Interoperability Standards Advisory Roadmap*

<Submitted Electronically>

Dear Dr. DeSalvo,

On behalf of Cerner, I am writing to provide comment on the open draft of the 2015 Interoperability Standards Advisory. We appreciate the efforts of you and your team to address complicated issues around the coordination, identification, assessment and determination of the best available interoperability standards and implementation specifications.

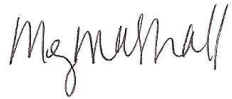
Cerner associates participated in the collaborative efforts led by the Electronic Health Record Association (EHRA) in response to the draft Advisory. We largely support and endorse the EHRA-submitted comments relative to the assumption such an Advisory is necessary; however, we are compelled to respond individually to urge you and your team to consider an alternative mechanism to the Advisory as a whole.

Standards must not be considered in the abstract, but rather as attached to a “problem to be solved” or to an identified goal. The current approach for the Advisory to list current standards may not be helpful without first asking, “Best available standard for what?” Our suggestion is for ONC to begin simply with the interoperability goals that need to be addressed. Once the goals are identified and defined, then the “data sharing networks” that would agree to solve for the goals can identify standards to be used to pilot their approaches. Once the pilots are proven, additional market players who are willing to deploy can be included for a broad rollout. After being proven through a broad rollout, the standards can be considered for regulatory binding to certification. Implementation of this type of approach would negate the need for an Advisory and ensure the private market is able to continue to innovate effectively. To further speed engagement, we also encourage ONC to take an active role in increasing visibility into where there are emerging and needed standards for goals, not just the ones that already exist.

We also respectfully point out that, while the current Advisory list of standards reflects fully normative standards, it does not necessarily reflect the usefulness or deploy-ability of a given standard. To support fully the future for health IT, any interoperability standards bound by regulation to certification should be focused and associated with identified goals; driven by the private market in a voluntary manner that best supports pilot experimentation and maturation; and staged toward broader adoption.

All of us at Cerner compliment the federal government's efforts and willingness to approach this critical topic thoughtfully and comprehensively. Please do not hesitate to contact me if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Meg Marshall". The signature is written in a cursive, flowing style.

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