



April 2, 2015

VIA ELECTRONIC SUBMISSION

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

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

Dear Dr. DeSalvo:

The Federation of American Hospitals (“FAH”) is the national representative of investor-owned or managed community hospitals and health systems throughout the United States. Our members include teaching and non-teaching hospitals in urban and rural America, including inpatient rehabilitation, long-term acute care, cancer and psychiatric hospitals. On behalf of our more than 1,000 member hospitals, we are pleased to offer the following comments on the draft nationwide interoperability roadmap titled “*Connecting Health and Care for the Nation* (the Roadmap).”

The FAH appreciates the Office of the National Coordinator’s (ONC) leadership in releasing a 10-year Roadmap for achieving interoperable health IT that supports a learning health system. Hospitals have been strong supporters of electronic health record (EHR) adoption and recognize that the full value of EHRs will be realized only when health information follows the patient, flowing seamlessly across the care continuum.

While the “meaningful use” journey has been challenging, it also has brought about great advancement in the automation of the health care system in a relatively short period of time. We greatly appreciate our strong partnership with HHS since the passage of HITECH, and believe this partnership will be critical to move past EHR adoption to meaningful exchange and use of information resulting in better care and better outcomes for patients.

The FAH strongly supports the goals outlined in the draft Roadmap. In achieving these goals, EHR technology will become the conduit for having the right information in the right place at the right time. It also will facilitate greater access to critical information for non-clinicians, empowering patients and their caregivers to assume a more active role in their healthcare.

We view the document as an accurate articulation of the numerous technical, cultural, legal and commercial challenges impeding interoperability. And, we believe the Roadmap would be strengthened by adding greater specificity around “how” to overcome these difficult, long-standing issues.

In addition, we are concerned that accountability for achieving the goals of the Roadmap is not sufficiently spread across the major stakeholders. Providers, as end-users of EHR technology in the delivery of care, have a responsibility to actively share, access and use health information. To enable this, the vendor community first must bring HIT products to market that have the capability to allow data needed for care to seamlessly follow the patient across care settings.

Specific Comments

We applaud your efforts to advance interoperability and share your vision for connected health and care in the future. Below are recommendations developed through analysis and discussion with our member hospital health IT leaders. Our comments reflect areas which we believe could use additional focus in the Roadmap document.

Understand the Value Proposition of Technology Already in Use

Given the high level of investment in health IT that has occurred in recent years, it is important to build on technology already in place, and understand the value proposition, in terms of meaningful data exchange and use, of current regulatory requirements. We encourage the ONC to implement initiatives to assess the benefit derived from current functionalities (for patients, providers, caregivers, the system as a whole, etc.). This would assist efforts to optimize these functionalities and inform product development and provider investment in the future.

The Meaningful Use “Transitions of Care” requirement is one example of where functionality has been implemented and invested, but not fully optimized. Currently, there is great inconsistency in whether the summary of care information sent from one provider to another is useful to clinicians.

Recognize the Critical Role of States

The Roadmap, in our view, lacks focus on the critical role states play in enabling or inhibiting interoperability, particularly in the areas of privacy and security. As large systems that operate hospitals in multiple states, FAH members are particularly aware of the significant differences across state laws and the operational challenges caused by differing or, in some cases, conflicting requirements (*e.g.*, patient consent, treatment of sensitive information, etc.).

Reduce Variability

The high level of variability that currently exists in health IT functionality and implementation significantly inhibits advancing interoperability. This variability comes in many forms – the lack

of a standard patient ID algorithm, inconsistent implementation of electronic clinical quality measures (eCQMs), conflicting State privacy and security requirements, variable standards implementation, etc.

In our opinion, the Federal Government has a critical role to play in promoting and driving standardization in some of these areas. While the politics associated with many of these issues makes federal preemption unrealistic, HHS does have leverage through certain funding streams, such as public health, where standards could reduce reporting burdens and variability for hospitals.

Quality measurement and reporting is another area where greater standardization is needed. While this was not a significant part of the Roadmap, it is an important part of interoperability, especially given the intersection with payment and delivery reform (ACOs, etc.).

Invest in Field Testing

The FAH supports the Roadmap's recognition of the value in getting emerging standards and technology into early use. We believe it would be an appropriate role for the ONC to facilitate and invest resources in field testing with vendors and providers. The "lab testing" approach currently used in the EHR certification program does not account for the conditions in a real-world clinical environment. Developing standards, such as HL-7 FHIR, hold promise, but should not be mandated until they have been fully field tested.

Consider Usability and Workflow

We question why usability and workflow were deemed "out of scope" for the Roadmap. These issues have significant implications for successful exchange and use of health information and we urge the ONC to consider addressing them in future versions of the Roadmap.

Increase Focus on Vendor Accountability

The Roadmap should strengthen its focus on holding vendors accountable for delivering a quality product, on time, and at a reasonable cost. We remain concerned that vendor incentives are not aligned with provider requirements. This lack of alignment has resulted in vendor business practices that actively stifle interoperability, including closed networks and assessment of fees per transactions and for interfaces. Increasing the rigor of the certification program would be one potential avenue to drive greater vendor accountability.

Allow Current Payment & Delivery Reforms to Mature

The Roadmap includes a significant focus on using financial levers (i.e., provider payment) to create incentives for interoperability. In general, it is our view that information exchange should be viewed as a tool to achieve better health outcomes, not "the outcome" in and of itself.

The Affordable Care Act (ACA) enacted several policies (value-based purchasing, penalties for high readmissions and hospital-acquired conditions rates, etc.) aimed at using payment as a mechanism to change provider behavior. In addition, the changing landscape of healthcare delivery, through the implementation of Accountable Care Organizations (ACOs) and other population health arrangements, require a certain level of information-sharing to accomplish clinical and financial goals.

These ACA payment and delivery reforms clearly have the potential to encourage increased electronic exchange of health information overtime, but the full extent of their impact on HIE is unknown. HHS also has announced its intention to move a greater portion of Medicare payments to value-based models. In a time of unprecedented change in the delivery and financing of healthcare, it is critical to allow these initiatives to fully mature.

Importance of Post-Acute Providers

The FAH appreciates the comprehensive focus of the Roadmap and its consideration of the full spectrum of care providers and settings. In particular, post-acute providers are vital partners in the healthcare continuum. These providers have been pulled into a market where the presence of incentive funds has significantly increased the cost of EHR adoption. Where post-acute provider technology adoption rates remain low (*e.g.*, in rural markets), acute-care hospitals lack partners with which to share information. This results in communities being unable to realize the full benefits of health IT for patients, providers, caregivers, payers, public health, etc.

In past comments to the ONC, the FAH has recommended that HHS explore implementing positive incentives, through payment policy, for) discrete, high value functions for post-acute and long-term care providers. We strongly believe there are strategic opportunities to drive greater efficiencies across the healthcare system by aligning financial incentives (*e.g.*, medication reconciliation across the continuum).

The FAH appreciates the opportunity to comment on the draft Roadmap and looks forward to continuing to work with HHS and our private sector partners to advance interoperability in healthcare. If you have any questions about our comments or need further information, please contact me or Samantha Burch of my staff at (202) 624-1500.

Sincerely,

A handwritten signature in black ink, appearing to read "Nigam", with a horizontal line underneath it.