

April 3, 2015

The Honorable Karen DeSalvo, M.D.
National Coordinator
Office of the National Coordinator for Health Information Technology (ONC)
U.S. 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 (Draft Version 1.0)

Dear Dr. DeSalvo:

On behalf of McKesson Corporation (“McKesson”), I am pleased to submit comments on the Nationwide Interoperability Roadmap (“the Roadmap”).

For more than 180 years, McKesson has led the industry in the delivery of medicines and healthcare products. We deliver vital medicines, medical supplies, care management services and health information technology (IT) solutions that touch the lives of over 100 million patients.

McKesson is the largest healthcare IT company in the world and is actively engaged in the transformation of healthcare from a system burdened by paper to one empowered by interoperable electronic solutions that improve patient safety, reduce the cost and variability of care and advance healthcare efficiency. McKesson has decades of experience serving the health IT and clinical connectivity needs of the largest and most diverse provider customer base in the industry, including 52 percent of our nation’s hospitals, 20 percent of all physician practices, 20 percent of home care agencies, and over 50,000 pharmacies. We process billions of financial healthcare transactions annually for physicians, hospitals, pharmacies, insurers and financial institutions, and provide claims management solutions to most of America’s health insurance companies.

Additionally, RelayHealth, McKesson's clinical connectivity business, manages millions of aggregated personal health records as the leader in connecting patients online with their physicians, hospitals, reference laboratories and health plans and as a participant in community and regional health information exchanges. RelayHealth also serves as the global partner to the Defense Health Agency, supporting the transition to a more person-centered care model by connecting over 1.2 million military health beneficiaries to over 30,000 clinical users at over 750 military treatment facilities and clinics. As founding members of, and the initial service provider for, the CommonWell™ Health Alliance (“CommonWell”), McKesson and RelayHealth are particularly supportive of advancing interoperability and health information exchange. We offer the following comments and recommendations, which are organized by category.

General Comments

McKesson commends ONC for the release of the Roadmap, and we encourage ONC to continue to incorporate stakeholder feedback in future updates to the Roadmap. The Roadmap provides a helpful overview regarding the current challenges associated with interoperability.

We also commend ONC for its emphasis on person-centered interoperability, meaning that all relevant health information is available electronically to all key stakeholders, including patients, providers and relevant care team members, regardless of setting of care, geographic location, or technology. Simply put, patients have a fundamental right to access their health information and to empower their healthcare providers to do the same. These rights should not be infringed by technical, financial or competitive barriers.

In order to achieve person-centered interoperability, we believe that Congress should declare health IT interoperability to be a national priority, set a final national deadline for achievement of widespread health IT interoperability, and direct the Department of Health and Human Services (HHS) to set a series of goals, with corresponding deadlines, towards achievement of the final national deadline. By the final national deadline, individuals and their healthcare team across the care continuum should be able to electronically send, receive, find, and use a common set of health information.

Priority Use Cases

McKesson appreciates ONC's work to further focus on the priority use cases submitted through public comment, listening sessions, and federal agency discussions. We agree with the recommendation of the JASON Report Task Force's Final Report (October 2014) that ONC initially should prioritize the following use cases in this order:

- Clinician-to-clinician exchange (including ancillary service providers);
- Consumer access;
- "Pluggable" apps – for consumers and for clinicians;
- Population health and research; and
- Administrative transactions.

Governance

McKesson strongly supports the JASON Task Force's call for market-driven approaches to governance. We encourage ONC to advance the ideas proposed by the JASON Task Force, specifically the recommendation that the nationwide exchange network "be based on a Coordinated Architecture that loosely couples market-based Data Sharing Networks."

ONC should continue to provide common guardrails for exchange of healthcare information while providing flexibility within those guardrails to allow for industry innovation. We encourage ONC and other federal agencies to continue to promote transparency, provide guidance and benchmarks, and facilitate dialogue among existing exchange networks. By prioritizing the alignment of federal incentives and operations, the federal government can aggressively promote interoperability without hindering private sector efforts to promote innovation.

McKesson supports the recommendations that were presented by the Standards and Interoperability Task Force to the Health Information Technology Standards Committee (HITSC) on March 18, 2015. Specifically, we agree that while the Standards and Interoperability Framework (or something similar to it) plays a significant role in the advancement of standards and interoperability specification development, changes are needed to better address the needs of industry. We support the Standards and Interoperability Task Force's recommendations for areas of focus for a convening function.

Supportive Business, Clinical, Cultural and Regulatory Environments

McKesson supports ONC's view that policy and funding levers should align with the business imperative and clinical demand for interoperability and electronic health information exchange. We believe that the federal government must align reimbursement and payment models to promote not only the adoption but also the interoperability of health IT. McKesson recommends that ONC conduct a comprehensive survey of the industry to identify and quantify the disincentives and barriers to interoperability. By better understanding these disincentives and barriers, as well as the economic forces that drive them, ONC and other federal agencies will be able to appropriately design and size incentives.

The clinical imperative for interoperability is directly correlated to improved outcomes. Put differently, interoperability should be viewed as a means to an end, not an end in and of itself. We recommend that ONC promote the inclusion of specific quality measures which as a by-product require supportable forms of interoperability.

The business imperative is more complex. The financial benefits of the open exchange of information should be greater than the benefit from information retention for proprietary purposes. We encourage the development of creative payment models that establish a business case for the exchange of health information while also allowing for the inclusion of clinical quality measures that necessitate interoperability. We encourage ONC to work with the Centers for Medicare & Medicaid Services (CMS) to highlight how interoperability facilitates success under these payment models.

Privacy and Security Protections for Health Information

McKesson agrees that variation in the current legal, regulatory, and organizational policy environment related to privacy and security that is additive to the Health Insurance Portability and Accountability Act (HIPAA) creates substantial legal, financial, and technological barriers to interoperability. McKesson supports the Roadmap's approach to address the variation in laws, regulations, and policies related to privacy and security. We encourage ONC to convene discussions to promote and adopt uniform national policies, as well as a governance framework that address patient authorization, redisclosure and secondary use to enable providers and patients to exchange health information across state and local boundaries. Additionally, we support ONC's position that providers and patients may lack full appreciation of the privacy framework that HIPAA creates and encourage the education program contemplated in the Roadmap.

We must also consider the intellectual property of content creators and the unique contractual obligations that support content creation, automation, and management of stakeholder clinical and operational practices. Laws that have been introduced at both the state and federal levels do not adequately address these broad legal and business conditions. McKesson recommends more education on these topics to help frame policies that provide for responsible transparency.

Core Technical Standards and Functions

The Roadmap identifies a significant near-term need to focus on patient identity matching. McKesson encourages ONC to support the advancement of public-private initiatives to achieve this important goal. An example includes CommonWell, a not-for-profit trade association founded by McKesson in partnership with our industry competitors in order to create vendor-neutral services and standards that break down the barriers that inhibit effective health data exchange. Today, services provided by CommonWell already achieve many of the goals presented in the Roadmap, including facilitating patient consent, identifying and matching patient records, securely accessing clinical data in near real-time, and transferring the data directly to existing health IT software systems, regardless of where care was delivered.

Conclusion

McKesson appreciates ONC's efforts to promote interoperability in order to improve the delivery of healthcare and reduce costs. McKesson is a member of, and works closely with, the Electronic Health Record Association (EHRA). We support EHRA's comments to ONC on the Roadmap.

In summary, we recommend ONC consider the following:

- Focus initially on use cases for clinician-to-clinician exchange, consumer access, “pluggable” apps for consumers and clinicians, population health and research, and administrative transactions;
- Advance the ideas proposed by the JASON Task Force, specifically the recommendation that the nationwide exchange network “be based on a Coordinated Architecture that loosely couples market-based Data Sharing Networks”;
- Continue to provide common guardrails for exchange of healthcare information while providing flexibility within those guardrails to allow for industry innovation;
- Implement the recommendations offered by the Standards and Interoperability Task Force to ensure that the Standards and Interoperability Framework is improved to better address the needs of industry;
- Conduct a comprehensive survey of the industry to identify and quantify the disincentives and barriers to interoperability;
- Promote the inclusion of specific quality measures which as a by-product require supportable forms of interoperability;
- Encourage the development of creative payment models that establish a business case for exchange while also allowing for the inclusion of clinical quality measures that necessitate interoperability;
- Convene discussions to promote and adopt uniform national policies related to security and privacy, as well as a governance framework that address patient authorization, redisclosure and secondary use to enable providers and consumers to exchange health information across state and local boundaries; and
- Support the advancement of public-private initiatives to achieve the significant near-term need to focus on patient identity matching.

Thank you for the opportunity to comment. Should you have questions or need further information, please contact me at (415) 983-7600 or joe.ganley@mckesson.com.

Sincerely,



Joseph M. Ganley