



## National Association for the Support of Long Term Care

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Office of the National Coordinator for Health Information Technology (ONC)  
Department of Health & Human Services (HHS)  
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Dear Dr. DeSalvo:

I am writing on behalf of the National Association for the Support of Long Term Care (NASL) and in response to your request for feedback on the *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (DRAFT Version 1.0)*.

NASL is a national trade association representing both vendors of health information technology (IT) and providers of care for the long term and post-acute care (LTPAC) sector. NASL IT vendor companies develop and distribute full clinical electronic medical records (EMRs), billing and point-of-care IT systems and other software solutions that serve the majority of LTPAC providers of assisted living, skilled nursing and ancillary care and services. Other NASL members deliver assisted living, skilled nursing and ancillary care and services, such as speech language pathology; physical, occupational and respiratory therapy; clinical laboratory services, portable x-ray/EKG and ultrasound; and complex medical equipment, parenteral and enteral supplies, equipment and nutrients, and other specialized supplies for the LTPAC sector. In addition, NASL is a founding member of the Long Term & Post-Acute Care Health Information Technology Collaborative (LTPAC Health IT Collaborative), which formed in 2005 to advance health IT issues by encouraging coordination among provider organizations, policymakers, vendors, payers and other stakeholders.

### **Overview**

NASL supports ONC's overall objective to move toward person-centered learning health system where the right information is reliably shared with the right people at the right time across settings/products so that the information can be meaningfully used by recipients. NASL also agrees with the four near-term actions outlined in *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (DRAFT Version 1.0)* and have focused our comments on the following:

1. Establishing a coordinated governance framework & process for nationwide health IT interoperability;
2. Improving technical standards & implementation guidance for sharing/using a common clinical data set;
3. Enhancing incentives for electronic health information exchange using a common clinical data set; and
4. Clarifying privacy & security requirements that enable interoperability.

While we agree with these near-term actions and understand the urgency and need for aggressive national goals, we do not believe that having a majority of providers across the care continuum capable of sending, receiving finding and using a common set of electronic clinical information is an achievable goal by the end of 2017. Even if ONC were to concentrate this effort on only those providers incentivized under the *HITECH Act*, we are doubtful that such an aggressive goal can be reached by 2017 due to the complexity of true interoperability.

To be clear, NASL has been working for more than a decade to encourage greater health IT adoption in the long term and post-acute care sector. We fully support efforts to advance health information exchange and interoperability. Still, operationalizing such goals has been stymied by the lack of mature standards, the ongoing need for different systems that serve the unique needs of various sectors and the inability to compel collaboration across care settings. We have been encouraged by the progress that ONC has been able to elicit in recent years, but more work needs to be done to remove the key barriers identified in the *Roadmap* if we are to achieve our collective goal of interoperability.

### **Coordinated Governance**

NASL appreciates ONC's responsiveness to comments from industry stakeholders over the years. Like many stakeholders that in 2012 called on ONC "to refrain from formal governance activity and to allow nascent and emerging governance efforts in industry to take shape," NASL remains concerned about the potential for regulatory action to stifle innovation.

Nonetheless, we recognize that in the absence of a single, unifying entity that can foster agreement on policies, operations and technical standards to enable nationwide interoperability using a common clinical data set, it will be difficult, if not impossible, to achieve seamless nationwide interoperability that is person-centric and supports a learning health system. Further, we will continue to experience fragmentation based on the varying policies, business practices and technical standards dictated by individual segments of the healthcare system.

Since 2004, NASL has sought opportunities to work closely with the ONC and its Federal Advisory Committees (FACAs), the Health IT Policy and Standards Committees. We have submitted comments and testified before various FACA workgroups as well as engaged in various Standards & Interoperability (S & I) Framework initiatives. NASL also participates in standards development organizations (SDOs) that use consensus to establish particular types of standards. Even so, our ability to impact policy recommendations regarding the development and adoption of a nationwide health information technology infrastructure, including standards for the exchange of health information, has been limited, in part, because of the relatively narrow scope and composition of the Health IT Policy and Standards Committees.

We appreciate that ONC initially needed to concentrate on efforts that would complement the Centers for Medicare & Medicaid Services' (CMS) Meaningful Use EHR Incentive Programs by working directly with recipients of those incentive payments, including acute and ambulatory care providers and vendors. However, as ONC pivots away from Meaningful Use and toward greater adoption and use of health IT nationwide, it is essential that the advisory committees better reflect the broader community of health IT stakeholders.

LTPAC providers are key partners – both for eligible hospitals and professionals entering Stages 2 and 3 of Meaningful Use and for the federal government as it seeks to improve rehospitalization rates and patients' quality of care when transitioning from one care setting to another. As these partnerships develop, it is important to recognize not only that LTPAC and other providers did not receive incentives to adopt health IT, their health IT needs are not the same as acute and ambulatory care providers. So, as we work to realize the promise of interoperability, it is no longer enough to have a single representative familiar with LTPAC serving on an advisory group when it is dominated and directed by members representing very different interests and points along the healthcare continuum.

There are significant opportunities for health IT to improve patient care and achieve savings for Medicare, Medicaid and our nation's healthcare system. However, we believe that opportunities may be missed if the LTPAC sector is not more involved in establishing the policies and standards for health IT adoption and use. Thus, we respectfully suggest that ONC reassess the focus and composition of both the Health IT Policy and Standards Committees to include more representatives from the LTPAC sector. More specifically, we urge you to consider expanding the expertise of the Health IT Policy and Standards Committees by adding members who bring the software developer/vendor perspective and who have experience and expertise with transitions across care settings, which has been honed over time in serving the unique needs of LTPAC providers.

## **Governance & ONC Leadership**

NASL agrees that public and private stakeholders need to come together and participate in a coordinated governance process to address implementation and operational issues and to set detailed policies regarding business practices and technical standards that enable interoperability. We fully support ONC's intent to set the overall "rules of the road" for health IT interoperability.

However, rather than simply supporting an industry-led governance effort, which is dominated by entities that have received meaningful use incentives and may or may not understand the unique needs and experiences of other settings of care, NASL encourages ONC to lead a more balanced effort. In embracing the greater challenge of incorporating all healthcare sectors into the *Nationwide Interoperability Roadmap*, ONC can do more than just reconcile differences among emerging technology standards – it can facilitate collaboration among disparate interests and fulfill its role as National Health IT Coordinator.

## **Technical Standards & Functions**

As NASL has noted previously, the lack of mature standards represents a significant barrier to health IT adoption and interoperability. While core capabilities and support for standards-based information exchange must be consistent across all settings, specific settings require unique health IT capabilities and systems. NASL encourages ONC (as well as CMS) to use its authority to outline defined standards that healthcare providers across the continuum can adopt in working more collaboratively toward true interoperability, including:

- A common clinical data set (both in clinical documents such as a care summary and as discrete data elements);
- Further constrained implementations of the Consolidated-Clinical Document Architecture (C-CDA); and
- Standards for data provenance at the document and data element levels.

Without clear direction from the federal government, it is likely that IT vendors and providers will chase after multiple sets of so-called "standards," depleting resources that could otherwise be focused on interoperability and innovations. In addition, non-incentivized providers operating businesses with relatively small margins or where there is payment instability are especially reticent to invest in health IT. Even those willing and able to make a substantial capital investment in health IT worry about the longevity (and perhaps even viability) of any health IT product since capabilities, standards and market forces are continually evolving. Clear direction from ONC – to include recognition of those complying with federal health IT standards – will help to focus efforts on interoperability and innovation, broaden health IT adoption and deliver the efficiencies that are critical to patients, providers and government alike.

ONC direction on standards may resonate with and have even greater effect as post-acute care providers comply with the recently enacted *Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)*. This relatively new law requires data from patient assessments be standardized and interoperable so as to allow for the exchange of such data among providers and to facilitate coordinated care and improved Medicare beneficiary outcomes. The law also requires that CMS modify post-acute care patient assessment instruments to “provide for the submission of standardized patient assessment data,” which will enable comparison of such assessment data across all post-acute care providers.

### **Priority Interoperability Use Cases**

NASL reviewed the list of 56 priority use cases included in Appendix H of the *Nationwide Interoperability Roadmap*. We look forward to participating in the coordinated governance process in helping to refine and prioritize this list for which technical standards, policies and implementation specifications can be developed. In the meantime, we believe the following use cases are of greatest value and warrant prioritization.

# 3 – The status of transitions of care should be available to sending and receiving providers to enable effective transitions and closure of all referral loops.

# 4 – Federal, State, provider and consumer use of standardized and interoperable patient assessment data to facilitate coordinated care and improved outcomes.

# 18 – Patients have the ability to access their holistic longitudinal health record when and where needed.

### **Conclusion**

NASL applauds the ONC for its vision of a person-centered, value- and evidence-based healthcare system that is supported by real-time, electronic exchange of health information. We share that vision and believe that health IT is critical to achieving greater efficiencies in the use of health care resources and the delivery of affordable care that produces good health outcomes. NASL thanks ONC for the opportunity to provide these comments on the *Nationwide Interoperability Roadmap* and stand ready to work with you on any of the issues highlighted in these remarks.

Sincerely,



Cynthia K. Morton  
Executive Vice President