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

April 2, 2015

Dear Dr. DeSalvo:

Thank you for the opportunity to comment on the draft *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap ("Roadmap").* My name is Steve Eichner, and I currently serve as the Health Information Technology Policy Director for the Texas Department of State Health Services (DSHS). DSHS serves as the public health authority for the State of Texas, with a broad range of responsibilities including managing inpatient services for the state psychiatric hospital system, providing direct care through clinics, conducting disease investigations, reducing health disparities, providing laboratory services, supporting health care in schools, and a range of other functions.

DSHS is engaged in advancing connectivity with the state's network of health information exchanges and are partnered with the state's Medicaid office on a range of activities, including supporting public health reporting associated with the Medicaid Electronic Health Record incentive payment program. As a result of this diversity of services, DSHS is very interested in the development and implementation of a plan that addresses some of the challenges of health information exchange and improving the efficiency and effectiveness of interfaces between private health care providers and government. After reviewing the draft *Roadmap*, several issues have been identified that require further consideration or clarification.

There are a number of concerns that should be considered before the final document is released:

- Naming conventions for certified products. On page 15 of the draft roadmap, Figure 2 includes several instances regarding roll-out of "2015 certified products." The challenge is the estimated dates are all in 2017. There should be greater alignment between product release date and certification criteria. This may create some confusion in the community

regarding product labeling and assurance for providers that they are using the then-current version.

- Connectivity with public health. The *Roadmap* advances a framework to support a Learning Health System (LHS) (page 18). For the LHS to be most effective, it is important that key participants are all at similar levels of interoperability and technical capabilities (generating, sending, and integrating information to achieve participants' goals). It is particularly important to evolve in a cohesive framework when there is already some level of interoperability and interdependency, as exists in today's environment where data is already being exchanged between public health and private providers and there is ever-closer integration of traditional health care services and community-based services, social services, and research. The *Roadmap*, however, appears to minimize any existing cohesiveness, at least in the near term, indicating the *Roadmap* is focused on clinical information and interoperability among individuals and care providers, while community-based providers, social services, public health, and the research community may potentially, and perhaps indirectly, benefit (page 10). The language in the *Roadmap* should be updated to more accurately reflect this transformation of care delivery and integration of services with the goal of ensuring that the needs and interests communities beyond traditional health care providers and patients should be strongly considered in the development of initial governance, standards and interoperability policies, and interoperability practices.

- Learning Health System and Local and State Planning. On page 19, Figure 4 reflects information flow between a personal health record up through national and international health analytics. It is vital that local and state health analytics be reflected. Clarifying what "Health Information Exchange" is on the figure would be useful, distinguishing between a data repository and the function of exchanging health data.

- Indigent care. On page 22, Medicaid, Medicare, and Tricare are recognized as programs that pay for services. There needs to be acknowledgement of payments for indigent care as well. Please add appropriate text.

- Providers and technology developers supporting individual empowerment. In Table 3, C2, Item 5 states "ONC and government ensure that patients understand their ability to access, send and receive health information." Clarification needs to be added to identify what governmental level (local/state/federal) is responsible for this activity. State and local public health entities could be important partners in educating the public as an additional component of public health education, if appropriate resources were available, especially in reaching populations other than those using Medicaid. A significant challenge is addressing technology needs to ensure private access to the data for individuals without computers, smart phones, or Internet connectivity.

- Privacy and Security for Individuals. In Table 3, C3, item 2 states "Providers should provide individuals with secure access to their own behavioral health information in a manner that is easy to use and enables them to make choices about disclosure of specific information that is sensitive to the individual and/or legally protected." Three modifications should be considered. First, appropriate language needs to be included to address the issue of whether an individual's knowledge of their health information would

be damaging to their health. Second, the language should be modified to ensure that the individual has the ability to retain a copy of their information. Third, providers should also clearly communicate information about who has access to their information without consent to disclose.

- Accurate Measurement. In Table 4, Critical Actions for Care Providers Partner with Individuals to Deliver High Value Care, item 1, the *Roadmap* states: [p]roviders should leverage data beyond their internal systems for population health analytics and quality measurement (eCQMs) including supporting value-based payment models. Modifying the language to include public health as a potential collaborative partner would reemphasize the importance of interoperability with public health and support reporting of data to public health.

- List of interoperability standards. A consolidated list of interoperability standards, as referred to on page 84, would be an excellent resource. The implementation of those standards must be coordinated, however, to help manage the frequency of changes required by both health care providers' and government information systems and to help ensure benefits of moving to an updated standard outweigh the costs. The list should include information about the expected "lifetime" of the standard to help entities determine if implementation of a new system should be delayed if the release of a new version of a standard is imminent.

Please feel free to contact me at steve.eichner@dshs.state.tx.us or via phone at 512.776.7180 with any questions or if clarification is required.

Again, thank you for the opportunity to comment.

Sincerely,

/signed/
Steven Eichner
Health Information Technology Policy Director
Texas Department of State Health Services