

February 6, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Draft Federal Health IT Strategic Plan 2015-2020

Dear Dr. DeSalvo:

On behalf of the Premier healthcare alliance, we appreciate the opportunity to comment on the proposed 2015-2020 Federal Health IT Strategic Plan. Premier, Inc. is a leading healthcare improvement company, uniting an alliance of approximately 3,400 U.S. hospitals and 110,000 other providers to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, and advisory and other services, Premier enables better care and outcomes at a lower cost. Premier, a Malcolm Baldrige National Quality Award recipient, plays a critical role in the rapidly evolving healthcare industry, collaborating with members to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide.

Premier supports the vision and mission outlined in the draft plan with focus on collection, sharing and effective use of health data to transform our healthcare system. We applaud the Office of the National Coordinator for Health Information Technology (ONC)'s leadership in coordinating multiple government entities in designing health information technology (HIT) principles that would promote collaboration among all stakeholders to create a learning health system that focuses on improving healthcare quality, efficiency, safety, affordability and access through government actions and partnerships, and that enables secure exchange of health information in a timely and cost effective way, while encouraging innovation and competition in the HIT marketplace.

The objectives and strategies outlined for each stage of collection, sharing, and use of health information provides a useful blueprint; however, the challenge will be in defining and implementing the tactics to achieve the objectives. In particular, the implementation strategies necessary to share health information requires interoperable systems and innovations that can enable usable data exchanges (i.e. send, receive, search) in a cost-efficient manner throughout the healthcare ecosystem.

As acknowledged in the proposed plan, gaps and challenges remain in achieving interoperability of health information among providers, care settings, individuals, health IT platforms and payers. In further refining the strategies to enable interoperability among the necessary HIT assets, **ONC should incorporate as part of a nationwide governance framework, the requirement of open source software architecture or open application programming interfaces (API) that enable secure innovative applications to facilitate interoperability. In addition, ONC should require through its certification mechanism cost effective and secure access to source codes that enable applications to facilitate interoperability on all necessary data sets for various care settings.**

As ONC has heard in numerous public testimonies by providers, today's interoperability challenges are mainly due to "locked" HIT systems, where data are closed within proprietary silos, hindering their ability to connect and exchange information with other HIT assets including EMR/EHR systems, medical devices, sensors, monitors and other information technology mechanisms necessary for improving patient care, safety and efficiency.¹

The lack of interoperability has enormous consequences not only for care and safety of patients but also in terms of cost and waste to our healthcare system. Today, to build the bridges that connect disparate data sets necessary to provide comprehensive and informed care, providers are forced to either pay their original system vendors thousands of dollars to custom code links so they can "talk" to other HIT assets, or do it themselves via faxing or emailing. This comes at an enormous expense, both in raw dollars and manpower. The lack of interoperability from locked systems also hinder innovation, collaboration and free exchange of secure information necessary to proliferate the next generation of HIT assets necessary for a learning health system.

The solution, as recommended by ONC's JASON task force as well as identified in JASON reports I and II², is deploying common data architecture that requires open-source standards, such as open APIs that enable secure and innovative applications to provide the interoperability necessary to quickly, easily and affordably integrate data with other HIT systems.

The cost and burden decreased through open source code architecture that enables innovative and secure applications to facilitate interoperability, is measurable and impactful in various care settings, especially in patient safety for example.

Many of our hospitals utilize patient safety surveillance mechanisms from various data systems including laboratories, pharmacies, EMRs and EHRs in their care settings for drug interactions, recalls,

¹ <http://www.healthcareitnews.com/blog/hit-interoperability-nature-healthcare?single-page=true>

² <http://healthit.gov/sites/default/files/2014-JASON-data-for-individual-health.pdf>

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or changes in protocols to better care for their patients. They integrate information for use in decision support, helping clinical teams make faster, more informed decisions on patient care. They also use this type of information for guidance on establishing best practices and in identifying and prioritizing at-risk patients to make better clinical decisions critical in improving quality and safety but also in public health emergencies.

In today's locked siloed systems, access to necessary data for patient safety surveillance requires data from various sources require individual data extractions, transformation and processing of such data as well as data mapping with periodic manual review. It also requires patient specific customized database extracts that is mapped to a standard. Each interaction and data points require customization and costs per individual patient.

Should open source code enabled applications or open API for standardized data sets necessary in various care settings become the norm for HIT assets, API enabled applications can quickly access HIT assets for the necessary data providing faster, more cost effective integration of data necessary to providers and patients, and facilitate quicker, more reliable decision support as well as timely alerts in various forms such as through secure mobile devices.

We thank you again for this opportunity to comment on the draft HIT Strategic Plan for 2015 - 2020. We look forward to working with ONC to further refine the implementation strategies in achieving HIT interoperability. If you have additional questions or comments, please contact Lauren Choi, Senior Director for Federal and International Affairs, at lauren_choi@premierinc.com, 202.879.8005.

Sincerely,



Blair Childs
Senior vice president, Public Affairs
Premier healthcare alliance