PREMIER TRANSFORMING HEALTHCARE TOGETHER®

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Dear Dr. DeSalvo:

On behalf of the Premier healthcare alliance, we appreciate the opportunity to provide input on the draft nationwide interoperability roadmap, "Connecting Health and Care for the Nation." Premier 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 applauds your leadership and efforts to transform healthcare through the power of HIT by addressing the current interoperability challenges among HIT assets critical in achieving delivery system reform and value in healthcare. We support your vision of achieving interoperability through the five building blocks that establish the rules of engagement and governance; create business and government incentives to encourage adoption; protect privacy and security; create certification and testing mechanisms that support adoption; and establish core standards and functions of HIT that will enable interoperable, learning health ecosystem.

Although the building blocks outlined in the roadmap provide a progressive pathway to interoperability, to achieve the cost efficiencies, patient safety and improved care quality required under delivery system reforms, these building blocks must include: the establishment of standards that would promote the use of cost-effective and innovative tools such as standard application programming interfaces (APIs) to facilitate cost-efficient data access and exchange; development of methods to measure interoperability including cost burden metrics; and enhanced certification and testing mechanisms that would encourage market adoption.

As you have iterated in the roadmap, current assets within the HIT ecosystem continue to be challenging for healthcare providers. Market incentives are not aligned with open exchange of necessary healthcare data in cost-effective ways. As a result, data is locked in proprietary software systems. The interoperability challenges created by these locked systems hinder 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

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for improving patient care, safety and efficiency. The current lack of interoperability has enormous consequences not only for care and safety of patients but also in terms of cost 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.

To design and implement an HIT ecosystem that promotes collaboration among all stakeholders creating a learning health system, that focuses on improving healthcare quality, efficiency, safety, affordability and access through government and market incentives, that enables secure exchange of health information in timely and cost-effective ways, while encouraging innovation and competition in the HIT marketplace, ONC should incorporate the following policy principles and metrics in its implementation plan to achieve the desired goals and outcomes:

- Development of standards that promote interoperability and innovation: ONC in collaboration with stakeholders and other federal agencies should drive development and use of standards in key areas including: patient identifiers, terminologies, clinical data query language, security, open application program interfaces, and clinical decision support algorithms among others.

- Transparent and public interoperability and cost efficiency measures: Transparent and public measures of interoperability should be developed in collaboration with standard setting bodies in consultation with the private sector and be required as part of ONC's certified technology program. These measures should be validated and tested in terms of standards, processes and within specific use case scenarios. Measures should include business and implementation approaches that deliver functional interoperability outcomes and include operational processes and implementation practices. Measures should also include assessment of cost-efficiency metrics achieved through incorporation of innovative technologies.

- Enforcement of standards and measures: ONC should enhance its enforcement tools and certification program to ensure standards and measures compliance.

More specifically, to achieve interoperability, the following criteria and standards should be established to enable open access to data, unlock systems that block information flow, and develop and enforce methods of interoperability among HIT assets including EHRs:

- Standards to achieve open data access should include:
  - Standard clinical terminologies/methodologies established for specific publishable portions of EHR data, mapped to agreed upon data exchange methodologies and clinical terminology standards for each publishable data domain. For example, mapping medications detail to an agreed upon vocabulary standard such as RxNorm.
  - Requirement to publish communication method for EHR/EMR domains (i.e., APIs).
  - Establishment of a central clearinghouse that aggregates and publishes callable sets of data for each patient for each publishable data domain.

  - Inclusion of groups of records, not just single record access.
  - Data access extension to authorized third-party applications, not just EHR/EMRs. This will enable the creation of an "application ecosystem" which will bring further innovation to healthcare beyond EHRs.
  - Inclusion of publishable data domains with standard attributes and vocabularies necessary to communicate relevant information to authorized users. Examples of publishable data domains include: patient allergies, patient problems, patient social history, patient medical history, and other domains relevant to a patient's treatment and care coordination.
- Data blocking should be defined clearly to capture the complexity of HIT assets including EHR systems and require cost/efficiency metrics to determine whether cost barriers effectively create barriers to access.
- Determinants of data blocking should include:
  - Availability of "free" (no cost) export of publishable HIT/EHR domains.
  - Prohibition of specific fees for access to necessary and standard data through standard APIs or other standard callable methods.
  - Publication of technical instructions on how to interact with APIs, interface standards or other callable methods. These should be published either publicly or broadly to any authorized third party.
- Applicability of any new standards should be tested and validated before they are mandated, while current standards exist in parallel. New standards should be phased in holistically.
- Interoperability attestation should be a requirement in ONC's certified technology program.

We thank you again for this opportunity to provide input as you continue to develop and implement the interoperability roadmap for our nation's HIT infrastructure. We look forward to working with you further. If you have additional questions or comments, please contact Lauren Choi, senior director for federal & international affairs, at lauren_choi@premierinc.com or 202.879.8005.

Sincerely,

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Premier healthcare alliance