



April 3, 2015

Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue S.W., Suite 729-D
Washington, D.C. 20201
Attn: Dr. Karen DeSalvo

Dear Dr. DeSalvo:

The California Association of Health Information Exchanges (CAHIE) is pleased to provide this letter in response to the draft *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap*.

CAHIE is a statewide group of community and enterprise health information organizations and other interested stakeholders working together to advance safe and secure health information exchange throughout California. Our members include not-for-profit community exchanges, large hospital systems, health plans, emergency medical services agencies, and other advocates and promoters of interoperability and HIE. Through voluntary self-governance, our member organizations are collaborating to increase interoperability throughout California to transform the health care delivery system, increase efficiency, and reduce costs.

We appreciate ONC's efforts to define a nationwide roadmap for interoperability. We agree with the goal of creating an "interoperable health IT ecosystem [that] makes the right data available to the right people at the right time". While there have been significant advances in interoperability over the past few years, marked in part by the rise in successful health information exchange organizations – many of them counted among our members – there remains much to do. Unfortunately, Meaningful Use has not promoted interoperability as effectively as some had hoped, and it now rests on us to move it forward.

The Interoperability Roadmap, like most discussions on interoperability within the healthcare marketplace today, narrowly focuses on the exchange of information: moving copies of data around to populate multiple systems. We propose that we should instead be concentrating on how we can create an environment that consists of a **comprehensive health record that can be accessed as needed**. The Institute of Electrical and Electronics Engineers (IEEE) no longer includes "exchange" in its definition of interoperability, but defines it as the "ability of a system or a product to work with other systems or products without special effort on the part of the customer... made possible by the implementation of

standards.”¹ We should take our lead from this well-respected industry organization and work towards an ecosystem where interoperability is not equated with creating copies of data and pushing it around to multiple systems and organizations.

The Interoperability Roadmap is a lengthy and complex document, and CAHIE appreciates ONC providing an opportunity to comment. We trust that ONC will receive many comments on the detailed content of the document, and as such, we have chosen to focus on one aspect that we believe is critical to success of the Interoperability Roadmap: the coordination of its activities. A roadmap is and must be a living document – a continuing assessment of the current state, a clear vision of a desired end state, and a detailed plan for how to move from one to the other. If we are to be successful in moving forward and achieving a truly interoperable health system, the industry must not only reach consensus on what the desired end state is and the steps that must be taken to reach it, but ***we all must take those steps***.

As stated in *Rules of Engagement and Governance*, governance “helps identify common policies, operational or business practices, and standards to support services that enable interoperability” and “can also provide a mechanism for establishing trust across electronic health information trading partners”. Governance is critical to identifying the common set of technical standards, business processes, and policies by which organizations will share data. Although the Interoperability Roadmap identifies a “Call to Action” for public and private stakeholders to “establish a single coordinated governance process”, our industry has not yet demonstrated that it can establish such a governance mechanism without strong leadership to drive it forward. Instead, we have multiple standards development organizations creating competing standards and implementation guides, multiple governance bodies establishing policies and business practices to meet the needs of their own chosen focus, competing certification and accreditation bodies, and ultimately differing views on what comprises a trusted environment for information sharing. Interoperability is best served by ***commonality and uniformity***, not by options. The variability that exists today impedes uniform, trusted, and secure information sharing, while the lack of overall organization and structure keeps potentially effective initiatives in isolation from coming together to form a coherent end state.

CAHIE recommends that ONC take a positive action to convene a group of thought-leaders in interoperability, and take a leadership position in charging that group with creating an organized, collaborative, and “single, common governance process”. Invitees should include representatives from the broader health care ecosystem that have demonstrated leadership in promoting interoperability. The recommendations of such a convening will likely include active involvement of existing standards development organizations and other governance organizations - as CAHIE believes it should. Many of the current organizations involved in governance have efficient and effective processes for establishing standards, policies, and practices; however, there must exist a ***single body or organization responsible for coordinating all activities***, as well as managing and implementing the Interoperability Roadmap.

¹ See https://www.ieee.org/education_careers/education/standards/standards_glossary.html for an example of IEEE’s definition of interoperability.

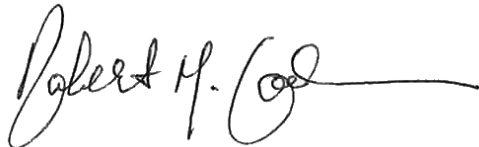
Such a governance body or organization should be held accountable for realizing the future state and there must be a means to ensure that consensus is reached through engaging a critical mass of stakeholders. It is imperative that there be coordination across the collection of governance activities and organizations that ultimately make up the whole of governance.

CAHIE points to our own early success in California, where state government convened a group of thought leaders and charged them with devising a mechanism for voluntary self-governance without the benefit of regulatory authority. While our activities are still in the early stages of development, we believe we are demonstrating ***an effective means to establishing trust*** through common policies and business practices, identifying standards to be used in interoperability, and still innovating to provide the services we need for a future state.

CAHIE has singled out governance as the sole, substantive topic of our comments because we believe without effective coordination, other aspects of the Interoperability Roadmap will not and cannot be realized. In fact, we believe the first step in governance should be careful consideration and revision of the Interoperability Roadmap, adding critical detail to how it is to be implemented.

Thank you for allowing CAHIE to provide input. We hope that this feedback is helpful, and stand ready to play our part in our shared success in advancing interoperability. If you have any questions, please do not hesitate to contact us.

Regards,

A handwritten signature in black ink, appearing to read "Robert M. Cothren", followed by a long horizontal flourish.

Robert M. Cothren, PhD

Executive Director, California Association of Health Information Exchanges