

State of Vermont
Department of Vermont Health Access
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Agency of Human Services

April 3, 2015

Dr. Karen B. DeSalvo
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

Dear Dr. DeSalvo:

The State of Vermont (SOV) is pleased to have the opportunity to provide our feedback to the ONC's *Connecting Health and Care for the Nation, A Shared Nationwide Interoperability Roadmap*. Overall, our comments are positive and we are excited to participate in this process. Our response will focus on the four "Critical Actions for Near Term Wins" outlined in the Executive Summary of the Roadmap: *establish a coordinated governance framework and process for nationwide health IT interoperability; improve technical standards and implementation guidance for sharing and using a common clinical data set; advance incentives for sharing electronic health information according to common technical standards, starting with a common clinical data set; clarify privacy and security requirements that enable interoperability*. The most important action, in our view, is to establish coordinated governance process. With this, the challenges we will face can be tackled in a systematic, logical way. Keeping key stakeholders moving in the same direction is made possible by collaboration, coordination, and a repeatable governance process.

Coordinated Governance Framework

Interoperability must be governed with a commitment to open and unbiased exchange, organized and operated broadly and for the public good. Such exchange can and will be conducted by multiple parties, including private commercial, private non-profit, and public entities, united to serve the nation. We urge ONC to recognize the importance of diverse stakeholders' roles in establishing a coordinated governance process, focused on taking action based on shared values and interests that will accelerate broad and meaningful exchange.

To advance that vision, Vermont is joining with a diverse group of states and organizations committed to mission-critical collaboration for HIT. We are dedicated to: 1) transparent, secure, and ubiquitous exchange and use of health, healthcare, research, and human services data; 2) creating an accountable, interoperable information supply chain with public/private governance and coordination; 3) supporting delivery & payment system transformation to build the digital infrastructure of a Learning Health System; and 4) using governance principles to define "Rules of the Road" for Policy, Operations, and Standards that provide comprehensive national stewardship of interoperability.

A critical success factor is to ensure that in this coordinated governance effort no one stakeholder group is too heavily represented. Given the size and breadth of different interests, it will be challenging to organize and maintain an effective and coordinated governance process. However, as costs continue to increase, the interoperability of health care data is one of the areas with the most potential to improve upon the cost of care for the nation.

The specific objectives of the governance coordination effort hold particular value. By confronting the issues across all of the policy, operational, and technical domains, the ONC's plan is far more likely to have effective outcomes than if it approached only one domain at a time. Ideally, the data holders must be

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compliant with the needs of the consumers and/or the entities representing the consumer. Policy levers should ensure that the consumer accessibility needs are met by the data holders.

Focusing on operation and technical standards will ensure that the data itself is available to any and all participating entities, and that the data will flow more efficiently across the care continuum. These standards must provide an environment where competition and innovation thrive in the industry through the sharing and improvement of data and no longer allow for the constructing of data sharing obstacles.

To these ends, the State of Vermont encourages and supports the ONC's governance plan to not only facilitate engagement across divergent and often conflicting stakeholder groups, but to also facilitate the engagement of states in this initiative. More specifically, the SOV supports the governance principles and critical actions identified in the Roadmap. In particular, we strongly support the call to action for stakeholders to come together to establish a single coordinated governance process. We ask that ONC facilitate this convening as soon as possible.

Core Technical Standards and Functions

Technology and Data standards that support and enable interoperability are essential components of the Roadmap. These should be established through a coordinated governance process, as discussed above, and using the Roadmap as guidance. Coordinated coalitions of state personnel, technology vendors, providers and consumers of health services can produce synergies that will produce meaningful and pragmatic directions for entities that use standards or certified technology solutions for the purpose of sharing data.

The SOV generally supports the critical actions outlined in the draft Roadmap related to:

- Consistent data formats and semantics, including the call for common data sets
- Secure, standard services
- Consistent, secure transport techniques
- Accurate individual data matching
- Reliable resource location

Clearly defined and standardized common data sets, such as C-CDA, become critically important as we develop and mature our reform initiatives that require data aggregation and integration in service of the goal to achieve a Learning Health System. We caution that the work on common data sets cannot be limited to the more traditional clinical data elements such as those listed in the "A Common Clinical Data Set" table in the Roadmap. We note favorably the early work described in the Roadmap to develop interoperable data formats for broader care settings such as behavioral health, long-term and post-acute care, and community service providers.

The SOV strongly agrees that the implementation of modular systems and a Service Oriented Architecture (SOA) will be critical to improving technical standards and implementation. We echo the paragraph on page 86 of the draft Roadmap:

One of the guiding principles for the Roadmap is the notion of modularity: complex systems are more durable under changing circumstances when they are divided into independent components that can be connected together. SOA is at the core of the modularity required by a learning health system. But in order for interoperability to function on a wide scale, the APIs (which represent the points of contact, or boundaries, between disparate systems) need to be consistent and standardized as much as possible.

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The SOV has moved in this direction with the implementation of Vermont Health Connect, our health insurance exchange. At the heart of this system is an SOA we that we are continuing to build upon to support our entire Health and Human Services Enterprise. We have experienced the common problems associated with non-standardized data sets and the effect this has on interoperability of systems. Therefore, we know in order for data sharing of this scale to work nationally, we simply must start using common clinical data sets. We support the ONC's insistence on this concept.

Incentives for Sharing Electronic Health Information

The SOV supports the moves outlined in the Roadmap to “migrate policy and funding levers to create the business imperative and clinical demand for interoperability and electronic health information exchange.” These include:

- A supportive business and regulatory environment
- Individuals are empowered, active partners in their health and health care
- Care providers partner with individuals to deliver high value care

Vermont intends to support the call to action that requests states to articulate their own interoperability plan. We have recently kicked off a project to fully engage with stakeholders to develop a newly revised Vermont HIT Plan, which will specifically address the national Roadmap. We will operationalize the Plan through our annually updated State Medicaid HIT Plan and related Implementation Advance Planning Document submissions.

As we enable broader data sharing and leverage HIE more expansively, we will need to incentivize a common platform or methodology to participate in various programs that require performance measure reporting to qualify for performance, quality, or incentive payments. The national Roadmap provides the framework and a call to action to develop solutions for these needs that will facilitate and ease the burden of such reporting. Recommendations from regional or functional coalitions to the program sponsors should be representative of the broader stakeholder engagement that these groups represent and preclude any particular interest group from dominating the conversation.

Privacy and Security

In general, the SOV supports the goals and related critical actions set forth in the Privacy and Security sections of the Roadmap. These include:

- Ubiquitous, secure network infrastructure
- Verifiable identity and authentication of all participants
- Consistent representation of permission to collect, share, and use identifiable health information
- Consistent representation of authorization to access health information

One area of significant concern is the lack of critical actions in the 2015 – 2017 period related to so-called sensitive health information. Our experience in Vermont implementing delivery system and payment reforms shines a bright light on the need to share health information from across the broad continuum of health and human service providers in order to reach the Triple Aim goals of improving care for individuals, improving health across populations, and lowering the growth in health care costs.

In our work through the Vermont Blueprint for Health, Patient-Centered Medical Homes, Multi-Payer Advanced Primary Care Demonstration, and ACO Shared Savings (among others), all involved have come

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to understand the importance of including broad networks of community providers including mental health, substance abuse treatment, post-acute rehabilitation, home health, disability and long-term services and supports, and even housing agencies. In addition to high-level goals related to integrated care, there are the pragmatic realities that it is exactly among the populations of people served by these non-medical providers (i.e., those with complex situations including chronic health conditions, mental health, substance abuse, and end-of-life care) that we have both the biggest challenges and the most potential for better experiences, health improvement, and lower costs. Our success will depend on integrating care across the continuum, **and integrated care requires integrated information.**

We respectfully submit that the same pragmatic realities will affect the ability of HHS to successfully implement the payment reform objectives outlined in January 2015 to tie 30 percent of traditional, or fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016, and to tie 50 percent of payments to these models by the end of 2018. **We must not wait until 2018**, as suggested in Table 7 of the Roadmap, to begin the work of defining the rules and policies that would allow for the broader exchange of sensitive health information, including those related to granular choice.

Just as importantly, we need to have feasible paths to move forward in the shorter term that will enable electronic data sharing across the continuum. Many in Vermont are today actively calling for a HIE-related data exchange solution that is compliant with 42 CFR Part 2. They are clear that the success of their initiatives will depend on it. We are encouraged by recent efforts from ONC to help identify issues and facilitate discussions and possible solutions with several states, SAMHSA, and the Office of Civil Rights. The issues are numerous and complex (legally, technically, and culturally) and will take significant time and energy to work through. As such, we recommend the creation of an **ongoing multi-stakeholder group or committee** that would receive and address the issues, both in the short and long term. Such a group should form and get to work as quickly as possible.

Priority Use Cases

As requested near the beginning of the draft Roadmap, Vermont's suggestions for priority use cases include:

Most important ultimately for a Learning Health System:

- Population health measurement is supported at the community level and includes data from all relevant sources on each patient in the population and is accessible to providers and other stakeholders focused on improving health.
- Individuals integrate data from their health records into apps and tools that enable them to better set and meet their own health goals.
- Quality measures are based on complete patient data across multiple sources.
- Individuals exercise their choice for consent and consent management policies and procedures are in place to enable the private and secure electronic exchange of [all health data, including] behavioral health data.

Quick Wins

- Providers have the ability to query data from other sources in support of care coordination (patient generated, other providers, etc.) regardless of geography or what network it resides in
- CEHRT should be required to provide standardized data export and import capabilities to enable providers to change software vendors.
- The status of transitions of care should be available to sending and receiving providers to enable effective transitions and closure of all referral loops.

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- System users have access to provider directory information that is developed to support healthcare communications as well as other use cases
- Patients, families and caregivers are able to use their personal devices such as smartphones, home BP cuffs, glucometers and scales to routinely contribute data to their longitudinal health records and use it or make it available to providers to support decision-making.

What's Missing?

The data needs and initiatives necessary to support the movement to a Learning Health System include those related to multiple data sources beyond the clinical and services data sources that are the focus of the Roadmap. Among health care reformers, the most commonly referenced of these are claims or other administrative data, and there are only passing references in the Roadmap to these data sources and the needs over a variety of use cases to combine clinical and claims data.

As we learn more and more about the large impact of social determinants on health, we should also begin to focus on other data sources such as income, socio-economic status, geography, labor statistics, corrections, and many others. Within the 10-year time frame of the Roadmap, many data users (including states, HIEs, providers, innovators and entrepreneurs) will delve into the territory of larger and larger data aggregations and predictive modeling – and indeed this movement has already started. The Roadmap should begin the process of establishing frameworks or “Rules of the Road” for these larger data aggregation uses and initiatives.

Conclusion

Our collective national ability to achieve the Triple Aim health reform goals will depend on a foundation of interoperable health information. We applaud ONC for tackling the job of laying out a national Roadmap to accomplish these goals. A shared national, coordinated, multi-stakeholder governance process will be critical to establishing agreements on policies, operations, and technical standards. We in Vermont will continue our ground work to enable health information interoperability and we look forward to assisting at the national level with the work to implement the Roadmap.

Sincerely,

Steven B. Maier
State HIT Coordinator
Health Care Reform Manager