Dr. Karen B. DeSalvo, MPH, MSc

National Coordinator for Health Information Technology

Acting Assistant Secretary of Health

U.S. Department of Health and Human services

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Washington DC. 20201

Dear Dr. DeSalvo,

The State of Colorado greatly appreciates and respects the level of effort and thought that has been put into the first draft of Connecting Health and Care for the Nation (*Roadmap*). The concepts and principals are leading us down the right path for true interoperability. Colorado is particularly engaged with the concepts of a broad-based, person-centric, nationwide health information system. We are focused on enabling the entire continuum of care to become connected to the health technology system in the state and ultimately in the nation.

As a state with a broad urban/rural mix, we especially appreciate the concepts of meeting individuals and communities where they are in the world of health technology. We recognize that there are hospitals in Colorado who are doing groundbreaking work with technology and hospitals still using paper records. Standards enable a level playing field without creating mandates and are imperative if our communities are to be successful in making the transition to full interoperability of health information. Further, we note the need to continually inform and involve stakeholders is critical to advancing interoperability. We know that bringing providers up to speed is a critical lynch pin on the road to true interoperability. Today, we are concerned that providers aren’t as focused on privacy and security as they need to be—Colorado’s Regional Extension Center, Health Extension System and their partners work on this issue every day and we hope that new standards in this area will bring this critical issue into focus for ambulatory providers.

Equivalent to concerns about security are an understanding that while access to updated technology can and should come with a price, but shouldn’t be an opportunity to take advantage of health care systems. We see great advantages in creating tighter technology standards across all the areas mentioned in the roadmap, but we also want to ensure that those standards don’t enable pricing mechanisms that encourage small health care practices to simply drop out of the system because they cannot afford the cost of progress.

The *Roadmap* does a thorough job of underlining the importance of creating governance structures. Colorado agrees, and today is in the process of modernizing our health information exchange governance structure to better meet the needs of Colorado’s communities, foundations, health systems technology organizations and government partners. Further, we appreciate the concept of setting bumpers for a governing system rather than creating mandates for action. Each community will need to build governance structures that conform to state and local mandates, while meeting federal regulations and guidelines. It’s appropriate and necessary for the office of the National Coordinator to build a governance framework that sets a floor for compliance that builds toward nationwide interoperability, while leaving room for communities to create structures that also meet their needs. The *Roadmap’s* Call to Action on Governance with uniform policies, operations, and standards is central to the success of everything we must do as a nation to achieve the Triple Aim.

The *Roadmap* creates structures for building a strong population health system that connects communities, regions, states, systems, and systems of systems together to implement the pilot-to-scalability development that leads to an effective Learning Health System. Colorado is already building infrastructure that person-centric and serves the entire continuum of health while not creating barriers to participation for payers, health care providers and government partners. This work is crucial to a national system and we celebrate your efforts to create a national model.

The national HIE trade association, SHEIC, said it well “This coordinated collaboration and governance must be durable, repeatable, and extensible across many organizations, institutions and applications. To ensure the equity and integrity of this critical national infrastructure, it must be organized through a process that is vendor-, payer-, and institution-agnostic and reflects all of the domains of HIT’s diverse constituencies.”

“Those domains include but are not limited to:

* Data generators and users, including
	+ patients and families,
	+ providers: individuals, institutions, and organizations across the care, services, health & wellness continuum;
	+ Federal providers of healthcare services and federal senders/receivers of data (DoD, VHA, IHS, CDC, CMS... the members of the Federal Health Architecture);
* State, county, local, territorial, and tribal governments and agencies;
* Health IT and IT system vendors and integrators, their trade groups and associations;
* Health Information Exchange and data aggregation and analytics organizations and services;
* Clinical research and the pure and applied sciences communities;
* Champions of transparency, value, and quality of healthcare delivery and financing; and
* Cross-cutting individuals and organizations that provide support to those working both within and working across these domains.”

SHIEC supports and approach that “is an iterative, agile series of steps designed to:

* engage and convene cross-domain constituencies of collaborators;
* define shared values by articulating clusters of use cases that reflect common patterns across domains; and
* produce a set of recommendations in early fall 2015 for specific actions steps that can be taken within each domain, including government, to inform ONC and partners about the next steps we as states/organizations/individuals can take together through self-organizing collaboration.”

Colorado strongly endorses the Roadmap’s emphasis on bringing in non-Meaningful Use eligible partners as well as those eligible for Meaningful Use who haven’t fully taken advantage of the opportunities that program presents. In particular, Colorado has worked hard to bring long-term care providers, skilled nursing facilities and behavioral health providers into the health information exchange system and to upgrade their ability to exchange data with other ambulatory providers and hospitals. We recognize that there is a long road ahead with these providers, and recognized that there are many other professions, such as dentists, physical and occupational therapists and others that need to be helped to get on this same path.

Colorado responses to the Roadmap questions:

1. *Are the actions proposed in the draft interoperability Roadmap the right actions to improve interoperability nationwide in the near term while working toward a learning health system in the long term?*

Colorado support the actions in the roadmap as it is currently drafted.

*1.2 What, if any, gaps need to be addressed?*

We see further opportunity to work with partners to expand the *Roadmap* scope include a broader stakeholder group, including stakeholders such as All Payer Claims Databases and Qualified Entities. And, as outlined in the response submitted by the Strategic Health Information Exchange Collaborative (SHIEC) “the *Roadmap* gives short shrift to the implications of near-term health research activities, including but not limited to the Patient Centered Outcome Research (PCOR) initiatives and networks, pharmaceutical clinical trials…”

*1.3 Is the timing of specific actions appropriate?*

Timing is an important component, but ensuring that stakeholders can keep up with the frequency of standards changes is of concern. It’s important to allow stakeholders to adjust a new standards are set before creating further iterations.

*1.4 Are the right actors/stakeholders associated with critical actions?*

A good group of stakeholders is included, but this group should be further expanded to the parties above.

*2. Priority Use Cases*

*2.1 Appendix H lists the priority use cases submitted to ONC through public comment, listening sessions, and federal agency discussions. The list is too lengthy and needs further prioritization. Please submit 3 priority use cases from this list that should inform priorities for the development of technical standards, policies and implementation specifications.*

Colorado would ask that the ONC ensure 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. Further, patients have access to and can conveniently manage all relevant consents to access or use their data. Use cases we support from the list are:

3. The status of transitions of care should be available to sending and receiving providers to enable effective transitions and closure of all referral loops.

8. CEHRT should be required to provide standardized data export and import capabilities to enable providers to change software vendors.

20. 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.

In addition we would add the below:

a) State agencies managing children in foster care,

b) Parents coordinating care for children with special health needs, chronic disease, or behavioral disorders,

d) Both active-duty and retired military personnel negotiating care across both government and private sector provider settings.

*3. Governance*

*3.1 The draft interoperability roadmap includes a call to action for health IT stakeholders to come together to establish a coordinated governance process for nationwide interoperability. ONC would like to recognize and support this process once it is established. How can ONC best recognize and support the industry-led governance effort?*

Our comments above address this question.

*4. Supportive Business, Cultural, Clinical and Regulatory*

*4.1 How can private health plans and purchasers support providers to send, find or receive common clinical data across the care continuum through financial incentives? Should they align with federal policies that reinforce adoption of standards and certification?*

We support the SHEIC statement below. “Private plans should be encouraged to require their provider networks to support specific use cases designed to enhance cross-boundary information-sharing, such as clinical alerting and electronic care coordination, in partnership with Medicare and Medicaid multi-payer payment and delivery system reforms.”

*5. Privacy and Security Protections for Health Information*

*5.1 What security aspects of RESTful services need to be addressed in a standardized manner?*

Colorado does not have a response to this question.

*6. Core Technical Standards and Functions*

*6.1 Which data elements in the proposed common clinical data set list need to be further standardized? And in what way?*

*6.2 Do you believe the approach proposed for Accurate Individual Data Matching will sufficiently address the industry needs and address current barriers?*

Colorado stakeholders support the clinical data set proposed and believe it is a good start to beginning to create a national standard for data collection.

*7. Certification and Testing*

*7.1 In what ways can semantic interoperability be best tested? (e.g., C-CDA content and semantics)*

Colorado does not have a response to this question.

*8. Measurement*

*8.1 Does the measurement and evaluation framework cover key areas? What concepts are missing?*

*8.2 Which concepts from the framework are the most important to measure? What types of measures should be included in a "core" measure set?*

*8.3 Should measurement focus on certain use cases, priority populations or at certain levels of the ecosystem (e.g., encounter, patient, provider, organization)?*

*8.4 What other types of metrics have been successfully used at the local or regional level that might be considered for nationwide use? Would stakeholders be willing to propose novel metrics and provide "test beds" to assess the potential for nationwide use?*

*8.5 What measurement gaps should be prioritized and addressed quickly?*

*8.6 What other available data sources at the national level could be leveraged to monitor progress?*

*8.7 Are the potential mechanisms for addressing gaps adequate? What are other suggestions?*

*8.8 How should data holders share information to support reporting on nationwide progress?*

*8.9 What are appropriate, even if imperfect, sources of data for measuring impact in the short term? In the long term? Is there adequate data presently to start some measurement of impact?*

Measurement is critical in all aspects of health technology. That said, creating some specifics in this section will be important so that as communities develop new tools, they are clear what the measurement functionality of those tools needs to be to ensure success in a broader interoperable environment while at the same time not interfering with the pace of innovation. There is much work to be done here, but we see this opportunity in the later years of the roadmap, once basic interoperability is achieved.

Overall, the State of Colorado is supportive and pleased with the direction of this Roadmap and is looking forward to future iterations of this plan.

**Submitted by CORHIO as the State Designated Entity for Health Information Technology on behalf of the State of Colorado.**