**Consumer Workgroup**

Interoperability Roadmap Comments Template

| * **Are the actions the right actions to improve interoperability nationwide in the near term while working toward a learning health system in the long term?** * **What, if any, gaps need to be addressed?** * **Is the timing of specific actions appropriate?** * **Are the right actors/stakeholders associated with critical actions?** | |
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| **C1. Cultural change for individuals including demanding and using their electronic health information** | |
| **2015-2017**  **Send, receive, find and use a common clinical data set** | 1. Call to action: A majority of individuals and their caregivers should demand access to their electronic health information in a format they can use to manage their health or that of others. |
| **2018-2020**  **Expand interoperable health IT and users** | 2. Call to action: An increasing proportion of individuals and caregivers should demand and ask for access to their electronic health information in a format they can use to manage their health or that of others. |
| 3. Call to action: Individuals should contribute clinically relevant patient-generated health data and request corrections to their electronic health information to effectively manage their interactions with the care delivery system and to manage their health and wellness where they live, work and play. |
| 4. Call to action: Individuals and their extended care teams (including family and caregivers) should utilize care planning to capture individual goals and preferences as part of longitudinal health information used across care settings. |
| **2021-2024**  **Achieve nationwide LHS** | 5. Call to action: Individuals should regularly access and contribute to their health information in health IT, send and receive electronic health information through a variety of emerging technologies and use the information to manage and participate in shared decision making with their care team. |
| **C2. Providers and technology developers supporting individual empowerment** | |
| **2015-2017**  **Send, receive, find and use a common clinical data set** | 1. ONC, government and the industry will identify best practices for the incorporation of patient-generated health data in health care delivery. |
| 2. Call to action: Providers should encourage their patients to access their health information online and will enable patients to view, download and transmit that information to a destination of the patient’s choice. |
| 3. Call to action: Providers and technology developers should provide a majority of individuals with the ability to send and receive their health information and make decisions with the providers of their choice, including but not limited to their existing care team based on their preferences. |
| 4. ONC will work with the technology community to increase the use of Blue Button through implementation of a portfolio of standards to support consistency in the way that individuals receive information. |
| 5. ONC and government ensure that patients understand their ability to access, send and receive health information. |
| **2018-2020**  **Expand interoperable health IT and users** | 6. Call to action: Providers and technology developers should support the incorporation of patient-generated health data in health care delivery, which may include advance directives, remote monitoring, glucose levels and other data individuals are tracking |
| 7. Call to action: Technology developers should deploy innovative aggregation platforms and tools that allow individuals and caregivers to receive and compile health information from multiple sources in one place, send their data to a destination of their choice and find and use the information they need (as determined by the individual), to support for example, the individual participating in shared decision-making with their care team. |
| 8. Call to action: Providers should welcome and use information from other providers to avoid duplication of tests and ensure coordinated care. |
| **2021-2024**  **Achieve a nationwide LHS** | 9. Call to action: Providers and health IT developers should provide a majority of individuals/caregivers the ability to contribute as needed to their electronic health information and support the incorporation of patient-generated health data. |
| **C3. Privacy and Security for Individuals** | |
| **2015-2017**  **Send, receive, find and use a**  **common clinical data set** | 1. Call to action: Public and private sector stakeholders should assess whether people understand how to safeguard their health information and the need for resources related to this topic. |
| 2. Call to action: Providers should provide individuals with secure access to their own behavioral health information in a manner that is easy to use and enables them to make choices about disclosure of specific information that is sensitive to the individual and/or legally protected. |
| **2018-2020**  **Expand interoperable health IT and users** | 3. Call to action: Individuals should be able to trust that their health information (such as that generated/collected via home monitoring devices or other emerging technologies) is protected  and secure. |
| **2021-2024**  **Achieve nationwide LHS** | 4. ONC and the industry will continue to provide individuals with relevant and updated resources based on current technology to assist with increasing their digital  health literacy. |
| **C4. Education and digital health literacy for individuals** | |
| **2015-2017**  **Send, receive, find and use a**  **common clinical data set** | 1. Call to action: Consumer advocacy groups in collaboration with government agencies, associations and payers should develop and disseminate resources (toolkits  and best practices) based on consumer needs to assist individuals with increasing their digital health literacy. This supports consumer participation in shared decision making with their care team based on more complete and accurate information. |
| **2018-2020**  **Expand interoperable health IT and users** | 2. ONC, government and the industry should work with individuals to help the majority understand the value of health IT for managing their health by providing individuals with easy resources to assist with increasing their digital health literacy. |
| 3. ONC and the industry should  continue to provide individuals with relevant and updated resources based on current technology to assist with increasing their digital health literacy |
| **2021-2024**  **Achieve nationwide LHS** | 4. ONC and the industry should work with individuals to ensure that a majority understand the value of sustained engagement in managing their health, supported by health IT. |
| 5. ONC and the industry should continue to provide individuals with relevant and updated resources based on current technology to assist with increasing their digital health literacy. |
| **D1. Organization/ Governance** | |
| **2015-2017**  **Send, receive, find and use a**  **common clinical data set** | 1. Call to action: Providers should participate in governance of interoperability at all levels, from regional efforts to nationwide coordinated governance |
| **2018-2020**  **Expand interoperable health IT and users** | 2. Call to action: Providers should continue to provide input on the evolution of coordinated governance to support a learning health system. |
| **2021-2024**  **Achieve nationwide LHS** | 3. Call to action: Providers should remain active in coordinated governance. |
| **D2. Providers embrace a Culture of Interoperability and work with vendors and other supporting entities to improve interoperability** | |
| **2015-2017**  **Send, receive, find and use a common clinical data set** | 1. Call to action: Providers should routinely expect electronic access to outside information in the provision of care and engage with other providers to send, receive, find and use health information for their patients. |
| 2. Call to action: Providers should recognize that valuable clinical information about their patients may reside with patients or caregivers themselves and that they may need to incorporate that information into their decision making. |
| 3. Call to action: Providers and their organizations should embrace the use of enabling technologies such as publish/subscribe and query-based exchange with single sign-on to minimize workflow barriers to interoperability. |
| 4. Call to action: Providers and their organizations should ensure contracts and agreements that they sign and re-sign with technology developers include necessary requirements for interoperability, to ensure they can share and incorporate patient information. |
| **2018-2020**  **Expand interoperable health IT and users** | 5. Call to action: Providers should routinely access and use health information from other sources, including individuals, when making clinical decisions |
| 6. Call to action: Providers should routinely populate key data when E-prescribing in support of unambiguous prescription for verification, counseling, monitoring and activities of comprehensive medication management. |
| 7. Call to action: Providers and their organizations should work with necessary parties to configure systems to alert providers to the presence of relevant information from other sources and make it conveniently available to the provider. |
| 8. Call to action: Providers and their organizations should work with necessary parties to configure systems so that the presentation of information to providers is configurable based on use case, provider specialty and other characteristics, to facilitate usability and patient safety. |
| **2021-2024**  **Achieve nationwide LHS** | 9. Call to action: Providers should practice in a new way, with a new culture of electronic health information sharing, access and use for both clinicians and institutions is firmly established. |
| 10. Call to action: Providers should routinely use and have access to robust and clinically relevant decision support (e.g. for medication management). |
| 11. Call to action: Providers should regularly use and have access to the most relevant, integrated information, appropriate notifications. |
| 12. Call to action: Providers should receive and provide continuous feedback to support the improvement of decision-making, care processes and outcomes. |
| 13. Call to action: Providers should use new evidence-based guidelines and tools for care that are disseminated rapidly to providers through decision support and other timely and context-sensitive pathways. |
| **D3. Accurate Measurement** | |
| **2015-2017**  **Send, receive, find and use a**  **common clinical data set** | 1. Call to action: Providers should leverage data beyond their internal systems for population health analytics and quality measurement (eCQMs) including supporting value-based payment models. |
| **2018-2020**  **Expand interoperable health IT and users** | 2. Call to action: Providers and other stakeholders should use standard metrics of interoperability to monitor and track improvement. |
| 3. Call to action: Providers and other stakeholders should use standard metrics for interoperability and health outcomes to improve clinical care and processes. |
| 4. Call to action: Providers should be able to report on measures based on the most representative data available about each patient. |
| **2021-2024**  **Achieve nationwide LHS** | 5. Call to action: Public and private stakeholders should objectively measure and value interoperability and information sharing as an indicator of care coordination, quality and efficiency. |
| 6. Call to action: Providers should be able to report on measures based on more complete and consistent representative data about each patient. |
| **D4. Interoperability of processes and workflows** | |
| **2015-2017**  **Send, receive, find and use a**  **common clinical data set** | 1. Call to action: Providers should routinely leverage standards-based health IT to support prioritized workflows including:  * Closed loop transitions of care * Secure clinical communications * Prior authorizations, medication co-pays and imaging appropriateness * CPOE for services and diagnostic testing * e-prescribing of controlled substances with concurrent availability of PDMP data |
| **2021-2024**  **Achieve nationwide LHS** | 1. Call to action: Providers should engage with an expanded set of interoperable workflows, including:  * Plug-and-play clinical decision support services * Electronic consultations * Reporting to specialty society registries * Reporting to value-based payment programs * e-prescribing supported by complete medication fill history * Discovery and incorporation of information from patient-owned devices with tools for reconciliation and validation * Recommendation of patients to relevant studies and trials * Exchange of information to support comprehensive medication management and MTM services |
| **2021-2024**  **Achieve nationwide LHS** | 1. Call to action: Providers should leverage a robust library of interoperable workflows to support care processes across the continuum of care, including tools for integration, reconciliation and validation of external information. |
| **D5. Training and maintenance of certification for providers** | |
| **2015-2017**  **Send, receive, find and use a**  **common clinical data set** | 1. Call to action: Public and private stakeholders should incorporate interoperability into the training of new providers and continuing professional education. |
| 2. Call to action: Professional specialty boards and other certifying bodies should agree on standards for interoperable registries and maintenance of certification. |
| **2018-2020**  **Expand interoperable health IT and users** | 3. Call to action: Public and private stakeholders should agree on a way in which to measure progress and competency of trainees is evaluated and scored using interoperable, standards based clinical information. |
| 4. Call to action: Professional specialty boards and other certifying bodies should receive most of the information required from their diplomats through information exchanged in a standard format. |
| 5. Call to action: Professional specialty boards should utilize standardized electronic data and formats to populate registries. |
| **D6. Innovation and Generation of New Knowledge and Evidence** | |
| **2015-2017**  **Send, receive, find and use a**  **common clinical data set** | 1. Call to action: Providers currently engaged in clinical research and quality improvement should work together with research institutions and other public and private stakeholders to establish a strategic plan for research and the generation of new knowledge. |
| **2018-2020**  **Expand interoperable health IT and users** | 2. Call to action: Providers should further engage with the research community and should routinely offer patients and families participation in research and quality improvement programs. |
| 3. Call to action: Community or region-wide Institutional Review Boards should ensure that the appropriate patient protections are in place to conduct multi-sourced clinical research. |
| **2021-2024**  **Achieve nationwide LHS** | 4. Call to action: Researchers, providers and other stakeholders should accelerate and measure the pace of innovation and research, as well as the dissemination of new knowledge to improve health and care. |
| 5. Call to action: Technology developers should enable patient-centered and future clinical research methods for accelerated deployment of research findings into clinical care. |

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| **D7. Transparency of Value and engagement of patients, families, and caregivers** | |
| **2015-2017**  **Send, receive, find and use a**  **common clinical data set** | 1. Call to action: Providers should work together with purchasers of care to have access to patient out-of-pocket costs and those of payers and purchasers. Providers are engaged in regional efforts to measure quality and maximize value. |
| 2. Call to action: Providers should offer and encourage access to medical records and secure communications with all patients and any family and caregivers who are authorized to engage in such |
| 1. Call to action: Providers should support consumers in downloading or transmitting their health information to a destination of their choice. |
| **2018-2020**  **Expand interoperable health IT and users** | 4. Call to action: Providers should routinely utilize cost and quality data to make shared diagnostic and treatment planning decisions. |
| 5. Call to action: Providers should work together with purchasers of care to develop, test and implement appropriate and credible indicators of value. |
| 6. Call to action: Providers should support consumer-facing services such as:   * Online scheduling * Medication refill requests * Electronic/Telehealth Visits * Patient provided device data, screenings and assessments * Informed consent and education modules * Integration of patient-generated health data in the medical record * Patient-defined goals of care * Shared care planning |
| **2021-2024**  **Achieve nationwide LHS** | 7. Call to action: Providers should demonstrate the value of their care to those who receive and pay for it using objective, trusted metrics. |
| 8. Call to action: Providers and individuals should work together to substantially reduce the burden of care coordination through patient-centered tools and sharing and use of electronic health information. |
| 9. Call to action: Individuals should interact easily and seamlessly with their care team as they transition into and out of the health care system, communicating remotely with their care team as needed over time, rather than only in face-to-face care situations. |