**Interoperability Standards Advisory Purpose**

From the ISA directly we state that it is meant to serve the following purposes:

1. to provide the industry with a single, public list of the standards and implementation specifications that can best be used to fulfill specific clinical health information interoperability needs;
2. to reflect the results of ongoing dialogue, debate, and consensus among industry stakeholders when more than one standard or implementation specification could be listed as the best available; and,
3. to document known limitations, preconditions, and dependencies as well as known security patterns among referenced standards and implementation specifications when they are used to fulfill a specific clinical health IT interoperability need

With each update and public comment cycle, ONC envisions making incremental improvements the ISA.  Such updates would ideally help it reflect ongoing standards (and implementation specification) use toward specific interoperability needs. In that respect, one outcome from this coordinated process is that there will be a single resource the industry can go to as a starting place.  From an industry perspective, we acknowledge the ISA may not necessarily convey new information to health IT developers who are deeply involved in standards implementation, but it is valuable and informative to other audiences including CIOs (and other healthcare officials involved in health IT procurements), state leaders, policy makers, and IT/start-up communities outside of or trying to enter healthcare (who do not, for example, have intimate knowledge of the right terminologies they should be using).

Some examples of how federal, state, communities, or private sector entities (often with non-HIT professionals) will use the ISA to help determine how best to meet their interoperability needs include:

* Writing an RFP to procure an HIT system
* Developing HIT standards requirements for participants in a grant program
* Listing requirements for program participation (such as payments to providers for various data exchange activities or in pilot programs)
* Creating state or community HIT standards for an initiative (e.g., state or local HIE, reaction to a state public health concern, etc.)
* Developing certification requirements for a federal or state program (MU, MACRA, etc.)

With respect to policy making, your involvement in the ISA process and its annual publication will help it become a cornerstone in the policy, program, and regulatory process.  To the “look first” concept that we have emphasized as a goal for the ISA, we are poised based on various policy cycles to begin a pivot that will enable the ISA to be further matured and looked to as the basis for subsequent policy making. In an ideal world, using ONC regulations as an example, we would be able to go to the ISA as an authoritative resource on which we could make regulatory proposals for future certification criteria editions.  The ISA helps to coordinate industry perspectives on standards upfront and ahead of time prior to a proposed regulation -- compared to experiences where a proposed rule has served as the first formal opportunity for industry dialogue on a particular standard or implementation specification. The same concept would be applicable/true for other Federal agencies and states.  Additionally, the ISA and the additional context and “emerging alternatives” listing provides industry and agencies with a list of areas that may require additional work and focus. Thus, pilots and other program priorities could be more clearly aligned to support that maturity and implementation experience.