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March 16, 2020

Office of the National Coordinator
Donald Rucker, MD, director

Philips comment
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2020-2025 Federal Health IT Strategic Plan

Philips supports ONC's strategic vision for a vendor-neutral, patient-centered interoperable healthcare ecosystem that merges all stakeholders to advance the Quadruple Aim of value-based care.

Our support is tangible. Philips offers and manages solutions that enable standards-based interoperability producing readable, sharable and actionable clinical and payer data. We also believe that uniformly interpretable data must flow through open interfaces between platforms, medical devices inside and outside of hospitals, health professionals and smart applications, including authorized and secure third party, that leverages data to support care.

Our business units range from imaging and diagnostics emphasizing Machine Learning and Advanced Intelligence innovations, remote care (telehealth and remote patient monitoring), population health management data aggregation and normalization, patient matching, analytics and exchange, patient reported outcomes, interoperability services within Health Information Exchanges and on to consumer products, all within the healthcare spectrum and all part of a vision of connected care.

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Our Health Suite Platform provides outbound exchange and external access to data, as well as convergence among FHIR and HL7 formats to provide an API-driven connected care ecosystem. Given Philips' history in imaging management and exchange, we support DICOM standards as well.

We hold memberships within the CommonWell Health Alliance and Carequality, and have completed validation testing onto the eHealth Exchange, providing population-level exchange, automated push, direct and query and retrieve protocols.

Philips supports the spirit of the information blocking regulation and the creation of the Trusted Exchange Framework and Common Agreement (TEFCA), as you have seen in our prior comments on both initiatives.

Specific to the detailed Goals and Strategies within the 2020-2025 Federal Health IT Strategic Plan, Philips submits the following comments:

Goal 1 Objectives 1a, 1b, 1c:

We agree on the necessity to improve patient/consumer access to technology, and we envision an integrated, cloud-based data stream housing remote care data points bridged with EHR or PHM platforms toward an interactive patient and provider view that adds important modeling techniques. Advancing this approach means modeling the data by AI/ML toward direct patient alerts advising them to contact their provider, eliminating the need for patients to access multiple applications. Patient view devices can be supplied by the technology source or integrated directly into their own smart device through API, in part allowing patients direct access to their data from various clinical sources or settings.

Establishing this structure with risk and care gap modeling and alerts, then aggregated with patient history, medications and care planning objectives, for example, would promote the healthy behaviors and self-management within **Objective 1b** strategies.

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In terms of social determinants data as described in **Objective 1c**, taking the above approach a step further would integrate this data into the modeling process to advance precision medicine and bring into the lexicon a personal algorithm that again would be interactive and merged with clinical data for direct patient access.

Access to technology is the right goal, but must be equaled by providing the right data in a user-friendly format.

Goal 1 Objective 1a Strategy, "Build the evidence base on the use of health information…":

Here we can think of no better way forward than through the voice of the patient.

To that end, Philips offers automated and sharable patient report outcomes (PRO) technology that can be built upon over time and used to chart progress and maintain that voice during transitions of care as part of the patient record. This information stays with the patient and provides a systematic data flow to caregivers.

Overall in this goals section we advocate an interoperability infrastructure that enables any authorized party to gain access to available patient information from any participating caregiver be it through API, secure portals and/or mobile apps.

Goal 2:

We agree that patient choice is hampered by often-imposed payer preferences rather than active consumer choice. Here we would urge ONC to continue to align with CMS policy as shown in the CMS Interoperability and Patient Access Proposed Rule awaiting finality at this writing, specifically through the use of API aligned to federal standards and other technical

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interoperability alignments made clear to private industry health IT vendors and collaborative organizations.

Philips also supported this CMS initiative in comment both toward payer data access as a condition of participation with CMS and as portable data when patients change health plans.

Overall we believe that clinical activities, reimbursement and private payer data suffer from interoperability barriers complicating innovation, both from a data portability and cross-enterprise workflow perspective, and we urge continued ONC support of the Da Vinci Project. Patients need to rise to the forefront of financial data transparency aligned with clinical care.

Objective 2a and strategy "identity solutions and improved patient matching":

Given the still-foreseeable lack of a national patient identifier or universal patient identifier through legislative or executive order means, we support ONC's objective around improved patient matching, and would urge ONC to expand its strategy specific to patient matching standard in the final iteration of its strategic plan.

Much more needs to be done, and health IT organizations such as Philips continues to advance its patient collision algorithms and ML within data aggregation, but here as in other areas of this document, industry-wide and healthcare-wide approaches are paramount.

In line with this strategies section we also support the new inclusion of patient address and phone within the patient demographics of USCDI, as well as the advent of data provenance in USCDI as credible steps.

Objective 2a strategy "expand care beyond traditional clinical settings":

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Philips is a market leader in remote patient monitoring and telehealth, as noted in KLAS' initial RPM report of 2018, for example.

We fully support this strategy and have welcomed CMS reimbursement gains as done by the agency (remote patient monitoring) and through implementation of Congressional actions (telehealth).

Specifically we urge ONC to continue to support federal broadband expansion programs and seek RPM and telehealth expansion into post-acute care settings.

Telehealth and remote patient monitoring data and processes should be recognized within the realm of data exchange and interoperability that bring unique needs and opportunities. Interfaces between the telehealth and RPM technologies and the EHR or PHM platforms are needed. Another challenge is the federated state of healthcare data at its creation point, leading to the need for telehealth technology to support the flow of data from various sources.

Here too we see opportunity, such as again through CMS' Promoting Interoperability and Patient Access rules initiative, to instill interoperability at the payer level to help streamline and advance remote care implementation, in areas such as the expansion of telehealth as a basic benefit within Medicare Advantage.

Objective 2b:

Philips has historically advocated increased dialogue between vendors and buyers, such as hospitals, on the development and deployment of interoperability standards. We recommend that ONC foster increased representation of buyers into its standards advisories, interactions with standards organizations and alliances such as HIMSS.

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As the information blocking regulations and TEFCA emerge, all stakeholders with a financial stake in interoperability - including health systems often labeled data hoarders in the runup to the regulation – should be increasingly brought into the conversation. In the information blocking regulation language, for example, it is noted that health systems can stand up their own FHIR servers or use that of its vendors to reconcile patient requests for data. This makes our point that vendors and buyers and standards and interoperability need to merge and advance in a transparent, pro-competitive fashion. We have also historically referred to a vendor-neutral approach to interoperability as in fact a vendor-positive approach.

Objective 2c, provider workflows strategy:

Briefly here we would note that ONC should examine the marketplace for technologies having a positive impact on provider workflow the agency can consider for standardization or future collaborations.

Philips, for example, offers an automated alerts integration when patient charts housed in the EHR are opened that eliminates the need for providers to access different screens or databases during a patient encounter. The PHM data from another platform offers risk scoring, care gaps, value-based care contract metrics, patient eligibility and benefits among its areas of information.

This is one example around federal goals of bridging clinical, financial and payer data accessible to both the provider and patient in real time that can then be sent to the patient to inform choice and build their own wealth of data.

Goal 3: Objective 3A

While we agree that the population-level transfer of health data is a critical aspect of interoperability, and that vocabulary harmonization, ecosystem

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integration and expanded stakeholder use cases aligned with API are the means to achievement, we are commenting that couching population-level transfer within goals language around research and innovation are limiting and arguably short sighted within this vision document.

We certainly see and agree with the value of population-level transfer in research, but its presence in the wider marketplace currently exists, should continue to factor within the current development of TEFCA MRTCs as a short-term timeline and recognition should be given to CMS' bulk data project Data at the Point of Care which began pilot testing last fall.

As to the Goal 3 strategy around harmonization, we have historically voiced similar needs within the healthcare IT industry requiring oversight, done in both comment and direct meetings with ONC, as to the need for common vocabulary. This issue has hampered EHRs from effectively sharing data given proprietary vocabulary and exchange coding, which has been overcome by the advent of technology such as Philips' population health management interoperability platform, specifically developed and coded to aggregate and harmonize patient data from disparate EHRs within a given health system. This of course should be maintained and advanced within the expansion of API-driven exchange.

Our same platform conducts population-level transfer as a push method and facilitates population-level queries as described in the original TEFCA draft document around QHIN capabilities. As to aligning ONC's strategic plan document with TEFCA, information blocking and other programs, population-level query should remain as a QHIN MRTC in TEFCA's final iteration.

Given the still-unknown but short-term anticipation of a final TEFCA document, population-level transfer should remain alongside QHIN message delivery (push), QHIN broadcast query and QHIN targeted query.

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More simply put, ONC's final iteration of its strategic plan should support population-level transfer overall, while noting its worth in research and aspects of CMS' Data at the Point of Care project such as registry cohorts. Population-level transfer is further aligned in the CMS pilot and ONC's goal of integrating population health management data into the EHR.

Again, Philips' PHM platform already achieves this integration and has conducted PHM data push for many years. CMS' pilot is framed around population-level or bulk query and retrieve, and to date more than 20 health systems are involved in pilot implementation set to expand in 2020. Innovation can and should always occur and be a stated goal, but population-level transfer is already being developed through the HL7 FHIR Bulk Data Access (FLAT FHIR) spec and the FHIR Bulk Data API, forecasting its use and use cases beyond that of research.

In closing, thank you for reviewing our comment and as we have within past and ongoing initiatives, Philips is prepared to communicate and meet further with ONC as an asset on issues and provisions within this strategic plan process.

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