



July 31, 2017

Donald Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
330 C St SW
Floor 7
Washington, DC 20201

Dear Dr. Rucker:

Health IT Now (HITN) is pleased to submit our comments on the questions posed in Proposed Interoperability Standards Measurement Framework. HITN is a diverse coalition of health care providers, patient advocates, consumers, employers, and payers who support the adoption and use of health IT to improve health outcomes and lower costs.

Interoperability is a priority for our members because we believe it will help facilitate the use of information to improve care and lower costs. Importantly, Congress stated in the *Medicare Access and Chip Reauthorization Act* (MACRA) that interoperability by December 31, 2018 is an important goal in improving health system performance. Measuring interoperability is necessary to understand how much progress is being made against this goal. Measurement can thus be a tool to help advance interoperable systems, information exchange, and the use of data in improving care. Over reliance on counting successful transmissions will devalue actual improvement on use of data in improving care and allow the mere *capability* to exchange information to remain the future goal for health systems. We encourage ONC to not lose sight of the ultimate goal – a better health system – and to continue to make strides in enabling private sector leadership to improve quality information exchange to generate better patient outcomes.

ONC asked the following questions relevant to the proposed measurement framework:

1. *Is a voluntary, industry-based measure reporting system the best means to implement this framework? What barriers might exist to a voluntary, industry-based measure reporting system, and what mechanisms or approaches could be considered to maximize this system's value to stakeholders?*
2. *What other alternative mechanisms to reporting on the measurement framework should be considered (for example, ONC partnering with industry on an annual survey)?*
3. *Does the proposed measurement framework include the correct set of objectives, goals, and measurement areas to inform progress on whether the technical requirements are in place to support interoperability?*
4. *What, if any gaps, exist in the proposed measurement framework?*

A voluntary, industry based measure reporting system is preferable to a mandated reporting system. HHS should define interoperability broadly and avoid setting unintended boundaries to progress in response to the recent history of interoperability. While EHR-to-EHR interoperability is essential, it is only one aspect

of a larger ecosystem and achieving this short-term goal does not completely deliver on the promise of health technology for patients and providers. An interoperable network of devices, sensors, data fluidity, analytics, and decision support systems are essential in transforming the health care ecosystem, and the measures of interoperability should not be EHR-centric. We urge ONC to take a holistic view of the industry from the patient perspective of how, where, and why data could be shared when establishing interoperability measurement tools.

We agree that the barriers to interoperability can best be solved by private-market developed standards and initiatives. Government involvement in the quest to reach interoperability has mostly fallen flat and, in some cases, impeded progress. It is time to turn the tide and let the private sector lead the charge in identifying, developing, and deploying standards to achieve interoperable systems that work for the private sector, not a government program. Interoperability will be largely achieved more rapidly and completely through a bottom-up approach that starts with patient demand and leads to private sector answering that demand. We urge the Department of Health and Human Services (HHS) to allow the industry to align on security and transport protocols and common data exchange elements.

Questions:

5. *Are the appropriate stakeholders identified who can support collection of needed data? If not, who should be added?*
6. *Would health IT developers, exchange networks, or other organizations who are data holders be able to monitor the implementation and use of measures outlined in the report? If not, what challenges might they face in developing and reporting on these measures?*

We encourage ONC to involve patients and patient advocates in interoperability measurement. In the entire framework, patients are only mentioned twice. While the standards required for interoperability are highly technical, the reasons they are important are not. Patients need not only to be able to access their information, but to direct it how they wish. We believe they are integral data holders and should be involved in monitoring the implementation and use of measures outlined in the report.

We are concerned that the measurements outlined in the report may fail if there is not a feedback loop to the data holders. For example, it is important to know when transactions fail and why. HHS can best achieve the goals of the framework to promote interoperability and security of systems, devices, and communications systems by improving access to its own data, regularly providing updates, and reports to measurement participants and the general public.

Questions:

7. *Ideally, the implementation and use of interoperability standards could be reported on an annual basis in order to inform the Interoperability Standards Advisory (ISA), which publishes a reference edition annually. Is reporting on the implementation and/or use of interoperability standards on an annual basis feasible? If not, what potential challenges exist to reporting annually? What would be a more viable frequency of measurement given these considerations?*
8. *Given that it will likely not be possible to apply the measurement framework to all available standards, what processes should be put in place to determine the standards that should be monitored?*
9. *How should ONC work with data holders to collaborate on the measures and address such questions as: How will standards be selected for measurement? How will measures be specified so that there is a common definition used by all data holders for consistent reporting?*
10. *What measures should be used to track the level of “conformance” with or customization of standards after implementation in the field?*

We agree that advancements in health IT dedicated services such as remote monitoring, diagnostics, and remote surgery should not be put at risk with one-size fits all measurement framework that negatively affects latency, quality of service, and device-to-device connectivity. In order to address this, ONC should conduct a survey of stakeholders across technology providers on ways to improve either the

authentication, authorization, security, communication, interface protocols, vocabulary, and system usability. The survey would provide a baseline for ONC to regularly convene technology, provider, and patient stakeholders to refine which measurement that can be built into software and who would be responsible for reporting.

While not outlined in the questions, we are concerned with potential overlap in measurement frameworks that will be used in the marketplace. ONC has been working to develop the *Proposed Interoperability Standards Measurement Framework* and the NQF's Interoperability Committee (with funding from HHS) have been working independently to develop interoperability measurement frameworks. NQF and ONC should clarify their roles in this process to avoid confusion about the different frameworks and their interaction moving forward.

We appreciate the opportunity to share our feedback and comments on the proposed framework. We look forward to continuing to work with ONC to promote the use of technology in healthcare to improve health outcomes and lower costs.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel White", written in a cursive style.

Joel C. White
Executive Director