

June 3, 2016

Karen DeSalvo, MD, MPH, MSc  
National Coordinator for Health IT  
U.S. Department of Health and Human Services  
Washington, DC 20201

Dear Dr. DeSalvo:

On behalf of the Healthcare Information and Management System Society ([HIMSS](#)) and the Personal Connected Health Alliance ([PCHA](#)), we are pleased to provide written comments regarding the [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\); Request for Information \(RFI\) Regarding Assessing Interoperability for MACRA](#) which was published in the Federal Register on April 8, 2016. HIMSS and PCHA appreciate the opportunity to leverage our membership's expertise in commenting on the RFI, and we look forward to continuing our dialogue with the Office of the National Coordinator for Health Information Technology (ONC) on identifying, assessing, and determining how to best measure interoperability. The information gathering ONC is undertaking is providing a necessary foundation for the continued shift in our healthcare system where value is rewarded over the volume of services that are being performed.

HIMSS is a global, cause-based, not-for-profit organization focused on better health through information technology (IT). In North America, HIMSS focuses on health IT thought leadership, education, market research, and media services. Founded in 1961, HIMSS North America encompasses more than 64,000 individuals, of which more than two-thirds work in healthcare provider, governmental, and not-for-profit organizations, plus over 640 corporations and 450 not-for-profit partner organizations, that share this cause.

PCHA is a first-of-its-kind collaboration between Continua, mHealth Summit and HIMSS, focused on engaging consumers with their health via personalized health solutions designed for user-friendly connectivity (interoperability) that meet their lifestyle needs. The Alliance puts the "consumer first" at the center of focus of care. PCHA promotes the global adoption, standardization and appropriate regulation of personal connected health devices and systems to empower people to self-manage their health, while creating stronger links between healthcare providers, consumers and their social networks. PCHA also works closely with regulators, government agencies and industry to create the technology 'ecosystem' required for delivering on the promise of personal connected health.

We are encouraged that ONC is seeking healthcare community input on the questions in this RFI on how to best measure interoperability. The requirements in MACRA afford us the opportunity to have a focused public dialogue to set a path forward on assessing interoperability that will set us on a path to achieve the goals of an interoperable Learning Health System that was outlined in the [Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap](#).

HIMSS and PCHA are focusing our comments on the following issues:

**What populations and elements of information flow should we measure?**

HIMSS and PCHA recommend that the best area for ONC to focus on is measuring interoperability involving two or more systems from different health IT developers, both within an organization and across organizations. This will allow all the stakeholders in the healthcare ecosystem to be considered, with specific assessment of which systems are successfully and securely exchanging data with the various stakeholders (including patients), systems, and applications. Such an approach will allow us to also consider use cases where any stakeholder is unable to exchange data with another stakeholder, including analyzing whether the cause is a technical or business reasons.

While we understand that this RFI looks to assess interoperability, as it is defined in the MACRA law, we observed that the patient perspective, and their ability to access their health information, is missed in this definition and should be considered in any metrics that assess interoperability. In our healthcare system's continued shift to a value-based payment system, patients and the care they receive should be at the forefront and fully considered in assessing overall interoperability and health information exchange.

On measuring interoperability, we also recommend ONC review multiple measures that involve varying dimensions of interoperability. To simply focus on technical interoperability is not enough; therefore we ask ONC to look at the various capabilities including use, in addition to how much information is flowing. For example, the healthcare community would benefit from ONC examining the extent to which clinicians make decisions by incorporating exchanged data. The resulting analysis and guidance could have a greater impact on care delivery than simply looking at the technical capabilities between interoperable systems.

Moreover, in terms of different dimensions, we also support the idea of measuring interoperability across different kinds of providers or different settings of care. One example may be measuring interoperability for providers in the Medicare and Medicaid EHR Incentive Programs as well as for non-Meaningful Use providers. Another example could be measuring the amount of data sharing occurring between providers and patients, perhaps through the Blue Button Connector or via Direct messaging. Taken together, these multiple, discrete interoperability measures would provide a broader, more holistic, long-term picture of the data exchange that is occurring across the community and establish a baseline reference point for further study on these questions. In addition, while utilizing multiple measures for interoperability will satisfy the requirements under MACRA, HIMSS notes this will also help fulfill the vision espoused in the Interoperability Roadmap.

**How can we use current data sources and associated metrics to address the MACRA requirements?**

HIMSS and PCHA supports finding a baseline measurement of how our healthcare system is performing to show the percentage of transactions that are being done electronically as compared to still being completed on paper. Since the passage of the Health Information Technology for

Economic and Clinical Health (HITECH) Act in 2009, health IT sophistication has grown significantly, so we feel it is important to know what information is moving electronically and what is not.

Over the course of the Meaningful Use Program, we have observed a positive progression in the adoption and advancement of electronic medical records (EMR) capabilities across the care continuum. As part of our [HIMSS Analytics](#) data collection efforts, we have observed that over 70% of the hospitals we track have positively advanced their EMR capabilities over the last five years, while over 60% of hospital tethered ambulatory facilities have realized a positive progression in just the last three years. This increase appears to be an affirmation of how health information is flowing in these settings.

Given that MACRA requires ONC to report to Congress by the end of 2018 on the progress towards interoperability, we recommend focusing on Meaningful Use metrics as they offer a fertile ground for evaluation in the short timeframe between now and 2018. These metrics have the advantage of having already been standardized through the meaningful use program and having been widely captured and already reported to CMS. In addition to the metrics that are listed in the RFI, we suggest consideration of:

- Sending e-prescriptions
- Incoming lab results
- Incoming imaging results
- Sending to immunization registries
- Sending reportable labs to public health
- Sending syndromic surveillance data to public health

In addition, we suggest the use of the following more administrative-type measures for inclusion:

- Was data received?
- Was data machine-readable?
- Was data incorporated into the clinical record as discrete or structured data?
- Was the data complete?
- Was the provenance of the data incorporated into the transmission?

Any meaningful measure of interoperability will require a variety of sources and a method to normalize those data sources to adequately assess interoperability. As an example, should e-prescribing be used as a metric; Meaningful Use data could be compared to data from the Surescripts network to offer the most complete picture of e-prescribing that is occurring.

We recognize of course, that there are many domains of interoperability outside the scope of meaningful use requirements, and that many of these might be useful areas for ONC to look at in the longer term, as were mentioned in the ONC Interoperability Roadmap.

### **What other data sources and metrics should HHS consider to measure interoperability more broadly?**

The use of currently available metrics, such as national surveys, is appropriate to consider in a short-term assessment of interoperability status. However, HIMSS and PCHA encourage ONC evaluation of other sources of information, including the [HIMSS Analytics Continuity of Care](#)

[Maturity Model \(CCMM\)](#), as they become available for long-term metrics for interoperability measurement. The CCMM is intended to assist communities, states, and countries assess the level of sophistication of care coordination, which is heavily dependent on interoperable systems. Such information could be valuable to ONC's interoperability measurement and assessment of national capabilities and progress.

The use of certified electronic health record technology (CEHRT) can provide useful information about interoperability, such as reporting meaningful use metrics as they are defined in certification. While measuring the interoperability occurring between CEHRT is important, ONC should also consider measuring interoperability in metrics not included in the Meaningful Use program, including using Health Information Exchanges (HIEs) as an information source.

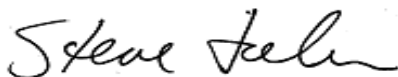
HIEs offer a rich database of patient health records that could be used for measuring interoperability. For example, the Strategic Health Information Exchange Collaborative ([SHIEC](#)) offers a trusted voice in the HIE community and ONC should consider leveraging their standards-based data and services for possible metrics. This will enable ONC to leverage the power of aggregated HIE data to better understand the different types of health information that is exchanged across many HIEs and determine what is feasible across the entire country.

HIMSS and PCHA are committed to fostering a culture where health IT is fundamental to positively transforming healthcare through interoperability by improving quality of care, enhancing the patient experience, containing cost, improving access to care, and optimizing effectiveness of public payment.

We look forward to the opportunity to further discuss these issues in more depth. Please feel free to contact [Jeff Coughlin](#), Senior Director of Federal & State Affairs, at 703.562.8824, or [Eli Fleet](#), Director of Federal Affairs, at 703.562.8834, with questions or for more information.

Thank you for your consideration.

Sincerely,



H. Stephen Lieber, CAE  
President & CEO  
HIMSS



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