Adventist HEALTH SYSTEM

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http://www.healthit.gov/policy-researchers-implementers/interoperability-roadmap-public-comments

Karen B. DeSalvo, MD, MPH
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue, SW
Washington, DC 20201

Re: Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0 Public Comments

Dear Dr. DeSalvo:

On behalf of Adventist Health System (AHS), the nation's largest not-for-profit Protestant health care provider, I appreciate the opportunity to comment on the draft Interoperability Roadmap, *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0*, prepared by the Office of the National Coordinator for Health Information Technology (ONC).

Our organization includes 45 hospital campuses located across 10 states and comprises more than 7,700 licensed beds. AHS provides inpatient, outpatient and emergency room care for four million patient visits each year.

AHS is very supportive of the ONC's vision for an interoperable Health Information Technology (Health IT) ecosystem that "makes the right data available to the right people at the right time among disparate products and organizations." We agree that this environment will support a "learning health system" that improves population health and health care quality while reducing health care costs. We also think this will help us to extend our organizational mission. **However, AHS believes that the ONC should focus on establishing a sequential roadmap of foundational steps that first prioritizes a minimum level of interoperability.**

AHS believes that health care providers, big and small, should have the ability to exchange electronic health information nationwide across disparate Electronic Health Record (EHR) systems without undue effort or cost.

We find that there are several foundational steps that must be taken to facilitate this primary level of interoperability.

For years, EHR vendors have provided Application Programming Interfaces (APIs) that enable the exchange of health data across systems. However, those APIs are customized to the individual exchanging partner. It is very expensive for vendors to maintain dozens of custom APIs. Therefore, the source EHR vendor typically creates a few custom APIs, or flat file extracts, and expects the provider of the destination EHR to finance additional customizations to enable receipt and consumption of the data into their EHR platform. The cost associated with this customization and/or the ability of the EHR vendors to execute are major barriers to interoperability. **AHS believes that these barriers could be mitigated if EHR vendors are required to provide standard open bi-directional APIs, at no additional cost, in their product.** The determinants of data exchange need to be precluded from vendor fees so that providers do not have to pay extra to access their system, data and APIs.

It is also critical that APIs be required to support a standardized framework for data exchange as suggested in the Health Level 7 (HL7) Fast Health Healthcare Interoperability Resources (FHIR). For this to work, a standardized national framework for health data exchange must be established. This framework must include standardized vocabulary, code sets and data formats. Standard transport protocols and access methods are also necessary to enable easy data exchange across different EHR systems. **AHS believes that this standard framework for data exchange should be supported and implemented quickly by EHR vendors and become part of the EHR certification process.**

There is also a great need to standardize the data fields captured inside the EHRs in order to make it easily available for extraction and ingestion. This will help support population health initiatives and efforts to ensure patients receive well-coordinated health care services. Regardless of all the standardization and APIs, achieving the benefits of interoperability is not feasible unless patients can be accurately matched as they move across the continuum of care and their providers can be identified and contacted. **AHS believes that the current four minimum demographic fields are not sufficient for patient matching.** Additional standardized minimum data fields and keys are necessary to ensure accurate patient matching. **Also, AHS believes that a nationwide physician directory is needed to facilitate more efficient use of secure electronic messaging systems such as DIRECT.** Such a directory would reduce the difficulty of keeping up with personnel changes as providers move between organizations.

Facilitating interoperability will also require nationwide policies that align conflicting state polices. AHS is concerned about the differences among various consent rules and data sharing rules. Also of concern is the ability of EHRs to segregate data to meet these rules. Different opt-in and opt-out policies pose huge challenges when providers seek to share patient health data within and across state lines. Providers must comply with these policies while also trying to accommodate various centralized and federated Health Information Exchange (HIE) models.

Of particular concern to AHS are different state and federal requirements for the exchange of "supersensitive data" such as behavioral health and substance abuse information. For example, the Office of Civil Rights' rules for sharing behavioral health data don't align with typical health care industry practices. Aligning these requirements will help reduce the amount of customization necessary to enable data exchange when large organizations have one HIE to handle the complex multi-state policies and rules.

In addition, demonstrating interoperability capabilities to a standard should be a requirement of EHR certification. AHS believes that simple attestation does not necessarily translate to "real world" interoperability capability. An EHR vendor may attest that their product enables interoperability but it might not work on a scale sufficient to enable local and nationwide interoperability with diverse EHRs. For this reason, we believe that a provider should be assured interoperability with all EHRs when they purchase Certified EHR Technology (CEHRT).

AHS supports the ONC's vision of an interoperable Health IT ecosystem that supports a "learning health system." We applaud the ONC's efforts to establish a pathway to achieving interoperability and appreciate the opportunity to comment on this draft Interoperability Roadmap. **We encourage the ONC to prioritize the critical actions necessary to achieve a minimum level of interoperability and accelerate open APIs and standards such as HL7 FHIR.**

Thank you for this opportunity to comment. Please do not hesitate to contact me if you wish to discuss further.

Sincerely,

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