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**Submitted electronically via [www.healthit.gov/policy-researchers-implementers/interoperability-roadmap-public-comments](http://www.healthit.gov/policy-researchers-implementers/interoperability-roadmap-public-comments)**

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National Coordinator for Health Information Technology  
Acting Assistant Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

**RE: America's Health Insurance Plans' Comments on ONC's Interoperability Roadmap**

Dear Dr. DeSalvo:

On behalf of America's Health Insurance Plans (AHIP) and our members, we are pleased to submit comments on the draft roadmap - *Connecting Health and Care for the Nation A Shared Nationwide Interoperability Roadmap DRAFT Version 1.0*, released for public comment by the Office of the National Coordinator for Health IT (ONC) on January 20, 2015. AHIP is the national trade association representing the health insurance industry. Our members provide coverage to more than 200 million Americans, offering a broad range of health insurance products in the commercial market and demonstrating a strong commitment to participation in public programs.

AHIP and our member health plans applaud and appreciate ONC's leadership in the important work to collaborate with healthcare stakeholders to achieve nationwide interoperable health information technology (health IT) that supports a broad scale learning health system by 2024. We believe that health IT that facilitates the secure, efficient and effective sharing of electronic health information when and where it is needed is an important contributor to improving health outcomes, improving healthcare quality, lowering healthcare costs, and empowering patients and caregivers to be more actively engaged in their health and care. AHIP and our member health plans believe health IT can drive greater value to the extent it helps providers recommend treatments that are better tailored to an individual; helps individuals become more engaged in their care, make better informed treatment and health-impacting decisions; helps reduce redundancy and cost; and facilitates care coordination.

The draft Roadmap proposes critical actions that the public and private sector need to take to advance the country towards an interoperable ecosystem over the next 10 years. The draft Roadmap emphasizes that achieving an interoperable system is an essential part



of the HHS Secretary's vision of better care through smarter spending, leading to healthier people and ultimately to realizing a continuous learning health system.

Interoperability is defined in the draft Roadmap as the ability of a system to exchange electronic health information with and use electronic health information from other systems without special effort on the part of the user. The learning health system is described as an ecosystem where all stakeholders can securely, effectively and efficiently contribute, share and analyze data and create new knowledge that can be consumed by a wide variety of electronic health information systems to support effective decision-making leading to improved health outcomes.

The draft Roadmap is organized according to the following building blocks:

- Rules of engagement and governance
- Supportive business, clinical, cultural and regulatory environments
- Privacy and security protections for health information
- Certification and testing to support adoption and optimization of health IT products and services
- Core technical standards and functions

ONC asks stakeholders to consider certain questions while reviewing the Roadmap. Our comments are organized around the topics of ONC's questions.

### **General**

Substantial progress has been made in the adoption and use of stand-alone electronic health records (EHRs) by physician practices and hospitals in part as a result of the meaningful use program. Consumer expectations for transparent access to information about health plan products, provider quality and cost information, and benefit design are growing. Evolving delivery and payment models and the introduction of new consumer tools will help facilitate appropriate sharing of electronic health information in a way that informs and enhances care for individuals and populations.

Key challenges remain, however. EHRs, despite being certified for meaningful use, can be limited in helping providers to better manage individual and population health given their emphasis on documentation of care and their limited ability to easily exchange data and make relevant information available for better decision-making. The added cost of interfaces to enable information sharing among EHRs has been prohibitive for some providers and frequently has not resulted in a return on investment for providers in the current fee-for-service payment environment. In addition, numerous software and technology solutions have been developed to supplement the functional limitations of EHRs, and this creates challenges because it has occurred without standardization.

Achieving the vision of ubiquitous nationwide interoperability in the near term and a learning health system in ten years will be dependent on changing incentives and



transitioning from fee-for-service payment to value-based payment models. Public and private payers have an important role to play in this transition, as highlighted in the Roadmap. Additionally, technology solutions and innovations will need to go beyond EHRs and health information exchange to include analytics to support physician decision making at the point of care and make it easier to improve care. Health IT is not an end in itself, however it can be a very helpful tool to drive value and improve care.

In general the Roadmap is very provider-centric. The Roadmap highlights the role of public and private payers to evolve policy and funding levers which indeed is important. AHIP member health plans have substantial experience providing technology solutions and tools to connect patients with their providers and to provide technical assistance for providers as they transition to new payment and delivery models such as accountable care organizations (ACO) and bundled payments. Specific examples are included to better illustrate our response to the section on Supportive Business, Cultural, Clinical and Regulatory Environment.

### **Priority Use Cases**

The list of use cases in Appendix H of the Roadmap is too lengthy and needs further prioritization. The prioritization process should be open, transparent, and include balanced representation of relevant stakeholder interests of payers, providers, vendors, government agencies, consumers, and others. No more than three priority use cases from this list should inform priorities for the development of initial technical standards, policies and implementation specifications. Additional priorities should be staged over time and must consider realistic timelines and costs of development, deployment, as well as related operational burdens.

### **Governance**

The Roadmap delineates the learning health system requirements related to shared governance of policy and standards that enable interoperability as follows: nationwide interoperability across the diverse health IT ecosystem will require stakeholders to make collective decisions between competing policies, strategies, and standards in a manner that does not limit competition. Maintaining interoperability once established will also require ongoing coordination and collaborative decision-making about change.

The most significant call to action to occur between 2015 and 2017 would be a collaborative effort of public and private sector stakeholders across the ecosystem to establish a single coordinated governance process, policies regarding business practices, including policies for identifying and addressing compliance with those policies, and to identify the technical standards that will enable interoperability for specific use cases.

Conceptually it makes sense that a public-private partnership be established to oversee and manage the rules of the road put forth by ONC, but the challenge will be in the details of how a single coordinated governance process would be created, who would



participate, what authority it would have, how it would be funded, and what resources would be available for ongoing operations, enforcement and measurement. There can be anti-trust considerations for participants in standards-setting where it is encouraged by government. In addition, there could be questions of how this new governance entity would relate to ONC and the existing federal advisory committee structure of the Health IT Policy and Standards Committee, or to rulemaking of multiple agencies with regulatory authority in some aspects of health IT.

AHIP health plan members have an important role to play in interoperability governance however ONC needs to provide more information on how the coordinated governance process would function and sustain itself over the long term. The coordinated governance process must be open, transparent and include balanced representation of stakeholder interests.

### **Supportive Business, Cultural, Clinical and Regulatory Environment**

Technology has changed the way people do business across the globe and has improved efficiency and connectedness. It is also transforming our healthcare system, by improving patient safety and overall healthcare quality. AHIP member health plans are strongly committed to the goals of patient-centeredness, population health focus and creating an interconnected healthcare system in which health information can be exchanged electronically to ensure that providers have the needed patient information readily available at the point of care delivery to inform shared decision making, better coordinate care, and improve quality and efficiency.

AHIP member health plans are demonstrating leadership in transitioning from fee-for-service payment models and providing information and technology solutions and tools to help providers and members. They are implementing models to promote high value healthcare through accountable care organizations, patient centered medical homes, and/or bundled or episode based payments. Health plan goals for alternative payment models are patient-centered and population-focused. This is achieved through supporting physician practice change; providing care information on missed opportunities or gaps in care to providers; emphasizing data collection, sharing and accessibility across providers and care settings; and measuring performance to encourage improvements in quality outcomes and cost savings targets. It should be noted that participants in different payment models are best served by different technologies or architectures that address physician practice specific needs.

As described in an article in Health Affairs entitled "Early Lessons From Accountable Care Models in the Private Sector: Partnerships Between Health Plans and Providers," published in September 2011, providers may need technical assistance to support practice change and be successful in accountable care arrangements. Technical assistance such as population health management, disease and case management tools for care improvement and decision making, exchanging health information, and data analytics have enabled physician practices to take on more financial risk. Population



health management assistance entails providing detailed claims data and analytic reports to identify gaps in care, predictive modeling reports that stratify patients by risk, out-of-network provider use by patients, comparisons to benchmarks, and progress toward targets. Disease and case management tools may include embedding nurse case managers in practices, providing clinical decision-support tools such as evidence-based care guidelines and access to key data at the point of care, and promoting collaboration between health plan care management teams and providers. Exchanging health information often includes access to health information exchange systems that allow two-way flow of information to facilitate case management and clinical decision support.

### **Privacy and Security Protections for Health Information**

The Roadmap states that the privacy and data security requirements of the Health Insurance Portability and Affordability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act) are the operating framework for the three year goal with the focus on how to effectively enable nationwide interoperability within this framework. These requirements provide strong privacy and security protections for health information and allow patient information to be shared for the purposes of treatment, payment and healthcare operations without patient consent. AHIP member health plans have demonstrated their commitment and long term compliance with HIPAA and the HITECH Act and support systems that permit the secure exchange of information between health care providers, health plans, and patients.

In addition, the Roadmap touches on cyber security and describes the characteristics and agreements needed to support a learning health system's cyber security program. AHIP and our member health plans are committed to working in partnership with government and other stakeholders to protect consumers, identify potential threats and secure consumer information.

### **Core Technical Standards and Functions**

The common clinical data set identified in the Roadmap is not common, it is overly ambitious and insufficiently standardized, and may not align with the few critical priority use cases that should be identified as mentioned above. The data elements should be prioritized through an open, transparent process with balanced representation of stakeholder interests.

Individual data matching is unlikely to be an adequate solution to identity resolution issues in the proposed timeframe in the absence of a national identification scheme. The White House initiative for a National Strategy for Trusted Identities in Cyberspace (NSTIC) offers more promise but is still in the early stages.



### **Certification and Testing**

Certification of EHRs in the context of the meaningful use program has not had the intended result of ensuring purchasers of EHRs that the products would meet their needs. It is even more difficult to certify and test for semantic interoperability. The best approach would be to provide or create a test laboratory for semantic interoperability based on an agreed upon definition and parameters.

### **Measurement**

Measurement and evaluation are important to understanding the landscape of information sharing as well as progress and challenges. However, exchange of information is not an end in itself and therefore counting transactions sent or the number of providers or individuals with access to electronic information are not necessarily meaningful measures. Interoperability is a vehicle to help ensure that physicians have timely data for clinical decision making and patient assessment. It is important to try to measure the impact of interoperability such as by demonstrating the success of coordination of care and medication reconciliation. AHIP and our member health plans support the areas that ONC has identified in the "impact" part of the measurement section. Measurement should be aligned with the National Quality Strategy and we highly recommend that ONC use the National Quality Strategy as the organizing principle for measurement.

### **Conclusion**

Thank you once again for the opportunity to provide input on the Interoperability Roadmap. If you have questions about these comments, please contact me at 202-778-3229 or [kberry@ahip.org](mailto:kberry@ahip.org). We look forward to continuing to work with the Office of the National Coordinator to leverage health IT to improve healthcare.

Sincerely,

A handwritten signature in black ink that reads "Kate Berry".

Kate Berry  
Senior Vice President