April 29, 2015

Karen DeSalvo, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. DeSalvo:

At the February 10, 2015 joint Health IT Policy and Standards Committee Meeting, the following Health IT Policy (HITPC) workgroups were charged with commenting on ONC's Shared Nationwide Interoperability Roadmap.   To disperse the work appropriately and avoid overlap, the HITPC workgroups were each assigned specific sections to review.

Workgroup	Assignments	Summary Comments

Consumer	Section C. Individuals are empowered to be active managers of their health
	
	Section D. Care providers partner with individuals to deliver high value care
		• Partnership between clinicians, patients and family caregivers should be an essential building block in the Learning Health System (LHS)
		• Consider merging Section C & D to support the partnership between individuals and care providers and will assist in streamlining the overall effort of achieving a LHS
		• The rapidly changing role of the consumer and the evolution of technology is not well reflected in the overall plan (e.g., EHRs appear to be the central focus).
		• Throughout the Roadmap, replace "others" with "Authorized family members and other authorized caregivers" Throughout the Roadmap, replace "care plan" with "person centered plan". Healthcare is a piece of the plan but includes other areas such as community services and long term care services.
		• Provide a realistic vision of what interoperability will or should look like in 2024. In a truly patient-centric model, the patient will be the dominant curator of health information
		• Section D should be revised to better emphasize the clinical-patient–family partnership, as it is very provider focused.
		   o Section D is potentially overwhelming; providers report being overwhelmed with requirements today (MU, PQRS, ICD 10, etc.).
		   o Need to focus on outcomes and less on the process.
		
		Attachments:
		Appendix_A_HITPC_CWG_Interoperability_ Roadmap_Comments_2015-04-07_Final
		Appendix_B_HITPC_CWG_Interoperability_Roadmap_Comments_2015-04-07_Final

Workgroup	Assignments	Summary Comments

Privacy and Security	Section G. Consistent representation of permission to collect, share, and use identifiable health information
	
	Section H. Consistent representation of authorization to access health information
		• Clarify language regarding the relationship between "basic choice" and existing health or medical privacy laws that permit the sharing of health information for some purposes (such as among health care providers for treatment and care coordination) without the requirement to first obtain patient permission.
		   o For many readers, the draft Roadmap was unclear on what was intended in the discussion of basic choice.
		• ONC should make sure the final Roadmap clearly and unambiguously articulates the following national near-term goals:
		   o Exchange is permitted for certain purposes without an individual's permission;
		   o Basic choice, *if offered to individuals,* is offered in a technically standard way and individuals can more easily make choices electronically and online; and
		   o Harmonize categories/conditions legislatively defined under federal and state law (e.g., mental health).
		• With respect to exchange among providers, focus first on removing roadblocks to exchange pursuant to existing laws (achieving more consistent interpretation and assure greater interoperability).
		   o Debates about the degree of control that patients should have over personal health information are ongoing
		   o Focus on promoting/assuring interoperability within traditional healthcare providers
		   o Helpful to clarify whether, when a provider makes a disclosure permitted by federal law, the discloser is liable for any bad or careless acts of the receiver
		
		Attachment:Appendix_C_HITPC_PSWG_Interoperability_Roadmap_Comments_2015-04-07

Workgroup	Assignments	Summary Comments
Interoperability & Health Information Exchange	Section M. Accurate Identity Matching Section N. Reliable Resource Location (including provider directory)	- Workgroup recognizes the importance of accurate identity matching and reliable resource location as roadmap categories - Concerns raised about - Aggregate number & complexity of the "critical actions" - Ability of the industry to accomplish actions in the 2015-2017 timeline - The Roadmap articulates an interoperability floor rather than a ceiling (i.e. matching should go beyond the minimum data matching elements). - Scope and definition of the "coordinated governance" - Half of 2015-2017 Critical Actions rely on policy and operational functions driven by "coordinated governance" "Coordinated governance" is not specifically defined (strategically or operationally) and ambiguous to different current and future levers - Lack of specificity on levers/incentives to accomplish each Critical Action - WG unable to endorse or reject critical actions relying on "coordinated governance" - The Roadmap should include Record Location as a long-term goal based on identity-matching and resource location capabilities - Private data-sharing arrangements are already deploying such services today (e.g., CommonWell, MA HIway, etc.) - Potential opportunity for CMS to launch Medicare-focused Record Location Services based on existing claims and HITECH data? Attachment: Appendix_D_HITPC_IOWG_Slides_2015-04-07_v2.pptx

Workgroup	Assignments	Summary Comments

Advanced Health Models and Meaningful Use	Appendix H – Use Case Prioritization	• Two step process for narrowing use cases
		   ○ Prioritize
		      ▪ Identify important attributes of high priority use cases
		      ▪ Used the triple aim as must-pass impact criteria
		      ▪ Apply impact criteria to Appendix H submitted use cases (narrowed 56 → 15)
		      ▪ Organize exemplar use cases into thematic visions
		   ○ Select
		      ▪ Score high priority exemplars on other attributes (programmatic needs, readiness, beneficiaries)
		      ▪ Review candidate set for global observations
		• Future considerations
		   ○ Two-stage prioritization process separates "technical" considerations from programmatic and strategic needs to inform policy decisions
		   ○ Consider additional analysis:
		      ▪ Inter-rater variability
		      ▪ Delphi scoring to move towards consensus
		      ▪ Matrix view provides global view to identify gaps and address programmatic needs
		• Federal agencies- can leverage use case process to identify/reach consensus on top use cases with consideration for respective programmatic needs
		• States- can use this in combination with or as their own use case prioritization process as part of their own roadmap activities
		• Beneficiaries- can leverage for delineating use case gaps and net impact across types (consumer, community, provider, public health, research, payer)
		
		Attachments:
		Appendix_E_HITPC_Use_Case_Prioritization_Template_2015-04-07.xlsx
		Appendix_F_HITPC_AHMWG_presentation_slides_2015-04-07_PT

More than twenty public meetings were held across the various workgroups, resulting in the final comments summarized above and included in the detailed attachments from each HITPC workgroup. These comments were approved by the Health IT Policy Committee on April 7, 2015.

We appreciate the opportunity to provide these comments and look forward to engaging the Committee in future discussions to assist in the evolution of the Interoperability Roadmap.

Sincerely yours,

/s/

Paul Tang
Vice Chair, HIT Policy Committee