American Medical Association (AMA) Response to ONC's Proposed Interoperability Standards Measurement Framework RFI

Questions for Feedback	AMA Response
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?	Initially, a voluntary approach may be necessary, especially as the Framework matures. While the AMA agrees that generally the process of measurement—when used appropriately—can support improvement, its overuse can also drastically burden those tasked with measurement. Significant attention must be paid to the value/burden ratio when developing a participant reporting system. Whether a purely voluntary or incentive-driven structure or a hybrid voluntary/incentive structure is chosen, ONC must focus on clearly identifying benefit and value for those being measured. If necessary to bolster Framework participation, we suggest ONC (and other potential federal agencies) focus on positive incentives as opposed to penalties. Furthermore, ONC should consider the array of potential reporting contributions by health IT, users, and consumers and work with representative associations to create a high value to burden ratio.
2. What other alternative mechanisms to reporting on the measurement framework should be considered (for example, ONC partnering with industry on an annual survey)?	The AMA sees value in both quantitative and qualitative approaches to standards measurement. As written, the framework is focusing primarily on volume to define if interoperability is occurring. Our concern is that this focus ignores whether patients and physicians are still facing barriers to obtaining and understanding information. We see an opportunity to glean valuable information, pertinent to both Objective measurement areas, by conducting a mixture of national and targeted surveys. Again, it may be necessary to collaborate with industry associations to ensure both survey approaches provide value to those being measured. Usability principles could also be leveraged to highlight where interoperability is occurring or where barriers remain.
3. Does the proposed measurement framework include the correct set of objectives, goals, and measurement areas to inform	We agree with ONC's assertion that the Framework will help identify specific barriers to standards implementation and use. Furthermore, we agree with the general approach used for both Objectives. Yet, we note that the focus on volume alone may not be sufficient. Rather, ONC should couple this with whether the standards are

progress on whether the technical requirements are in place to support interoperability?	meeting all users' needs, especially with regard to gaps in information.
4. What, if any gaps, exist in the proposed measurement framework?	ONC should be mindful of various scenarios when data is derived from systems outside the purview of Certification, and therefore not subject to consistent standardization.
5. Are the appropriate stakeholders identified who can support collection of needed data? If not, who should be added?	While ONC correctly identifies health IT developers and exchange networks as major contributors for measurement data, the AMA questions the lack of consideration of physician participation. We agree that not all physicians are well positioned to capture (or even know about) interoperability measurement data; however, we highlight that standards use (as discussed in Objective 2) should not be evaluated without some physician input. Physicians can contribute in multiple ways. For example, measuring standards use in an existing information technology system should be informed both by how well a system supports patient care goals and how much it improves overall efficiency. Physicians are well-positioned to provide feedback about each of these aspects. Many physician organizations have correctly identified that health IT development lacks physician input. As the AMA continues to take steps to help address this, ONC should proactively engage with organized medicine to ensure that the vital perspective of physicians is not lacking from the Framework.
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	The AMA agrees with ONC's assessment of limitations on the current state of measurement, and we anticipate those limitations will inform where ONC should focus its efforts. We also agree that the particulars of the standards being used in a system can impact what can be measured. For instance, measuring standards used for data transport and content could require a different approach than measuring standards used for medical vocabularies and terminologies. Given this, we recommend ONC engage with standard development organizations (SDO) and coding system developers.

these measures?	
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?	We agree with the goal of annual reporting. This aligns with the yearly reporting cycle of Centers for Medicare & Medicaid Services' (CMS) programs, (e.g. QPP Improvement Activity reporting), which could be leveraged as positive incentives for physician participation. We again, however, reiterate that participation should be voluntary. Reporting on a more frequent basis should be feasible for automated measures. Therefore, as discussed above, ONC should engage with SDOs and coding system developers to ensure Framework development efforts are informed by and aligned with standards and coding developers.
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?	See answer to question 9.
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	We recommend ONC host a series of roundtables with specific stakeholders to garner input on the prioritization of standards. These roundtables should identify the relative feasibility of reporting on certain standards over others, (i.e., the "low hanging fruit") as well as those standards needed to execute specific high-value use cases.

	reporting?	
10.	What measures should be used to track the level of "conformance" with or customization of standards after implementation in the field?	Tracking the level of "conformance" should not be ONC's sole objective. While the AMA has provided numerous comments to both ONC and CMS regarding our concerns with health IT's ability to interoperate—and as a core issue, health IT developers' conformance to standards implementation guidance—interoperability is far larger than standards conformance alone. Interoperability should be viewed holistically; that is, how well the system supports patient care goals and improves overall efficiency. We reiterate the need to engage with physicians as key stakeholders in identifying high-value use cases.

While we support the need for standards conformance measurement, we want to emphasize the concept of "sending conservatively and accepting liberally." Testing is one method of validating conformance to this concept. Again, SDOs and coding developers should be included in these discussions.

Further, while ONC has an established testing program in place, there are still widespread issues with overall product design and usability. We believe ONC should consider encouraging health IT development based on use case needs. Test-driven development (TDD) is a natural fit for this approach. TDD relies on the repetition of a very short development cycle based on test cases—where the test cases themselves are defined by functions based on use case need. We encourage ONC to identify where this approach may fit in its certification program, including areas surrounding Principles of Proper Conduct. |