CHANGE
HEALTHCARE

July 31,2017

The Honorable Donald Rucker
National Coordinator for Health Information Technology
Office of the National Coordinator
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Coordinator Rucker:

Re: Proposed Interoperability Standards Measurement Framework Public Comments

On behalf of Change Healthcare, I am pleased to submit comments on the proposed Interoperability Standards Measurement Framework.

About Change Healthcare
Change Healthcare is inspiring a better healthcare system. The Change Healthcare Extended Care Solutions group works alongside our customers and partners. We leverage our software and analytics, network solutions and technology-enabled services to enable better patient care, choice, and outcomes at scale. As a key catalyst of a value-based healthcare system, we are accelerating the journey toward improved lives, and healthier communities. Simply put, we impact 1 in every 5 US patient records, 12 billion healthcare transactions and $2 trillion in healthcare claims costs annually. Our solutions touch 800,000 physicians, 5,500 hospitals, and 2,100 payer connections. With our customers and partners, we are creating a stronger, better coordinated, increasingly collaborative and more efficient healthcare system that enables better patient care, choice and outcomes at scale.

Comments and Recommendations
Change Healthcare is pleased to offer comments and recommendations on the proposed framework:

We strongly support a measurement framework and the objective as outlined in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), to achieve widespread exchange of health information through interoperable certified electronic health record (EHR) technology nationwide by December 31, 2018.

We support the attainment of this objective through joint public private collaboration as we continue to advance the digitization of healthcare. True person centered interoperability may begin with the basic exchange of a file containing patient data but our vision must evolve to orchestrated interoperability were the information flows seamlessly across heterogenous environments and can be incorporated within workflow to inform decisions in real time. The following comments and recommendations are provided to help guide the development of a measurement framework that will evolve with our expanding capabilities.

As currently proposed, the measurement areas could count transactions, detect point use, or capture within-vendor transactions—which may misrepresent the state of interoperability across the US. The measurement areas miss identifying whether the crucial interoperability use cases and cross-vendor transactions are met, which are ultimately the driving force behind meeting the nation's objectives for robust health information exchange. Furthermore, a voluntary program has the chance to create highly-skewed reporting and not have enough statistical rigor to narrow-in on priority areas.

ONC's efforts to continue refining an adequate measurement framework are admirable and could be furthered with several considerations:
- The measures should align with outcomes and use-case driven focus on the interoperability needs which have been identified through ONC's convening activities and listed within the ISA. To that end, we encourage ONC to continue in its role as a convener and bring together workgroups with all actors & systems identified to meet specific interoperability needs, and then work through the types of measures which would identify whether varying levels of interoperability are met. Those workgroups should propose how a pilot could then appropriately measure interoperability, based on the outcomes and not simply volume, end-user adoption, or development plans.
    o ONC's proposed measurement areas are going to be a heavier lift end-to-end than any one exchange partner (identified as "data holders") could adequately cover and provide comprehensive data to answer the strategic objectives. Therefore, the measurement stakeholders need to be broadened beyond the current definition and could include providers, payors, patients, and more, beyond simply software providers.
    o Based off the efforts of the workgroup recommendations, ONC should then identify exchange partners to pilot the measurement criteria identified by the working groups. Targeted pilots will generate improvements for the approach, and better codify the merits for industry actors to participate in a voluntary program.

- Understanding that the scope of measurement stakeholders is broader than defined in ONC's proposal. We recommend that ONC seek to align the voluntary program with desired outcomes from other national interoperability priorities such as Advancing Care Information under MACRA's Quality Payment Program, and further detailing the understanding of "information blocking" for clinical research use cases contained within the 21st Century Cures Act. Both of those pieces of legislation provide guidestars for value-based payments supporting public health & clinical research which can be leveraged as meaningful use cases for vetting an interoperability measurement framework.
- We encourage ONC to specify the reporting and analysis framework into which the measures would be populated and made available, including level of disclosure.
- Finally, we encourage the ONC to re-visit the term "data holder," and consider "Measurement Audience," "Measurement Participants," or even "Target Measurement Volunteers," as none of the entities listed truly hold data—be it clinical data, or metadata about interoperability transactions that hasn't already been configured within the system to-date.

We thank you for the opportunity to share our comments and recommendations and should you have any questions or need additional information please contact me directly.

Best Regards,

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