July 31, 2017

Don Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, DC 20001

Dear Dr. Rucker,

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinical partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on the proposed interoperability standards measurement framework released by the Office of the National Coordinator (ONC) for Health Information Technology (IT) in April.

The AHA applauds ONC for addressing questions of standards maturity and the consistency of implementation of standards across health IT and health information exchange (HIE) vendors. Efficient and effective sharing of information to inform care, support new models of care and engage patients in their health requires consistent use of workable standards across technologies, installations, and exchange infrastructure.

The framework presented by ONC would rely on voluntary reporting by health IT and HIE developers about the standards implemented in their products and deployed to end users. The AHA believes that voluntary reporting on these questions can be a useful starting point to better understand how interoperability standards are being deployed. We also would recommend, however, that ONC consult with the National Institute of Standards and Technology for insights on how other sectors are measuring the level of consistent use of standards.

The framework considers using data on the volume of transactions conducted using standards as a measure of their success. We encourage the agency also to consider collecting information on the level of effort required to conduct those transactions. The goal of standards is to make exchange seamless. However, current experience in the field suggests that considerable effort is needed to conduct exchange. In addition, we recommend that ONC consider new models of information sharing that rely on shared access to data rather than individual transactions. These

approaches limit the need to duplicate data and offer greater ability to protect systems, which is a key factor given the growing cybersecurity risks in health care.

As ONC builds out its framework, we urge the agency to avoid adding any reporting requirements for hospitals, health systems, and clinicians on the use of standards. As end-users of technology, they are not likely to have the technical knowledge to know which standards or version of standards are built into systems, or how their systems are affected by the specific configurations of a given installation. In addition, requiring additional reporting from hospitals, health systems, and other providers runs contrary to the administration's welcome commitment to reduce regulatory burdens.

Thank you for the opportunity to comment on the important issue of ensuring that standards are not only adopted, but used consistently. If you have any questions, please do not hesitate to contact me or Chantal Worzala, vice president of health information and policy operations, at cworzala@aha.org or 202-626-2313.

Sincerely,

/s/

Ashley B. Thompson
Senior Vice President
Public Policy Analysis and Development