

July 31, 2017

Don Rucker, M.D.  
National Coordinator for Health Information Technology  
Office of the National Coordinator (ONC)  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Submitted electronically at: [https://www.healthit.gov/policy-researchers-implementers/interoperability/Proposed\\_Interoperability\\_Standards\\_Measurement\\_Framework\\_PublicComments](https://www.healthit.gov/policy-researchers-implementers/interoperability/Proposed_Interoperability_Standards_Measurement_Framework_PublicComments)

Re: Request for Public Comments: Proposed Interoperability Standards Measurement Framework

Dear Dr. Rucker,

Premier, Inc. (Premier) is pleased to submit these comments in response to the Office of the National Coordinator's (ONC) Request for Public Comments: Proposed Interoperability Standards Measurement Framework.

Premier is a leading healthcare improvement company, uniting an alliance of approximately 3,750 U.S. hospitals and more than 130,000 other provider organizations. Premier has one of the most comprehensive and largest healthcare databases in the industry. Premier works with its members on utilizing informatics, analytics, and data to improve care quality and patient safety, while achieving cost efficiencies. With integrated data and analytics, collaboratives, supply chain solutions, and advisory and other services, Premier enables better care and outcomes at a lower cost. Premier, a Malcolm Baldrige National Quality Award recipient, plays a critical role in the rapidly evolving healthcare industry, collaborating with members to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide. Headquartered in Charlotte, N.C., Premier is committed to transforming American healthcare.

In the comments below, we first summarize Premier's longstanding support for interoperability across the healthcare continuum and then offer specific comments on the DRAFT Proposed Interoperability Standards Measurement Framework.

## General Comments: Ongoing Support for Interoperability

Premier supports efforts to transform healthcare through the power of health information technology (Health IT) by addressing the ongoing interoperability challenges among Health IT assets critical in achieving delivery system reform and value in healthcare. Premier advocates for, develops and works on innovative solutions to achieve open data access across health information technology (health IT) systems to support the industry's value-based care transition.<sup>1</sup> Members of the Premier healthcare alliance continue to voluntarily implement interoperability and public access standards. However, their ability to manage integrated, holistic care delivery demands Health IT systems that can talk to one another and help us deliver increased efficiency, accuracy and improved outcomes.

However, despite steep investments in health IT, providers still face interoperability challenges that hinder their efforts to achieve better health outcomes and quality at lower costs for patients. According to results of a Premier survey of Accountable Care Organizations (ACOs),<sup>2</sup> integrating data from out-of-network providers was the top Health IT challenge for 80 percent of respondents. In another survey, Premier found that health systems are moving beyond recording data in electronic health records toward integrating and combining data to streamline analytics on supply chain, financial and clinical care for evidence-based decision-making.<sup>3</sup> Without connectivity across the care continuum, the data collected are fragmented and do not paint the total picture necessary for healthcare providers to deliver informed, coordinated care.

## Premier Responses to ONC Questions

### 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?**

Premier suggests that ONC further define and describe the contemplated "voluntary, industry-based measure reporting system". We believe that developing and implementing of an interoperability measures reporting system requires input and involvement of a broad set of public and private sector stakeholders. Government action may be needed to supplement existing activities, such as those inherent in the certification of electronic health record systems. Premier is supportive of a public rating system of vendors' technology based on demonstrated performance on measures of usability,

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<sup>1</sup> <https://www.premierinc.com/premier-inc-to-demonstrate-advances-in-interoperability-at-himss16/>

<sup>2</sup> <https://www.premierinc.com/wpdm-package/the-evolving-nature-of-accountable-care/>

<sup>3</sup> <https://www.premierinc.com/premier-inc-c-suite-survey-health-system-leaders-focused-managing-costs-improved-use-data-period-uncertainty/>

functionality and interoperability. We also support granting Federal authority to investigate and fine vendors who engage in information blocking. Premier suggests that ONC leverage and supplement prior and ongoing efforts regarding interoperability and standards measures (see response to question 3 regarding other entities and efforts). Furthermore, Premier urges that ONC's efforts be informed by applicable research and real-world evidence.<sup>4 5 6 7 8 9 10 11</sup>

## 2) **What other alternative mechanisms to reporting on the measurement framework should be considered (for example, ONC partnering with industry on an annual survey)?**

Premier believes that it is essential to enact policies to require interoperability standards in Health IT systems so that providers can access data from any system and unlock the true potential of coordinated, high-quality, cost-effective healthcare. In prior submissions to ONC, we identified several recommendations for your consideration and believe that they are applicable to this question.<sup>12 13</sup>

Premier supports having criteria that certified health information technology would need to meet (via demonstration not self-attestation) to be considered interoperable and standards that set forth the categories and domains of interoperability for electronic health records (EHR) vendors. Certification of EHRs should focus on the demonstrated ability of systems to retrieve and send data for patient care, and other purposes (such as public health and research). This should include entity data-sharing programs that do may not require vendor-specific interfaces and which are also tested in the real world.

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<sup>4</sup> Holmgren AJ, Patel V, Charles D, Adler-Milstein J. US hospital engagement in core domains of interoperability. *Am J Manag Care*. 2016 Dec 1;22(12):e395-e402.

<sup>5</sup> McCartney P. Interoperability Standards and the Potential of Interoperability. *MCN Am J Matern Child Nurs*. 2016 May-Jun;41(3):189

<sup>6</sup> Adler-Milstein J, Pfeifer E. Information Blocking: Is It Occurring and What Policy Strategies Can Address It? *Milbank Q*. 2017 Mar;95(1):117-135

<sup>7</sup> Pringle S, Lippitt A. Interoperability of electronic health records and personal health records: key interoperability issues associated with information exchange. *J Healthc Inf Manag*. 2009 Summer;23(3):31-7.

<sup>8</sup> D'Amore JD, Mandel JC, Kreda DA, Swain A, Koromia GA, Sundareswaran S, Alschuler L, Dolin RH, Mandl KD, Kohane IS, Ramoni RB. Are Meaningful Use Stage 2 certified EHRs ready for interoperability? Findings from the SMART C-CDA Collaborative. *J Am Med Inform Assoc*. 2014 Nov-Dec;21(6):1060-8.

<sup>9</sup> Adler-Milstein J, Jha AK. Health information exchange among U.S. hospitals: who's in, who's out, and why? *Healthc (Amst)*. 2014 Mar;2(1):26-32.

<sup>10</sup> Adler-Milstein J, DesRoches CM, Jha AK. Health information exchange among US hospitals. *Am J Manag Care*. 2011.Nov;17(11):761-8.

<sup>11</sup> Furukawa MF, Patel V, Charles D, Swain M, Mostashari F. Hospital electronic health information exchange grew substantially in 2008-12. *Health Aff (Millwood)*. 2013 Aug;32(8):1346-54.

<sup>12</sup> Premier comments on ONC Interoperability Roadmap April, 2015 <https://www.premierinc.com/transforming-healthcare/healthcare-policy/hit-privacy/>

<sup>13</sup> Premier MTIC comments to JASON task force September, 2014 <https://www.premierinc.com/transforming-healthcare/healthcare-policy/hit-privacy/>

**3) Does the proposed measurement framework include the correct set of objectives, goals, and measurement areas to inform progress on whether the technical requirements are in place to support interoperability?**

Premier requests that ONC address several additional areas to refine its program objectives, goals, and measurement areas:

- clarify the extent to which the framework addresses/pertains to: interoperability for clinical, public health, research and/or other purposes;
- develop and disseminate a broad-based set of clear and precise definitions of all terms and terminology used in the framework (i.e., interoperability; health information exchange; data holders; industry-based; transaction(s); exchange networks) to help prevent any interpretative ambiguity and unintended confusion and to harmonize terms across Federal programs;
- align this effort with other national program requirements, such as Medicare’s Quality Payment Program (QPP) and the use of CMS-Approved Quality Clinical Data Registries (QCDRs);
- clarify and address the multiple dimensions of interoperability and approach (es) to standards development and consider site-and context-specific issues;
- clarify to what extent ONC intends to continue its partnership with the American Hospital Association (AHA) to measure the adoption and use of health IT in U.S. hospitals<sup>14</sup> and/or to seek other avenues for potential (survey) data collection;
- clarify and address to what extent and how the framework will include: vocabulary; content and/or technical standards;
- clarify how ONC plans to track and consider the “life cycle” of a standard and related implementation specifications;
- provide additional granularity regarding the proposed timeline and expected milestones;
- address interoperability measures across the care continuum and for multiple and diverse stakeholders (including considering the patients’ role (i.e., the use of patient portals, home monitoring, patient-reported outcomes);
- consider an incremental implementation of the framework, include real-world pilot testing (across various settings, systems, and users) and studies of proposed measures, broad information dissemination and stakeholder education;
- provider measures of interoperability should not be made more stringent until there are robust and vendor measures in place) and;
- clarify the relationship between this effort and other ongoing or planned activities (including the Health IT Certification Program; Certified Health IT Product List (CHPL); the Interoperability Standards Advisory (ISA<sup>15</sup>); Quality Payment Program (QPP)<sup>16</sup>; the Interoperability Proving

<sup>14</sup> ONC Original Data Briefs <https://www.healthit.gov/policy-researchers-implementers/briefs>

<sup>15</sup> Interoperability Standards Advisory <https://www.healthit.gov/isa/>

<sup>16</sup> Developer Tools <https://qpp.cms.gov/developers>  
13034 Ballantyne Corporate Place F 704.357.0622  
Charlotte, NC 28277

Ground<sup>17</sup>; NIST Health IT program<sup>18</sup>; NIST Medical Devices Interoperability Program<sup>19</sup>; and the National Quality Forum (NQF) Interoperability Project 2016-2017<sup>20</sup> .

**4) What, if any gaps, exist in the proposed measurement framework?**

See response to question 3.

**5) Are the appropriate stakeholders identified who can support collection of needed data? If not, who should be added?**

Premier believes that diverse and multiple stakeholders' perspectives and contributions are essential to this effort. In addition to those mentioned in the draft framework (health IT developers, health information exchange organizations, and health care organizations), Premier believes that other stakeholders such as healthcare providers; clinicians; registries; application developers; consumers (patients, families and caregivers); standards development organizations (SDOs); end users; and measures developers) need to actively participate. Premier notes that stakeholders may have multiple (concurrent or sequential) roles (data sender; data recipient; data holder; data user) and execute diverse responsibilities along the care continuum which need to be considered in the framework 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 these measures?**

Lacking details about the identification and selection of standards as well as the development and implementation of the measures, it is difficult to assess data holders' capabilities (please see response to question 3 and our other comments about the need for further clarification of the term "data holder"). Premier suggests that ONC work with a broad array of stakeholders to conduct pilot testing of proposed methods and approaches before finalizing approaches and methods. However, in general, Premier believes that stakeholders will be interested in monitoring the implementation and use of measures. We would also widely disseminate information and findings to our members.

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<sup>17</sup> Interoperability Proving Ground (IPG) <https://www.healthit.gov/techlab/ipg/>

<sup>18</sup> NIST Health IT Program <https://www.nist.gov/healthcare>

<sup>19</sup> NIST Medical Device Interoperability <https://www.nist.gov/healthcare/emerging-technologies-healthcare/medical-device-interoperability>

<sup>20</sup> Interoperability Project 2016-2017 <http://www.qualityforum.org/ProjectDescription.aspx?projectID=83283>

- 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?**

Premier believes it would be appropriate to report annually on the implementation and/or use of interoperability standards and to inform/harmonize with the ISA. However, in the absence of details it is difficult to comment further on potential challenges or reporting frequency. See also response to question 3.

- 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?.**

Premier suggests that ONC identify, develop, articulate and disseminate (for comment) [near-term and longer-term] priority standards and related proposed measures and data collection approaches. Premier supports a transparent and structured process for interoperability standards identification and measurement development. Premier urges ONC to consider: potential reporting burdens (such as logistical and cost) and version control (of standards and implementation specifications).

- 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 reporting?**

See response to question 8.

- 10) What measures should be used to track the level of “conformance” with or customization of standards after implementation in the field?**

See response to question 8.

## Summary

The Premier healthcare alliance appreciates the opportunity to submit these comments on the Proposed Interoperability Standards Measurement Framework. Premier shares the vision of achieving health information technology interoperability and the establishment of core standards and functions of health IT that will enable an interoperable, learning health ecosystem. Premier hopes our comments are helpful as you continue this important work. Premier would be happy to participate further in your efforts to advance standards and measures for interoperability. We stand ready to serve as an active participant in finalizing and implementing this framework.

If you have any questions regarding our comments or need more information, please contact Danielle Lloyd, VP, Policy and Advocacy and Deputy Director DC office, at [danielle\\_lloyd@premierinc.com](mailto:danielle_lloyd@premierinc.com) or 202.879.8002. We look forward to continued participation and dialogue. Thank you again for providing us the opportunity to provide comments.

Sincerely,



Blair Childs  
Senior vice president, Public Affairs  
Premier healthcare alliance