June 3, 2016

Karen DeSalvo, MD, MPH, MSc
National Coordinator
Office of the National Coordinator for Health IT
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Dr. DeSalvo,

On behalf of Integrating the Healthcare Enterprise USA (IHE USA) and its Board of Directors, we are pleased to provide written comments to the Office of the National Coordinator for Health Information Technology (ONC) in response to the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA); Request for Information (RFI) Regarding Assessing Interoperability for MACRA which was published in the Federal Register on April 8, 2016. IHE appreciates the opportunity to leverage our members' expertise in commenting on the RFI, and we look forward to continuing our dialogue with ONC on identifying, assessing, and determining how to best measure interoperability. We feel that this effort will contribute to providing the necessary foundation for the continued shift in our healthcare system where value is rewarded over the volume of services that are being performed.

IHE USA is a 501.c.3 not for profit organization founded in 2010. Its vision is to improve the quality, value, and safety of healthcare by enabling rapid, scalable, and secure access to health information at the point of care. IHE USA operates as a national deployment committee of IHE International in order to advance its mission to improve U.S. healthcare by promoting the adoption and use of IHE and other world-class standards, tools, and services for interoperability. IHE USA engages all levels of public and private sector participants to test, implement and use standards-based solutions for all health information needs. Since 1998, IHE has achieved global consensus and widespread adoption of its common framework for applying health IT standards in the real world.

What populations and elements of information flow should we measure?

We recommend that the best area for ONC to focus on is measuring interoperability involving two or more systems from different health IT developers, both within an organization and across organizations within a community. This will allow all the stakeholders in the healthcare ecosystem to be considered, with specific assessment of which systems are successfully and securely exchanging data with the various stakeholders (including patients), systems, and applications. Use cases where any stakeholder is unable to exchange data with another stakeholder, whether for technical or business reasons, must also be considered.

We encourage ONC to leverage IHE's proven process to assess interoperability to achieve the goals set out in the [Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap](). The mission of IHE USA is to drive adoption of standards-based interoperability to improve patient care through innovation, profiling, testing, education and collaboration. Over several decades IHE has published a body of work that is being implemented today by healthcare providers, regional HIEs, and national exchanges to enable standards-based, secure, safe and efficient health information exchange. To accomplish this IHE uses an open, consensus-based process to engage users, providers and suppliers to articulate and solve interoperability problems. This body of work includes interoperability use cases representing twelve clinical domains including radiology, cardiology, laboratory, patient care coordination, patient care devices, and quality, research and public health, among others. Clinical and technical experts from these domains develop the use cases and related specifications which identify and constrain standards to solve interoperability and workflow problems across a variety of healthcare settings, throughout the continuum of care, including mobile access in the home. These consensus-based interoperability use cases could immediately be leveraged to help assess the ability of two or more information systems or components to exchange clinical and other information.

How can we use current data sources and associated metrics to address the MACRA requirements?

IHE has been testing the interoperability of health IT systems for more than a decade. At IHE Connectathons held regularly in several national and international locations, trained technical experts supervise testing of vendor systems and health IT products, making use of advanced testing software and open source tools developed by IHE and several partner organizations. More than 250 vendors worldwide have implemented and tested products with IHE capabilities. This testing process represents the final step of the IHE development cycle, wherein a system must be shown to be interoperable with at least 3 different vendors to be deemed in compliance with an IHE Profile. If a product passes this rigorous testing process the vendor can publish an Integration Statement declaring the specific product version's conformity to the IHE Profile(s).

Findings from the AHA Annual Survey's Information Technology Supplement published in May 2016 reported that with respect to interoperability, 26% of hospitals could electronically find patient health information and send, receive and use patient summary of care records from sources outside their health system in 2015, up from 23% in 2014. Interoperability increased in all areas except the ability to integrate data without manual entry. Among other barriers to electric health information exchange, nearly half of hospitals continue to report greater challenges exchanging data across different vendor platforms and one-third report difficulty matching or identifying patients.

The IHE process described above addresses these barriers and testing results from the annual IHE North American Connectathon could be used to quantify interoperability progress across different vendor platforms over time. ONC could measure two indicators and enforce compliance with payment incentives and/or penalties. The first measure is the percentage of health IT products purchased in the United States that have passed Connectathon testing for the desired interoperability use cases. The second measure would involve setting a threshold for

which a healthcare provider or enterprise would need to demonstrate that the products they deploy have: 1) passed Connectathon testing and 2) have been deployed locally to exchange healthcare data. Furthermore, IHE is developing a set of Conformity Assessment tests intended to be used internationally. The ONC testing program could incorporate these tests over time.

We appreciate the opportunity to submit comments on the RFI Regarding Assessing Interoperability for MACRA. Our comments are intended to recognize the importance of each stakeholder's role in advancing and measuring standards-based interoperability and health information exchange, and we offer IHE's support in ensuring that each domain is invested in overcoming the inherent challenges, while further enhancing health IT's pivotal role in enabling healthcare transformation.

We welcome the opportunity to meet with you and your team to discuss our comments in more depth. Please feel free to contact Joyce Sensmeier, President, IHE USA at 312-915-9281, or Celina Roth, IHE Liaison, at 312-915-9213, with questions or for more information. Thank you for your consideration.

Sincerely,

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN
President, IHE USA