American College of Physicians
Leading Internal Medicine, Improving Lives

July 31, 2017

Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW, Floor 7
Washington, DC 20201

Re: Feedback on Proposed Interoperability Standards Measurement Framework

To Whom It May Concern,

On behalf of the American College of Physicians (ACP), I am writing to share our comments on the Office of the National Coordinator for Health Information Technology (ONC) Proposed Interoperability Standards Measurement Framework.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 152,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

General Comments

In the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Congress declared a national objective to achieve widespread exchange of health information through interoperable certified electronic health record technology (CEHRT) nationwide by December 31, 2018. The College understands the purpose of ONC's Proposed Interoperability Standards Measurement Framework (the Framework) is to determine the nation's progress in implementing interoperability standards in health information technology (health IT) and the use of the standards as a way to measure progress towards nationwide interoperability. However, there is growing concern among physicians that the result of improving interoperability will be a flood of data that they will be responsible to read, manage, and to act upon. More data does not equal better care; and data without sufficient context may lead to diagnostic or treatment errors. For interoperability to serve the interests of patients, it should be developed and

implemented iteratively, so that its effects on patient care are adequately demonstrated and the risks of data overload and data without context are mitigated.

Additionally, education is needed at both the legislative and regulatory level concerning the definition of practical interoperability: what is actually needed to improve care and value, avoid losing both the patient's and clinician's narrative, and avoid information overload. Interoperability cannot be addressed until a fundamental level of electronic health record (EHR) operability is universally available. Interoperability must serve the objective of better care and should not be an endpoint in and of itself. True interoperability can only be assessed by what it accomplishes – such as improving quality and/or safety, and/or reducing redundancy.

To advise ONC on the proposed Framework and how to best engage data holders and other relevant stakeholders in implementing the proposed framework, ACP provides the below feedback to the posed questions outlined in the Framework:

Question 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?

It is unlikely that a purely voluntary reporting system as a means to implement the Framework would lead to an acceptable level of participation. The most important way to encourage reporting is to configure the process so those reporting data see more value than burden in the process. This will require a feedback loop that benefits reporters. Any measurement approach that does not include measures of successful use of information limits the ability to say anything meaningful about interoperability. ONC should work with intended reporters to design a system that they will find valuable.

In order to minimize the burden of reporting, the process should be as automated as possible. This will apply more to Objective 2 measurements (Use of Standards by End Users to Meet Specific Interoperability Needs), and time must be given developers (including but not limited to EHR, network, HIE, laboratory, payers, quality and public health reporting) to allow for the needed programming. Finally, if these measures fail to achieve the desired participation, carrots such as public recognition or sticks such as creating a certification requirement, for health IT developers could be considered. The latter is unlikely to be effective, since most of health IT-related systems are not subject to certification.

Question 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?

Measuring the extent of use of specific standards is not likely to shed much light on the extent of successful interoperability. Interoperability should be a measure of the successful use of information for intended purposes. Counting movement of messages and documents does not provide evidence of successful use. Measuring use of standards will be helpful in making future

decisions regarding development and implementation of standards, but it will not provide much insight about interoperability. Good measurements will be based on outcomes of clinical use cases that demonstrate real value.

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

Standards Development Organizations (SDOs) must be included as critical stakeholders. ONC, SDOs and industry must work together to define the details of how standards will be identified and how usage will be measured. Also, SDOs will benefit greatly from access to the resulting measurement data. Other stakeholders, such as payers, public health entities, and researchers often determine which standards will be used to report to them. If the focus of measurement is to be on EHR systems vs. broader health IT systems, it may not always be clear why specific standards are used or not used.

Question 10: What measures should be used to track the level of "conformance" with or customization of standards after implementation in the field?

The task of tracking levels of conformance/modification is too complex to scale. Currently, the best available tools do little more than scratch the surface of the entire range of ways that an artifact may not "completely" conform. Any attempt to measure conformance with current tools will lead to inappropriate assertions that the results say anything meaningful. ONC is not likely to get any benefit from its proposed attempts to measure detailed technical conformance beyond appropriate use of selected data elements.

We appreciate the opportunity to comment on the proposed interoperability standards measurement framework and look forward to working with ONC on the many components that make up interoperability. Should you have any questions, please contact Blair Hedgepeth, Senior Associate for Health IT Policy at bhedgepeth@acponline.org

Sincerely,

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Chair, Medical Informatics Committee
American College of Physicians