

Consumer-Purchaser ALLIANCE

Better information. Better decisions. Better health care.

April 3, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Ave. SW, Suite 729D
Washington, DC 20201

**RE: Consumer-Purchaser Alliance comments on the draft Shared
Nationwide Interoperability Roadmap**

Dear Dr. DeSalvo,

The 12 undersigned organizations representing consumer and purchaser interests appreciate the opportunity to comment on the draft Shared Nationwide Interoperability Roadmap. We applaud ONC for clearly laying out the need for true interoperability to empower a learning health system.

Guiding Principles for Nationwide Interoperability

The collective vision of the Consumer-Purchaser Alliance (C-P Alliance) is a future in which we have meaningful and useful measures of performance, including clinical and person-reported outcomes, coordination of care, affordability, and patient experience. Such information can be used by consumers to make informed choices about their health care, by purchasers to make good decisions about the health benefits they offer, and by physicians, hospitals and other health care providers to continuously improve the care they deliver. Critical to achieving this vision is a robust and effective health information infrastructure that streamlines the efficient collection, sharing, and use of health information by a wide variety of health system participants and stakeholders. We are interested in improved patient experience and outcomes at the point of care through better information availability, but interoperability must go further: we see interoperability as the key to care coordination across the continuum, and to the ability to measure outcomes over time and across settings. Increasing the availability and utility of health care data has long been a cornerstone of C-P Alliance's efforts to improve value throughout the health care system.

Together with the Consumer Partnership for eHealth (CPeH), we appreciate and support ONC's commitment that interoperability explicitly includes individuals, patients, and families. We applaud the Roadmap's focus on achieving interoperability to enable and support a learning health system, in which all individuals, their families, and care providers can send, receive, find, and use electronic health information in a manner that is appropriate, secure, timely, and reliable, and the care delivery system links with communities and societal supports to enable continuous learning and improved health.

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Gaps in Measurement

Our vision for high-value measurement aligns with the characteristics laid out in the Roadmap, particularly the need for person-centered measures, and the ability to aggregate data to report up to the population health level. We note that not all persons refer to themselves as “patients” and an interoperable system must be truly person-centered and include data from a variety of settings and sources. We agree with ONC’s assessment that a critical function of interoperability is the ability to easily integrate data across multiple sources within and outside the traditional medical settings, including community-based organizations and home- and community-based services and supports.

We acknowledge that the scope of the draft Roadmap does not encompass the intersection of clinical and administrative data at this stage, and look forward to an opportunity to work with ONC and others to lay out the use cases¹ and related requirements for those combined data, such as rich measures of quality and provider performance. As you note in the Roadmap, a learning health system requires quality measures and other meaningful information to be available beyond an individual clinical encounter or episode of care. We appreciate that the Roadmap includes many of the precursors to quality and performance information. A future state might build on components of the Roadmap such as accurate individual data matching and a supportive business and regulatory environment to further aggregate and analyze information that is already flowing through an interoperable system, producing robust measures of health outcomes—an improvement over the current state of measurement.

Supportive Business and Regulatory Environment

The need for a supportive business and regulatory environment supporting interoperability—and specifically, for alignment between the public and private sectors—cannot be overstated. We agree that value-based purchasing arrangements and benefit designs that favor providers successfully using interoperable health IT are an important lever, and many of our purchaser constituents have already implemented strict health IT requirements in their direct contracts with providers or in their negotiations with health plans. We see interoperability and value-based purchasing as mutually reinforcing: value-based purchasing arrangements can incentivize the greater adoption, development, and use of interoperable systems; likewise, the information exchanged and aggregated through these systems will inform a learning health system and can improve the quality and value of care both at the point of care and system-wide. The Health Care Payment Learning and Action Network supporting HHS’s value-based purchasing commitments offers a promising opportunity for public and private sector stakeholders to make meaningful progress toward a higher value system.

¹ We note that Use Case #31 does integrate clinical and administrative data, and we support the use of such integrated data to enable value-based purchasing. We look forward to future conversations with ONC and others about how such integrated data could be used by stakeholders in addition to payers, and for purposes beyond reimbursement.

Patient- and Person-Generated Health Data

We appreciate the language throughout the Roadmap that recognizes PGHD as valuable clinical information, as well as the prominent discussion and proposed actions towards incorporating PGHD into EHRs. We also appreciate the complexities involved in establishing processes and procedures for receiving, reviewing, recording, and responding to PGHD. However, we encourage ONC to move up the timeframe for supporting the contribution and use of PGHD. Individuals are taking advantage of electronic access to their health records now, today. As individuals and families get easier access to their medical records and health data, possibly for the first time, it is inevitable that they will have feedback—corrections, additions, and observations to share. The incorporation of PGHD is critical for a learning health system. Patient outcomes are the true north of health care, and as the measure science for person-reported outcomes grows, the need for robust, standardized, accessible PGHD becomes clearer.

Measuring Progress and Success

We applaud ONC for its commitment to ongoing evaluation and measurement to support continuous quality improvement in achieving interoperability, and appreciate ONC's recognition that this measurement process must involve a feedback loop. The framework employed to create measures across the 3-, 6- and 10-year timespan is a logical, incremental framework. The framework closely parallels the standard health care measurement concepts of structure, process, and outcome measures. As in health care, we strongly urge you to prioritize measures of impact and outcome over measures of adoption, capability, and information flow and usage. While structure and process measures provide useful information, reliance on outcome and impact measures allows for greater flexibility in the path to achieve the desired outcomes and reduces the chance of adoption or process for its own sake. For the short-term measures, like the Consumer Partnership for eHealth, we strongly agree with ONC's attention in Figure 11 (measures for 2015-2017) to domains and measures that directly impact and involve individuals. Longer-term measures (Figure 12) should emphasize impact on individuals and caregivers as well as on the health system overall. We support the characteristics you proposed for measure gaps.

Priority Use Cases

We recommend the following four priority use cases:

- Quality measures are based on complete patient data across multiple sources. (10)
Note: we would like to see these multiple sources include community-based organizations, home- and community-based services and settings, and individual reports of health and function.
- Patients have the ability to access their holistic longitudinal health record when and where needed. (18)
- Federal, State, provider and consumer use of standardized and interoperable patient assessment data to facilitate coordinated care and improved outcomes. (4) *Note: we would like to see any such standardized and interoperable patient assessment data come from the same multiple sources as in the quality measures in Priority Use Case 10, and recommend that "patient assessment data" be broadly defined to include case management information to facilitate coordinated care.*
- Individuals integrate data from their health records into mobile apps and tools that enable them to better set and meet their own health goals. (7 & 36)

In addition to these priorities, we support priority action that facilitates provider tracking of high-value measures that can be used in value-based purchasing, population-level measurement, and public health agency use of data.

Thank you again for the opportunity to provide comment on the draft Shared Nationwide Interoperability Roadmap. If you have any questions, please contact either of the Consumer-Purchaser Alliance's co-chairs, Debra L. Ness, President of the National Partnership for Women & Families, or Bill Kramer, Executive Director for National Health Policy at the Pacific Business Group on Health.

Sincerely,

The Alliance
American Association on Health and Disability
American Benefits Council
Buying Value
Commonwealth of Massachusetts Group Insurance Commission
Consumers' CHECKBOOK/Center for the Study of Services
Health Policy Corporation of Iowa
Iowa Health Buyer's Alliance
National Business Coalition on Health
National Partnership for Women and Families
Pacific Business Group on Health
St. Louis Area Business Health Coalition