AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

September 21, 2011

Farzad Mostashari, MD
National Coordinator
Office of the National Coordinator for Health IT
Attention: Steven Posnack
Hubert H. Humphrey Building, Suite 729D
200 Independence Ave. SW
Washington, DC 20201

Re: Advance notice of proposed rulemaking for metadata standards to support nationwide electronic health information exchange (RIN 0991-AB78)

Dear Dr. Mostashari:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 100,300 family physicians and medical students nationwide, I respectfully encourage the Office of the National Coordinator for Health Information Technology (ONC) to carefully consider the following recommendations and comments regarding the advance notice of proposed rulemaking for metadata standards to support nationwide electronic health information exchange.

The AAFP is a strong supporter of health information technology (HIT) and health information exchange (HIE) for improved quality, safety, and efficiency in health care delivery. The intent of our comments and recommendations is to help ensure realization of these desired outcomes through a reformed US health care system.

Focus on data needs to support HIE

The proposed rule should not be focused on metadata but rather on the data required to support HIE. Metadata depends heavily on the intended purpose. For example, in one context a “type of data” is considered data or content while in another context that same “type of data” is considered metadata. ONC should focus on the data needs to promote health information exchange. For example, in push-based exchange like Direct, the metadata needs may be satisfied by "to", "from", "creation time", and "subject." Patient identity is stored as data in the payload of the message. The Health Information Service Providers (HIE analogue) in Direct do not need to know who the patient is to perform the exchange. In an HIE with a task of aggregation and record locator services, patient identity could be considered a piece of metadata, as the HIE needs that information to process incoming queries.

By focusing specifically on the needs of HIE, ONC can avoid placing undue burden on the varying implementations of HIE, e.g. force patient identity metadata on a Direct like approach. As there are already

2021 Massachusetts Ave., N.W. • Washington, DC 20036-1011 • 888.794.7481 • 202.232.9033 • Fax: 202.232.9044 • capitol@aafp.org

significant barriers to HIE implementation, the AAFP strongly recommends to ONC that the types of HIE be more precisely described and that the data needs for each type of HIE be defined independently.

Tagging is insufficient for Privacy and Provenance

The AAFP strongly supports the privacy of patients and the availability of accurate data provenance to all health care providers. However we are concerned that tagging content with metadata is not a solution for these issues. There is a need for common policy and for an infrastructure to support enforcement and auditability in order to enable effective privacy and provenance. For this reason, we strongly recommend that any metadata on privacy and provenance be optional at this time.

Health Level Seven (HL7) Clinical Document Architecture (CDA) Release Two (R2)

In the proposed rule, ONC states they are considering a proposal that metadata must be expressed according to the requirements in the HL7 CDA R2 Header. The AAFP does not believe this is a sustainable approach for defining metadata for several reasons. Our first and foremost concern is based on the best practice of separating data from presentation. HL7 CDA is a document format standard that inextricably merges data and presentation in the same format. Second, as ONC itself points out, the HL7 CDA R2 Header standard is insufficient to support the desired metadata elements outlined in the proposed rule. This is exemplified by the perceived needs of adding "display name" to the HL7 CDA R2 header and overloading the meaning of "address" as described in the ONC's question "Would it be appropriate to require that the current health care institution's address be used?" Another justification not to define metadata as proposed is that success will be achieved by making the standardized metadata widely adopted through multiple, flexible implementation methods. By restricting the metadata to a single implementation, ONC drastically reduces the available solutions to support the market. The AAFP is also unfamiliar with the phrase "make implementation easier" being associated in any way with HL7 CDA R2.

The AAFP firmly recommends that ONC separate the data definition of the metadata needed to support HIE from its representation in a particular standard. The important work is to define an unambiguous dataset. How to represent it in XML is trivial or, more accurately, fertile ground for innovation.

Question 2: In cases where individuals lack address information, would it be appropriate to require that the current health care institution's address be used?

Without an intended purpose of this data element, it is impossible to give a definitive answer. We would assume that this is not appropriate.

Question 3: How difficult would it be today to include a "display name" metadata element? Should a different approach be considered to accommodate the differences among cultural naming conventions?

Addition of display name should be trivial as the ASTM Continuity of Care Record (CCR) already defines such a data element.

The CCR also supports different cultural naming conventions. It does this by defining "given name" and "family name" instead of first name and last name respectively. We would recommend that ONC look to the ASTM CCR for a standard and accepted approach to these issues.

The proposed extension in the proposed rule is yet another reason to separate the definition of the dataset from the implementation. If a standard is "tweaked" by an implementer, it is no longer the organizationally approved standard.

The AAFP supports the namespace and Uniform Resource Identifier (URI) approach. This is the same approach leveraged by the Semantic Web. We strongly recommend that ONC fully consider applicable solutions from outside the health care IT industry.

Provenance Metadata Standards

The AAFP is intrigued by ONC's statement: "EHR technology can understand the XML format of the HL7 CDA R2 header syntax, but cannot process more complex cryptographic signatures." That statement might be true if "understand the XML format" merely implies pulling out the narrative HTML from an HL7 CDA R2 document rather than interpreting the discrete clinical statements that may or may not be present. As we work with the organizations that come from the general computer industry, we note the exact opposite of the ONC statement to be true. They can process digital signatures without a problem; it is the extraction of computable, discrete data from an HL7 CDA document that is a great challenge. The AAFP again recommends that ONC separate the definition of metadata from a particular standard representation like HL7 CDA R2.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

Roland A. Goertz, MD, MBA, FAAFP
Board Chair