

June 3, 2016

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Office of the National Coordinator for
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U.S. Department of Health and Human Services
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Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human
Services
Hubert H. Humphrey Building, Room 445–G
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Washington, DC 20201

Dear Dr. DeSalvo and Acting Administrator Slavitt:

The undersigned medical societies are writing in response to your request for information (RFI) assessing interoperability for the Medicare Access and CHIP Reauthorization Act (MACRA), which directs the Secretary of the U.S. Department of Health and Human Services (HHS) to establish metrics to determine if and to what extent interoperability has been achieved.¹

The physician community appreciates HHS' evaluation efforts and agrees that wide-spread interoperability among health information technologies (health IT) is critical to improving health care delivery. Despite claims by many health IT vendors that their products are interoperable, the vast majority only exchange static documents in a manner that satisfies minimum Meaningful Use (MU) requirements. Many in health care view this level of exchange as little more than digital faxing. **We are therefore concerned that both the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator (ONC) are misinterpreting the current use of health IT as a benchmark for successful interoperability.**

A lack of interoperability continues to limit the benefits of electronic health records (EHRs) due in large part to the MU measures related to data exchange. **These measures are a poor metric for interoperability, being too focused on the quantity of information moved and not the relevance of these exchanges or the underlying business case for transmitting data.** Greater exchange of patient data does not mean that we are achieving interoperability and better coordinated care. For medical professionals and patients alike, interoperability means the usefulness, timeliness, correctness, and completeness of data, as well as the ease and cost of information access. This requires measures that do more than count how many times voluminous documents are sent back and forth. More robust metrics and standards could also help to promote greater competition in the health IT market, which would help to avoid data blocking and other barriers to interoperability.²

¹ Request for Information Regarding Assessing Interoperability for MACRA, 81 Fed. Reg. 20,651 (April 8, 2016). Available at <https://www.federalregister.gov/articles/2016/04/08/2016-08134/office-of-the-national-coordinator-for-health-information-technology-medicare-access-and-chip>.

² See Federal Trade Commission comments on the Interoperability Roadmap. Available at <https://www.ftc.gov/policy/policy-actions/advocacy-filings/2015/04/ftc-staff-comment-office-national-coordinator-health>.