



April 3, 2015

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Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
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Washington, DC 20201

**RE: Multistakeholder Consensus Views on ONC's *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (DRAFT Version 1.0)***

Dear National Coordinator DeSalvo:

The undersigned organizations write to provide you with consensus views from across a wide array of stakeholders on the Office of the National Coordinator for Health Information Technology's (ONC) draft of *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap* (Draft

Roadmap). We appreciate the opportunity to provide input on critical actions that should be taken by a wide range of stakeholders to help advance nationwide interoperability.

We believe that a fully connected and interoperable health information and communications technology (ICT) system that can safely and securely capture and share patient-generated health data (PGHD) and electronic health records (EHRs) is essential to improving the coordination and quality of care, and health outcomes, all while reducing overall costs. It has the potential to improve all aspects along the continuum of care, from enabling health care providers to make better recommendations, to empowering patients to make more informed decisions. One key component of this interoperable system is the utilization of telehealth and remote patient monitoring services. Advances in technology and health care delivery allow patients and providers to connect whenever and wherever care is needed, and enable patients to increasingly engage in their own care. Telehealth and remote patient monitoring solutions hold great promise to reduce inpatient care and readmissions, improve care coordination, improve patient involvement in their own care outcomes, and contain costs by preventing the deterioration of conditions and the frequency of visits to medical institutions. However, the use of these technologies is limited by an outdated legal and regulatory structure. ONC's approach should reflect the dynamic and transformative nature of advanced ICT solutions, and should not stifle innovation that continually improves patient care.

While the focus has remained on increasing the use of EHR systems, EHRs are but one key component of the larger effort to improve the American healthcare system. There are direct societal benefits connected to enhanced healthcare ICT machine-to-machine (M2M) communications both within and outside of the four walls of the hospital room, such as providing hospitals with the location of critical mobile equipment and reducing the time it takes health care workers to access that equipment in an emergency. Studies already demonstrate that patients who log their thoughts and behaviors via mobile apps or sensors so that doctors can monitor them between visits receive better overall care.<sup>1</sup> Examples include how remote monitoring is utilized in the medical home setting for the most chronically ill: monitoring of intravenous infusions, measuring of blood glucose levels, tracking blood pressure, heart rate, fluid volume in dialysis patients, and medical grade weight scale readings from the non-hospital setting to health care workers, among many others. These and other critical information datasets can be automatically sent to medical professionals who can analyze trends and alert physicians or care providers, in order to identify the onset of problems quickly. Systems can also determine the location of ambulances and deploy them efficiently to reduce the time it takes to respond.<sup>2</sup> All of the described benefits are effects that directly correlate with the inclusion of PGHD, particularly via mobile medical applications, in the nation's health care system.

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<sup>1</sup> See <http://www.informationweek.com/healthcare/patient/patient-generated-mobile-dataimproves-c/240008018>.

<sup>2</sup> For example, George Washington University's Heart and Vascular Institute, The Wireless Foundation, D.C.-area Hospitals and D.C. Fire & EMS have partnered to reduce time from onset of chest pain to treatment by equipping D.C.-area ambulances with technology that enables rapid, wireless transmissions of EKGs to both the on-call physician's wireless device and tertiary care hospitals. See <http://www.newswise.com/articles/view/596059/>.

Although a priority for interoperability is to improve provider to provider sharing of information for better health and better individual health outcomes, interoperability is critical for patient engagement and for provider consumption of patient generated health information. While we urge ONC to promote the ability to exchange health information confidentially and securely across healthcare systems, settings of care, vendors, certified EHRs and EHR modules and systems, and geographies, pushing data through secure messaging alone is insufficient for achieving the nation's health goals. Patient-facing applications, examples of which are remote monitoring devices and personal health records, as well as usability and human factor testing, must be considered when addressing interoperability.

The adoption and use of open and voluntary standards is a long-standing federal policy that promotes effective and efficient technology and innovation in the global marketplace.<sup>3</sup> The use of such standards for interoperability between remote patient monitoring devices and EHRs is consistent with established federal policy that has promoted ubiquitous interoperable mobile devices, systems and networks generally. It would also further ONC's goals to enable systemic engagement with patients, care providers, medical professionals and other healthcare stakeholders. Such voluntary industry standards – along with consensus on specifications for interoperability between remote monitoring products and EHRs – already exist and are currently utilized in commercial products. **We specifically write to share with ONC input in response to Question 2 of the Roadmap, which invites stakeholders to elect their most important priority use cases. Building on the above-described views, we urge ONC to utilize the following use cases to inform ONC's priorities for the development of technical standards, policies and implementation specifications:**

- 14. Patients routinely engage in healthcare encounters using electronic communications such as eVisits and telemedicine.
- 20. Patients, families and caregivers are able to use their personal devices such as smartphones, home BP cuffs, glucometers and scales to routinely contribute data to their longitudinal health records and use it or make it available to providers to support decision-making.
- 33. Providers have the ability to query data from other sources in support of care coordination (patient generated, other providers, etc.) regardless of geography or what network it resides in.
- 52. At-risk patients engage in healthcare monitoring programs which can detect life threatening situations (such as patient down and unresponsive) using at-home monitoring devices and electronic communications such as eVisits and telemedicine.

Given that actual implementation of interoperable solutions will depend on much more than standards and certification -- we encourage ONC to carefully consider these use cases in terms of **all** of the core "building blocks" outlined in the roadmap, including: privacy and security; supportive business, clinical, cultural and regulatory environments; rules of engagement and governance. We would also conclude by

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<sup>3</sup> See OMB Circular A-119 Revised, Federal Participation in the Development and Use of Voluntary Consensus Standards and in Conformity Assessment Activities (rev. Feb. 10, 1998) available at <http://www.whitehouse.gov/omb/rewrite/circulars/a119/a119.html>.

noting that in addition to considerations around building blocks, balancing the ability of technology to meet the capabilities required for accomplishing the use cases must be balanced against health care providers' ability to use them in a manner that truly advances their ability to deliver better care in a more efficient manner.

The co-signers of this letter have a broad range of interests on the subject of interoperability, and many will also be submitting comments individually, which we urge you to also consider.

Sincerely,

ACT | The App Association  
American Association for Respiratory Care  
American Telemedicine Association  
Baxter Corporation  
Biocom  
Christus Health  
Intel  
Panasonic Corporation of North America  
Personal Connected Health Alliance  
Qualcomm  
Telecommunications Industry Association  
Underwriters Laboratories