

April 3, 2015

Karen DeSalvo, MD, MPH, MSc

National Coordinator   
Office of National Coordinator for Health IT

Department of Health and Human Services

200 Independence Ave, SW

Washington, DC 20201

**RE: SCO Comment Letter on Connecting Health and Care for the Nation – A Shared Nationwide Interoperability Roadmap v1.0**

Dear Dr. DeSalvo:

The members\* of the SDO Charter Organization (SCO) submit the attached comments for your consideration. The SCO appreciates the opportunity to collaborate with the Office of the National Coordinator for Health Information Technology.

The mission of the SCO is to provide an environment that facilitates effective coordination and collaboration on U.S. national healthcare informatics standards development, with recognition of the international and multi-industry stakeholder implications and challenges. Its purposes include:

## To facilitate the coordination of conventions for enhanced interoperability among diverse standards development organizations in the areas of health data acquisition, processing, and handling systems.

## To communicate and coordinate when appropriate with the U.S. Technical Advisory Group (US TAG) in order to facilitate a unified representation of US standards (this is not intended to supercede any member’s existing coordination with the US TAG).

The rationale for the SCO is to provide an executive forum and process for senior leadership of the U.S. healthcare standards development community to have strategic and tactical dialogue, planning and action on the varied activities of their respective managers, staff and volunteers – given all the varied stakeholder demand, efforts and initiatives.

For direct inquiries or questions regarding this letter, please contact John Klimek, SCO Chair, at jklimek@ncpdp.org.

\*AAMI, ADA, AIIM, ASC X12, ASTM, CDISC, HL7, NCPDP, Regenstrief, ISO/TC215-US TAG, GS1 US, IHE, WEDI, ANSI, FHA, SSA, Accenture

**SCO**

**Comments on the ONC Interoperability Roadmap**

The SCO recognizes and supports the value of a learning health system, interoperability, and the focus of health information exchange across the continuum of care. Adoption of standards will be critical to achieve the goals outlined in the roadmap. The SCO could be a catalyst for updating the standards list but public input and comment from missing Stakeholders would still be necessary. The SCO strongly supports ONC’s efforts to establish an industry-wide interoperability roadmap and prioritize interoperability in the years ahead; however, we would urge the roadmap to better reflect the realities, gaps, challenges, and opportunities across the current landscape.

The SCO believes the proposed timing and scope of the roadmap actions are aggressive and suggests that ONC prioritize actions. The SCO believes the healthcare industry is still working on implementing the basic infrastructure in order to support the exchange of electronic health data. Given the state of these efforts, and in light of competing deadlines (e.g. ICD-10, Administrative Simplification provisions, etc.), the SCO would encourage ONC to develop a prioritized list of actions and individual stakeholder assignments that can be achieved with reasonable effort. The SCO also suggests that future actions balance innovation with existing and proven industry initiatives.

We would recommend detailed specifics and a plan about the roles of each of the stakeholders (agencies) and, coordination between them in achieving goals and objectives and ultimately avoid duplicate activities.

The Interoperability Plan provides various strategies within each objective. We notice that some of these strategies are not specific enough and do not include the stakeholders responsible for achieving the goals. We recommend that ONC identify specific objectives that define strategies. A more appropriate proposal would be to develop milestones that are time-dependent, achievable, with precise targets for assessing progress. Moreover, all metrics in the Plan should be based on scientific evidence and case studies.

The Plan should anticipate where financial incentives would come from to create the business imperative for interoperability. Rather than impose upon health plans and purchasers to provide financial incentives or require the provider adoption of certified interoperable systems, we believe that market forces and value-based models of care will naturally drive the use case and need for interoperability without additional oversight.

We support a broad vision to incorporate innovations in technology within health care delivery so consumers can share information across multiple electronic platforms with health providers. Central to this vision are payment models that encourage providers to integrate data and adopt shared health IT models.

Supportive Business, Cultural, Clinical and Regulatory: The SCO shares the view that interoperability of electronic health records holds great promise as a research tool. We understand that ONC in the future plans to address other aspects critical to the learning health system stakeholders such as technology adoption, data quality, documentation and data entry, usability and workflow.

We strongly encourage ONC throughout the implementation of the interoperability road map to keep in mind the utility and promise of big data observational research. Thus, practical guidance from the Department of Health and Human Services and others on best practice in clinical data capture and structure for the highest data quality could be prospectively incorporated into health information technologies of the future.

ANSI accredited SDOs operate where members or non-members bring forward business needs for revising a standard or creating a new standard. The SDO meets the business need through their accredited consensus process. ONC is looking for input on coordinated governance. SCO can assist ONC once clear guidance on the “needs” is presented. Said another way “what problem are you trying to solve”.

On developing and piloting new standards for priorities. The standards need to be defined. Metrics for testing and the pilots need to be defined. Feedback loops from the testing and pilots have to be in place. Maintenance process/approach for correcting defects/”stat” fixes are also required. It is not currently in the SDO’s budget process to pilot and test standards, therefore we recommend through ONC a collaboration of financial support to SDO’s to accomplish this task. Changes to standards are often based on incentives. Use cases need to be prioritized and stakeholder input it critical. Data Content piloting is different than exchange standards piloting.