

Date: July 31, 2017
To: The Office of the National Coordinator for Health Information Technology (ONC)
Subject: Proposed Interoperability Standards Measurement Framework

Lantana Consulting Group prepared the following comments on the questions ONC presented at the end of the proposed Interoperability Standards Measurement Framework. Lantana appreciates the opportunity to offer our opinion and participate in the development of this framework.

1. Is a voluntary, industry-based measure reporting system the best means to implement this framework? What barriers might exist to a voluntary, industry-based measure reporting system, and what mechanisms or approaches could be considered to maximize this system's value to stakeholders?

Lantana has no comments here.

2. What other alternative mechanisms to reporting on the measurement framework should be considered (e.g., ONC partnering with industry on an annual survey)?

An industry survey can be effective for standards for data collection and reporting, particularly where mandated or heavily incentivized. For example, the CDC's National Healthcare Safety Network can report precisely how many facilities are submitting data via their HL7 submission standard, as well as the number of annual submissions. Imposing a measurement task on data suppliers, in this case, would be an unnecessary and redundant burden.

3. Does the proposed measurement framework include the correct set of objectives, goals, and measurement areas to inform progress on whether the technical requirements are in place to support interoperability?

Lantana believes the framework does not address testing or validation of standards adequately. Simply reporting standards as "implemented" is insufficient. Testing and validation must indicate whether the standard was implemented as intended and if not, the nature of the deviation.

4. What, if any gaps, exist in the proposed measurement framework?

Lantana believes the measurement framework leaves gaps in two areas: 1) testing and validation during production and 2) roadmap for adoption.

Lantana feels strongly that the measurement framework should include testing and validation of standards as implemented, in production, not only as designed using artificial data. For example, an EHR can pass criteria for certification against the standard where production deployment requires a customized version (i.e., non-standard).

Without a roadmap and timeline for optional and mandatory adoption of standards, varying versions will be in play at the same time and will confuse the measurement process. For example, the Argonaut project is based on FHIR DSTU2. Many implementers will stay on that version, but others will move to FHIR STU3 and beyond. Lantana believes ONC should roll out an effective measurement framework with a roadmap and timelines for optional and mandatory adoption.

5. Are the appropriate stakeholders identified who can support collection of needed data? If not, who should be added?

Lantana has no comments here.

6. Would health IT developers, exchange networks, or other organizations who are data holders be able to monitor the implementation and use of measures outlined in the report? If not, what challenges might they face in developing and reporting on these measures?

Lantana has no comments here.

7. Ideally, the implementation and use of interoperability standards could be reported on an annual basis to inform the Interoperability Standards Advisory (ISA), which publishes a reference edition annually. Is reporting on the implementation and/or use of interoperability standards on an annual basis feasible? If not, what potential challenges exist to reporting annually? What would be a more viable frequency of measurement given these considerations?

Lantana feels that reporting the implementation and use of interoperability standards is feasible but could add a cost and time burden to the reporter. To help reduce burden, consider tying the reporting of implementation and user of interoperability standards to recurring CEHRT regulations or certification criteria.

8. Given that it will likely not be possible to apply the measurement framework to all available standards, what processes should be put in place to determine the standards that should be monitored?

Lantana suggests prioritizing the standards-based ISA use cases for exchange of information over those for reporting information (secondary use). The reporting standards are adopted, in use, and their prevalence is known to the receiving agencies. (See our response to question 2.)

9. How should ONC work with data holders to collaborate on the measures and address such questions as: How will standards be selected for measurement? How will measures be specified so that there is a common definition used by all data holders for consistent reporting?

For measure selection, Lantana recommends forming a Technical Expert Panel, as mentioned in the CMS MMS Blueprint¹, to gather stakeholder input.

¹ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint-120.pdf>

Measure definition should be developed in conjunction with the SDO work group sponsoring each standard to create a common measurement definition and define the measurement criteria.

10. What measures should be used to track the level of “conformance” with or customization of standards after implementation in the field?

Lantana has no comments here.

Lantana is grateful for the opportunity to respond to the proposed Interoperability Standards Measurement Framework. We welcome ONC to reach out with questions about our suggestions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Liora", with a long horizontal flourish extending to the right.

Liora Alschuler
President & CEO