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April 22, 2013

Ms. Marilyn Tavenner
Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health & Human Services
Washington, DC 20201

Dr. Farzad Mostashari, M.D., ScM
National Coordinator
Office of the National Coordinator for Health IT
U.S. Department of Health and Human Services
Washington, DC 20201

Re: Advancing Interoperability and Health Information Exchange RFI

Dear Ms. Tavenner and Dr. Mostashari:

Lantana Consulting Group (Lantana) appreciates the opportunity to comment on the Office of the National Coordinator for Health Information Technology (ONC) and Centers for Medicare & Medicaid Services (CMS) request for information on Advancing Interoperability and Health Information Exchange (Interoperability RFI). Our comments focus on those areas of particular relevance to our expertise with Health Level Seven (HL7) Clinical Document Architecture (CDA), Consolidated Clinical Document Architecture (C-CDA), Quality Reporting Document Architecture (QRDA), and the National Quality Forum Quality Data Model.

Lantana's work focuses on interoperability where we see specifications not as an end in and of themselves, but as a means to an end; that end being a data-driven healthcare system. Lantana's mission is to transform healthcare through health information. Lantana principals and employees have served as primary authors for CDA, Continuity of Care Document (CCD), C-CDA, QRDA, and eMeasure. Bob Dolin, President and Chief Medical Officer at Lantana, is Chair-Elect of HL7, and prior co-chair of Healthcare Information Technology Standards Panel (HITSP) Foundations Committee.

Through this RFI, HHS seeks input on a series of ideas to accelerate electronic health information exchange across providers that would be both effective and implementable. To accelerate and advance interoperability and health information exchange, HHS is considering a number of policy levers using existing authorities and programs.

Lantana would like to offer three suggestions for your consideration:

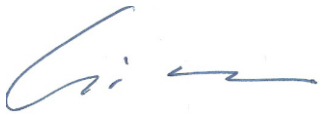
1. **Require consistency in interoperability standards across settings**: The Deficit Reduction Act of 2005 moved the industry forward by improving consistency within long term and post-acute care (LTPAC) settings. HITECH is achieving similar results across hospital and ambulatory settings. Agreement on a consistent, coherent set of standards across all settings will simplify development and deployment of EHRs, reduce barriers to patient-centered care, enable consistent measurement of quality and other data, and support payment reform.
2. **Support a "big data, incrementally structured" approach**: Consolidated CDA (C-CDA) is more than a set of structured data elements. At its foundation, C-CDA documents are human readable and

represent a low bar for moving large volumes of narrative (and partially encoded) data which carry consistent metadata and which can be indexed for efficient communication and retrieval. Narrative documents meet the needs of front line clinicians while providing a glide path for incrementally layering on more encoded data. Lantana recommends that HHS consider the relative cost and benefit for LTPAC settings – and all settings – to comply with a large set of data element requirements as they begin contributing to the healthcare data sharing ecosystem. A low entry bar for clinical notes can release large volumes of semi-structured data onto today's networks and exchanges at relatively low cost, benefitting continuity of care immediately and setting the stage for incrementally increasing the exchange of fully structured data over time. The lesson of the Internet is that when you get the information moving, the business models follow.

3. **Leverage Meaningful Use Stage 3 to provide value to LTPAC**: While HITECH does not provide incentive payments to LTPAC settings, we can still leverage MU3 to raise the bar on data elements and quality criteria known to be relevant from a patient-centered care perspective. We encourage HHS to leverage MU3 to encourage acute and ambulatory vendors to adopt the data elements and quality measures that matter most for LTPAC. This will ensure that the structured data available for exchange between settings include data such as functional and cognitive status which has maximum value for LTPAC providers. We encourage HHS to include clinical quality measures such as skin integrity that matter for LTPAC in the suite of measures for hospitals to encourage complementarities between LTPAC and hospital data sets.

Thank you for the opportunity to respond to this RFI. Please let us know if you have any questions regarding our suggestions.

Sincerely,



Liora Alschuler, Chief Executive Officer

Bob Dolin, MD, President and Chief Medical Officer