



June 30, 2017

Rainu Kaushal, MD, MPH  
Co-Chair, Interoperability Committee  
National Quality Forum  
1030 15th Street NW  
Suite 800  
Washington DC 20005

Mark Savage, JD  
Co-Chair, Interoperability Committee  
National Quality Forum  
1030 15th Street NW  
Suite 800  
Washington DC 20005

Dear Dr. Kaushal and Mr. Savage:

Health IT Now (HITN) is pleased to submit our comments on the National Quality Forum Interoperability Draft Report. HITN is a diverse coalition of health care providers, patient advocates, consumers, employers, and payers who support the adoption and use of health IT to improve health outcomes and lower costs. We believe an interoperable health IT network across locations, people, and devices is critical for health IT innovations.

To date, much emphasis has been placed on breaking through the lack of interoperability between disparate EHR systems, which, as you state in your report, is only one aspect of truly solving the problem of interoperability. However, much of your report remains EHR-centric – what data are being pulled into EHRs from other sources, are those data computable, etc. – instead of focusing on the entire ecosystem of connected health devices. While EHR-to-EHR interoperability is essential, achieving this goal certainly does not deliver on the promise of health technology for patients and providers. An interoperable network of devices, sensors, data fluidity, analytics, and decision support systems are essential in transforming the health care ecosystem, and the measures of interoperability should not be EHR-centric.

Government involvement in the quest to reach interoperability has mostly fallen flat and in some cases impeded progress. It is time to turn the tide and let the private sector lead the charge in identifying and developing standards being used widely in the marketplace in order to reach true interoperability. Interoperability will be reached once and for all with a bottom-up approach that starts with patient demand and leads to private sector answering that demand.

To realize the potential of technology and healthcare and to once and for all reach widespread interoperability, consider the following recommendations:

- The framework is intensive on quantitative measures of specific use transactions. We believe that while the exchange of data is important, it may be more important to know when transactions fail and why. That information can be fed back to developers to improve either the authentication, authorization, security, communication, or interface protocols.
- Ensure regulations do not impede investment and innovation by overprescribing the types of data and focus more on the security and transport requirements for a health IT network.

We are also concerned that while well-intended, your efforts are duplicative of ONC efforts. On May 1, 2017, ONC released their *Proposed Interoperability Standards Measurement Framework* for public comment. Given that NQF's Interoperability Committee received funding from the Department of Health and Human Services, it is concerning that both ONC and NQF have been working independently to develop interoperability measurement frameworks. NQF and ONC should clarify their roles in this process to avoid confusion moving forward.

We appreciate the opportunity to share our feedback and comments on the draft report. We look forward to continuing to work with NQF to promote the use of technology in healthcare to improve health outcomes and lower costs.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel C. White". The signature is fluid and cursive, with the first name "Joel" being the most prominent.

Joel C. White  
Executive Director





