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National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue, SW

Andrew M. Slavitt
Acting Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

June 3, 2016

Dear Dr. DeSalvo and Acting Administrator Slavitt:

The Oncology Nursing Society (ONS) appreciates the opportunity to provide input on the Office of the National Coordinator for Health Information Technology; Medicare Access and CHIP Reauthorization Act of 2015; Request for Information (RFI) Regarding Assessing Interoperability for MACRA. Specifically, under MACRA, Congress declares it a national objective to achieve widespread exchange of health information through interoperable certified electronic health record (EHR) technology nationwide by December 31, 2018. Section 106(b)(1)(C) of the MACRA provides that by July 1, 2016, and in consultation with stakeholders, the Secretary of Health and Human Services (HHS) shall establish metrics to be used to determine if and to the extent this objective has been met.

ONS believes that interoperability is critical to improving access to information and ultimately improving the quality of care provided to patients. While interoperability has always been stressed, we find that different health IT systems often lack the capability and leadership support to transfer information to and from each other. For example, when accessing patient data housed in a different EHR system, clinicians are only able to view the information as "read only." This makes it difficult to indicate timely changes to a patient's medical records, which is necessary particularly in urgent care scenarios. The lack of true interoperability ultimately negatively impacts patient care.

In the RFI, ONC and CMS specifically requests input on the following questions:

What populations and elements of information flow should we measure?

ONS encourages ONC and CMS to think beyond measuring population and elements of information flow to achieve interoperability. We request that whatever population and elements are measured, that they are done so uniformly. Currently, electronic health records (EHRs) are only aligned based on what is required of the systems under the EHR Incentive Program. We believe this does not truly allow for EHR systems to be fully interoperable. We believe ONC and CMS should work together to develop populations and elements that actually test the ability to transmit data from one EHR to another, even within the same health system, in order to assess interoperability. For example, nurses have limited to no access to exchange information to pharmacy and lab systems, which leaves the system and practitioners prone to medical errors and possible patient harm.

How can we use current data sources and associated metrics to address the MACRA requirements?

The standards currently in place for certified EHR technology (CEHRT) should be uniform or nearly uniform across all editions. Currently, systems are disparate even within the EHR Incentive Program based on the edition the EHR is certified (e.g., elements in an EHR system are different depending on whether they are certified to a 2014 or 2015 edition). When EHR systems are certified, they are certified according to the CEHRT standards. As such, there may be a large discrepancy in capabilities and functionalities from a system that was certified years ago versus an EHR system that has recently been certified. For example, an EHR system that classified as CEHRT early on may only be able to provide data on a handful of measures, whereas a system recently classified as CEHRT may be able to provide data on many more measures. In addition, ONC and CMS should require that EHR systems that are CEHRT upgrade their products to ensure their systems are using the most up-to-date information. We urge ONC and CMS to require systems participating in programs related to MACRA to have one standard form of technology. Specifically, all currently systems should standardize to the next edition of CEHRT by a specified date so that all systems are will start on the same level, particularly with the implementation of the Quality Payment Program that includes the MIPS and APMs.

What other data sources and metrics should HHS consider to measure interoperability more broadly?

ONS encourages ONC and CMS to think broadly outside of the requirements of the EHR Incentive Program to adopt standards for interoperability that are truly meaningful. Currently, limited standards have been developed only surrounding objectives related to the EHR Incentive Program and now funneled into the Advancing Care Information performance category of the Merit-based Incentive Payment System (MIPS). We do not believe the measurement of under these objectives have been a good indication of the degree of interoperability an EHR system possesses. We respectfully request metrics surrounding the ability to exchange data from one system to another such as, the time it takes for one system to exchange data to another system, accuracy of the data transferred, how easily available and transferable data is from one system to another, etc.

ONS thanks CMS the opportunity to comment on how ONC and CMS can bring EHR systems closer towards seamless interoperability. While policies and requirements are being developed, we request that CMS continue to engage societies on ideas on how to further interoperability prior to proposing requirements on EHR systems. We would be happy to discuss ways in which ONS may be of assistance to ONC and CMS, and would encourage you to contact Alec Stone at astone@ons.org to coordinate a time to discuss our comments. We look forward to engaging in an ongoing dialogue to address issues of importance to ONS and cancer patients.

Sincerely,

The Oncology Nursing Society