

June 2, 2016



Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health IT
Office of the National Coordinator
Hubert H. Humphrey Building Suite 729 D
200 Independence Ave, S.W.
Washington, DC 20201

311 Arsenal Street
Watertown, MA 02472

Re: Medicare Access and CHIP Reauthorization Act of 2015; Request for Information Regarding Assessing Interoperability for MACRA

Submitted electronically via www.healthit.gov

Dear Dr. DeSalvo,

We appreciate the opportunity to comment on the Office of the National Coordinator's (ONC) Request for Information (RFI) Regarding Assessing Interoperability for MACRA, and ONC's continued attention to interoperability.

As you know, athenahealth provides electronic health record ("EHR"), practice management, care coordination, patient communication, data analytics, and related services to physician practices and hospitals, working with a network of over 78,000 healthcare professionals in all fifty states. All of our providers access our services on the same of continuously-updated, network enabled cloud-based platform. Our clients enjoy an ever-increasing level of connectivity to the rest of the healthcare ecosystem, conducting seven million transactions daily with over 55,000 trading partners, through over 177,000 interfaces and more than 175 application program interface ("API") endpoints. As actively participating members in multiple private sector interoperability initiatives, including the CommonWell Health Alliance, Carequality/the Sequoia Project, and the Argonaut Project, we see in real time the considerable progress that is being made to connect care across the entire continuum.

We believe the best thing ONC can do to promote widespread interoperation is to be mindful not to derail the progress happening today absent a defined metric of success for information exchange. As we have in the past, we note an important semantic distinction: the shared goal of health IT stakeholders is widespread "*interoperation*" (an activity) in healthcare, not mere "*interoperability*" (a capability). Requiring the latter will represent a victory of form over substance without some means of confirming the value of exchange. We urge ONC to be very deliberate about what activity it proposes to require and/or measure to avoid compounding the unintended consequences of existing federal health IT policies.

The RFI specifies that exchange and usage will be core to an interoperability metric. These data categories clearly illustrate the inherent problems of setting interoperability requirements. Merely measuring exchange will incentivize sharing only with large organizations, to boost numbers. Usage, while more focused on the outcomes, will incentivize sending providers to share more than necessary and receiving providers to incorporate additional information, regardless of medical relevance or trustworthiness. The level of interoperation resulting from a

market driven approach will far outpace and outperform compliance with a government set metric.

If set, federal interoperability metrics will add unnecessary bureaucracy through another set of maligned 'check-the-box' requirements. Individual clinicians will be stymied in their effort to deliver the highest quality patient experience when they are forced to select from a menu of vendor options that are deemed interoperable but in reality advance no further than the satisfaction of baseline metrics. Metrics will empower a compliance mindset and offer a way for vendors and provider groups to claim victory while the information exchange in the health IT market remains well behind its true potential.

Furthermore, a mandate or recommendation for the use of any "final" technical standard(s) for interoperation in healthcare, as recommended in the 2016 Interoperability Standards Advisory, will harm innovation in the private sector. It is likely that such a requirement will perversely result in more stagnation in healthcare, as innovation inevitably progresses beyond the limits of our current collective imaginations. The historically change-averse health IT industry will innovate to that soon-to-be-obsolete standard or metric and no further—an outcome that will allow vendors to truthfully lay claim to "interoperability" while doing little or nothing to enable true *interoperation*. As the early success of the CommonWell Health Alliance demonstrates beyond dispute, cross-platform interoperation is not only possible without a technical standards mandate, it is occurring in the present tense.

athenahealth shares ONC's vision to deliver the same ubiquitous and secure information exchange that is commonplace elsewhere in the information economy. The best way to achieve this goal is to allow the momentum of market driven interoperation to continue and spread. We are concerned that ONC's proposed approach will inadvertently impede those market forces by instituting metrics that aim to merely connote a status.

Sincerely,

A handwritten signature in black ink, appearing to read 'Greg Carey', is placed over a white rectangular background.

Greg Carey
Technology Standards & Policy Manager
athenahealth, Inc.