



August 25, 2017

Donald W. Rucker, MD  
National Coordinator for Health IT  
Office of the National Coordinator  
Department of Health and Human Services  
Mary E. Switzer Building  
330 C Street, SW, Office 7009A  
Washington, D.C. 20201

**Re: Trusted Exchange Framework & Common Agreement**

Submitted via email to [exchangeframework@hhs.gov](mailto:exchangeframework@hhs.gov)

Dear Dr. Rucker,

For twenty years, athenahealth (“athena”) has been committed to removing the obstacles that prevent clinicians from focusing on patient care. As implementers of both the CommonWell Health Alliance and the Carequality collaborative, we pursue innovative solutions with partners from across the health IT spectrum to allow the 106,000 providers on our network to coordinate patient care and improve care quality. We urge ONC to recognize the significant gains achieved by these and other organizations, some of which presented at the Kick-Off Meeting on July 24, and not stifle the progress that has already been made by orchestrating a restrictive framework that unintentionally inhibits technology and information sharing from moving beyond our current collective imagination. The 21<sup>st</sup> Century Cures Act charges your office to “develop *or support* a trusted exchange framework” (emphasis added), and there is not a mandate for ONC to reinvent the wheel.

The conversation around trusted exchange frameworks is not new. In fact, ONC has twice previously attempted to regulate such a framework into existence, most recently through the proposed Nationwide Health Information Network, or NwHIN, and has twice heeded the private sector’s strong urging that such a framework is best developed and maintained outside of the government.

The private sector has also made good on its commitment to move forward with trusted exchange frameworks that address the many use cases that exist in the market. Since deliberations on the Cures Act began, private actors have rapidly convened and collaborated, working to address the technical and governance problems that impeded interoperability. While we recognize that some organizations’ business practices and legal interpretations hinder robust data exchange across the care continuum, it is imperative that ONC and other government actors leave as light a footprint as possible in shaping

innovation and driving private sector investment. Consider the three years that will have elapsed between the introduction of Cures in the House and ONC's resulting publication obligations. That is an eternity in technology, and ONC must recognize and capitalize on the advancements made while the legislative process giving rise to ONC's current charge played out.

Market forces must be provided the opportunity to work in health IT. Vendors, providers, and collaboratives that do not respond to increased demand for information sharing and innovate to address new use cases will ultimately pay the piper as they fade into obsolescence. But scripting the path or unintentionally establishing safe harbors will not solve the challenges that have yet to materialize. Private sector collaboration will. As demonstrated by CommonWell, Carequality, the Argonaut Project, and others, we will congeal around and evolve best practices. Because our customers demand it as they navigate new reimbursement models focused on quality, we will be forced to find ways to ensure the secure exchange of meaningful content.

Interoperability has become a buzzword in health IT policy, but athena views it as a mischaracterized issue. The technology and governance frameworks exist to exchange meaningful information across vendor platforms today. Those sharing the information have a menu of existing standards and mechanisms from which to choose, and the market will undoubtedly present still improved processes that can be leveraged to suit future use cases. It would be unwise for ONC to inject itself in such a way so as to cut off the market forces that have driven this innovation to date. If ONC supports the existing private sector developments that have tackled interoperability—which it is permitted to do under Cures—it will have more resources to devote to its information blocking efforts.

We look forward to continued participation as ONC moves forward with the process outlined at the Kick-Off Meeting on July 24. We hope to engage in continued dialogue with your office and would be happy to discuss any of our input with you or your staff.

Sincerely,

A handwritten signature in black ink, appearing to read 'SZ', with a long horizontal line extending to the right.

Stephanie Zaremba  
Director, Government Affairs  
athenahealth, Inc.