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Submitted Electronically

The Honorable Donald Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, DC 20201

RE: UCSF'S CENTER FOR DIGITAL HEALTH INNOVATION'S COMMENTS ON THE 2018 INTEROPERABILITY SERVICES ADVISORY

Dear National Coordinator Rucker:

The University of California, San Francisco's Center for Digital Health Innovation submits these comments on the 2018 Reference Edition of the Interoperability Standards Advisory. The University of California, San Francisco (UCSF) is a worldwide leader in health care delivery, discovery and education. Consistent with this public mission and imperative, UCSF invests heavily in developing a variety of health information technology, innovation and management resources to give health care providers and patients,[1] researchers and scientists, educators and students the interoperability and transformative tools to succeed in the rapidly evolving digital health age. We thank you for the opportunity to provide these comments.

The Office of the National Coordinator for Health Information Technology (ONC) invites public comment on a proposed new consumer section for the 2018 Reference Edition, collecting consumer-based components for consumer access to and exchange of health information. ONC proposes that new sub-section III-J initially include four consumer interoperability needs:

- Push patient-generated health data into integrated EHRs;
- Patient exchanging secure messages with care providers;
- View, download, and transmit data from EHRs; and
- Remote patient authorization and submission of EHR data for research.

CDHI applauds this addition. Consumers and patients are at the center of care and care delivery. Section 4003 of the 21st Century Cures Act makes clear that "interoperability" must embrace exchange and usability of exchanged electronic health

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[1] For brevity, these comments refer to "patient" and "care," given that many federal programs and initiatives are rooted in a clinical or medical model. Health and health care, however, embrace more than clinical settings and extend well beyond clinical treatment of episodes of illness and exclusive dependency on professionals. Any effort to improve patient and family engagement must include terminology that also resonates with the numerous consumer and community perspectives not adequately reflected by medical model terminology. For example, people with disabilities and others frequently refer to themselves as "consumers" or merely "persons" (rather than patients). Similarly, the health care community uses the terminology "caregivers" and "care plans," while the independent living movement may refer to "peer support" and "integrated person-centered planning."

information for all users—consumers and patients as well as clinicians—and directs that patient access and interoperability are immediate national imperatives.[2] Congress likewise specified that patients (and providers) have access to and use of electronic health records (EHRs) through applications using open application programming interfaces (APIs),[3] much as smartphones have spurred innovation and transformed access and usability for consumers across so many areas of modern life. The Interoperability Standards Advisory should incorporate a complete set of interoperability standards for consumer interoperability needs.

ONC asks whether the attributes for each of the four initial components are accurate. In general, CDHI finds that the standards proposed for each of the four components are correct. We do recommend, however, that remote patient authorization and submission of EHR data for research should specifically include reference to the OAuth 2.0 standard. While the Interoperability Standards Advisory lists OAuth 2.0 as a general resource in Appendix 1, we recommend including it as a specific standard and resource under remote patient authorization and submission of EHR data for research. When best practices are followed, it is a well-developed, well-accepted standard for patient authorization to researchers to access the patient's health information in electronic health records, etc.

ONC also seeks suggestions for additional consumer access-related interoperability needs which the Advisory should include. We recommend including standards for "Shared Care Planning by Patients and Providers" together—both episodic plans of care or treatment and longitudinal care plans. The 2015 Edition of Certified EHR Technology adds a new "Care Plan" module along with the "plan of care" or "plan of treatment" module, and its Common Clinical Data Set includes the patient's goals, family caregivers, and health concerns, alongside the provider's clinical goals, care team, and problem list.[4] CDHI recommends that these and other standards be included under a fifth shared care planning component.

Lastly, we recommend renaming "View, Download, and Transmit Data from EHR" to "View, Download, Transmit, and Access Data from EHR through an API," or something comparable, in order to explicitly identify all four of the functionalities for access.

Thank you for this opportunity to provide comments on the 2018 Reference Edition of the Interoperability Standards Advisory. UCSF's Center for Digital Health Innovation looks forward to working with the Office of the National Coordinator, Centers for Medicare & Medicaid Services, providers, consumers and vendors across the nation to leverage technology to improve interoperability and access, enhance the quality of care, foster trust with patients, bolster meaningful engagement, and improve health outcomes.

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[2] 21st Century Cures Act, § 4003(a)(2).

[3] Section 4002(a) requires, within one year or December 13, 2017, that certified EHR technology "has published application programming interfaces and allows health information from such technology to be accessed, exchanged, and used without special effort through the use of application programming interfaces or successor technology or standards . . . ."

[4] E.g., 80 Fed. Reg. 62,602, 62,638, 62,644-62,645 (Oct. 16, 2015) (common clinical data set); id. at 62,648-62,649, 62,730 ("care plan" module and "plan of treatment" module).

If you have any thoughts or questions about these comments, please contact Mark Savage at Mark.Savage@ucsf.edu.

Sincerely,

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cc: Steve Posnack, Director, Office of Standards and Technology
Margeaux Akazawa, Consumer eHealth and Engagement Division