

November 9, 2020

Don Rucker, M.D.  
Office of the National Coordinator for Health Information Technology  
Department of Health and Human Services  
200 Independence Avenue S.W. Suite 729-D  
Washington, D.C. 20201

Dear Dr. Rucker,

Thank you for the opportunity to submit feedback regarding the 2021 Interoperability Standards Advisory. In previous years we have commented within specific sections, however a consolidated set of comments seems more efficient this time around.

Since we last commented to the ISA about the UDAP Profiles, there has been tremendous enthusiasm for the scalability benefits of using UDAP, as you have likely witnessed. UDAP fills a gap in the current landscape for scaling app registration and building app ecosystem trust networks, explaining why UDAP connectathon testing continues to increase, with events organized by both HL7 and Carequality in the past year. Additionally, UDAP workflows now constitute key elements of the FHIR At Scale Taskforce's Security & Identity Solutions and Carequality's FHIR IG, and are also included in IG's under development by CARIN and the Da Vinci Project.

Last year we commented on the utility of UDAP in scaling app registration and authentication in these sections of the ISA:

<https://www.healthit.gov/isa/remote-patient-authorization-and-submission-ehr-data-research>

<https://www.healthit.gov/isa/data-element-based-query-clinical-health-information>

Our previous comments still stand and we would generally add the same comments to these sections as well:

<https://www.healthit.gov/isa/query-documents-outside-a-specific-health-information-exchange-domain>

<https://www.healthit.gov/isa/exchanging-patient-identity-within-a-community>

<https://www.healthit.gov/isa/view-download-and-transmit-data-ehr>

Security and Authentication in FHIR workflows seems to be in scope on every page of the ISA in which FHIR is a recognized standard. Therefore, while mentioning the UDAP Profiles for Dynamic Client Registration, JWT-Based Client Authentication, and Tiered OAuth on all of the above pages is certainly appropriate, it might also be helpful to list the two primary healthcare focused UDAP Implementation Guides on those pages as the Consumer and B2B components of the "UDAP Registration and Authentication Framework" and in the Trust Relationship section of Appendix III's "[Understanding](#)



“Emerging API-Based Standards” page and on the [Appendix I – Sources of Security Standards and Security Patterns](#) page.

The **UDAP Registration and Authentication Framework** Implementation Guides may be found here:

<https://www.udap.org/udap-ig-consumer-facing-health-apps>

and

<https://www.udap.org/udap-ig-b2b-health-apps>

The consumer Implementation Guide is already specifically referenced within the [CARIN Alliance Blue Button® Framework and Common Payer Consumer Data Set \(CPCDS\) IG](#).

We suggest the following attributes within the ISA when referencing these Implementation Guides:

Type: Emerging Implementation Specification

Maturity level: In Development

Implementation Maturity: Production

Adoption Level: Zero Dots

Federally required: No

Cost: Free

Test Tool Availability: [Yes](#)

UDAP continues to evolve; as you may have heard we also recently launched a free test tool at

<https://www.udap.org>.

Thanks again for the opportunity to give feedback and we welcome any questions or comments, or participation in the UDAP Google Group should you wish to follow the progress of these standards directly.

Sincerely,

Julie Maas

CEO, EMR Direct and UDAP.org Contributor