CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

February 5, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Office of the Secretary, U.S. Department of Health and Human Services

Re: *Federal Health IT Strategic Plan 2015 – 2020*

Dear National Coordinator DeSalvo:

The CAQH CORE Board of Directors is pleased to offer comments on the above-referenced Strategic Plan. CAQH CORE brings providers, health plans, healthcare clearinghouses, government agencies, banks, standards development organizations, and vendors together to collaborate on achieving trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs. Its mission focuses on driving development and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among providers, payers, and consumers. CAQH CORE Operating Rules have been adopted as federal requirements for health plans, clearinghouses, and providers.

CAQH CORE supports the vision of the *Federal Health IT Strategic Plan* that "health information will be accessible when and where it is needed to improve and protect people's health and well-being." The five goals relating to collection, sharing, and use of health information are laudable. It has been CAQH CORE's experience that two critical elements are needed to ensure success of such goals:

- Coordinating and engaging all key stakeholders needed for carrying out the Strategic Plan's objectives and strategies that support the goals.
- Ensuring there is a compelling business case to drive market adoption, especially where costly changes are necessary to accomplish the goals.

CAQH CORE recommends that the *Federal Health IT Strategic Plan* be revised to include:

1. **Specific strategies for HHS and the broader federal government to work across its agency and departmental units** to ensure collaboration among the various clinical, financial, and public health data efforts. Such collaboration will help deliver essential components called out by the Strategic Plan. For example, the Strategic Plan recognizes the need for critical building blocks such as common data standards and definitions, security, authentication approaches, and certification. Currently there is a lack of uniformity across different federal departments and within HHS in many of these areas, as well as across clinical and financial domains in the industry at large. Uniform and collaborative approaches must be supported across all of HHS or the burden on providers and health plans to contribute to the three major themes of the report – collect, share, and use – will only increase.

   As part of these foundational components, the Strategic Plan calls for newer versions of standards to more clearly and discretely describe data requirements. A seemingly simple example of cost and quality issues arising from lack of precise data definition is the variation in spelling of HbA1c. Commercial labs have testified to the National Committee on Vital and Health Statistics (NCVHS) that there are more than twenty ways to spell or abbreviate this common lab test, requiring the labs to maintain a dictionary crosswalk. Such variability potentially impacts not only the lab ordering process, but interoperable clinical decision support, ability to measure cost and quality of care, claims adjudication, audit processes, public health reports, research, and personal health records.

   It can take decades for a standard to be developed, approved, piloted, mandated, and implemented. The Strategic Plan's five year timeframe needs innovative approaches that recognize the limited resources of voluntary efforts devoted to such work. One such approach may be supplementing existing standards with operating rules; or, as in the financial industry, by having stakeholders create consensus-based business rules for existing processes to kick start standards development or to serve in their stead where appropriate. Such business rules can recognize multiple standards and also include a mandated maintenance process, thus requiring ongoing adaptation as an expectation rather than waiting for updated regulations. As another example, in today's market there are a range of electronic

authentication policies (e.g., digital certificates versus tokens) that can be pursued. Any HHS approaches to electronic authentication must be aligned so that they do not financially and otherwise burden stakeholders by requiring them to learn and maintain different methods across various clinical areas, or between affiliated clinical and administrative processes. The Strategic Plan should drive complementary federal policies to ensure common objectives, such as security, are fulfilled, while also having HHS educate the market on how to avoid unnecessary health IT barriers.

2. **Explicit actions to develop compelling business cases for change,** including specific metrics and strategies to measure results regarding the uniform approaches proposed for market implementation. Over the past decade, business cases have come in a range of forms for health IT related work: traditional stakeholder-specific cost and benefit estimates, contractual requirements, public regulations with related penalties, and financial incentives.

   Given the timeframes of the Strategic Plan, the option of monetary incentives is unlikely to continue on the scale as seen with Meaningful Use; and sanctions or penalties create negativity. Additionally, while proposed regulations require a regulatory impact statement, volumes and cost estimates in overarching statements often are not sufficiently compelling for organizations to make the investments necessary to strategically implement the mandated requirements. Or, the entities do not have actual examples of stakeholder implementations and thus it can be a challenge for some to envision both the short and long term roadmap.

   An effective way to achieve the Strategic Plan's vision would be for HHS to examine critical costs and benefits, describe the expected return on investment (ROI) by stakeholder type, and inform the industry of how HHS will help support market adoption. Specific business cases should be a primary element of the education and implementation tools, and made available early in the implementation cycle. HHS must also supply the metrics for entities and the federal government to measure success, monitor results, and be prepared to make necessary adjustments.

   When considering existing national health IT efforts, proactive actions on the part of industry focused on driving change have helped create the momentum needed to build business cases. For example, initially without regulation, voluntary adoption of operating rules for administrative transactions demonstrated ROI. A collaborative process supplied interactive implementation tools and continued to support non-mandated requirements via a voluntary certification that could be referenced in trading partner contracts, thus requiring no additional negotiation on specific expectations. Additionally, Medicare applied its contracting processing to drive change by requiring all Medicare claims to be filed electronically and all payments to providers to be made via electronic funds transfer (EFT). Such strategies are making a significant difference in driving recent uptake of standards mandated over two decades ago.

CAQH CORE is very supportive of the larger national vision of a quality-driven healthcare system; however, every entity in our shared system is challenged with balancing current operations and designing future strategies in a quickly evolving market. Successful cross-industry IT efforts in healthcare and other industries have been predicated on market leaders – often with conflicting perspectives – coming together to address specific, focused business needs. Such efforts struggle with providing ROI information but place a priority on doing so. To achieve strong outcomes and a positive return on the nation's investment, we urge you to incorporate in the Strategic Plan expectations for federal collaboration as well as a compelling business case with metrics to measure success.

Sincerely,

George Conklin
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Chair, CAQH CORE Board

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CC: CAQH CORE Board of Directors