American Hospital Association

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Don Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, DC 20001

Dear Dr. Rucker,

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinical partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to respond to the request for comment on the trusted exchange framework and comment agreements released by the Office of the National Coordinator (ONC) for Health Information Technology (IT) in July.

The AHA applauds ONC for soliciting input as it implements health IT provisions of the 21st Century Cures Act. The creation of a nationwide approach to efficient and effective sharing of health information is central to the efforts of hospitals and health systems to provide high-quality coordinated care, support new models of care and engage patients in their health. A shared trusted exchange framework and common rules of the road are essential to transforming health care.

For the end-users of health IT systems, the goal of exchange is simple: to connect once to the exchange network of their choice, which then becomes a gateway to all of the other networks that may have information pertinent to the care of an individual or a population. This is no different from picking up a cell phone that is on one cell phone network and being able to call individuals on any other cell phone network without any additional work or exorbitant cost.

We recognize that today's health information exchange landscape is comprised of a complex set of existing networks that include large national networks, such as Commonwell, Surescripts and the eHealth Exchange; regional and state networks, such as the Nebraska Health Information Exchange; and networks maintained by individual electronic health record vendors, such as Epic's Care Everywhere. Some of the networks are already working to connect. And, importantly, there are also initiatives that have working frameworks in place to connect across networks, of which Carequality is the most mature and widely adopted example.

Therefore, as ONC contemplates the parameters of a trusted exchange framework and common agreement, we recommend that the agency avoid disrupting existing, working exchanges and focus on creating a more seamless network-of-networks approach. Specifically, ONC should work with the private sector to accelerate nascent attempts while promoting mature efforts with demonstrated success for existing networks to connect across platforms. The provider community has a sense of urgency to accomplish this work, but also understands that starting from scratch would likely create even more delays than working to align existing efforts.

That said, any framework and common agreement must specify minimum standards and essential elements needed to facilitate exchange so that end-users have assurance that all health information exchange networks are following the same rules of the road to ensure that exchange is trustworthy, reliable and efficient. The framework and common agreement should address, among other things:

- The minimum standards and implementation requirements that must be met to ensure efficient exchange, including standards to secure information;
- The permitted purposes for exchange;
- A clear understanding of the means to identify and authenticate participants of an individual exchange;
- A clear understanding of how the identity of individuals will be matched and managed across networks; and
- Assurance that each network will be transparent in the terms and conditions of exchange, including any technical prerequisites and costs of participating in exchange.

Finally, we recommend that ONC focus its efforts to develop a framework and common agreement solely on the connections across information exchange networks and the rules of the road for those entities. The agency should not simultaneously look to prescribe the behavior of those who use health information exchange networks, including hospitals, health systems, other providers and consumers. The actions of health care providers are already subject to the information sharing, privacy, and security requirements (including restrictions on information blocking) contained in meaningful use, the Medicare Quality Payment Program for clinicians, HIPAA HITECH, 21st Century Cures and myriad other federal, state and local laws. Creating a seamless network of networks in health care will require considerable, focused attention to how information is exchanged among health IT networks, and we urge ONC not to dilute those efforts by consideration of new requirements on the end users.

We also recommend that the federal government separately continue to pursue alignment and simplification of the existing privacy and security requirements that apply to health care providers, including those that apply uniquely to federal health care providers. As noted in a recent ONC-funded report by the National Governors Association, these overlapping and sometimes conflicting requirements continue to be an impediment to information exchange.

Thank you for the opportunity to comment on the important issue of how best to ensure that health information exchange networks can efficiently and effectively share data across their platforms to support high-quality, coordinated care and individuals' engagement in their health. If you have any questions, please do not hesitate to contact me or Chantal Worzala, vice president of health information and policy operations, at cworzala@aha.org or 202-626-2313.

Sincerely,

/s/

Ashley B. Thompson
Senior Vice President
Public Policy Analysis and Development