June 3, 2016

Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services
200 Independence Avenue SW
Suite 729-D
Washington, DC  20201

Submitted Electronically

Dear Dr. DeSalvo:

On behalf of the Joint Public Health Informatics Taskforce (JPHIT), we are pleased to respond to ONC’s Request for Information Regarding Assessing Interoperability for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Docket ID: HHS-ONC-2016-0008. JPHIT is a coalition of nine national associations that help U.S. governmental agencies build modern information systems across a spectrum of public health programs. In support of these national efforts, JPHIT identifies and strengthens synergies, builds consensus, and facilitates national actions for a public health system that optimizes health promotion and protection through informatics.

JPHIT is fully supportive of certified electronic health record technology (CEHRT) adoption and continued investments in the nation’s health information technology (IT) capacity. CEHRTs and a robust IT infrastructure enhance the ability of public health agencies (PHAs) to perform critical public health functions.

As ONC prepares to carry out the provisions of section 106(b)(1) of the MACRA, we would like to highlight the important role that PHAs play in the interoperability described in Section 106(b)(1)(B) of the MACRA. Specifically, PHAs nationwide are responsible for ensuring the accessibility and quality of healthcare services provided in their jurisdictions. Partnering with healthcare providers to coordinate care and improve patient outcomes is critical, and the exchange of public health information is essential, to meeting that responsibility.

Examples include:

A. Ensuring lifetime immunization coverage with immunization information exchange.
B. Initiating interventions to reduce disease incidence by identifying diseases with electronic laboratory results and reportable case information.
C. Ensuring robust, well-coordinated responses and recoveries to public health emergencies and disasters with syndromic surveillance data.
D. Researching or identifying cancer etiologies, providing therapies, and recommending cancer prevention strategies with cancer registry data.
E. Identifying and controlling the spread of antibiotic resistant bacteria with National Healthcare Safety Network reporting and support.
For more specifics on the above examples, we refer you to responses made by JPHIT associations and partners; i.e., American Immunization Registry Association (AIRA), National Association of City and County Health Officials (NACCHO).

The exchange and use of health information between healthcare providers and PHAs must be part of ONC’s interoperability assessments for the MARCA. These are two key components of the “widespread interoperability” required for the MACRA. Including PHAs as part of the measurement population will, furthermore, help assure continued health IT development and interoperability for public health purposes.

JPHIT’s responses to specific questions posed in ONC’s Request for Information are tabulated on the following pages. Please contact Charlie Ishikawa, JPHIT’s Executive Secretary, with any questions: cishikawa@jphit.org.

JPHIT greatly appreciates the efforts of ONC to gather input on metrics and measures for interoperability. As new payment mechanisms are explored through MACRA and other channels, we hope that both clinical health and public health will be well-resourced to support the technology and workflow enhancements needed to seamlessly interoperate, and to fully measure the resulting positive health outcomes and impacts. We look forward to continuing to support the ONC in this work.

With best regards,

Marcus Cheatham, PhD
JPHIT Co-Chair and NACCHO Representative
Health Officer, Mid-Michigan Health District

Charles Ishikawa, MSPH
Executive Secretary
Joint Public Health Informatics Taskforce

The following associations join JPHIT in this response
- National Environmental Health Association (NEHA)
 Specific Responses to ONC’s Request for Information Regarding Assessing Interoperability for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Docket ID: HHS-ONC-2016-0008

<table>
<thead>
<tr>
<th>Page Number</th>
<th>Question</th>
<th>JPHIT Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pg. 9</td>
<td>Should the focus of measurement be limited to “meaningful EHR users,” as defined in this section (e.g., eligible professionals, eligible hospitals, and CAHs that attest to meaningful use of certified EHR technology under CMS’ Medicare and Medicaid EHR Incentive Programs), and their exchange partners? Alternatively, should the populations and measures be consistent with how ONC plans to measure interoperability for the assessing progress related to the Interoperability Roadmap? For example, consumers, behavioral health, and long-term care providers are included in the Interoperability Roadmap’s plans to measure progress; however, these priority populations for measurement are not specified by section 106(b)(1)(B)(i) of the MACRA.</td>
<td>The current focus of measurement appears to be narrower for the MACRA than as described in ONC’s Interoperability Roadmap. That limited scope may be a more practical place to start. Regardless of the measurement scope, it is essential that public health be considered a key partner in interoperability. Measures to address the interoperability capacity of public health should be factored in, but ideally, should be low-burden and value-driven to ensure full adoption across the community. Similarly, funding should support necessary technology investments and enhancements in public health informatics to ensure full interoperability with clinical health partners, and participation in ONC’s measurement process.</td>
</tr>
<tr>
<td>Pp. 9 - 10</td>
<td>ONC seeks to measure various aspects of interoperability (electronically sending, receiving, finding and integrating data from outside sources, and subsequent use of information electronically received from outside sources). Do these aspects of interoperability adequately address both the exchange and use components of section 106(b)(1) of the MACRA?</td>
<td>In addition to the various aspects of interoperability mentioned, it is also important to measure electronic querying by CEHRTs of public health information systems; e.g., immunization information systems.</td>
</tr>
<tr>
<td>Page Number</td>
<td>Question</td>
<td>JPHIT Response</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pg. 10</td>
<td>Should the focus of measurement be limited to use of certified EHR technology? Alternatively, should we consider measurement of exchange and use outside of certified EHR technology?</td>
<td>The exchange of information should be limited to CEHRTs, as these are the technologies the relevant federal programs intend to promote and regulate. Use, however, must be measured beyond the technologies that merely exchange the data and information, because there are many resources that healthcare providers and their partners in care coordination and patient outcome improvement (e.g., public health agencies) need to acquire information for action.</td>
</tr>
<tr>
<td>Pg. 13</td>
<td>Do the survey-based measures described in this section, which focus on measurement from a health care provider perspective (as opposed to transaction-based approach) adequately address the two components of interoperability (exchange and use) as described in section 106(b)(1) of the MACRA?</td>
<td>Although there will likely be some limitations and less accurate results based on surveys of provider perspectives, this be the least burdensome way to access this information within our current system. Although the use of audit logs or other mechanisms to measure transactions is possible, it may not be realistically feasible in clinical settings, and does not address if and how the information was used or applied. This information yield key insight into potential barriers to exchange and use that may not be otherwise uncovered.</td>
</tr>
<tr>
<td>Pg. 13</td>
<td>Could office-based physicians serve as adequate proxies for eligible professionals who are “meaningful EHR users” under the Medicare and Medicaid EHR Incentive Programs (e.g. physician assistants practicing in a rural health clinic or federally qualified health center led by the physician assistant)?</td>
<td>JPHIT encourages ONC to more directly survey eligible professionals who are “meaningful EHR users”, but also to consider incorporating broader information from public health agencies regarding gathering facilitators and barriers to interoperability with public health.</td>
</tr>
<tr>
<td>Pg. 13</td>
<td>Do national surveys provide the necessary information to determine why electronic health information may not be widely exchanged? Are there other recommended methods that ONC could use to obtain this information?</td>
<td>JPHIT encourages the ONC to explore the use of survey data routinely collected by national associations (e.g., AIRA, NACCHO, ASTHO, and CSTE) for this purpose.</td>
</tr>
</tbody>
</table>