

September 27, 2018

Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Submitted electronically at: <https://www.healthit.gov/standards-advisory>  
Attention: Public Comment on “2018 Interoperability Standards Advisory”

Office of the National Coordinator for Health IT:

Thank you for the opportunity to provide input on the 2018 Interoperability Standards Advisory. The Minnesota e-Health Initiative (Initiative) is pleased to submit comments as a public-private collaborative focused on advancing the adoption and use of electronic health records and other health information technology, including health information exchange. The Initiative is guided by a legislatively-authorized 25-member advisory committee. Activities of the Initiative are coordinated by the Minnesota Department of Health, Office of Health Information Technology.

The Initiative recognizes the need to continually update the community on the most current standards and implementation specifications necessary to achieve interoperability. The tabular presentation can provide implementers with a single reference point for implementation specifications. In addition, the Initiative supports standards that are responsive to the needs of 1) providers across the care continuum; 2) individuals, families, and caregivers; and 3) all communities to advance health equity and support health and wellness.

Please consider the following comments related to the 2018 Interoperability Standards Advisory.

Contact Kari Guida, Senior Health Informatician, Office of Health Information Technology, Minnesota Department of Health at [kari.guida@state.mn.us](mailto:kari.guida@state.mn.us) with any questions.

Sincerely,



Jennifer Fritz  
Director, Office of Health Information Technology  
Minnesota Department of Health



Alan Abramson, PhD  
Advisory Committee Co-Chair  
Minnesota e-Health Advisory Committee  
Senior Vice President, IS&T and Chief Information Officer  
HealthPartners Medical Group and Clinics



Sonja Short MD, FAAP, FACP  
Advisory Committee Co-Chair  
Minnesota e-Health Advisory Committee  
Associate CMIO Ambulatory and Population Health  
Fairview Health System

## General-High Level Questions

**18-1.** In what ways has the ISA been useful for you/your organization as a resource? ONC seeks to better understand how the ISA is being used, by whom, and the type of support it may be providing for implementers and policy-makers.

- The Minnesota e-Health Initiative (Initiative) frequently reviews and provides input to the ISA. This process allows the Initiative and stakeholders to come together to discuss and learn about the status, needs, and opportunities relating to e-health standards.
- The Initiative is updating its standards guidance to direct users to first review the ISA and then review Minnesota-specific recommendations and resources relating to standards.
- There needs to be more connection between the ISA and other current activities such as TEFCA, USCDI, Information Blocking, Cures Act, and the Promoting Interoperability Programs. Providing concrete connections between these programs, rules, and activities builds universal understanding of what the ONC and CMS are doing/planning to which allows for local and state partners to be prepared. Also, having better communication on the connections makes it easier to explain how we are going to achieve the goals laid out by these activities, programs and rules. This education resource could be added to the Educational and Informational Resources found in Appendix II.
- The ISA was used to move Minnesota's TEFT work forward.
- The Initiative looks forward to hearing 1) how others are using the ISA; 2) how the ONC is promoting the ISA; and 3) how the ONC wants the Initiative and partners promote/share the ISA.

**18-2.** Over the course of 2018, some new functionality has been added to the ISA, with more enhancements expected through 2018 and 2019. Are there additional features or functionality that would enhance the user experience?

The addition of Educational and Informational Resources is very helpful. Areas to add to the Educational and Informational Resources include:

- The connection between the ISA and others such as TEFCA, USCDI, Information Blocking, Cures Act, and Promoting Interoperability Program.
- Brief description of the types and uses of models and profiles.
- The concept that an interoperability need requires the use of multiple standards.

**18-3.** Is the existing ISA format used for listing standards and implementation specifications applicable for listing Models and Profiles? Are there additional or different attributes that should be collected for them? Are there additional models and/or profiles that should be listed? Are models and profiles useful for inclusion in the ISA?

- Providing a brief description of the types of models and profiles and their use would be useful.

**18-4.** Are there additional informational or educational resources that can be provided to help stakeholders better understand the ISA, health IT standards, interoperability, etc?

- The areas to add to the Educational and Informational Resources include:
  - The connection between the ISA and other such as TEFCA, USCDI, Information Blocking, Cures Act, and Promoting Interoperability Program.
  - Brief description of the types and uses of models and profiles.
  - The concept that an interoperability need requires the use of multiple standards.
- Informational and educational resources should also be developed for use by small and independent providers and providers across the care continuum such as local public health, social services, behavioral health, and dental health.

- Resources to assist providers in working with their vendors to implement the standards, including information on workflow.

## Feedback on Current or Future Interoperability Needs

**Minnesota recommends considering the inclusion standards and technical specifications to meet interoperability needs related to:**

- Opioid epidemic including the needs of
  - providers across the care continuum especially public health;
  - individuals, families, and caregivers; and
  - all communities
- Pharmacists are increasingly participating on patient-centered care teams as essential members providing clinically oriented patient care services such as medication therapy management (MTM), which include services that optimize therapeutic outcomes for patients. MTM helps patients get the most out of their medications through the active management of drug therapy, identification, prevention, and resolution of medication-related problems discussed between the patient, pharmacist, and other patient care providers. Other services include clinical reconciliation (medication, allergies and problems), patient immunization management, disease state monitoring, and therapy adherence programs.
- Consumer need for information and interoperability that includes the needs of individuals, family, and caregivers.
- Patient address is necessary for verification of patient identity. In addition, this standardized information is important for research, public and population health, and accountable care activities. It is also extremely important for health equity and health disparities work –our zip codes greatly influence the age we die and of what. The ONC should consider the use of United States Postal Office address standards.
- Health equity and the standards needed to better understand and advance health equity for all. Areas needing more standards-related work include history of incarceration/criminal justice system status, income source, neighborhood and community characteristics, religious affiliation, and access to affordable and reliable transportation.
- Public health reporting of blood lead levels from primary care clinics to state and/or local public health.
- Leveraging public health reporting for referrals. For example data entered into birth certificates for high risk factors should be able to be populated into a template so the information can be shared with community care providers receiving a referral for services.

**Minnesota recommends changing the Interoperability Need: Reporting Newborn Screening Results to Public Health Agencies to Reporting Newborn Screening and Birth Defects to Public Health Agencies to better reflect the implementation specifications included in the section.**

**Minnesota recommends further ONC encouragement of greater maturity, adoption, and use in of some administrative implementation specifications is needed.**

The [Minnesota HIE Framework](#), Minnesota's [State Innovation Model](#) projects, and other accountable care activities have shown that the efficient exchange of financial and administrative data, as well as clinical data, is vital for both the success of accountable care and improved patient coordination. Similarly, national resources such as the [CCHIT's A Health IT Framework for Accountable Care](#) have

described in detail the health information and technology needs -- including administrative data -- to support accountable care. We feel it is important then to examine Section V of the 2018 ISA, Administrative Standards and Implementation Specifications, through an accountable care lens.

Many of the items listed in Section V play a key role in providing the data necessary for accountable care based on our own state's direct experience and as described in national resources such as the Health IT Framework. We enthusiastically endorse the inclusion of these items as vital for accountable care and health transformation activities.

We are also grateful for and very appreciative of ONC's clearly stated position that it "encourages further pilot testing and industry experience to be sought with respect to standards and implementation specifications identified as "emerging." This is especially relevant in that a key category of data needed by ACOs – Health Care Attachments to Support Claims, Referrals, and Authorizations (2018 ISA Reference Edition, page 100), includes several implementation specifications that are at only initial stages of implementation and adoption at this time.

Claims attachments are supplemental data to a claim that are often essential for treatment and care decisions, for determining coverage and payment of services, and are vital to ACOs' roles in caring for a particular eligible population. However, attachments are currently often among the most challenging, costly, burdensome transactions to exchange. It will be important for ONC to actively promote greater maturity, adoption, and more efficient, effective use of attachments-related specifications such as prior authorizations (X12N 278) and requests for additional information (X12N 277).

Similarly, a key stumbling block in addressing the attachment issue more generally is the fact that implementation specifications for the attachment transaction itself (X12N 275) have not yet been adopted nationally pursuant to federal HIPAA. Further development and experience with the transaction is now often being delayed pending adoption of specifications pursuant to HIPAA. ONC could play an important role in acknowledging the importance of and needs for timely action on national attachment implementation specifications, and in any related awareness raising, follow-up, and discussions to any possible future release of attachment specifications per HIPAA.

### **Suggestions for section V**

As noted above, we enthusiastically endorse the inclusion in the ISA of Section V, Administrative Standards and Implementation Specifications, as vital for accountable care and health transformation activities. Below are a few suggestions for minor Section V updates or additions for consideration:

- The ONC website notes that "Where available, annotated references or links to publicly available documentation known about adoption levels for listed standards is also provided." However we did not see such references for section V. ONC may consider reviewing and possibly incorporating in the ISA well documented, annually updated resources on the adoption and use of several key administrative transactions such as the [CAQH-CORE Index](#).
- The "Limitations, Dependencies, and Preconditions for Consideration" column in the Section V tables provide valuable information for the reader. In some cases however, it would be helpful to consider providing links to additional information, background, examples, or clarification, or some other assistance to the reader. For example:
  - Some key statements are repeated throughout the tables. In some cases, it might helpful to provide a link to a brief summary or issue brief for additional background and context.
    - Example: the first statement for many tables in section V is "The Administrative Simplification provisions of HIPAA apply to the adoption of electronic transaction standards and operating rules for use in the health care industry. HIPAA has some different requirements for information exchange than EHRs, but there is hope for

MINNESOTA E-HEALTH INITIATIVE COORDINATED RESPONSE TO 2018  
INTEROPERABILITY STANDARDS ADVISORY

convergence in the future.” It might be helpful to provide a link to a brief one-page summary with additional information regarding HIPAA, and providing additional information regarding the hoped for “convergence in the future.”

- In other cases, it might be helpful to split up lengthy narratives and to provide additional links. For example, in table V-C, Electronic Funds Transfer for Payments to Health Care Providers, the lengthy section under “Limitations, Dependencies, and Preconditions for Consideration” might be broken up under subtopic headings and clarified. There are a number of possible resources from CORE, WEDI, and others to link to also aid the reader in understanding EFT.
  - In addition, the first statement in table V-C, Electronic Funds Transfer for Payments to Health Care Providers – “Widespread implementation of the Electronic Funds Transfer (EFT) transaction by providers may be somewhat constrained by unanticipated transaction fees and costs associated with new payment technologies (e.g. virtual credit cards) imposed or used by third parties, vendors, clearinghouses, and health plans.” – has been highly controversial and would benefit from a link for additional context and background.
- Some statements seem to need more explanation or examples, either in the ISA or via a link. For example, in table V-D: Administrative Transactions to Support Clinical Care, the statement is made that “Low utilization of this transaction is likely due to reported business process issues.” The statement alone does not provide the reader with a sense of what the issues are, if they are major, what might possibly be being done to address them, etc.