January 26, 2016

The Honorable Karen DeSalvo, MD, MPH, M.Sc.
Acting Assistant Secretary for Health,
National Coordinator for Health Information Technology,
United States Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C., 20201

Dear National Coordinator DeSalvo:

The American Medical Informatics Association (AMIA) is writing in support of the "Private Sector Interoperability Commitments Pledge," which seeks to bolster interoperability in healthcare by enabling consumer access to their data, improving transparency and encouraging widespread adoption of national interoperability standards. We share the administration's belief that such commitments are foundational to the success of delivery system reform and will lead towards our common goal of a learning health system.

As the professional home for more than 5,000 informatics professionals, representing researchers, front-line clinicians, clinician executives and public health experts, AMIA members play a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

The specific actions listed in the Pledge align with the *Report of the AMIA EHR 2020 Task Force on the Status and Future Direction of EHRs,* and represent progress towards the kind of functionalities we believe are needed to achieve a learning health system. Given the unique view AMIA has across the health and healthcare enterprise, and the leadership roles that many of our members play, we provide below additional action items needed to support the spirit of the Pledge.

Consumer access
We agree that widespread adoption of public, standards-based APIs will empower patients to engage in their own care. However, APIs may provide only limited capabilities for patients to export and/or import their data from an EHR. We believe the use of APIs to help

consumers easily and securely access and share their electronic health information should be strengthened by the ability of health IT to enable patients to extract their data from one EHR system and import it to another, or to use this information for their own purposes.

We commit to improving consumer access to their health data by working with federal officials to develop standards-based granular data specification(s) that support APIs and enable patients to have a full extract of their medical record, not just a summary, in a computable format. This functionality will enable patients to export their data from an EHR, import it into their personal health record, another clinician's EHR, or allow that data to be used for research purposes, such as the Precision Medicine Initiative. Such functionality also will enable much more fluid exchange of health data among clinicians, and it will fuel an ecosystem of consumer, clinician and researcher applications needed for the learning health system.

Transparency

Many of our members regularly remove barriers to interoperability by enabling disparate systems to communicate. Every day, AMIA members improve clinical care by integrating new streams of data into the EHR, using data visualization techniques and algorithm-based clinical decision support to make such data actionable. We believe transparency in business practices is essential to interoperability. How stakeholders enable (or block) data exchange matters; how developers describe and price the capabilities of their products matters. ONC's attempt to better understand information blocking, and their Transparency Attestation are a step towards the kind of transparency we need to ensure the right data is available when and where it's needed. However, we believe more sunlight is needed to inform the market, enhance competition and improve interoperability.

We commit to transparency by working with the federal government to improve the corpus of knowledge gained during the certification process. This could include video recordings of the certification processes, demonstrating how each vendor satisfies each certification criteria, detailed data and information models for application programming interfaces (APIs), and information on how data are entered and extracted from the EHR as part of the certification process. We believe these resources should be made available to the public on the certification body's website to inform customer choice and to supplement ONC's Transparency Attestation.

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Standards

Standards are foundational to improve interoperability and we applaud ONC for developing the annual Interoperability Standards Advisory. As a means to help improve current standards and develop new standards where needed, numerous AMIA members and their institutions are participating in various pilots and programs, including the Argonaut Project and SMART on FHIR.
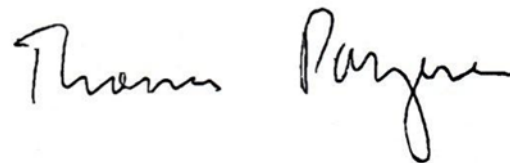
We commit to working with standards development organizations, private sector stakeholders and the federal government to improve the quality and ubiquity of national health IT standards. Specifically, we will work to relieve stress on the EHR by improving data standards and codes sets needed for quality reporting, research and public health purposes. We must leverage best practices from other industries, and think about integration of standards horizontally across the learning health system rather than for one-off use cases within the verticals of consumers, clinicians, public health or research. This will require a portfolio of data and meta-data standards for vocabularies, structures, transport, security and services.

We believe the commitments outlined by the Pledge, and those commitments agreed to by AMIA's Board of Directors are interrelated and aligned with national priorities identified in ONC's 10-year Interoperability Roadmap. We support ONC fully in this effort and look forward to a continued dialogue with other stakeholders to make tangible progress towards more complete consumer access, improved transparency and better standards in health IT.

Sincerely,

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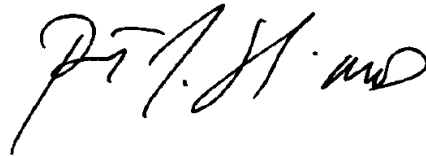FAAP
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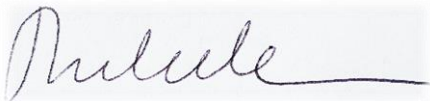
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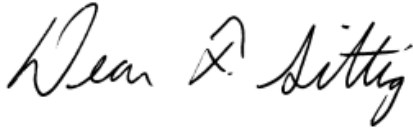
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