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Wellcentive Comment
Connecting Health and Care for the Nation:
A Shared Nationwide Interoperability Roadmap

Dr. DeSalvo and staff,

Overall, Wellcentive supports the approach the roadmap describes, addressing not only the technical problems facing the industry, but also the "people" problems, a.k.a governance issues, that are barriers to true interoperability.

Additionally, to give some context to our comments, Wellcentive is a population health vendor, and as such our business needs and use cases are not your typical "EHR" needs. However, given HHS' declaration about moving more and more towards value-based reimbursement, we firmly believe that population health tools, and their interoperability needs, should take front and center stage at the national level.

- **Rules of Engagement and Governance**
  - This is the bedrock on which interoperability is founded. In general though, the company I work for has not had difficulty with governance, again as our use case is geared to "quality," and as such is not the typical use case. Having said that, Wellcentive welcomes participation and a voice in a standards discussion about how best to represent patient consent programmatically as right now, to my understanding, the CCDA specification is lacking in this regard.
- **Supportive Business, Clinical, Cultural and Regulatory Environments**
  - This section is the single most important point of the roadmap. Competition amongst HIT vendors has led to "data hoarding," wherein a single vendor realizes the competitive edge that exclusive data has in the emerging population health market. Unfortunately this leads to very fragmented data ecosystems, which prevents meaningful change in healthcare delivery due to healthcare providers being forced to use fractured patient records. We firmly believe that we need to incentivize the various data silos in healthcare communities to provide low cost, easily maintainable, POPULATION level interoperability. MU2 did a good job of requiring functionality that increased interoperability at the patient level with

Direct. Project Blue Button did a good job of elucidating use cases for automated interoperability using Direct, again at the patient level. However we will never, as a country, be able to achieve the targeted value-based reimbursement goals set forth by HHS unless we realize the need to incentivize interoperability at the *population* level.

- **Core Technical Standards and Functions**
    - Practically all major use cases and standards are oriented around EHR-centric, individual patient scenarios. Functionality built around this central idea will not be able to scale to meet the value-based reimbursement needs of the country. Manual button clicks to send a CCDA or CCD for individual patients just isn't feasible, let alone a step towards reducing complexity and cost. We need to begin focusing on the population health use cases when it comes to interoperability standards. As a side note, we were pleased to see that population health even made it to the list of key use cases at the end of the roadmap, as it is still a very young industry. Even the term "population health" is bandied about so much that the definition of the term itself is nebulous.

In closing, we would reiterate our central points that the roadmap's emphases on governance, a balance between public and private rules of engagement, and standards/use case maturity are the right priorities, but that in addition the national discussion must expand beyond EHR capabilities to one of enterprise-level population health management – and how devoted technologies are informing and expanding the interoperability market to provider and health system value-based needs – and how HHS, ONC and CMS need to increasingly understand the expertise within this growing vendor leadership and its impact on interoperability advancement.

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