March 21, 2016

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National Coordinator for Health IT
Office of the National Coordinator
Hubert H. Humphrey Building Suite 729 D
200 Independence Ave, S.W.
Washington, DC 20201

311 Arsenal Street
Watertown, MA 02472

Re: 2016 Interoperability Standards Advisory

Submitted electronically via www.healthit.gov

Dear Dr. DeSalvo,

athenahealth appreciates the opportunity to comment on the Office of the National Coordinator's (ONC) 2016 Interoperability Standards Advisory (ISA). We commend ONC's attention to interoperability and the full-hearted efforts to enable widespread interoperation in health IT.

As you know, athenahealth provides electronic health record ("EHR"), practice management, care coordination, patient communication, data analytics, and related services to physician practices and hospitals, working with a network of over 72,000 healthcare professionals in all 50 states. All of our providers access our services on the same instance of continuously-updated, cloud-based software. Our clients enjoy an ever-increasing level of connectivity to the rest of the healthcare ecosystem, conducting 7 million transactions daily with over 55,000 trading partners, through over 177,000 interfaces and 175 application program interface ("API") endpoints. As actively participating members in multiple private sector interoperability initiatives, including the CommonWell Health Alliance, Carequality/the Sequoia Project, and the Argonaut Project, we see in real time the considerable progress that is being made to connect care across the entire continuum.

We caution ONC against the use of mandated interoperability standards and urge the office to keep this well-intentioned advisory as a non-binding guide to complement private sector efforts.

A government initiative that mandates standards in a rapidly evolving marketplace is counterproductive and not appropriate for the current health IT community. The private sector must be afforded the opportunity to continue to achieve results without being constricted by the menu that ONC has proposed. It is the industry alone that must continue to function as a laboratory to determine maturity and adoption levels of standards. This market-driven approach drives the selection of appropriate standards in

context, rewards continued innovation, and, most importantly, results in the real interoperation occurring today. The recent interoperability successes, including those accomplished by the CommonWell Health Alliance, happened absent any government mandated standards. ONC and Congress should not attempt to answer tomorrow's questions with yesterday's knowledge.

athenahealth remains convinced that requirement of any "top down" government standard sets the bar far too low and will impede private sector interoperability progress. It is imperative that such future progress not be stifled at such a critical time. For example, a vendor or provider organization responsible for millions of medical records could represent that it is compliant with the standards articulated in this Advisory because it can transmit C-CDAs. That standard is an extraordinary low bar created by Meaningful Use, and those in the industry focused on real interoperation are capable of more advanced API-based query that facilitates the retrieval of discrete data elements. Health IT's innovation curve is steepening, and a heavy handed, even if well-intentioned, government approach can and will pull this innovation curve down. We've seen it in the past with MU and certification and should not repeat our mistakes.

Health IT vendors should strive for the best standards and not settle on the best currently available standards. The collective private sector community is in the midst of an iterative process to improve information exchange with current standards while keeping a keen eye to the future. This is a rapidly evolving, fluid process that does not operate on a pre-determined timeline. The last thing anyone involved wants, including ONC, is to limit the potential of future improvements in data quality, exchange and usability by allowing our industry to settle into convenient reliance on today's gold-standard, which most certainly will be obsolete in the near future. Equally detrimental to the development process is the endorsement of potential solutions yet to be proven effective in the field.

athenahealth shares ONC's vision to deliver the same ubiquitous and secure information exchange that is commonplace elsewhere in the information economy. Identifying and defining the full spectrum of interoperability needs is immensely complex and we urge ONC to keep the Interoperability Standards Advisory strictly as an *advisory* and complementary to more efficient private sector interoperability efforts.

Sincerely,

Greg Carey
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athenahealth, Inc.