June 2, 2016

The Honorable Karen DeSalvo, MD, MPH, MSc
National Coordinator
Office of the National Coordinator for Health Information Technology (ONC)
330 C Street SW
Washington, DC 20024

Dear Dr. DeSalvo;

The National Comprehensive Cancer Network (NCCN) is pleased to respond to the Request for Information (RFI) Regarding Assessing Interoperability for the Medicare and CHIP Reauthorization Act of 2015 (MACRA). Interoperable electronic health record (EHR) technology has great significance for the many cancer patients worldwide who benefit from NCCN cancer care guidelines and derivative products. As an alliance of 27 leading academic cancer centers in the United States, NCCN is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals.

NCCN Clinical Practice Guidelines in Oncology® represent the standard of care for clinicians and policy makers. We encourage the use of the NCCN Guidelines® and their derivatives for ensuring access to appropriate care, clinical decision making, and assessment of quality improvement initiatives. NCCN is enabling its content, including Guidelines and derivative products, to permit ingestion into all types of technology for use by all stakeholders. As part of this effort, NCCN is transitioning its Guidelines and other clinical information products to data base systems with properties linking concepts to controlled terminology sets to normalize information for analysis. NCCN is also exploring the use of the HL7 FHIR standard for provision of chemotherapy orders templates for use by a variety of EHR systems. The goal of these efforts is to help standardize cancer care information to the highest standards across all EHR technology in the patient care continuum.

**Defining Interoperability and Population**

MACRA 106(b) defines “interoperability” as the ability of two or more health information systems or components to:

- Exchange clinical and other information AND
- Use the information that has been exchanged using common standards to provide access to longitudinal information for health care providers to facilitate coordinated care and improve patient outcomes.
ONC “believes appropriate metrics should address both of these aspects of interoperability,” and NCCN agrees. In cancer care, where multidisciplinary care is the norm, a number of practitioners both in and outside the hospital provide a single patient’s care using a share care model. The ability to access both structured and unstructured EHR data across sites of care is essential to this type of coordinated care.

Regarding population measurement, the ONC asks if the focus should be limited to “meaningful EHR users” (e.g. eligible professionals, eligible hospitals and critical access hospitals (CAHs)) as defined in MACRA Section 106(b)(1)(B)(i), or should the populations and measures also include priority populations (e.g. consumers, behavioral health and long-term care providers) described in the ONC Connecting Health and Care For the Nation: A Shared Nationwide Interoperability Roadmap. **NCCN supports inclusion of priority populations, particularly patients.** NCCN’s mission is to improve the quality, effectiveness, and efficiency of cancer care so that patients can live better lives. To that end, patients need to understand their health information across the care continuum in order to make informed, personalized care decisions.

ONC seeks comment on whether the following adequately addresses both the exchange and use components of section 106(b)(1) of the MACRA: electronically sending, receiving, finding and integrating data from outside sources, and subsequent use of information electronically received from outside sources. **NCCN believes that these criteria adequately address exchange and use measurement and that minimizing unstructured data is important in fostering the ability to transmit and use health information to support patient care, clinical decision making and analysis.**

ONC seeks comment on whether the focus of measurement should be limited to CEHRT or also consider measurement of exchange and use outside of CEHRT. With nearly 1.7 million new cancer cases expected in 2016 alone,¹ **NCCN strongly urges measuring exchange and use of all readily available electronic information for cancer patients.**

**ONC’s Available Data Sources and Potential Measures**
ONC states that its currently available data sources are limited to eligible professionals, eligible hospitals and CAHs as defined under the current Medicare and Medicaid EHR Incentive Programs and requests feedback on additional national data sources which may be available to determine whether the goal of widespread health information exchange through interoperable certified EHR technology (CEHRT) has been achieved.

**NCCN is working toward a digitized cancer outcomes database and would welcome discussions with ONC to determine how such data may be leveraged to inform whether interoperability was achieved.** For instance, the database may show guideline concordance across a care continuum inclusive of multiple providers with various EHR technology and may subsequently be correlated with patient outcomes.

**Measures Based upon National Survey Data**
ONC seeks comment on using nationally representative surveys of hospitals and office-based physicians to evaluate progress related to the interoperable exchange of health information. **NCCN agrees with ONC that “such self-reported data are subject to potential biases, do not reflect all types of health care providers and do not report on transaction-based measures of exchange activity.”**

We again appreciate the opportunity to respond to the RFI Regarding Assessing Interoperability for the MACRA and would welcome further discussions with ONC on how we may partner to achieve greater patient care and outcomes using EHR technology.

Sincerely,

Robert W. Carlson, MD
Chief Executive Officer