



Health Level Seven® International

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

To Whom It May Concern:

Health Level Seven International (HL7) appreciates this opportunity to comment on the Healthcare Shared Savings Plan proposed rule. HL7 develops standards for interoperability of health information technology in over 55 countries.

HL7 believes that Health Information Technology is a foundational component of a successful ACO. We recognize and support the existing alignment of the ACO rule with the use of Meaningful Use standards and Healthcare IT supporting those standards. However, we feel more alignment is necessary with other HHS regulations including Meaningful Use, electronic health records (EHR) certification and privacy and security rules.

The ability to exchange information across ACO participants and external parties will be one of the most critical success factors for an ACO to achieve the desired outcomes while minimizing risk. We encourage CMS to strongly promote the use of existing standards such as those found in the Meaningful Use regulation by all organizations involved in an ACO.

HL7 looks forward to assisting in the development of new standards to enable exchange of consistent and computable data in support of cross-provider patient care coordination. HHS' support, through ONC, of a standards development and management infrastructure building on the strengths of existing SDOs with transparent, industry-wide review processes will enable aspiring ACOs to confidently prepare for participation in the proposed program.

ACOs should be able to use Meaningful Use data submission and measurement capabilities, where they exist, to fulfill the relevant requirements for the Shared Savings Program. This use of certified EHR technology would advance and promote computable clinical data more broadly. The degree of clinical integration sought by the ACO Shared Savings Program would be greatly enhanced by using standards-based interoperability capabilities of certified EHRs. Also, a privacy and security framework for ACOs should be built on the privacy and security requirements applied under the Meaningful Use program and HHS rules implementing HIPAA privacy and security provisions of the HITECH Act.

Related to the reporting of quality measures, the approach described in the proposed rule raises both confusion and concern due to the introduction of multiple reporting methods across programs and the use of financial data sources to arrive at quality measures. While claims based

3300 Washtenaw Ave., Suite 227 • Ann Arbor, MI 48104-4261 • USA
Office: +1 (734) 677-7777 • Fax: +1 (734) 677-6622 • E-mail: hq@HL7.org • Website: www.HL7.org

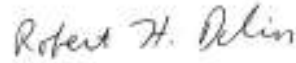
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measures may be needed where providers are not yet using certified EHRs, HL7 believes that the use of such data by ACO providers using certified EHRs is not ideal. Instead, we suggest further review and consideration be given to endorsed formats such as HL7 Quality Reporting Document Architecture (QRDA) for the reporting of quality measures as they consistently enable reporting across care settings using clinical and operational data as the source, rather than financially sourced data.

Sincerely,



Charles Jaffe, MD, PhD, FACP, FACMI
Chief Executive Officer



Robert Dolin, MD, FACP, FACMI, FHL7
Chairman of the Board