

21st Century Cures Act:
Interoperability, Information Blocking, and the ONC Health IT Certification Program

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We strongly support

- Making a patient's electronic health information (EHI) more accessible
- Clear conditions/requirements for health information technology developers
- Health IT developers publishing Application Programming Interfaces (APIs) for access and exchange of EHI by consumers without special effort

We are particularly supportive of increasing innovation within the healthcare industry by giving patients and their providers improved access to EHI, to enable better decision-making in selecting care and related treatments. We place enormous importance on a patient having access to all of their electronic health information without charge. Particularly, we are pleased to see that the ONC proposes to promote policies that ensure a patient's electronic health information is accessible to that patient and their designees in a way that can be communicated and shared with the patient's healthcare providers, researchers, and adheres to all withstanding privacy and consent criteria.

- We recommend a very broad definition of health care provider, including, but not limited to, nurses, OT, PT, and Speech Pathologists, to allow them all the same incentives and also requiring that no health care provider purposefully limit patient information from being shared with others.
- We would like to see that clear and specific information be provided for patients about accessing a patient portal, and that patients have easy access to any needed technical assistance.
- While standards are critical and essential, we also support allowing unstructured data, perhaps in a template form, to be made useful to patients, clinicians, and researchers sooner than later. This would also allow access to information in a way that doesn't entirely depend on the health IT companies.
- With regard to registries, we support efforts to improve the flow of clinical information from EHR systems to data registries, including disease specific registries. We would like to see these registries more interoperable, cross-condition, structured, and useful to individuals, as well as clinicians and researchers. We applaud the inclusion of disease specific registries, especially ones initiated and managed by people with a lived experience of disease. Some of us have run

such registries for 25 years, and we are glad to see they are now considered on par with other more traditional registries. We are particularly glad to see APIs will also be required of these registries to transmit information to patients. Technology has advanced quickly in this regard, and it is a fundamental principle of many of them to provide information back to their members.

Thank you for the opportunity to comment.

Sincerely,

Name, Organization