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Micky Tripathi, Ph.D., M.P.P.

National Coordinator for Health IT

Office of the National Coordinator for Health Information Technology (ONC)

US Department of Health and Human Services

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Washington, DC 20201

Dr. Tripathi,

The Leapfrog Group, Our Board of Directors, and members collectively comprise hundreds of the leading purchaser and employer organizations across the country. We are committed to improving the safety, quality, and affordability of health care with meaningful metrics that inform consumer choice, payment, and quality improvement. We are a data driven organization that relies on a sound infrastructure that supports sound data collection. We are writing to comment on the HTI-1 rule.

We commend ONC for the proposal to identify health care facilities by brick-and-mortar facility. Continued use of single identifier for a broader health system that may include multiple individual facilities is misleading. This single change of identifiers would have a powerful and positive impact on health care transparency and quality of care. That change is so significant the Leapfrog Board of Directors voted that advocating for CMS to make this shift is our highest national advocacy priority. The shift in identifiers allows for quality and safety reporting that is optimally accessible and usable by public and private purchasers, as well as the public at large. The public requires by-facility reporting because Individuals seeking health care do not seek care from a corporate entity, but from one particular hospital or surgery center or other facility. Purchasers need individual identifiers to target the highest quality care when they select networks, report quality data to employees, and structure contracts.

For this reason, Leapfrog annually reports safety and quality data provided voluntarily by hospitals and ambulatory surgery centers, and does not use systemwide data. We find that in many health systems performance varies greatly among facilities. Lumping all facilities together under one identifier obscures this variation, making it difficult to drive and target improvement efforts either from consumers and

purchasers, or from health care leaders seeking to improve their own performance. Moreover, as technological capacity grows in the future with AI and other new innovations, the lack of a clear by-facility identifier is a faulty building block that will hinder important advances.

Leapfrog believes that the ONC is uniquely positioned to drive giant leaps forward in patient safety and our comment letter is intended to spur the ONC to action. Current certification criteria include the requirement for support of the United States Core Data for Interoperability (USCDI) version 1 even though there is an approved version 2 and version 3. This year, before this rule (HTI-1) is finalized, there will be a published version 4. Rather than continuing this model of slow adoption, we encourage the ONC to adopt version 4 in this rulemaking. Not only will version 4 implement many standards and data elements to promote the collection of health inequity factors, but it will also provide --for the first time-- an infrastructure that Leapfrog and aligned stakeholders have strongly urged CMS to adopt: consistent identification of health care facilities by brick-and-mortar facility.

Adopting version 4 is not without precedent in this rule making proposal. In another section of the proposed rule ONC recommends adopting a standard that is anticipated to be published before the final rulemaking for HTI-1. ONC acknowledges if the Consolidated Clinical Document Architecture (C-CDA) release 4 is finalized before this rule is finalized, it will be adopted instead of version 3. This same precedent should apply to version 4 of USCDI. The adoption of USCDI version 4 puts the infrastructure in place that allows CMS to begin adding the physical facility to future rulemaking for ECQMs.

While not addressed in this proposal, Leapfrog would also like to take this opportunity to add one more comment regarding ONC policy actions. We acknowledge the Safety Assurance Factors for EHR Resilience (SAFER) guides, and agree that the electronic health record is key to advancing patient safety and will help eliminate preventable medical errors. While we endorse the adoption of the SAFER guides, but urge ONC to require assessment against the guides, and impose repercussions if they don't attest. Furthermore, there should be a requirement that they remediate any of the factors they find when assessing their electronic health record with the guides. ONC is uniquely positioned in Health and Human Services to drive change and make a meaningful impact on patient safety, but only by requiring the use of the guides, rather than encouraging their use. Taxpayers invested significantly in the adoption of EMRs, and deserve patient safety protections be incorporated immediately, not in an indeterminate future.

On behalf of The Leapfrog Group, our Board, our members, and the others who have signed in support of our letter, we once again commend ONC for the proposal on use of facility identifiers, and offer our



strongest support for that proposal. We appreciate the opportunity to provide comments on the HTI-1 proposed rule.

Sincerely,

Leah Binder, M.A., M.G.A.

President & Chief Executive Officer

The Leapfrog Group

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