

HITRD RFI Responses, March 15, 2019

ACTION ON INTEROPERABILITY OF MEDICAL DEVICES, DATA, AND PLATFORMS TO ENHANCE PATIENT CARE

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[Submitted via HITRD-RFI@NITRD.gov]

March 15, 2019

Attn: Alex Thai

Networking and Information Technology Research and Development

National Coordination Office

2415 Eisenhower Avenue

Alexandria, VA 22314

Re: RFI Response: Action on Interoperability of Medical Devices, Data, and Platforms to Enhance Patient Care

On behalf of the over 53,000 members of the American Society of Anesthesiologists® (ASA), I am pleased to offer comments on the Networking and Information Technology Research and Development, National Coordination Office's Request for Information: Action on Interoperability of Medical Devices, Data, and Platforms to Enhance Patient Care. ASA believes that interoperability of electronic medical devices could lead to important advances in patient safety and care and can support optimal perioperative care. ASA appreciates the opportunity to provide input on efforts that would enhance this interoperability.

ASA believes interoperability of medical devices is necessary to support technological innovation and enable the deployment of new sensors, actuators and automation technologies. Many medical technological innovations originate in the operating room because of staffing ratios, physician expertise, the controlled environment and a motivation to innovate to improve patient care.

ASA believes that the anesthesia community can contribute to the goal of achieving interoperability of medical devices, including contributing to the completeness of electronic medical record data. ASA recognizes that CMS and ONC have recently introduced proposed rules with provisions to improve data completeness. However, ASA is still concerned that the interpretation and use of EMR data is limited by the absence of device metadata.

In reviewing possible ways to enhance care delivery through medical device interoperability, ASA believes there may be an opportunity to collect information that could be used to minimize environmental waste associated with anesthesia clinical care. For example, measuring characterizing anesthetic gas usage including waste anesthetic gases could inform policies and procedures, improving safe practices for health care workers.

Finally, ASA believes there needs to be improved alignment of federal agencies creating the conditions of change for interoperability of medical devices. At this point, ASA has participated

in contributing comments to several federal agencies on interoperability of medical devices. We believe a unified comprehensive plan and vision is necessary to achieve success.

Thank you for your consideration of our comments. We would be very glad to follow up with you as necessary on any issues on which you need additional information or would like further discussion. Please contact Matthew Popovich, Ph.D., ASA Director of Quality and Regulatory Affairs or Beth Quill, J.D., ASA Senior Regulatory Affairs Specialist at [REDACTED]. They may also be reached at [REDACTED].

Sincerely,

/*signed*/

Linda Mason, M.D., FASA
President
American Society of Anesthesiologists