eHEALTH INITIATIVE
Real Solutions. Better Health.

April 29, 2011

Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
Department of Health and Human Services

Dear Dr. Mostashari,

The eHealth Initiative welcomes the opportunity to comment on the 2011-2015 Federal Health IT Strategic Plan.

eHealth Initiative (eHI) is an independent, non-profit, multi-stakeholder organization. Its mission is to drive improvements in the quality, safety and efficiency of healthcare through information and information technology (IT). eHI advocates for the use of health information technology (HIT) that is practical, sustainable and addresses stakeholder needs, particularly those of patients. The comments below were developed through our multi-stakeholder consensus process.

eHI commends ONC for producing an update of the 2008 Strategic Plan that reflects the impact of the HITECH Act and the Affordable Care Act. We also appreciate the creation of new goals, objectives and strategies that support the vision of a health system that uses information to empower individuals and to improve the health of the population. The comments that follow address the Strategic Plan objectives, rather than the plan's strategies. Before commenting on the objectives, we offer the following general comments:

1. The inclusion of a wide group of healthcare settings and providers is important to the successful execution of the objectives and strategies of the Strategic Plan. Facilities and providers that are not currently eligible for Meaningful Use Incentive Payments, including home health, long-term care, substance abuse, mental health and dialysis, should be included in the Plan to support its goals.
2. Some of the objectives in the Plan may require greater detail in order to operationalize their respective strategies.
3. The objectives and strategies should more clearly articulate the expectation that HIT and HIE will support empowerment of individuals as participants in

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the healthcare system as our understanding of the needs of the individual and as technologies addressing those needs develop over time.

4. It is important that an evaluation component for the objectives and strategies is included in the Strategic Plan, to facilitate appropriate modifications based on experiences in the field.   This addition should be aligned with the ongoing effort to evaluate whether current standards can support the objectives and strategies of the Plan. Since the Plan is a multi-year strategy, a continuous learning element is appropriate.

5. It is important that ONC appreciate the scope of potential and concurrent federal healthcare reporting and regulatory activity in the Strategic Plan. Alignment of the Strategic Plan with the health system redesign efforts will enable the HIT and HIE infrastructure expansion to be aware of rising expectations. The eHealth Initiative, in comments on Stage 2 Meaningful Use preliminary recommendations, also noted the multiple healthcare regulatory requirements that are impacting the healthcare system simultaneously. For your reference, our February 25, 2011 comment letter is found at www.ehealthinitiative.org.   Additionally, recommendations from reports ranging from the National Broadband Plan, the National Health Security Strategy Biennial Implementation Plan, and the Comprehensive National Cybersecurity Initiative also may influence and should be factored into the direction of the Strategic Plan.

6. The broad array of federal departments and agencies should be considered in the context of programs and activities can support the Strategic Plan goals. Some, such as the Department of Education, support the delivery of healthcare services via prescribed care plans, and their inclusion within the scope of coordinated government activity can improve the Strategic Plan overall.

7. Participation by broad stakeholders, large and small, should be facilitated and ONC is urged to continue utilizing varied different approaches to incorporate diverse audiences.

8. A strengthened role for ONC is needed in the coordination and alignment of disparate federal efforts, and this alignment activity could include the identification and removal of duplicated requirements. To enable this role, we recommend that ONC establish a coordinating committee that defines the alignment and coordination of federal activities and proceeds in an open manner, with public reporting and opportunities for the public to participate.

9. It is important that ONC take a broader view of the opportunities associated with EHRs and other initiatives, such as health information exchange. The opportunity extends beyond meaningful use (MU). For HIE, it is important to view the investment as akin to the creation of the Interstate Highway

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system, as the value of EHR adoption and HIE extends beyond the initial stages of meaningful use.

10. The Federal Health IT Strategic Plan should support the connectivity and exchange between the healthcare delivery system and the public health system. This plan should support efforts to improve the health and wellness of the public, as people live, work and recreate outside of the clinical environment.

eHI comments on specific objectives:

Goal I: Achieve Adoption and Information Exchange through Meaningful Use of Health IT

1. The efforts to accelerate adoption of EHRs by providers should consistently convey the value of EHRs as a tool for improved engagement by providers and patients. Objectives in goals 1 and 4 are mutually supportive.
2. The Federal government can foster business models that support greater information exchange. Objectives in this goal should include strategies to encourage the review and removal of regulatory barriers to sustainable exchange, with federal health programs setting the example
3. The goal, strategies and objectives are appropriate and we highlight the importance of Strategy I.A.7/8 on aligning across federal programs and private payers, while urging a measured and monitored approach to penalties so as to avoid unintended adverse consequences. Strategy I.A.9, on usability, should be done in a way that does not hinder innovation nor create federal dictates for EHR interfaces or architecture and that uses valid and reliable measures that enhance and do not interfere with the EHR technology market.
4. For Objective B, *facilitating information exchange to support MU*, we agree with plans for more robust and rigorous HIE use in advanced MU stages and urge ONC to build from the proven base of standards-based HIE, with a rapid shift to bi-directional and robust HIE that supports "pull" and query as well as "push". We support the continued drive toward widespread exchange capacity, while urging continued awareness that this progression will occur at varying rates in communities around the country.
5. With respect to steps to implement the recommendations of the PCAST report as discussed in the Strategic Plan, although we support the overall goals of that report, including meta-data tagging of healthcare data, we urge caution in pursuing the specific PCAST implementation recommendations. Like others who have reviewed this report, including the HIT Policy Committee, we have substantial concerns about the practicality and desirability of many of these recommendations and urge an approach that

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builds on current standards and technology, such as the ability of HL7 CDA documents, like the CCD, to provide a robust approach to meta-tagged data and the availability of standards based health information exchange, using Integrating the Healthcare Enterprise profiles, to provide for effective queries of distributed healthcare information.

6. While we support the notion that using HIT is essential to the practice of modern medicine, we urge caution that requirements driving HIT adoption not become mandates that are the equivalent of an additional certification or accreditation requirement for the practice of medicine. The variation among and the distinct qualifications for practice within given medical specialties necessitate a flexible approach that leverages health professional education and ongoing professional development to support the appropriate use of HIT by clinicians and their ability to meet MU requirements.

Goal II: Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT

1. We support the identification and implementation of best practices that use EHRs and other HIT to improve care, efficiency and population health. We encourage ONC to include evaluation metrics as a means to measure achievement.
2. As EHR adoption information is received by the RECs and the HITRC, there should be evaluation criteria to identify best practices that are applicable broadly and those which allow for flexibility to accommodate particular circumstances. In addition, we encourage the release of best practices and educational information beyond the RECs and to the public at large.
3. We encourage ONC to include strategies to identify and disseminate best practices in the use of HIT and HIE in population and public health.
4. Although we agree with the importance of HIT for administrative simplification, MU is not the best vehicle to promote these proven tools.
5. We urge the inclusion of strategies that anticipate the advancement of personalized medicine in the diagnosis and delivery of healthcare through the accelerated capture of data on various diseases.

Goal III: Inspire Confidence and Trust in Health IT

1. The reference to final regulations implementing the HITECH modifications to the HIPAA Privacy and Security Rules and breach notification is vital, as communication about these regulations will build consumer awareness of their rights and government efforts to protect them. eHI encourages ONC to

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continue efforts to advance the Goal III objectives at a concurrent pace with Goals I, II and IV, in order to build consumer trust and awareness.

2. We suggest ONC support the communication to the general public about the best practices identified and implemented by Cooperative Agreement awardees in order to build confidence in HIT and HIE.

3. We are concerned that a two-year strategy of education and outreach to patients may not adequately address new developments and best practices and urge ONC to reconsider the timeline to reflect efforts to improve safety and security that may occur in later years.

4. It will be essential that this effort strikes the right balance between protection and practicality so as not to hinder development and use of HIT to achieve the best healthcare outcomes. We urge the federal government to continue to collaborate with scientific and technical standards organizations as well as the public to develop solutions that balance the interests of all stakeholders. In addition, in pursuing Strategy III.C.1, it is important that ONC and the RECs not seek to dictate contracting approaches between providers and vendors.

5. We agree with the balanced approach to patient safety in the plan and welcome IOM's work in this area.

Goal IV: Empower Individuals with Health IT to Improve their Health and the Health Care System

1. Although an important component of data-sharing, the Blue Button model should be considered a minimum approach to provide patients access to EHR data. In particular, sharing CCD formatted data along with human readable data, provides a high level of shareable, clinically relevant, comprehensive health data to enhance continuity of care.

2. eHI agrees that consumers are an important voice in the policy making process. By involving consumers actively in the policy-making process, they are able to contribute critical information and potential solutions that other stakeholders might never consider. As a result, they become invested in new approaches and will help ensure their success. Full engagement of consumers in leadership and decision-making roles at the policy and governance levels is essential, not just for gaining their trust and buy-in, but also for maximizing the likelihood of meeting patient and consumer needs.

3. Further, eHI believes consumers are ready and willing to work collaboratively in a number of expanded roles: as agents of change; informed decision-makers; sources of verification and contextual information; and decision-makers about how best to integrate better health into the context of their

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lives.   Individuals must be supported by health IT in each of these transformational roles.

Goal V: Achieve Rapid Learning and Technological Advancement

1. We believe that a learning health system will require greater incorporation of educational information in EHRs in addition to healthcare information.
2. We suggest that ONC acknowledge future healthcare trends, such as personalized medicine, as factors that will impact the healthcare system and factors that the Strategic Plan will need to support.
3. eHI believes that it is important to continue efforts to improve upon the principles of privacy, consent, data use and other issues associated with this goal.
4. ONC cites many distinct initiatives in this goal, and eHI encourages ONC to facilitate the sharing of findings and results across all of the initiatives to avoid building redundancies, as well as to ensure that they are incorporated as broadly as possible.
5. We are concerned, however, that the current plan primarily focuses on the public sector, and we urge ONC to reach out to and encourage broad private sector involvement.

eHealth Initiative appreciates the opportunity to comment on ONC's Health IT Strategic Plan. We look forward to providing any further information in support of your efforts.

Sincerely,

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