



April 3, 2020

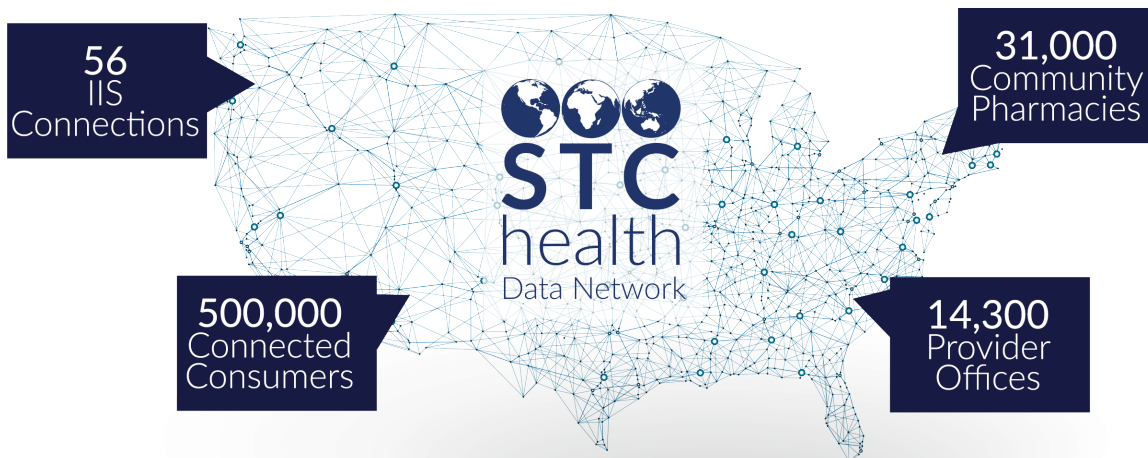
Dr. Don Rucker
Department of Health and Human Services,
National Coordinator for Health Information Technology
Mary E. Switzer Building, Mail Stop: 7033A
330 C St. SW
Washington DC 20201

RE: **2020-2025 Federal Health IT Strategic Plan**

Dear Dr. Rucker,

On behalf of STChealth, I am pleased to submit comments on the Office of the National Coordinator's (ONC's) recently released document titled **2020-2025 Federal Health IT Strategic Plan**.

STChealth's mission is to eradicate preventable disease and empower individuals through innovative technology and service solutions. With this goal and purpose, STChealth operates vital public health, pharmacy, school, clinical and consumer applications to help every player within the ecosystem to have the right information at the right time to help eradicate preventable disease. Through this purpose and over our thirty-one years in business, we have built the nation's most comprehensive immunization health information network that has expanded to include lab results conducted at pharmacies and disease surveillance reporting.



The STChealth information network consists of 56 state, municipal and territorial public health agencies, pharmacies, health systems and provider office locations, schools, and individual consumers linked to the network to share immunization history and report reportable diseases to connected agencies. Each day, an average of one million immunization records flow through the STChealth Network and using STChealth's Record Linking and Identity Verification Process™. STChealth combines multiple sources of data to allow for one consolidated immunization record for participants of the network. STChealth, through our partnership with public health clients, also receives data feeds to IIS systems for payors, Medicaid offices and clinical care locations in the states where STChealth supports the IIS.



We also have experience in rapidly expanding the network during times of crisis when current data exchange policy is relaxed due to public health emergencies. One example is during Hurricanes Katrina and Rita in Louisiana, the Louisiana Immunization Information System (LINKS), developed and supported by STC, was the only health IT system left operational in the state. As evacuees fled to nearby Houston, STC, overnight, set up an electronic data exchange between the Louisiana and Houston IIS which supported the medical professionals within the Houston Astrodome intaking hundreds of evacuees. Within four weeks, with the support of the CDC, STC connected every US state to LINKS supporting the movement of state residents to the other forty-nine states through the course of the public health emergency. Likewise, during the H1N1 Pandemic, we quickly stood up improved inventory tracking as well as access and reporting for pharmacies.

In addition to the comments above, we have provided suggestions on the ONC proposed rules in our detailed comments below. These comments are organized by page number and provide the relevant excerpt. Please contact Brandy Altstadter, VP & GM Private Sector Products, with any questions at brandy_altstadter@stchome.com

STChealth appreciates the opportunity to comment on the strategic plan and we look forward to continuing to collaborate on these important public-private partnerships.

Sincerely,

A handwritten signature in black ink that reads "Michael H. Popovich". The signature is written in a cursive, flowing style.

Mike Popovich
CEO



Comments: 2020-2025 Federal Health IT Strategic Plan

Page Number	Excerpt	Comments
Pg. 4	It emphasizes product and price transparency, allowing individuals to select the technology or app they wish to use to access their information and control its movement. ONC, the Department of Health and Human Services (HHS), and their federal partners have taken and will continue to take major steps to make healthcare more transparent, accountable, and accessible, while preserving the patient-provider relationship.	We commend the effort to make healthcare more transparent, accountable and accessible and agree that public-private partnerships are an important component. These goals should be supported by the government with policy and then the private sector should be leveraged to execute on these goals; HHS should not develop technology or services in competition with private sector solutions.
Pg. 4	This Plan is deliberately outcomes-driven, with goals focused on meeting the needs of individuals, caregivers, healthcare providers, payers, researchers, developers, and innovators.	Public health is also a key stakeholder in outcomes-driven health and should be included on this list.
Pg. 5	Develop health IT policies through open, transparent, and accountable processes; use federal resources judiciously; and, when possible, rely on the private sector.	The private sector is a key partner in executing the government's health technology goals and policies. The wording "when possible" diminishes this goal; a better wording would be "and, rely on the private sector to provide technology and services to execute on these policies".
Pg. 5	Encourage innovation and competition	STChealth strongly supports this goal. The private sector is a key partner in executing the government's health technology goals and policies. HHS should not develop technology or services in competition with private sector solutions.



Pg. 7	Healthcare providers and healthcare organizations can use health IT to input and reference their patients' health information to make clinical decisions, create care plans, exchange health information with other clinicians and care settings, assess the overall health of their patient populations, and engage in quality improvement and population health management activities.	Immunization Information Systems (IIS) and other public health registries serve as an important partner for health IT. For immunizations, IISs and other registries serve as the trusted, centralized sources of data and should be considered as part of the exchange of health information.
Pg. 7	Federal agencies are purchasers, regulators, developers and users of health IT.	The private sector is a key partner in executing the government's health technology goals and policies. HHS should not develop technology or services in competition with private sector solutions.
Pg. 7	Public health workers, researchers, and community-based organizations increasingly use health IT outside of the care setting to assess health and healthcare quality across different individuals and populations so they can address health and related social disparities, lower costs, and improve outcomes.	Public health is not just a consumer of health data. Population health data systems, such as Immunization Information Systems provided by public health, are also accessed by clinicians to improve health outcomes.
Pg. 7	This often entails using health IT to exchange health information for population health activities and to collect data on reportable conditions to prevent and stop disease outbreaks.	Collecting data on reportable conditions to prevent and stop disease outbreaks is a public health outbreak. The differentiation between public health and population health should be clarified here.
Pg. 10	Patient Empowerment	STChealth has empowered consumers regarding their own health for over twelve years by providing consumer solutions for accessing health data, particularly immunization data. STChealth strongly agrees that empowering patients improves the overall health of the population and supports this key strategy.



Pg. 14	Promote healthy behaviors and self-management through patient-facing apps and wearable technology to allow individuals to track physical activity, share and compare health and fitness data, adhere to care plans, and make informed lifestyle choices	This list of healthy behaviors should also include “managing immunizations and other preventative measures”.
Pg. 14	Strengthen communities’ health IT infrastructure by facilitating bi-directional, secure exchange of data across healthcare and human services settings to improve care and effectively administer social programs.	STChealth through its immunization information solutions for public health and its immunization messaging solutions for pharmacies and providers has developed and maintained bi-directional solutions for over 20 years. This statement implies that the limitations are technical when in most cases the limitations are policy-driven. For instance, many immunization registries do not readily share data with non-traditional stakeholders, such as health plans, WIC or schools.
Pg. 14	Leverage all levels of data (e.g., individual- and community-level) to predict epidemics, inform and monitor public health action outcomes, improve quality of life, and address disease occurrence and preventable deaths.	The term community-level is not used elsewhere in this document. To be consistent with the rest of the document, population-level would be a better term.
Pg. 15	Continue efforts to establish identity solutions that improve patient matching across data systems.	The lack of a national healthcare identifier both adds extra cost to healthcare interoperability and reduces security. Each system receiving data needs to write business logic using patient demographic attributes to determine if an incoming patient record already exists in the system. This redundancy could be eliminated with a national healthcare identifier. Additionally, in order to match on patient demographic attributes, large amounts of patient identifying data needs to be sent with every record which increases the usefulness of the data to bad actors. HHS should support policy that includes the development of a national healthcare identifier in order to enable better healthcare interoperability and reduce cost throughout the system.



Pg. 15	Promote interoperability and data sharing through widely-accepted standards to ensure health information is freely available across care settings for patient care, public health, research, and emergency and disaster preparedness, response, and recovery.	STChealth strongly supports the use of existing standards for interoperability.
Pg. 16	Competitive business practices	STChealth strongly supports this goal. The private sector is a key partner in executing the government's health technology goals and policies. HHS should not develop technology or services in competition with private sector solutions.
Pg. 17	Objective 3a: Advance individual and population level transfer of health data.	Existing methods of individual level transfer of health data do not easily scale to a population level. For example, the 2015 Edition Health IT Certification Criteria supports the ability to query one patient at a time from an immunization information system but does not provide a mechanism to update the history for an entire population other than looping through all patients one at a time. In order to advance population level transfer of health data, HHS should support the development of standards, such as subscription ("push") systems, that are designed to scale at a population level.
Pg. 18	When patients, caregivers, and healthcare providers are equipped with complete and accurate health records, they can establish comprehensive and tailored care plans, make informed decisions about care, and engage in preventive care.	This list identifies several key benefits of a complete and accurate health record but is missing an important component of recognizing that a complete record also saves cost. Adding "reduce cost by not providing redundant services, for example, having the ability to view all previously administered immunizations" to the list would address this issue.
Pg. 19	Promote data liquidity by working with developers, healthcare providers, payers, and state and federal entities to eliminate unnecessarily restrictive data sharing practices and to use endorsed standards, implementation specifications, and certification criteria.	Currently, there is a patchwork of data sharing practices that vary at the state level. A national policy approach to data sharing would lower barriers and enable improved data sharing.