

February 25, 2020

Missouri Health Connection
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Dr. Don Rucker, National Coordinator for Health IT
Office of the National Coordinator for Health IT
U.S. Department of Health & Senior Services
330 C Street SW, Floor 7
Washington, D.C. 20201

Subject: Comments from the Missouri Health Connection regarding the ONC 2020 – 2025 Federal Health IT Strategic Plan

Dear Dr. Rucker:

The Missouri Health Connection (MHC), the largest health information exchange (HIE) in the state of Missouri and one of the premiere HIE's in the country, is pleased to provide comment on the ONC 2020-2025 Federal Health IT Strategic Plan. MHC commends the ONC for their ability to garner input from so many government entities and consolidate massive amounts of information and diverse thoughts into a comprehensive document. MHC concurs on the four (4) pillars of the strategic framework: Promote Health and Wellness, Enhance the Delivery and Experience of Care, Build a Secure-Data Driven Ecosystem to Accelerate Research and Innovation and Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure. MHC applauds the premise of the plan which states, that “the Plan will decrease provider burden and open up entirely new business models throughout the health app economy.”

The following are MHC's observations of the Plan:

Opportunities in a Digital Health System

Focusing on page 10-11, heading Opportunities in a Digital Health System, subheadings Patient Empowerment, Movement to Value-Based Care, and Achieving Interoperability, MHC is confident in the strategies to advance health IT in these areas. MHC is encouraged about the policies promoting the development and enhancement of the use of APIs. The use of APIs will improve patient provider relations, along with notable advancements when coupled with the development of FHIR, out of the 21st Century Cures Act, to further patient empowerment. The transition to value-based care is fully supported by MHC. The transition to value-based care is not only important to patients but also providers to improve quality and outcomes of health care with the inclusion of SDOH in treatment. Helping to implement value-based care, MHC and HIE members are in support of interoperability and the seamless flow of health information. Further, MHC would encourage the ONC to work with CMS on how to incorporate value-based care models that (1)

provide reimbursement payments to providers that are participatory in HIE and (2) require HIEs to provide data and reporting to CMS from the data collected. Our continued collaborations within SHIEC HIEs and involvement in the PDCH initiative shows MHC's emphasis to support a fully connected, interoperable U.S. to securely and privately share health information.

Objective 2c: Reduce regulatory and administrative burden on providers

MHC concurs with the stance of Objective 2c. The proposed strategies and goals are evident in the advancement of health IT. In this objective, the need to reduce administrative burden on providers is apparent and the strategies laid out in the Strategic Plan are suitable. However, there are not definitive operations outlined for the strategy to be operationalized by providers or HIEs. To meet the ONC's goals there will need to be set mandates and penalties in order to meet this advantageous plan because we are lacking the knowledge on how best to reach and exceed the strategies to (1) simplify and streamline documentation, (2) promote the use of evidence-based automated tools, (3) monitor the impact of health IT on provider workflows, (4) promote greater understanding of applicable regulations and practices, and (5) harmonize provider data collection and reporting requirements. For example, how are providers going to meet the requirement of simplifying and streamlining documentation? What are the requirements and standards for this strategy? Are all providers going to be incentivized to join the statewide, regional or national information exchange to simplify and streamline documentation as well as meet the second strategy, promote the use of evidence-based automated tools? Further questions regarding the remaining strategies proposed are: Who, or what agency, will be in charge of monitoring the impact of health IT on provider workflows? Will ONC be promoting greater understanding of applicable regulations and practices through webinars, informational and/or educational sessions? How can HIEs better support harmonizing provider data collection and reporting requirements?

Objective 4a: Advance the development and use of health IT capabilities

Objective 4a is another strategy in which MHC agrees with the objective description to improve the usability and capabilities of health IT for providers and stakeholders. What is lacking are the details of how to apply and carryout the objective. From the reader's perspective the strategies outlined are directed toward government regulations and standards. How can health IT, providers, and all stakeholders become an active part of the advancement and development of health IT? How can providers (or any stakeholder) best implement these strategies? Suggestions from the ONC, based on their studies and experience, would be needed.

We support all the objectives listed; (1) Promote a digital economy that leverages research and development, and that can lead to the development of new business models in healthcare in a manner that protects privacy rights. (2) Reduce financial and regulatory barriers that are perceived to prevent new health IT developers from entering and competing in the health IT marketplace. (3) Promote trustworthiness of health IT through rigorous enforcement of information blocking and privacy and security laws when applicable, and by encouraging consumer reviews and reports on health IT products. (4) Develop frameworks to assess patient and care team use of new technologies and build an evidence base on the utility and impact of health IT. (5) Support provider adoption and use of health IT by requiring health IT use to participate in federal programs, investing in health IT, and making resources available to support adoption and use. (6) Enable competition by reducing switching costs between EHR and other health IT products and systems. (7) Adopt and advance nationally endorsed standards, implementation specifications, and certification criteria through continued collaboration

across public and private sectors. (8) Follow health IT safety and user-centered design principles in the development and design of solutions to ensure tools are safe, accessible, usable, and address the needs of the users for whom they are developed.

We would like further clarification on the “how” and what mechanisms will be used to achieve these strategies. Clearly, #3 needs to have more vigorous enforcement, as MHC and our members have and are experiencing data blocking. Even “bad actors” who have been fined before, seem to be oblivious to or do not care about future consequences. We believe ONC needs to make an example of these “bad actors.” Regarding #5, this strategy has been used on a state basis with success, how does ONC propose to do this nationally? The advent of providers on-boarding to a public HIE would be beneficial to patients, care givers and clinicians. The offset of integration costs for the providers, similar to the 90/10 CMS funding, would be an option. Since the 90/10 on-boarding provision is going away in 2021, if ONC could pick that up and specifically **target public not for profit or state controlled HIE’s to connect to providers**, this would ensure that electronic connectivity and interoperability would be enacted.

In summary, MHC are supportive of the premise and direction that ONC has taken in the compilation of the Plan. MHC would like to see a more definitive operational strategy section in each case that offers suggested “road-map” direction v. simply ideas with no detailed steps for achievement. Specifically, the plan’s only mention of HIE was on page 12 in relation to interoperability. HIEs—public HIEs not private HIEs—are truly the nexus and driver of everything ONC does so it would seem that public HIEs should have been clearly articulated in the plan as leading actors in the plan. With that in mind and understanding that taxpayers have already footed the infrastructure bill for public HIEs, MHC would have expected a greater emphasis to be placed on the public HIEs who count over 280,000,000 patients within their EMPIs and databases. MHC is a leader within the Strategic Health Information Exchange Collaborative, SHIEC (www.strategichie.com), a trade association comprised of national and public HIE’s throughout the nation, and as a Board member of SHIEC, the Collaborative will submit their response; however this letter inures to MHC specifically, though the sentiment is shared by others members too.

MHC is happy to work with ONC and other industry leaders to make sure that this important document is crafted and eventually enacted upon so that true achievement of the objectives are realized within the designated timeframe.

Respectfully,



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