February 27, 2020

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National Coordinator for Health Information Technology  
The Office of the National Coordinator for Health Information Technology (ONC)  
U. S. Department of Health and Human Services  
Floor 7  
330 C St. SW  
Washington, DC 20201

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

The Iowa Primary Care Association (Iowa PCA), its affiliated community health centers, and sister organization INConcertCare (INCC), write today to express our support for the *2020-2025 Federal Health IT Strategic Plan* (Plan) proposed by the Office of the National Coordinator for Health Information Technology (ONC).

Many of the goals and objectives mentioned in the Plan align with our own vision for the future. In particular, the movement to value-based care, access to broadband, and interoperability are all focus areas in Iowa’s community health centers’ and the Iowa PCA’s strategy. Health centers occupy a unique role in the nation’s safety net; we are expected to do more for our patients with less money than larger care systems. As such, we have historically been seeking innovative solutions to problems that other healthcare providers experience, compounded by hard-to-treat populations and rural environs that complicate care delivery. Suffice to say, we are pleased to see the ONC moving in a similar direction.

The four “Goals” address many challenges that we see with our rural populations in Iowa. Workforce shortages, broadband access, and infrastructure are all addressed. We hear about these topics from our member health centers frequently, so the Plan is reflective of many of our concerns and possible solutions. Our greatest shortages are in dentistry, family medicine, and social workers, all of whom will be touched by improvements in health IT. And because so many of our health centers are currently at capacity with months-long wait lists, we are pleased the plan is addressing these challenges as well. Our goal is to increase the number of patients we serve through increasing physical infrastructure and making full use of virtual care through telehealth. Improving data security, reducing administrative burden, and focusing on improving interoperability are also points of agreement. The Universal Data System (UDS) that health centers use is exhaustive, but we find that other care providers use different systems for gathering and analyzing data. Similarly, differences in health center and partner electronic medical record (EMR) platforms prevent complete interoperability in many situations. Addressing the differences between various partners’ EMR platforms and data collection methods is vital to improving interoperability and the care we provide to our patients.

With that said, there are some omissions we noticed in the Plan that, if included, would produce greater alignment with health centers’ unique constraints and patient populations. First, Objective 1a does not include addressing language barriers or improving health literacy as strategies to improve individual access to health information. In 2018, 20% of our health centers’ patients were best served in a language other than English. To improve how we treat these populations, their health information must be accessible to them, and more than that, the patients need to be able to understand what the information means. The solution, whether from an app or elsewhere, must address this. Secondly, we saw no language or intent to provide reimbursement for technology. The advent of telehealth and technologies that enable it constitute a significant investment, one that our health centers might not all be able to afford. Funds to purchase these technologies or reimburse health centers that do would allow the health centers to focus on providing the best care possible. Finally, we noticed nothing in the Plan that would provide reimbursement for the high costs of broadband expansion or infrastructure improvements for health centers. Both of these limit who our health centers can see and the services that can be provided to those patients. Any plan for the future must address current shortages in broadband and health center capabilities and the costs associated with addressing them.

Please do not hesitate to contact me for further information at atodd@iowapca.org

Respectfully,

Aaron Todd  
Chief Executive Officer  
Iowa Primary Care Association