March 13, 2020

National Coordinator for Health Information Technology

US Department of Health and Human Services

330 C St. SW

Washington, DC  20201

To whom it may concern,

On behalf of Altarum, we are pleased to submit comments on the 2020-2025 Federal Health IT Strategic Plan. Altarum is a non-profit committed to solutions that improve the health of vulnerable populations. Our work spans 50 years of solving critical health IT problems, including capturing clinical data from Electronic Health Record (EHR) systems across a wide array of products and settings; utilizing tools built to collect patient-reported outcomes in multi-site global registries; improving the capacity and efficacy of community based care organizations and long term services and support providers and developing and successfully deploying registries and clinical decision-support tools used by physicians and clinical researchers alike. Our experience ranges from facilitating some of the earliest health information exchange (HIE) planning projects to directly supporting provider adoption of electronic health records (EHRs) as the boots on the ground for Michigan’s Regional Extension Center and developing national standards for information exchange and public health reporting today.

Given our experience, we respectfully submit the following comments. Please contact Craig Newman (Craig.Newman@altarum.org), Altarum’s interoperability standards analyst, with any questions.

Sincerely,



Rick Keller, Director for the Center for Connected Health

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| Section | Comment |
| How Health IT is Used (Page 7) | We feel that it is important to emphasize that the population-level data collected by public health is a critical resource for clinicians and researchers who are striving for a learning health system and the application of knowledge to improve patient care processes and outcomes. It is essential that health care providers understand the relationship between the data collected by public health and the point of care improvements that result from the analysis and interpretation of these large data sets. In addition, Public Health also does more to help support direct patient care. Immunization provides consolidated immunization history including CDS while PDMP provides past prescription information to clinicians. Public Health does more than collect data for population purposes.  |
| Goal 1 (Page 14) | Given the significant role that Federal agencies play in not only managing and funding major Public Health initiatives, this plan needs to more prominently and less ambiguously ensure continuing support for these activities. Perhaps Goal 1 (Promote Health and Wellness) should include an additional objective along the lines of, “Sustain the collaborative activities necessary to ensure Public Health surveillance, readiness, and response.” |
| Objective 1b (Page 14) | Where the objective describes “Leverage all levels of data (e.g., individual- and community-level) “, we note that “community-level” is not a term used elsewhere in the document. We suggest the use of the terms “public health surveillance” and “population-level” to emphasize the important role that the public health community plays in promoting safe and healthy populations. |
| Objective 1c (Page 14) | We appreciate the acknowledgment of the role that community-based care organizations and long-term services and support (LTSS) providers play in the provision of person-centered healthcare and human services. We feel that these organizations are vital stakeholders in the federal strategic plan and should be called out as such elsewhere in the document where key players are mentioned. |
| Objective 1c (Page 14) | While the narrative of Objective 1c clearly calls out the disparity in health IT infrastructure for community-based organizations, the strategies for the objective do not adequately address the investment needed to modernize the health IT infrastructure for these stakeholders and fully integrate them into the care continuum. Improved “access to technology” is important not only for patients but also for community service providers as a key pre-requisite to the secure exchange of data and improved care.  |
| Objective 1c (Page 14) | An additional strategy to meet Objective 1c is to encourage and promote partnerships and communication between eligible providers/hospitals, local and state agencies and community-based and LTSS providers to establish paths forward to develop the community’s health IT infrastructure and promote the exchange of data using existing and emerging standards. |
| Objective 1c (Page 14) | We appreciate the emphasis on addressing the social determinants of health as a vital part of maintaining healthy individuals and populations.  |
| Objective 1c (Page 14) | We want to applaud the efforts of the ONC to expand the standards available in the area of LTSS and community-based care and encourage additional resource investment and piloting opportunities in these areas. |
| Objective 2a (Page 15) | The important role that public health plays in providing individual care should be emphasized in this section. Public health programs play a daily role in providing care and services to individuals as well as being crucial in times of emergencies and disasters. The ability of these programs to provide this critical care is dependent on ready access to clinical data through the health IT infrastructure. |
| Objective 2c (Page 16) | We are concerned about the perception that public health reporting and data submission to clinical registries are a burden on providers. We strongly agree that provider workflows must be streamlined to minimize any additional effort associated with public health reporting. But it is also important that the activities of public health stakeholders are transparent and that health care providers understand the return on investment they receive in the form of clinical decision support, improved population health, provision of human services and point of care advancements by participating in public health reporting and population-level data collection. |
| Goal 3 (Page 17) | The role of public health in promoting research and innovation should be acknowledged in this goal. By collecting population-level data, public health is a key player in identifying trends and relationships within large data sets and feeding those interpretations back to providers as point of care improvements. |
| Objective 4b (Page 19) | With respect to the strategy to develop resources and communication plans to help achieve Objective 4b, we suggest a review of the [Protected Health Information Consent Tool](https://na06.mypinpointe.com/l/3G5FM52Twu5Mxm2v4PI4o88b4lQCsMV2M5jg7-U0aks) provided by the state of Michigan. This tool can be used by clinicians, providers and payers to better understand and comply with the laws surrounding health care data exchange. The development of similar tools at the national or state levels may be helpful in achieving this objective. |
| Appendix A (Page 21) and Appendix B (Page 22) | We suggest including public health and community-based support and LTSS providers to be included in the list of stakeholders considered by the Plan. The awareness of these constituents must be elevated if we are to build health IT across the whole care continuum.  |