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National Coordinator
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services

Submitted electronically via healthit.gov

RE: 2020-2025 Federal Health IT Strategic Plan

Dr. Rucker:

AMIA is pleased to provide input that will inform the 2020-2025 Federal Health IT Strategic Plan.

AMIA is the professional home for more than 5,500 informatics professionals, representing front-line clinicians, researchers, educators and public health experts who bring meaning to data, manage information and generate new knowledge across the health and health care enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations, and public policy across settings and patient populations.

We are pleased with the direction that ONC has charted with this draft strategic plan. The framework aligns with AMIA's definition of health informatics policy, which is a domain seeking to optimize care delivery & care experience, improve population and public health, and advance biomedical research through the collection, analysis and application of data. Consequently, we support ONC's consideration of emerging ecosystems outside the traditional care delivery paradigm. Focusing on ways that health IT can impact social determinants, improve public health, and accelerate research are important aspects of where ONC should be focused over the next five years.

We are also heartened that this strategic plan places the patient at the center of its mission. We likewise believe that patients have a vital role to play in the development of public policy as well as informing how public funds are spent on research. However, we were surprised to see that Patient Reported Outcomes (PROs) and Patient-Generated Health Data (PGHD) are not discussed, or even mentioned, in this strategy. We anticipate that health IT will facilitate wider use and reliance on PROs to understand patient experiences and PGHD will be central area of concern for certified health IT and standards development.

While the draft plan emphasizes the opportunity to achieve interoperability, we nonetheless reiterate our position[1] that "interoperability" is not a definable end-state, but rather, an ongoing endeavor to refine existing IT functionalities and create entirely new kinds of data exchange and use. The

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[1] https://www.amia.org/sites/default/files/AMIA-Response-to-Action-on-Interoperability-RFI.pdf

frontiers of interoperability should thus be a concept that ONC should consider. While there is cause to be excited about clinical data interoperability using APIs, the relative immature capacity of EHRs to reconcile lab orders, or integrate medical device data reminds us that much work remains. Focusing on how these other systems will continue to frustrate new frontiers of interoperability will be important for ONC to coordinate with other federal agencies, such as the Centers for Medicare and Medicaid Services and the Food and Drug Administration. This will become ever more vital in a burgeoning app economy.

We also note the relative absence of health IT usability in the plan. While we appreciate the focus on the patient, we are concerned that much of the plan's priorities shifts more burden to healthcare providers. Reducing regulatory and administrative burden must be a priority to maintain our nation's provider workforce.

Finally, informatics is the science of how to use data, information, and knowledge to improve health. The term "informatics," however, does not appear in the plan when it should be a cornerstone of ONC's future. The science and practice of informatics is essential to the achievement of every goal espoused by this Plan. Health IT is simply a tool for care delivery, just as a stethoscope is a tool. Neither are useful unless used appropriately by trained clinicians. Informatics professionals understand how to leverage the tools of health IT and they understand the meaning behind the data. AMIA thus recommends the next iteration of the Strategy focus much more on workforce development, and specifically, the need for a clinical and research workforce to have basic training in informatics, as well as a need for advanced clinical informatics practitioners. Simply unleashing data is only one part of the equation; there must be a competent workforce to make this data meaningful and actionable.

Below, we offer additional details on the goals and objectives that ONC should consider as it finalizes this strategic plan. Thank you for considering our comments. Should you have questions about these comments or require additional information, please contact Jeffery Smith, Vice President of Public Policy at jsmith@amia.org or (301) 657-1291. We look forward to continued partnership and dialogue.

Sincerely,

Patricia C. Dykes, PhD, RN, FAAN, FACMI
Chair, AMIA Board of Directors
Program Director Research
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(Enclosed: AMIA Detailed Comments)

Goal	Objectives	AMIA Comments
1. Promote Health and Wellness	**Objective 1a**: Improve individual access to health information	Access to one's own healthcare data is a real need in providing person-centered care. This data needs to be actionable, understandable and secure. ONC should add a strategy to, in coordination with other agencies, promote health literacy among the general populace. This objective should also focus on centralizing information or making it easier for the consumer to have his or her information in one place. It is challenging to figure out how to bring together data from multiple patient portals and other sources of health data. While we note and support ONC's efforts with TEFCA and the success of connecting strategies like eHealth Exchange and Carequality, we believe that ONC can best facilitate improved individual access to health information through Certification. Thus, we encourage ONC to develop Certification criteria that can provide complete access to patients' electronic health information.
	Objective 1b: Advance healthy and safe practices through health IT	Patient facing applications need some mechanism by which consumers can understand whether they are of high quality, provide evidence-based advice, and keep their data and information safe from unwanted use.

	Objective 1c: Integrate health and human services information	Development of exchange tools needs to go hand in hand with expansion of broadband technology and access to the data. There are still communities for which this is limited. With regards to the capture of social determinants of health (SDOH) data, there need to be ways to minimize the burden on primary care clinicians to create and maintain this data or ways to compensate clinicians for the time and effort that go into supporting SDOH needs.
	Suggested addition: Objective 1d: Sustain the collaborative activities necessary to ensure public health surveillance, readiness, and response.	Population health and public health are not synonymous. Balancing focus on the patient with focus on cohorts of patients and the population at large are all necessary to ensure the public's health and wellness.
2. Enhance the Delivery and Experience of Care	**Objective 2a**: Ensure safe and high-quality care through the use of health IT	Technology development is key, but it needs to be filtered through a lens that helps to ensure reduction of existing biases that exist in healthcare and does not increase healthcare disparities for vulnerable populations.
	Objective 2b: Foster competition, transparency, and affordability in healthcare	
	Objective 2c: Reduce regulatory and administrative burden on providers	Reduction of administrative burden should also include considerations for improved usability of health IT tools.

	Objective 2d: Enable efficient management of resources and a workforce confidently using health IT	A health IT workforce must also include informatics professionals to make sense of the data.
3. Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation	**Objective 3a**: Advance individual- and population-level transfer of health data	While we appreciate the plan's overall goal on putting the patient first, it must be balanced by a similar principle to support public health, along with the requisite goals and objectives. Included in this objective is a strategy to support "… appropriate use of health and human services data across federal- and state-level systems to enable population health planning, analysis of quality and patient outcomes across care settings and programs, and clinical research." Population health continues to be a vague and misunderstood term, and most public health professionals do not consider it synonymous with public health. Given the significant role that Federal agencies play in not only managing major public health initiatives, but also in funding many more, this plan needs to more prominently and less ambiguously ensure continuing support for these activities.
	Objective 3b: Support research and analysis using health IT and data at the individual and population levels	The research and analysis needs and development of new technologies need to be aligned with considerations for ensuring that populations that experience health care disparities do not see their situations exacerbated and that machine learning strategies do not introduce additional bias.

4. Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure	**Objective 4a**: Advance the development and use of health IT capabilities	Previous iterations of EHR certification and standards development have not always been successful. Careful thought should be put into the development of mechanisms that will ensure sustainable accountability for certification and standards.
	Objective 4b: Establish transparent expectations for data sharing	ONC should make it a priority to support and foster private-sector-led initiatives, such as the DaVinci Project, Vulcan, and other HL7 FHIR Accelerators.
	Objective 4c: Enhance technology and communications infrastructure	ONC had previously created the Health IT Regional Extension center system to help support clinicians adopting and using health IT. ONC should consider refunding this infrastructure to continue to support the development and use of national Health IT capabilities and to provide an impartial information source for patients and clinicians.
	Objective 4d: Promote secure health information that protects patient privacy	AMIA supports efforts within the Executive's statutory authority to strengthen consumer privacy protections, as the health app ecosystem represents the largest threat to misuse of personal data.