



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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March 16, 2020

The Honorable Donald Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street Southwest, Floor 7
Washington, D.C. 20201

RE: Request for Comments, “2020-2025 Federal Health IT Strategic Plan”

Dear Dr. Rucker:

On behalf of the Washington State Health Care Authority (HCA), I write to provide comments to the Office of the National Coordinator for Health IT (ONC) draft *2020-2025 Federal Health IT Strategic Plan* (Plan) outlining the roles federal partners will play in meeting the needs of individuals, populations, caregivers, healthcare providers, payers, researchers, developers, and innovators in accessing electronic health information.

The report:

- notes that “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. An interoperable health IT infrastructure facilitates this by allowing the seamless exchange and integration of health information between platforms using shared data standards and common terminologies”;
- recognizes that “value-based care has resulted in new incentives for healthcare providers to improve quality and patient outcomes... [placing] greater importance on addressing social determinants of health and patient health behaviors, and engaging in preventive care, population health management, and disease management...[and] success in value-based payment models is contingent upon access to robust data that allows them to better understand the needs of their patients, stratify their patients by risk, engage in additional patient outreach, and track improvement over time”; and
- acknowledges there is “almost no coordination between agencies in real-time, creating inefficiencies and inhibiting initiatives to address social determinants of health (SDOH). Furthermore, community-based organizations providing health and human services (e.g., the aging and disability network funded by the Administration for Community Living) lack the requisite health IT infrastructure and adoption support that is needed in order to become fully integrated as a part of the care continuum”.

However, the strategies in the draft plan are relatively weak/lacking in details in terms of how the health IT infrastructure will be enhanced to capture and address SDOH, and enable the useful integration of SDOH data.

The following comments are offered to enhance the strategies in the Plan to strengthen the health IT infrastructure to capture and address SDOH data and data from community-based organizations.

Comments

Goal 1: Promote Health and Wellness

Objective 1c: Integrate health and human services information

“Integrated health and human services data are necessary for providing person-centered healthcare and human services, and for understanding and addressing social determinants of health at the individual and population levels. Today, there is little integration of data between the various federal, state, territorial, regional and local agencies, and tribes, some of which provide care to the same beneficiaries. Additionally, there is almost no coordination between agencies in real-time, creating inefficiencies and inhibiting initiatives to address social determinants of health. Furthermore, community-based organizations providing health and human services (e.g., the aging and disability network funded by the Administration for Community Living) lack the requisite health IT infrastructure and adoption support that is needed in order to become fully integrated as a part of the care continuum.”

Recommend adding the following strategies:

- Standardize (when possible) and make interoperable SDOH and social service data required across federal programs and create a public facing data element library that makes these data elements freely available for use. The United States Health Information Knowledgebase (USHIK) or the CMS data library doesn't contain the SDOH or most social service data.
- Require/make available guidance on the Health IT infrastructure needed for the appropriate exchange and re-use of SDOH and social service data. For example: guidance on:
 - The building blocks needed to enable exchange (e.g., patient/client identifier, provider directory, patient/provider attribution)
- Support the adoption and use of the needed health IT infrastructure through financial and non-financial incentives across federal and state programs and by social service providers. For example:
 - federal programs could be encouraged to support the adoption and use of the infrastructure via state, local, and provider grant programs
 - Medicaid and Medicare programs could require/encourage the implementation of the infrastructure
 - Training and technical assistance could be made available to social service providers regarding health IT infrastructure

Goal 2: Enhance the Delivery and Experience of Care

Objective 2a: Ensure safe and high-quality care through the use of health IT

“Healthcare providers can develop care plans and deliver high quality, safe, person-centered care when health systems and programs deploy tools that collect, store, and use health data that addresses the unique needs of each individual patient. Achieving this objective will require the application of technologies such as machine learning, improved patient matching, patient safety solutions, and mechanisms for data governance and provenance. It will also require providing care daily and in the event of a public health emergency or disaster.”

Recommend clarifying the following strategy:

- Implement mechanisms of data governance and provenance to promote safety, security, and accountability through all stages of care and uses of health IT. Include guidance on:
 - Data governance policies that apply to non-HIPAA covered entities and personable identifiable information (PII) (e.g., policies related to privacy, access, and consent).

Objective 2b: Foster competition, transparency, and affordability in healthcare

“Affordability of healthcare services and treatment remains a key barrier to accessing quality care for many individuals. The availability of information on prices and quality can help reduce barriers to entry and lower costs associated with switching healthcare providers. This encourages competition in healthcare and drives down costs and prices. Furthermore, competition addresses the needs of consumers to be able to choose from a variety of health products and services based on which best meet their needs.”

Recommend adding the following strategies:

Identify and implement opportunities in federal programs related to the electronic exchange of data by community-based organizations to support and expand Value Based Payment (VBP) models.

Goal 3: Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation

Objective 3a: Advance individual- and population-level transfer of health data

Access, exchange, and use of data using secure, standardized-based APIs is key to building an integrated ecosystem that can support research, clinical decision making, population health management, and individual access to quality and cost information.

Recommend adding the following strategy:

Prior to using secure standard-based application programming interfaces (APIs), we also recommend the identification of what human service data is available at federal and state systems and, when feasible, streamline/align/make more efficient these data collection/submission activities.

Objective 4c: Enhance technology and communications infrastructure

The U.S. health IT and communications infrastructures are highly variable. While access to smartphones and broadband is increasing overall, gaps remain for some populations

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and regions. A disparity in health IT access and capabilities separates rural and other typically unserved or underserved areas from areas with substantially greater connectivity and service options. Smaller practices and rural healthcare providers are unable to adopt the same advanced health IT capabilities used by larger health systems due to constrained resources. To mitigate these disparities, stakeholders should continue to work together to develop innovative solutions to improve the health IT and communications infrastructure.

Recommend clarifying the following strategy:

There seems to be quite a bit of focus on enhancing broadband and wireless infrastructure in rural and underserved areas, however, there is no mention of further supporting rural providers' adoption of electronic health records (EHRs). This is an active area of focus in Washington State and we feel that its absence should be noted.

Appendix B. Measuring and Communicating Progress

Recommend clarifying the following strategy:

Appendix B is supposed to help us understand how progress on this plan will be measured, however it is very vague and could benefit from a high level evaluation framework that includes measures that can then be cascaded from Federal to State and Local levels.

HCA wants to thank ONC for taking our comments into consideration for the *Federal Health IT Strategic Plan 2020-2025*.

Sincerely,



MaryAnne Lindeblad, BSN, MPH
Medicaid Director