UNITEDHEALTH GROUP

March 18, 2020

Dr. Donald Rucker
National Coordinator for Health Information Technology
U.S. Department of Health & Human Services
330 C Street SW
Washington, DC 20201

Re: Draft 2020-2025 Federal Health IT Strategic Plan

Dear Dr. Rucker,

UnitedHealth Group (UHG) appreciates the opportunity to provide the Office of the National Coordinator for Health Information Technology (ONC) with comments on the Draft 2020-2025 Federal Health IT Strategic Plan (Plan).

UHG is a mission-driven organization dedicated to helping people live healthier lives and helping make the health care system work better for everyone through two distinct business platforms – UnitedHealthcare, our health benefits business, and Optum, our health services business. Our workforce of 325,000 people, including 91,000 clinical professionals, serves the health care needs of 136 million people worldwide, funding and arranging health care on behalf of individuals, employers, and the government. We not only serve as one of the nation's most progressive health care delivery organizations, we also serve people within many of the country's most respected employers, in Medicare serving nearly one in five seniors nationwide, and in Medicaid supporting underserved communities in 31 States and the District of Columbia.

UHG supports advancing health IT to lower costs, deliver high quality care, improve health outcomes, and improve the care experience for consumers and physicians. We have long supported advancing interoperable data that can be electronically accessed, used in a meaningful way, and easily exchanged between patients and their care providers while protecting the privacy and security of patient health information.

We support the Plan's stated overarching goals of:

- Promoting health and wellness;
- Enhancing the delivery and experience of care;
- Building a secure, data-driven ecosystem to accelerate research and innovation; and
- Connecting health care and health data through an interoperable health IT infrastructure.

Below, we provide our recommendations for select Objectives described in the Plan.

Objective 1a: Improve Individual Access to Health Information

UHG supports empowering individuals with their health care information. Access to timely and relevant information about an individual's health is critical to empowering patients and their health care providers to make informed choices. We have long supported patient access to their health care information via innovative digital solutions and a simple, connected, and secure experience.

1

For example, the UnitedHealthcare (UHC) app and MyUHC.com are designed to engage consumers through an intuitive digital experience, with the goals of aiding health care decision-making and reducing health care costs. These digital tools include personal health plan details, a digital ID card, deductible and copay information, and the ability to download and view claims history. In addition, our tools allow individuals to find and select cost-effective, high-quality providers and sites of care through our UnitedHealth Premium Program.

Point-of-Care Assist is an example of an innovative UHC program to interact with providers within their Electronic Health Record (EHR) System. We are working with Health Systems and EHR Vendors to deliver clinical needs, cost and guidance directly into the provider's workflow as they are in the room with the patient. Implemented capabilities include informing the provider of a patient's current gaps in care, real time benefit checks for prescriptions, specialist referral recommendations, identifying when prior authorization is required and prior authorization case management.

The UHC Prior Authorization and Notification Platform was recently built to reduce clinician burden and to expand electronic transmission of health data and automated clinical decision support capabilities to offer timely insights and decisions for providers, supporting the delivery of safe, evidence-based care. In addition to eliminating faxes, except when state-mandated, UHC launched a new platform that leverages industry-based HL7 standards while meeting EDI X12 HIPAA compliance. The framework for the approach is broader than authorizations, and is more generally viewed as enabling clinical decision making at the point of care, by:

- Improving the ease of collection of clinical information in support of medical necessity determinations;
- Enhancing the turnaround time of determinations, primarily by automating the validation of benefit coverage and the appropriateness of care or medical necessity – either within the physician practice management system workflow or via a portal;
- Decreasing operating costs (for both clinicians and non-clinicians) by automating what are currently cumbersome and costly manual processes; and
- Lowering medical costs by using the prior authorization process to redirect care to more appropriate clinical settings thereby also reducing out of pocket costs for patients.

Our Rally platform is a comprehensive consumer digital health platform offering programs that empower consumers by making it simpler to navigate health benefits and manage their health and well-being. Rally streamlines health care navigation to guide people to the right care. It simplifies their experience with a single dashboard where they can quickly search for, schedule and pay for care, compare costs, participate in clinically proven lifestyle programs and earn rewards for taking healthy actions. Rally is available to 55 million people, who have earned more than $1.5 billion in incentives to-date for taking healthy actions.

Nerve Center is an example of how we have been advancing interoperability by translating fragmented data sources into simple-to-use clinical information for consumers and care providers to create an intelligent, data-driven, and personalized health care experience. The Nerve Center provides a digital health engagement platform that supports people and their care providers throughout the care journey by managing device data, protocols, and notifications. This aggregated, information empowers clinicians to connect with individuals and supports analytic decision-making. Nerve Center's capabilities – including integrated device data from in-home digital scales and Fitbit fitness trackers – inform, personalized next best actions and interventions. The Nerve Center is now connecting data and

informing health care decisions for nearly 12 million of the people we serve through our Medicare and Medicaid plans.

All individuals should have access to real-time benefit tools to help them make informed decisions about their health and portable, secure Individual Health Records connected via standards-based interoperable health IT systems.

Objective 1b: Advance healthy and safe practices through health IT

UHG appreciates the deep responsibility of managing health care data and serving as a trusted custodian of this information on behalf of people. We strongly urge the Federal Government to advance policies and solutions ensuring individuals' health care data is safeguarded and protected, and that efforts to advance interoperability and innovation do not expose individuals to undue burden or privacy risk. We strongly encourage policies and solutions that uphold the expectation of trust people have in the institutions that access and use their sensitive health care data, and urge the Federal Government to use its full authority to ensure health care data continues to be protected by longstanding Federal health data privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. People should expect any entity using their health care data to act as a trusted custodian and to:

- Use data solely for the purposes of improving personal health, advancing health system performance, and new discovery;
- Observe all health care and other privacy and security laws and regulations;
- Protect data at the highest standards;
- Advance data-driven solutions based on evidence, quality, and value;
- Offer a clear description of how health data is used and protected;
- Ensure personal health data is not used for discriminatory purposes; and
- Maintain personal health data correctly and responsibly.

The ONC and all Federal Agencies should adopt these principles and incorporate them in any new policies or solutions designed to advance the interoperability of health IT.

Objective 1c: Integrate health and human services information

UHG supports the integration of data necessary for providing person-centered health care and for understanding and addressing social determinants of health at the individual and population levels. We support authenticated and authorized bi-directional, secure exchange of data across health care settings to improve care, advance value-based care, and address unmet health and social needs. Research on the drivers of positive health outcomes highlights that access and quality of clinical care contribute only about 20% toward overall positive health while 80% are affected by physical environment, social needs, economic factors, and health behaviors.

A report from Trust for America's Health, Prevention for a Healthier America found that an investment of $10 per person per year in proven community-based programs could save the country more than $16 billion annually within 5 years – a return of $5.60 for every $1 invested.[i] Yet, studies have also shown that an increase in social investments has not

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[i] Trust for America's Health. Prevention for a Healthier America: Investments in Prevention Yield Significant Savings, Stronger

decreased overall health care spend. This demonstrates that investment alone is not the answer. <u>Systematic coordination and collaboration between social services and the health care system, in addition to investment, is the only way to reduce health care spending and improve community health</u>.

Communities play a critical role in an individual's health and well-being. Investing in community-based collaboration, aligned to health care, has the potential to:
- Unlock a deeper understanding of social barriers to improve health and well-being;
- Align individuals' essential needs with community-based resources;
- Activate health and well-being within the workplace and beyond; and
- Measure impact on cost, productivity, and individual satisfaction.

When evaluating U.S. health care spending, 50% is driven by 5% of the population – people with acute and complex needs. We recognize that care models for this population require an integrated, comprehensive view of each individual's needs, while linking clinical and social support. By bringing together medical, social, behavioral, housing, and addiction support services we can address each individual's unique needs.

We are activating community coalitions, enhancing collaborations across community-based organizations (CBOs), and leveraging our foundational competencies to address individual health and well-being through our <u>Accountable Community-Based Network powered by Evidence Based Pathways</u>. Mobilizing existing community resources unlocks more impact than we can create alone, making us the first organization to harness the power of local support systems beyond the area of Medicaid and Medicare. As we successfully scale this across the nation, we will support community-based organizations that have specific understandings of the people they serve.

Further, our <u>Housing + Health</u> program is a data-driven, evidence-based solution to stabilize members experiencing homelessness, curb health care costs and improve outcomes, and has resulted in significantly reduced monthly costs of care, hospital admissions, and the number of inpatient days.

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

UHG supports policies and solutions to advance the development of widely-accepted standards for data exchange, including the Fast Healthcare Interoperability Resources (FHIR) application programming interfaces (APIs) and the U.S. Core Data for Interoperability (USCDI) standards. Further, we support efforts to improve identity and patient-matching solutions across health information exchanges along with adoption of auditable and transparent data exchanges.

<u>ONC should continue to support, through public and private sector partnerships, the development of industry-accepted standards for health data exchange and patient identity and matching solutions.</u>

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

We agree with the Plan's strategy to "encourage pro-competitive business practices." Additionally, we support the goal of enhancing health care cost and quality transparency

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Communities, 2008.

to improve the health care experience for consumers and reduce the total cost of care. Timely information about individualized out-of-pocket costs – combined with data on quality – is critical to empowering individuals and health care providers to make informed choices and take the best next action. UHG is deploying transparency solutions at scale to enable a holistic view of an individual's health, providing complete information to engage patients in their health care experience. Specifically, UHG's distinctive capabilities help empower patients to make informed health and wellness decisions:

- The UnitedHealth Premium® Program is an online resource providing consumers with a tool to evaluate physicians based on quality and cost efficiency metrics, with 17% lower costs associated with Premium Physicians for all specialties than non-Premium Physicians.

- PreCheck MyScript® simplifies the prescription drug prescribing experience by allowing providers to see and share cost, coverage, and safety information with their patients to offer real-time visibility into clinically appropriate lower cost alternatives, and simplify the prior authorization experience. With those recommendations, PreCheck MyScript® helps lower consumer out-of-pocket costs by an average of $135 per eligible prescription filled. Additionally, physicians are able to electronically initiate or avoid over 30% of prior authorizations, saving 50 minutes each time – reducing administrative burden.

- Rally Connect® creates a comprehensive view of what the consumer should expect throughout their course of treatment and allows the comparison of treatment options across sites of service, while integrating quality data, saving consumers who used the tool an average of 35%.

- MyScript Finder® is a consumer-facing tool offering information on out-of-pocket costs for drugs based on pharmacy location, benefit plan design, and deductible status, saving consumers who use the app an average of $52 per prescription.

We will continue to innovate in these and other tools to advance the goal that every American should have access to simple, valuable experiences like these.

UHG does not support policies mandating the release of information that would mislead consumers about their out-of-pocket costs, undermine health plan competition, or increase prices. Therefore, we do not support policies that require health plans to publish their negotiated rates, as those policies:

- Do not achieve meaningful consumer-relevant transparency;
- Will mislead consumers about their expected care costs (e.g., may not include alternative payment models);
- Do not enable quality-based comparison of providers; and
- Disrupt core market principles of private negotiations.

Objective 2c: Reduce regulatory and administrative burden on providers

UHG supports the Plan's strategies of reducing the administrative and regulatory burden on health care providers, streamlining and simplifying documentation requirements at the point of care, promoting the use of evidence-based automated tools to improve the efficiency of provider workflows, and encouraging provider-to-provider and payer-to-provider data exchange.

Further, we encourage policies and solutions requiring standardized bi-directional information flows allowing patient insights to be embedded at the point of care, providing valuable information to clinicians during patient encounters and facilitating more efficient clinical or administrative transactions. Federal policies should require developers of certified health IT to offer bi-directional APIs that enable information and insights – such as gaps in care – to be leveraged in the clinical workflow. While preventing information blocking is a beneficial step to advancing interoperability, advancing standardized bi-directional paths to integrate meaningful, timely, and evidence-based information from health plans and third-party applications into the clinical workflow at the point of care will help improve outcomes and reduce health care costs in addition to reducing administrative burden on health care providers. ONC should require all APIs that are certified for health IT to be bi-directional.

Objective 3b: Support research and analysis using health IT and data at the individual and population levels

We encourage Federal policies and solutions increasing the use of new technologies and analytic approaches like machine learning and predictive modeling to harness the power of integrated data for improving health care quality, outcomes, and decision-making.

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

We support policies that limit information blocking and the rigorous enforcement of information blocking standards and all health care privacy and security laws. Further, policies to end information blocking should include provisions that prevent high connectivity costs or the charging of unreasonable fees for accessing data, which could lead to unnecessary expense to the health care system.

We also encourage policies that support the adoption and advancement of nationally endorsed standards (such as FHIR), implementation specifications and certification criteria for bi-directional data exchange through continued collaboration across the public and private sectors.

Objective 4b: Establish transparent expectations for data sharing

As consumers take on greater responsibility for their health care and its costs, and care providers take on more risk for the end-to-end patient experience, both parties need accessible, transparent information and an experience that is simple, personalized, predictable and dependably high in quality. We continue to engage with our consumers and care provider partners on a sophisticated, yet increasingly simple level, providing the right information at an actionable time and place, while anticipating their future needs. We support the use of integrated models and new technology to make it easier to view a holistic picture of individuals' health and care, improving the care provider experience and driving better outcomes and overall quality of life for all Americans.

The ultimate success of information sharing relies on carefully curated, high quality and complete data. A robust data model depends on information that is not duplicative, is standardized across payers and providers and is attributed to the source. ONC should encourage appropriate financial incentives to ensure that information meets high standards for quality.

Objective 4d: Promote secure health information that protects patient privacy

<u>We strongly encourage policies establishing uniform and responsible data-use, privacy and security requirements for health applications and their servicing infrastructure</u>, and requiring application developers and their hosting and service providers to obtain independent validation and certification of security maturity using an assurance program that comports with the following as a condition of API access to health data:

- Health and public sector guidance for the National Institute of Standards and Technology (NIST) Cybersecurity Framework recognized by the Department of Homeland Security and the Department of Health and Human Services; and

- State and Federal health care data privacy and security laws – including the HIPAA Privacy and Security Rules and the HITECH Act.

As always, UHG welcomes the opportunity for constructive discussion and collaboration as the ONC and Federal agencies develop and refine the Plan.

Sincerely,

John Santelli
Chief Information Officer
UnitedHealth Group