Don Rucker, M.D. National Coordinator for Health Information Technology Office of the National Coordinator U.S. Department of Health and Human Services 330 C ST SW Mary Switzer Building Washington, D.C. 20201

Re: 2020-2025 Federal Health IT Strategic Plan

Submitted electronically at <u>https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan</u>

Dear Doctor Rucker:

The Sequoia Project is pleased to submit comments to you on the draft 2020-2025 Federal *Health IT Strategic Plan*. We greatly appreciate and encourage the work of this strategic plan.

The Sequoia Project is a non-profit, 501(c)(3) public-private collaborative that advances the interoperability of electronic health information for the public good. The Sequoia Project previously served as a corporate home for several independently governed health IT interoperability initiatives, including the eHealth Exchange health information network and the Carequality interoperability framework. The eHealth Exchange and Carequality now operate under their own non-profit organizations. The Sequoia Project currently supports the RSNA Image Share Validation Program, the Patient Unified Lookup System for Emergencies (PULSE) and Interoperability Matters. Lastly, we are honored to have been selected by the Office of the National Coordinator for Health IT (ONC) to be the Recognized Coordinating Entity (RCE) for the Trusted Exchange Framework and Common Agreement (TEFCA).

Our comments on the draft strategic plan are based on our organization's experience supporting large-scale, nationwide health information sharing, including active work with several federal government agencies. Through these efforts, we serve as an experienced, transparent and neutral convener of public and private sector stakeholders to address and resolve practical challenges to interoperability.

Seamless nationwide sharing of health information is most readily enabled through trust agreements, consistent policy and technical requirements, and appropriately balanced governance to provide assurance of trust and interoperability. Our experience has proven that an interoperable health information technology ecosystem is best supported through public-private collaboration, grounded in practical implementation that advances interoperable health information sharing and engenders public trust.

Overall Perspective

We are very supportive of the draft plan and its focus on high level goals, objectives, and strategies. The federal government has a critical role in the U.S. health IT infrastructure; we applaud this cross-agency strategic plan as well as ONC's central role in its development. We support the stated Federal Health Principles, the four goals, and the identified objectives. Please see our detailed suggestions, primarily on specific strategies, below.

Suggestions for Enhancements to the Strategic Plan

Goal 1: Promote Health and Wellness

We support this goal and its associated objectives and strategies. We especially highlight the importance of **Objective 1a**: "Improve individual access to health information," notably the two strategies of: "Promote greater portability of health information through APIs and other interoperable health IT that permits individuals to readily send and receive their data across various platforms" and "Build the evidence base on the use of health information, including on the types of information that will benefit individuals most and the best ways to present information to patients and caregivers".

With respect to portability through APIs, we emphasize the critical importance of data governance and data quality, including ensuring that data are entered accurately and completely into EHRs and other health IT system, mapped or otherwise associated to appropriate standards and code sets, and available with enough completeness to provide value and safe use to individuals and those to whom they direct the data. We believe that these priorities are not only necessary for individuals to have access to meaningful information, but also for others in the health IT ecosystem who would have authorized access to such data. *To this end, we suggest that HHS add a strategy for this objective around the quality of data made available to individuals and their designees*.

We also support **Objective 1b**: Advance healthy and safe practices through health IT and especially the strategy of "Leverage all levels of data (e.g., individual- and community-level) to predict epidemics, inform and monitor public health action outcomes, improve quality of life, and address disease occurrence and preventable deaths." *Based on our experience with the Patient Unified Lookup System for Emergencies (PULSE) platform, and considering the current COVID-19 pandemic, we suggest that HHS revise this strategy to include: "responses to natural and other disasters"*.

We also support **Objective 1c**: "Integrate health and human services information" and especially the strategies to: "Strengthen communities' health IT infrastructure by facilitating bi-directional, secure exchange of data across healthcare and human services settings to improve care and effectively administer social programs" and "Capture and integrate social determinants of health data into EHRs to assist in care processes, such as clinical decision support and referrals, integration of medical and social care, and address health disparities in a manner that is ethical and consistent with routine patient care". *We believe that standards-based health information exchange, as exemplified by the Carequality framework, as well as the new ONC-directed Trusted Exchange Framework and Common Agreement (TEFCA), can play an important role enabling integration of human service programs and data as well as social determinants of health.*

Goal 2: Enhance the Delivery and Experience of Care

We support this goal and its associated objectives and strategies. We support **Objective 2a**: "Ensure safe and high-quality care through the use of health IT" and highlight the following strategies included in the draft:

- Continue efforts to establish identity solutions that improve patient matching across data systems.
- Implement mechanisms of data governance and provenance to promote safety, security, and accountability through all stages of care and uses of health IT.
- Promote interoperability and data sharing through widely-accepted standards to ensure health information is freely available across care settings for patient care, public health, research, and emergency and disaster preparedness, response, and recovery.

Accurate patient matching, enhanced data governance and provenance, and standards-based interoperability and data liquidity are central to safe and high quality care. We do suggest that the strategy on "data governance and provenance" be expanded to explicitly address data quality.

We also support **Objective 2b**: "Foster competition, transparency, and affordability in healthcare" and especially the following strategy:

• Support efforts to merge administrative and clinical data streams to have real-time financial data at the point of care.

as Sequoia's historical experience and initial work as the RCE have reinforced the value of integrating administrative and clinical data.

We also support **Objective 2c**: "Reduce regulatory and administrative burden on providers" and emphasize the following strategies:

- Simplify and streamline documentation required of healthcare providers at the point of care when using health IT while ensuring that quality standards are upheld.
- Monitor the impact of health IT on provider workflows to better understand and optimize the use of technology in ways that minimize unnecessary steps or negative outcomes for patients.
- Promote greater understanding of applicable regulations and practices by providing guidance and other tools to healthcare providers and health IT developers so that compliance is achieved efficiently.
- Harmonize provider data collection and reporting requirements across federal agencies.

This objective and its strategies are critical. Less required documentation translates into more focused and higher value data exchanged among providers and available to patients. Efficient workflows for data entry and access similarly enhance the use and value from interoperability and data exchange. Harmonized cross-agency data collection and reporting requirements drive out cost and complexity and increase data value. Finally, with the new TEFCA and information blocking and certification regulations, it is even more important that providers and developers

receive timely, usable, and accurate guidance. We stand ready to assist with identification of guidance needs and dissemination of guidance, especially through our Interoperability Matters initiative and its Information Blocking Work Group.

We also support **Objective 2d**: "Enable efficient management of resources and a workforce confidently using health IT".

- Streamline processes to reduce the effort required by healthcare providers and health systems to generate, input, and share health information.
- Implement education and training programs to educate and build a strong, cross-functional health IT workforce that can support IT across healthcare settings, especially in rural areas.
- Continue to invest in the federal health IT workforce by allocating more resources to train, recruit, and retain workers and to support adequate job opportunities.

Streamlined processes will enhance the stakeholder satisfaction with and value of health IT use and interoperability and a sufficient, well-trained workforce is essential to effective deployment and use of health IT and interoperability solutions.

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

We support this goal and its associated objectives and strategies.

Goal 4: Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure

We support this goal and its associated objectives and strategies.

With respect to portability through APIs and other data transport and access methods, we emphasize the critical importance of data governance and data quality, including ensuring that data is entered accurately and completely into EHRs and other health IT system, mapped or otherwise associated to appropriate standards and code sets, and available with a level of completeness to provide value and safe use to patients and those to whom they direct the data. To this end, we suggest that HHS add a strategy around the quality of data access through an interoperable health IT infrastructure.

Conclusions

We appreciate the opportunity to provide you our comments on the draft 2020-2025 Federal Health IT Strategic Plan. The Sequoia Project stands ready to assist you in any way that we can. Please encourage your staff to reach out to for any needed follow-up.

Most respectfully,

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Mariann Yeager CEO, The Sequoia Project