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Via Electronic Submission to: [HealthIT.gov/Feedback](https://www.healthit.gov/feedback)

RE: Draft 2024-2030 Federal Health IT Strategic Plan

Members of the Long Term & Post-Acute Care (LTPAC) Health IT Collaborative (Collaborative) whose members include representatives from clinical professions and providers was formed in 2005 to advance health IT issues by encouraging coordination among LTPAC provider organizations, policymakers, vendors, payers and other stakeholders. We appreciate the opportunity to offer comments on the [Draft 2024 – 2030 Federal Health IT Strategic Plan](#).

The LTPAC Health IT Collaborative agrees with the laudable goals outlined in the *Federal Health IT Strategic Plan* and appreciates HHS' ongoing efforts to drive wide-spread adoption and use of health IT that will benefit the individual and society alike.

Overarching Comments

The LTPAC Health IT Collaborative appreciates how the 2024-2030 draft strategic plan aligns with and builds on past plans to guide the next 5 years. When we commented on the previous plan, the most pressing health care issue at the time centered on the worldwide pandemic – Coronavirus disease 2019 (COVID-19). We believed that the challenges faced and lessons learned from COVID-19 would inform future strategic plans, particularly in highlighting the important role of LTPAC providers in caring for some of our nation's vulnerable population and the importance of ensuring these healthcare and service providers are fully integrated into an interoperable healthcare ecosystem.

- The Collaborative recommends that the strategic plan recognize that the person and the person's caregiver team along with the primary care physician (PCP) clinical care team together empower the individual to manage their own health. The full spectrum of care and social requirements during a person's life journey must be taken into consideration by the person/PCP clinical teams.

The 2030 value based care objective will require a holistic and longitudinal perspective to determine total cost of care and achieve quality of life. This is especially true with persons served in post-acute care (PAC) and the elderly in achieving efficient cost of prevention and wellness. To achieve this strategic objective, persons living in LTPAC must be included in the total provider community spectrum of care and not excluded in the definition of healthcare as was done in the 2009 *HITECH Act*.

- The Collaborative is particularly concerned that the goals reflected in this current plan continue to reach only to limited sectors of the healthcare system that received incentives under the *Health Information Technology for Economic & Clinical Health (HITECH) Act* and participate in the current Promoting Interoperability Program. This ongoing focus perpetuates the interoperability silos and widens the interoperability gap between those who received funding and those who did not.

Healthcare as defined in this plan is not limited to only those sectors that received *HITECH* funding. We understand the rationale regarding federal support for behavioral and public health, which were overlooked by *HITECH* along with the LTPAC sector. We also appreciate the urgency and interest in addressing artificial intelligence (AI). Nonetheless, the federal government cannot continue to ignore the needs of the LTPAC community, which serves the largest growing segment of the US population and significant portions of Medicare and Medicaid beneficiaries. To address this growing disparity, the Collaborative recommends that funding dedicated to agencies be distributed equitably and be inclusive of the LTPAC sector to help advance interoperability and the goals of the Federal Health IT Strategic Plan.

- Stakeholders who review and use the *Federal Health IT Strategic Plan* as a guidepost are at different points along the journey toward interoperability; so the plan needs to include real strategies and actions for meeting its goals that are aimed at the different stakeholder groups. Without a better understanding of what actions and objectives various federal agencies intend to take, it is difficult for industry and stakeholders to assess the systems and capabilities that must be developed and deployed in order to participate fully in this increasingly digitized US healthcare system.
- We recommend that the cross-agency *Federal Health IT Strategic Plan* (and related activities) integrate the LTPAC sector (to include Life-Plan Communities, Senior Housing, Assisted Living, home and community-based services (HCBS) and long-term services and supports (LTSS)) along with its health IT needs, data requirements, and effectiveness of information sharing with their clinical partners, public health entities, and their loved ones. Past strategic plans have focused almost exclusively on hospitals and

physicians. It is time this changed. This plan and related federal health IT policy and programs should represent the broader healthcare community. The Collaborative recommends federal health IT policy and programs to recognize and support the LTPAC, HCBS and LTSS sectors including their various health IT systems, tools, data, measures, analytics and other IT needs.

The Collaborative encourages the ONC and their federal partners to include details on how the growing interoperability gap will be addressed for these other providers and services that are integral to achieving the overall strategic vision – especially LTPAC providers who are serving the most vulnerable and service demanding populations who will benefit most from well-coordinated and health IT-enabled care.

Specific Comments by Goal/Objective

Goal 1: Promote Health & Wellness

The Collaborative supports this overarching goal to address the full range of health needs and healthy behaviors and encourages the ONC to take this goal one step further. To be truly person-centric and focused on meeting an individual’s holistic health and social needs, we must also consider ‘quality of life’ as a goal. Given that the population served by LTPAC providers and services are not always focused on “getting better” in the traditional clinical sense, we must also consider ‘quality of life’ as a goal. For many individuals this is achieved through social support, and through deployment of home and community-based services. CMS includes this definition for person-centered care on the Value-based Care [webpage](#): *“Integrated health care services delivered in a setting and manner that is **responsive to individuals and their goals, values and preferences**, in a system that supports good provider–patient communication and empowers individuals receiving care and providers to make effective care plans together.”* An individual’s goals, values and preferences are a reflection of the intersection of health, wellness, and quality of life – the three go hand-in-hand. For these reasons, the Collaborative recommends and encourages the goal to be expanded to “Promote Health, Wellness and Quality of Life.”

Goal 1, Objective A: Individuals are empowered to manage their health

- The Collaborative supports the ultimate objective to empower individuals to manage their own health by providing them access to all their health information. It is ideal that the individual does this in partnership with their PCP. We note that this objective strives to allow patients to become more engaged in their care and management and to alleviate strains on caregivers. Neither the objective nor the strategies recognize that there are patients who lack the capacity or ability to manage their own care. This is more

important as the population ages and chronic care conditions with comorbidities increase countering the current acute single disease state focus. The person, not the various providers in the person's journey in the healthcare continuum is the central data point. In order to arrive at prevention and wellness: physician specialties and sites of care require interoperability/transitions of care; Therefore, we must invest in longitudinal and holistic collection of data; and the data undergo analysis using all tools available.

- Today, the patient care plan is specific to a disease state and not to the person's partnership with the PCP resulting in quality of life. It is suggested by the Collaborative that during the ONC Strategic Plan period that the individual care plan be expanded to become a "life care plan" between the person, their PCP, extended care team, and other personal designees. Within this life care plan the person's holistic and longitudinal life will be documented and analyzed to achieve the person's quality of life. It is recommended that the HL7 electronic care plan covering a plan of health with outcomes and goals that are patient specific be a first step. Individuals will be empowered to provide their goals, preferences, and priorities. These goals, preferences, and priorities are crucial to support and empower the individual (care plan, transitions of care to support the spectrum, holistic and longitudinal care) - and these should be provider setting agnostic.
- The Collaborative supports this objective to empower individuals by providing them with access to their health information. Similar to our comments on the 2020-2024 plan, we continue to call out that this objective strives to allow patients to become more engaged in their care and management and to alleviate strains on caregivers. Neither the objective nor the strategies recognize that there are patients who lack the capacity or ability to manage their own care. The Collaborative recommends that the strategic plan include strategies to improve *caregiver* access to the loved one's health information, as this is equally empowering and is a needed step in alleviating strains. All strategies that seek to enable individual access to their health information must also include similar provisions for their designated caregivers with the permission of the patient or legal surrogate.
- As the reimbursement models move from fee-for-service to value-based arrangements, the current provider only focused care must change. The person, their caregivers, and their key healthcare provider must have a total view of the healthcare journey. Having data fragmented in multiple portals does not satisfy chronic conditions, wellness, prevention and quality of life. This is because the holistic longitudinal data from all points of care and social drivers of health must be aggregated and analyzed in order to obtain the true cost of care and wellness. Without this, we remain in an acute clinical flow. When a patient (or caregiver), their PCP, needs to log into four or more portals to gather

and collate their data, those individuals are hard pressed to create a unified plan for themselves.

Goal 1, Objectives B: Individuals and populations experience modern and equitable health care:

- The population served and treated within the LTPAC sector includes those requiring short term rehabilitative care and the oldest of the old and “frailest” of the frail. In other words, this range includes ‘welderly’ individuals and those with complex medical conditions and comorbidities. It is this broad range of individuals to which we strive to provide modern and equitable care. And it is because of this broad range that we have multiple challenges not addressed in this strategic plan. Based on information from the ONC “an estimated 70 percent of Americans turning 65 years old will expect to need long-term care services at some point in their lives.”¹ This number is staggering when considering that in 2024, more than 11,200 individuals will turn 65 each day for the next four years resulting in over 4.1 million each year.
 - As is known, care settings such as nursing homes have a significant number of individuals under the Medicaid Payment model and payment for providing this care is low. This creates ongoing financial challenges for these facilities and because of this chronic low payment, funding for interoperability is often lower on the list for these organizations. Even more, there is a lack of training specific to PAC providers. In essence, with low funding and minimal resources, there are few incentives for these providers to move forward with important health IT upgrades. This situation can easily lead to inequitable care and, without changes, will create an environment of ‘haves’ and ‘have nots’, leading to *inequitable* access to modern health care.
 - The Collaborative recommends the ONC to recognize this situation, build strategies, and prioritize implementation to fix the inequality in this (and future) health IT strategic plans.
 - The Collaborative encourages the ONC to begin with simple steps. As one reminder, the current Federal Health IT plan continues to define priorities on past policy which was, in itself, inequitable. For instance, the HITECH provided extensive funding to hospitals and physicians in ambulatory environments, which, in itself, created inequality. Adding to this frustration is the continued use of ‘Meaningful Use’ policy verbiage (such as “certified EHR”) which is intended to be used to verify that funding received (under this program)

¹ https://www.healthit.gov/sites/default/files/ltpac_providers_and_hie_082516_final_2.pdf, as retrieved 5/26/2024

is tied to achievement of specific benchmarks. However, this same policy verbiage is then applied to LTPAC and other providers who never received any funding and who are now 'required' to meet certain capabilities in order to receive state and federal grants. The Collaborative encourages the ONC to recognize it is time to create new approaches and terminologies that incorporate the *entire* spectrum of care and let go of this outdated verbiage.

- When one truly considers the spectrum of care and the individuals transferred between hospitals and LTPAC settings, the importance of bi-directional interoperability between these settings cannot be understated. Without it, the efficiencies of health IT promised under HITECH will not materialize for hospitals and physicians. This recognition needs to be built into *this* Health IT Strategic Plan.

Goal 1, Objective C: Communities are healthier and safer

- The COVID pandemic highlighted what happens when sectors in the journey of spectrum of care are ignored in the Strategic Plan. In order for communities to be healthier and safer, interoperability must extend to specialty providers treating vulnerable populations to support care coordination. In addition, public health surveillance, reporting, and data exchange must be efficient, in real time, and include LTPAC provider data to ensure communities are healthier and safer.
- Finally, the Collaborative wishes to remind the ONC of the potential for further gaps in the haves and have nots related to Health Literacy in the population we serve. For this reason, this Health IT Strategic Plan should include an extensive public/private campaign to improve IT literacy, especially in the elderly individuals we serve.

Goal 2: Enhance the Delivery & Experience of Care

Goal 2, Objective B: Patients experience expanded access to quality care and reduced or eliminated health disparities

- Seniors represent the fastest growing segment of the US population. According to the Kaiser Family Foundation ([KFF](#)), Medicare currently serves 65 million people, accounting for 13% of the federal budget and 21% of national health spending. With CMS' stated goal that all Medicare beneficiaries be part of value-based care by 2030, we believe that the recommendations put forth by the Health Information Technology Advisory Committee (HITAC) in its [Annual Report for Fiscal Year 2023](#) warrant serious consideration. We also believe that the costs related to caring for our nation's elderly demand that the federal government's health IT strategic plan prioritize the LTPAC sector.

- The Collaborative recommends federal health IT policy and programs to recognize and support the LTPAC, HCBS and LTSS sectors including their various health IT systems, tools, data, measures, analytics, etc. and recommends launching a series of integrated/coordinated care demonstrations that are led by, or significantly engage, LTPAC and HCBS providers to bring their experience to other healthcare providers. This demonstration could also address strategies to improve health IT enabled sharing and ingestion of actionable data across healthcare organizations.

Goal 2, Objective E: The health care workforce uses health IT with confidence

- The Collaborative recommends that workforce strategies and initiatives encourage innovation, by allowing providers to experiment with technology and evaluate innovative care delivery that leverage technology and connected qualified care staff, including exemption from regulatory-required staffing ratios during the experimentation, research, and evaluation phase, and to be allowed to reduce such ratios if third party evaluations proved that the new technology-enabled care models could deliver safe and quality care at lower staffing levels.

Goal 3: Accelerate Research & Innovation

Research and innovation are often led by academic research institutions and health systems far removed from most rural LTPAC settings. The lack of data from the LTPAC sector to support research studies also represents a significant limitation in the current and historical approach to how this research is conducted. One of the biggest barriers to overcoming this inequity in research is the availability of CMS and Medicare Advantage data for researchers to access and study.

Goal 3, Objective A: Researchers and other health IT users have appropriate access to health data to drive individual and population health improvement and Objective B: Individual and population-level research and analysis are enhanced by health IT

- As ONC, CMS, AHRQ and NIH continue to support clinical care and research in elderly care, it is evident that geriatric medicine will play a more prominent role in long term care and wellness. Many elderly persons' clinical conditions are treated differently from a young or middle-aged person. There are many variations of treatment and medication that affect cure and wellness. The LTPAC sector takes care of both the PAC population that tends to be younger as well as the frail elderly who tend to have cognitive decline and have different goals of care and quality of life goals. This type of longitudinal long-term relationship sets the LTPAC sector apart from its acute-care focused counterpart in the hospital. Despite LTPAC being one of the important keys to creating a truly longitudinal healthcare continuum, policymakers and research funding organizations

have often missed the mark on understanding the specific research needs of the population and unique health IT, data, and workflow needs of the sector.

LTPAC settings, particularly nursing homes, home health agencies, Life Plan Communities, and CCRCs are not traditionally tied to a university-based health system where research is prioritized resulting in a paucity of research on the population served by LTPAC providers. Life Plan Communities and CCRCs are excellent target populations to conduct research and can support data collection over time. These environments cover the ‘wellderly’ individuals and those with multiple chronic care conditions providing researchers with access to LTPAC populations. With improved interoperable health information, research could be better enabled.

Members of the LTPAC Health IT Collaborative recognize the importance of research and have taken steps to work with the National Institute on Aging and address the disparities by making nursing home EHR data available for researchers. Still there are data challenges to be overcome including the lack of standardized data aligned with the US Core for Data Interoperability (USCDI) due to not being included in the interoperability programs. Despite CMS efforts to standardize data across PAC settings, much effort is needed to utilize structured and semantic representations of data important for research (e.g., medication data, problems, allergies, clinical notes, etc.).

The Collaborative recommends that research be funded with a focus on the LTPAC population/settings and increase interoperability and remote access to data to support these research studies. We further recommend the research; clinical decision support; and AI development must accommodate age and related comorbidities and conditions for use in the LTPAC settings.

Goal 4: Connect the Health System with Health Data

The Collaborative recognizes the importance of all of the goals and objectives in the *Federal Health IT Strategic Plan*. Still, we believe that Goal 4 is critical to supporting person-centric, longitudinal quality of care and quality of life. The ability to share information is necessary in order to reach the final major healthcare goals of:

- Individuals' involvement in their own health.
- Involvement of the individual's medical team in both care and wellness.
- Establishment of health and wellness goals through longitudinal data collection and analytics.
- Shifting the person's healthcare from episodic care to wellness and preventative care.
- Including new care technology such as Precision Medicine.
- Being able to work with persons in rural areas.
- Supporting diagnosis, care, plan, and coordinating with the person's care team throughout their life.
- Achieving coordinated workflows across the healthcare ecosystem.

In the past few years, important industry initiatives have emerged that extend across the spectrum of care and services including the PACIO Project, the Gravity Project, DaVinci, CMS' Data Element Library (DEL), eLTSS, electronic Care Plan, and 360X. The Collaborative encourages ONC to include a roadmap in the *Federal Health IT Strategic Plan* that provides proactive planning, expansion and cross-initiative integration to guide the industry on the priorities.

To achieve this goal, the Collaborative also strongly recommends that ONC coordinate with other Federal Agencies (e.g., the Federal Communications Commission (FCC)) and programs (e.g., modernized Life Line Programs) to provide adequate, accessible, and affordable connectivity to all providers, including home health and home care in rural areas that are excluded from subsidies available to other healthcare providers. In addition, we need to ensure that patients and families, especially low income older adults, not only in rural, but also urban and suburban areas, have access to affordable broadband connectivity, which is key to patient engagement, telehealth, remote monitoring, and data collection.

Goal 4, Objective A: Development and use of health IT capabilities continues to advance

- The LTPAC Collaborative recommends that ONC re-evaluate their health IT certification programs to understand the limitations and bias toward hospital and physician practices. Specifically, the Certified Electronic Health Record Technology (CEHRT) requirement and inclusion of base EHR capabilities to record and export clinical quality measures do not align with the quality measure reporting programs for PAC provider organizations and their vendors. Vendors that support this market do not have a business need to support QRDAI or QRDA III measure reporting in their systems. Building functionality that will not be used by their provider clients is difficult to justify and prioritize. The result of this limitation is LTPAC providers participation when CEHRT is required for advanced alternative payment models.

The Collaborative agrees that there should be a baseline standard for health IT functionality and EHRs and recommends that the requirements and testing protocols be revisited. In the *21st Century Cures Final Rule*, there were accommodations made for the pediatric community. The Collaborative recommends that ONC implement a similar adaptation of the EHR testing and certification program in the rule that assesses the differences and accommodates quality measurement, implementation, data and workflow pertinent to the LTPAC sector care delivery and collaborative care processes. Not addressing the CEHRT issue may result in advanced payment and innovative care

delivery models continuing to impede LTPAC organizations, and the large proportion of vulnerable and costly older adult populations they serve.

Goal 4, Objective B: Health IT users have clear and shared expectations for data sharing

- Connected health requires an infrastructure that can be accessed across the healthcare continuum and greater data transparency where different specialties can share the same clinical language. From the LTPAC perspective, connected care should be built on a regulatory framework that does not penalize participants for sharing information. Instead, the regulatory framework should support and reward shared insights. Sadly, the 2019 Novel Coronavirus (COVID-19) outbreak serves as a harsh reminder that keeping information siloed can limit care and add burden to the healthcare system overall.

The LTPAC Health IT Collaborative has advocated for the use of recognized health IT standards for more than a decade. We are proud of the work we have done over the years and the work we continue to do in crafting specific use cases that support the models of care and coordination of care. For example, we have been involved in a variety of health IT initiatives ranging from the more recent PACIO, Gravity and DaVinci Projects to earlier and ongoing work on electronic Long-term Services and Supports (eLTSS) use cases.

Certainly, more needs to be done to improve understanding and application of the data that already is collected in EHRs, EMRs and databases across the country. We also believe that greater attention is needed to drill down on the definitions and terminology used to express this data and make it more useful to clinicians. The LTPAC Health IT Collaborative respectfully suggests that those working in the LTPAC sector have tremendous knowledge that would inform any federal efforts seeking to broaden data collection to include the wide range of both clinical and non-clinical data that affects patient health and wellness. LTPAC providers focus is on treating the whole person – using what we call the quality care differentials (VQCCs). We evaluate individuals' medication needs, diet, function, cognition and activities of daily living (ADLs) – not just a symptom or acute episode. As the nation moves toward value-based care, we believe that the federal health IT strategy should support the work of our sector and encourage greater exchange of information across the healthcare continuum. In so doing, the federal strategic plan should prioritize not just the exchange of information, but the quality, value and usefulness of the information that is exchanged. More information only serves to overwhelm clinicians who are seeking data that will inform their understanding of the patient's condition and their clinical decisions about care of their patients.

The federal government should work with the LTPAC sector and other stakeholders that were not included in the initiatives of the past decade built around *HITECH* incentives. HHS also should harmonize the myriad initiatives and federal, state and private payer reporting requirements to reduce burden in a meaningful way. Defining the core data set, addressing the issues around patient matching and providing resources to non-incentivized providers would make a tremendous difference. We believe that prioritizing data flow between providers and across settings is an important step, and one that cannot be further complicated by introducing vast numbers of third-party apps that operate outside the bounds of HIPAA. While we have worked diligently on health IT adoption and use, we still need more time – and a longer on-ramp – to achieve the goals that precede the ultimate goal of seamless care coordination.

Goal 4, Objective C: Underserved communities and populations have access to infrastructure that supports health IT use

- Health IT and other connected technologies are useless without the appropriate connectivity infrastructure, when speeds are inadequate, the service is unreliable, or when it is not affordable. This is true for Software as a Service (SaaS) EHRs, interoperability and information exchange, as well as telehealth and telemedicine.

Access to broadband Internet in rural areas is not only spotty and unreliable, but also not affordable to Home Health agencies, who do not receive subsidies from FCC Universal Fund, unlike hospitals, skilled nursing facilities and other healthcare providers. Moreover, low-income Americans including older adults cannot afford such services, even in urban areas.

This leads to a widening digital gap that negatively affects low-income seniors in terms of services they can receive, including access to their own health records and engagement in their own care, let alone receiving technology-enabled care, like telehealth. Furthermore, the lack of Internet access leads to social isolation, which is a risk factor for depression, and we know to have additional negative impacts on physical and mental health equivalent to smoking 15 cigarettes a day.

The LTPAC Health IT Collaborative urges ONC to coordinate with the FCC to ensure all low-income older Americans, both in urban and rural areas, and all their care providers, including home health agencies, have adequate and affordable broadband Internet access, including mobile Internet access.

Goal 4, Objective D: Individuals' electronic health information is protected, private, and secure

- Greater sharing of health information may lead to new research and treatments, but it could increase the risk for cyber incidents. The Collaborative recommends that the ONC emphasize cyber preparedness and resiliency commensurate with its increased attention to data sharing. The recent ransomware attack on Change Healthcare revealed a tremendous need to prioritize integrating high-impact cybersecurity practices as well as the dearth in health IT literacy that currently exists among providers and healthcare consumers. Understanding data privacy and security and the measures necessary to protect individuals' health information should be a priority for federal agencies, providers and healthcare stakeholders. This priority should be reflected in the *2024 – 2030 Federal Health IT Strategic Plan*.

Conclusion

Members of the Long Term & Post-Acute Care Health Information Technology Collaborative appreciate the opportunity to comment on the *Draft 2024 – 2030 Federal Health IT Strategic Plan*.

Sincerely,

The LTPAC Health IT Collaborative

For a list of LTPAC Health IT Collaborative members, please visit us at www.LTPACHIT.org.