# **State of Colorado Comments: 2020-2025 Federal Health IT Strategic Plan**

# April 3, 2020

**A. Introduction**

Colorado commends the Office of the National Coordinator (ONC) and its federal partners for outlining a national Strategic Plan (Plan) that further supports the use of health information technology to improve health outcomes and lower costs. The Plan directly aligns with the strategies outlined in the 2017 State of Colorado’s Health IT Roadmap. The State also commends the ONC for their patient-centric approach to ensure individuals have access to all of their health data and information in a secure manner; and continued focus on connecting health care and health data through an interoperable health information exchange infrastructure (without data blocking) .

# **B. Body of Comments**

# Colorado has organized comments under five critical areas which tie directly to one or more of the Plan’s goals and strategies.

# 1**. Collaboration among Federal Agencies**

The history of Health Information Technology (and government programs in general) at the federal level has been one of segmentation based on the specific roles and responsibilities of a particular agency. The Plan correctly points out that health information technology encompasses broad policies and programs (telehealth, broadband, education, etc.) that span across multiple agencies and programs including organizations that collect, manage, and utilize social determinant of health data. Additionally, patients have become consumers and need information to make health care choices based in part, on costs and quality indicators. To that end, the Plan identifies efforts taken by Congress and federal agencies that recognize patients as consumers, such as the 21st Century Cures Act which encourages payers and healthcare organizations to make price information available; application programming interfaces (APIs); and user-focused technologies.

The Federal Communications Commission’s (FCC) “*Promoting Telehealth for Low-Income Consumers”* rule (Docket No. 18-213) establishes a pilot project to fund and reimburse Internet connections and monthly charges for approved health care related projects. Colorado submitted comments supporting the rule’s provisions and recommending that the FCC ensure its rule fosters innovative health approaches such as telehealth in rural areas, and creates a more level playing field for Internet service providers who adhere to interoperability standards and transparency. Once officially adopted, Colorado plans to submit proposal(s) leveraging the opportunities that the FCC rule provides, for the very types of projects the proposed Plan would endorse.

The FCC’s proposed rule also recognizes the nexus of health IT with broadband by specifically requesting comments and recommendations on CMS and ONC participation in the FCC project application process. This type of federal agency collaboration should be the norm. Federal agency funding opportunities should include federal partners with related responsibilities in the development and award of grants and proposals process. Similarly, the Center for Medicare & Medicaid Services’ interoperability rules and regulations should be implemented using a collaborative approach among federal partners; meet the tenets of the Plan; and support a joint effort to combat attempts to disrupt the movement to transparency and consumer-driven health care improvements.

Each federal agency has identified mandates and responsibilities. The ONC has a unique opportunity to serve as a clearing house and resource for agencies. The ONC should compile an inventory of federal agencies, including agencies that administer social service programs, that have a nexus with HIT and create common templates for funding opportunities and educational tools. The Plan should similarly encourage all federal agencies to adopt specific strategies around their HIT responsibilities that promote the Plan’s goals and strategies. Further, through the Plan, ONC should make efforts to convene agencies that administer social service programs to create state guidance around sharing the social data. Currently, the onus is on states to individually work out frameworks for sharing social data with health care providers and care coordinators. ONC’s convening efforts should also focus on collaborative development of a standard social data set and other standards where practicable that states may use to further ONC’s four goals.

The Plan should include next steps that federal collaborators agree to commit to, for HIT initiatives. For example, all of the signatories should agree that they will work with ONC to develop additional methods to communicate and jointly work on priorities. To that end, agencies should designate an inter-agency coordinator for proposed rules or funding opportunities who perform inter-agency communication and support activities.

Recognition of state partnerships: Colorado understands that the Plan is intended is to “serve as a roadmap for federal health IT initiatives and activities, and as a catalyst for activities in the private sector.” Accordingly, while states are mentioned in the Plan, it does not refer to them as “partners.” Many of the federal agencies that contributed to the Plan offer funding opportunities for states and non-profits. (CMS Promoting Interoperability; FCC HealthCare Connect Fund; etc.). As such, state governments and agencies are integral partners and are needed for the federal Plan to succeed. Colorado recommends that the Plan recognize the importance of states and include strategies that federal agencies allow flexible state-driven activities to meet HIT goals; and reward states that agree to adopt the tenets of the Plan. Colorado’s Office of eHealth Innovation and the eHealth Commission have made significant advances in HIT including care coordination and telehealth, and are posed to execute strategies and coordinate efforts included in the Plan.

2**. Improve access to Broadband and HIE technology**

Since 2009, the Promoting Interoperability (PI) program governed by CMS and ONC (in partnership with states) has emphasized a “one-patient/one-record” philosophy where all people no matter where they live or travel have the ability to have their entire records accessible to them and their health care providers (with appropriate protections and consent). To achieve that goal, universal health information exchange is needed. To obtain universal health information exchange, modern technology—that is, high speed internet (which brings innovations such as telehealth services)--is needed. Thus, each of the two prongs (HIE and high-speed Internet) is necessary and they must work in tandem to achieve person-centric health care.

The PI program moved certain health providers and hospitals into the digital age and greatly expanded the use of Electronic Health Records with improved health outcomes. As important, the PI program promoted “health information exchange” (the verb) by funding the development and implementation of Health Information Exchanges (the noun) that serve as repositories of personal health care data which are accessible from a secure and consistent infrastructure that further promote research and innovations and public health tracking and improvements.

The Plan emphasizes that it is intended to reduce health disparities. To that end, it should include strategies that encourage federal partners (in this case, CMS) to “raise all boats” (specialty providers, social service agencies, etc.) to level the playing field among providers. Until all providers are at the same level, disparities will exist.

Although the Plan correctly focuses on broadband and cellular connectivity, it should include specific strategies that further embrace the work of federal agencies, including CMS, VA, IHS, and the ONC, to promote and coordinate HIE efforts that enable states such as Colorado to maximize health information technology, digital health, and other innovative efforts.

Colorado strongly encourages ONC (and its federal partners) to include the advancement of infrastructure (broadband and HIE) as part of the Plan’s five year strategy, with ONC taking a more active role to coordinate activities across the federal agencies. An “action plan” strategy such as requiring that a certain percentage of funding opportunities relate to broadband, to be allocated to promoting improved health outcomes, should be considered.

3**. Integration and Sharing of Health and Human Services information**

As stated earlier, the PI program achieved tremendous results in developing and implementing EHRs and the exchanging of health data for certain type of health care providers and hospitals. Health and human services information is the next phase of advancing health through information technology. Both health service providers (and payers) and social services organizations recognize that integrated health and social care is needed to best meet patient needs. The use of Social Determinants of Health (SDoH) assessments stems from research that medical care accounts for only 20 percent of the factors driving outcomes and costs while factors such as health behaviors, social and environment, and physical environment account for 80 percent of wellbeing.

To make progress on linking SDoH with clinical information, Colorado recommends the Plan further emphasize building capabilities to gather and share SDoH among care givers and patients. Colorado strongly supports patient or consumer driven sharing of health and human serves information through updated regulations and consent. The sharing of clinical and SDoH information (as well as claims data) can be better facilitated by providing opportunities for all care givers to connect to HIEs and other sharing systems, and developing granular consent strategies and policies that empower patients, as well as providers and payers.

 **4. Connecting Healthcare and Health Data through an Interoperable Health IT Infrastructure**

The proposed Plan specifically acknowledges that the HIT transformation is “hindered by entrenched interests looking to prohibit access to … information.” The Plan recognizes that improved person-centric health outcomes and efficient care can only happen if all health records are accessible (in a private and secure manner). Colorado applauds the Plan for calling out those entities that attempt to circumvent transparency and consumer empowerment through tactics such as “data blocking” which prevents the improvement of health care delivery and outcomes. Colorado encourages the ONC and its federal partners to join together to use whatever means are available to them to prohibit these practices, including rulemaking authority and requiring access to data as a condition (or at least a priority) for receiving federal funding (especially to funding opportunities made available to states).

 5. **Patient Access Use Cases**

The proposed Plan focuses heavily on patients’ HIPAA Right to Access. This is a noble goal and Colorado supports ONC’s efforts to put patients at the center of their own health care. The Plan should also consider that many entities that house patient data typically have not made their data available via technologies like Application Programing Interfaces (APIs). This creates uncertainty and risks for the entities sharing the data. In light of the uncertainty and risk, Colorado strongly encourages ONC to acknowledge the needs of state agencies and others that will be falling under the scope of the ONC Cures Act rule and the CMS Interoperability and Patient Access rule.

Entities subject to the CMS rules may not typically retain the competencies to quickly and seamlessly comply with the rule provisions. For state Medicaid agencies in particular, implementing, maintaining and marketing open APIs with the private sector developer community will require dedicated resources while those same resources are tasked with providing high quality services to patients, Medicaid members, and other stakeholders. Without adequate resources, data sharing by states with these new partners may put patient data at greater risk because they may lack the necessary IT competencies. Accordingly, these entities will need clear and concise guidance on how they can navigate and mitigate risks to patient data security. Specifically, the Plan should provide guidance to address working with API developers, working with application developers, and common guidance around sharing patient data via open APIs.

**C. Conclusion**Again, Colorado appreciates the efforts that ONC and its federal partners have made in collaborating to bring forward a national strategic Plan. The Plan can be enhanced by bringing states onboard to build the coalition needed to make further inroads and move HIT forward at both the national and state levels as Colorado has recommended in these comments.