

February 6, 2015

Karen B. DeSalvo, MD, MPH, MSc  
National Coordinator for Health Information Technology  
Office of the National Coordinator (ONC)  
Department of Health and Human Services (HHS)  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Federal Health IT Strategic Plan 2015-2020**

Dear Dr. DeSalvo,

On behalf of the American College of Emergency Physicians' (ACEPs') 33,000 members, thank you for the opportunity to provide comments on the *Federal Health IT Strategic Plan 2015-2020*.

ACEP appreciates ONC's commitment to the future of health IT and its work in drafting this strategic plan. ACEP is very supportive of the overall vision and mission detailed in the plan, in addition to the framework outlined emphasizing the importance of building and progressing on each of the five goals:

1. Expand Adoption of Health IT
2. Advance Secure and Interoperable Health Information
3. Strengthen Health Care Delivery
4. Advance the Health and Well-Being of Individuals and Communities
5. Advance Research, Scientific Knowledge, and Innovation

ACEP supports ONC's approach of collaboration with various stakeholders to uphold the Federal Health IT Principles outlined in the plan. In particular, ACEP echoes the need to build a culture of electronic health information access and use, and an environment of continuous learning and improvement. Given the unique environment of the emergency department, readily accessible health information is invaluable in improving the quality and safety for our patients. ACEP's mission is to promote the highest quality and safety of emergency care and to be the leading advocate for our patients.

Since it is imperative to first collect, then share and ultimately use, ACEP encourages the ONC to consider mapping immediate and short-term (one-year) goals and outcomes in addition to the three and six year outcomes in an effort to ensure a proper foundation is in place for health IT to succeed in the future.

In regards to strategizing ways to improve and expand the current EHR certification, ACEP wants to emphasize the current state of EHR certification and the need to modify the certification process. Potential modifications include:

- Consideration of alternative software testing methods;
- Establishment of greater transparency and uniformity on UCD testing and process results;
- Incorporation of exception handling into EHR certification;
- Development of C-CDA guidance and tests to support exchange

WASHINGTON, DC OFFICE

2121 K Street NW, Suite 325  
Washington, DC 20037-1886

202-728-0610  
800-320-0610  
202-728-0617 (FAX)  
www.acep.org

BOARD OF DIRECTORS

Michael J. Gerardi, MD, FACEP  
*President*  
Jay A. Kaplan, MD, FACEP  
*President-Elect*  
Rebecca B. Parker, MD, FACEP  
*Chair of the Board*  
Paul D. Kivela, MD, FACEP  
*Vice President*  
John J. Rogers, MD, CPE, FACEP  
*Secretary-Treasurer*  
Alexander M. Rosenau, DO, CPE, FACEP  
*Immediate Past President*  
Stephen H. Anderson, MD, FACEP  
James J. Augustine, MD, FACEP  
Vidor E. Friedman, MD, FACEP  
Jon Mark Hirshon, MD, PhD, MPH, FACEP  
Hans R. House, MD, FACEP  
William P. Jaquis, MD, FACEP  
Robert E. O'Connor, MD, MPH, FACEP  
Debra G. Perina, MD, FACEP

COUNCIL OFFICERS

Kevin M. Klauer, DO, EJD, FACEP  
*Speaker*  
James M. Cusick, MD, FACEP  
*Vice Speaker*

EXECUTIVE DIRECTOR

Dean Wilkerson, JD, MBA, CAE

Many physicians find EHRs cumbersome, especially in regard to their workflow needs, at times decreasing the efficiency of a physician and have limited interoperability. The certification program must be designed to align end-to-end testing to focus on EHR usability, interoperability and ultimately safety.

Significant changes in practice and public policies are necessary to support a system of effective national HIE that can rapidly and efficiently yield useful health information to clinicians, especially in the emergency care setting. In an effort to foster the collaborative environment ONC is working towards, ACEP would like to share ten recommendations from a recent information paper created by ACEP's Emergency Medicine Informatics Section. These recommendations are aligned with Goal 2 of the Strategic Plan: Advance Secure and Interoperable Health Information and may be helpful in shaping short-term and long-term outcomes related to health information exchanges (HIEs).

1. All stakeholders should recognize and promote that the full value of healthcare data is only truly realized once these data are aggregated, automatically analyzed/organized and relevant information is made readily available to providers and, where appropriate, to patients.
2. Stakeholders, public officials, and the media should understand the value of HIE and data sharing to ensure availability of critical data while maintaining appropriate privacy.
3. Federal legislative and regulatory efforts must support a set of standards for exchange of health information.
4. More work must be done to improve patient matching both regionally and nationally, including the consideration of a national patient healthcare identifier.
5. Federal and state HIEs should implement opt-out consent (vs opt-in) and there should be no limitations on types of data available in emergency situation (e.g., psychiatric & certain diseases).
6. HIEs should report adoption and usage data not simply operational data since this allows more accurate measurement of effectiveness and value.
7. Federal and state-level HIE funding should be dedicated for infrastructure development, research, and HIE operational sustainability.
8. Well defined, comprehensive, highly summarized and specialty-specific data must be made available by HIEs.
9. Promotion of proper HIE functional requirements and implementation practices that incorporate the following should be used:
  - a. Workflow optimization that brings HIE information easily into view and obviates the need for a separate login and lookup (e.g. one-click access to the HIE from the clinician's EHR, or direct viewing of HIE data within the EHR).
  - b. Pushing of pertinent, high-level information to the clinician through flags on an EHR tracking board (e.g. the fact that data exists in the HIE, or the patient's consent status where relevant)
  - c. Pushing actionable information to the clinician through notifications or alerts (e.g. infection control status, or multiple ED visits in the last 30 days)
10. Development of policies for the standard of care for review and inclusion of HIE data in the EHR in the emergency care setting, based on best practices to promote liability protection related to HIE use, including inadvertent failure to review all available data, action taken due to missing or inaccurate data, or inadvertent access of the wrong patient.

ACEP looks forward to participating as an active stakeholder in advancing the functionality, adoption and use of health IT to ultimately improve the care of patients. ACEP is committed to supporting a framework aligned with the strategic plan to allow health IT to grow and evolve.

If you have any questions, please do not hesitate to contact our Quality and Health IT Manager, Diana Crowley, at [dcrowley@acep.org](mailto:dcrowley@acep.org). Thank you again for your continued leadership in health IT and commitment to improving the care of all patients through a collaborative effort.

Sincerely,

A handwritten signature in black ink that reads "Michael J. Gerardi MD". The signature is written in a cursive style with a large initial "M" and a distinct "J".

Michael Gerardi, MD, FACEP  
President