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February 6, 2015

Karen DeSalvo, MD, MPH, MSc  
National Coordinator for Health Information Technology  
Acting Assistant Secretary for Health  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

RE: Federal Health IT Strategic Plan 2015-2020

Dear Dr. DeSalvo:

On behalf of the American Heart Association (AHA), including the American Stroke Association (ASA) and over 22.5 million volunteers and supporters, we appreciate this opportunity to submit comments on the draft Federal Health IT Strategic Plan 2015-2020.

The AHA/ASA is committed to leveraging technology and data to develop new and innovative approaches to improving the cardiovascular health of all Americans. With our own impact goal to improve the cardiovascular health of all Americans by 20% and reduce deaths from cardiovascular disease and stroke by 20% by 2020, we recognize the value of health IT to improve the quality of healthcare in this country.

We applaud the Office of the National Coordinator for Health IT (ONC) for convening stakeholders across the federal government to develop this Strategic Plan. However, work remains to be done to ensure that this Strategic Plan is fully implemented and that it actualizes the promise and potential of health IT. We urge ONC to outline specific and actionable tasks that hold each of the federal agencies accountable for implementing components of this Strategic Plan. We would also recommend that ONC annually update this document in order for it to guide the federal government's health IT priorities moving forward.

Although the Strategic Plan covers many important topics, we have focused our comments below on a number of specific issues that we believe are particularly critical to people with cardiovascular disease and stroke or those working to prevent and treat these conditions. We also have provided suggestions for additional or revised strategies to be considered for inclusion.

### **GOAL 1: Expand Adoption of Health IT**

As the strategic plan rightly acknowledges in establishing Objective 1.B, public confidence in health IT's safety is critical to increasing its successful adoption. While we commend the inclusion of Objective 1.B for this reason, we feel that the issue is actually larger, including the public's trust that information collected by other, potentially connected devices and systems, is being adequately protected. In this way, it is not only in the systems and tools specifically related to healthcare in which that public trust must rest, but also in the larger internet that constantly collects and touches consumer information. As the Federal Trade Commission report "Internet of Things: Privacy and Security in a Connected World," points out, six years ago, the number of "things" attached to the internet surpassed the number of people; internet-enabled devices have become ubiquitous. Without adequate protections for the data that is collected in individual's interactions with the internet and the broadband architecture that supports it, consumers will not instill confidence in the other systems with which this information may ultimately intersect. In this way, Objective 1.1, which addresses the broadband infrastructure, should incorporate the notion of adequate protections for consumer information.

We recommend that ONC consider adding the following strategies under Goal 1:

- *Objective 1C:* Establish and implement a framework for how consumer data is collected and used via the internet to ensure the security and privacy of consumer data.

### **GOAL 2: Advance Secure and Interoperable Health Information**

We agree that it is important to expand the adoption of health IT, yet it is equally important to ensure that these systems adequately communicate with one another in order to truly improve patient care. For example, the care of patients with cardiovascular disease and stroke frequently requires multiple providers to manage their conditions. Outside of integrated health systems where financial alignment supports the sharing of medical information, the array of providers may not always result in optimally coordinated patient care. This situation puts the onus of sharing medical records entirely on the patient. Therefore it is important to identify financial incentives that not only reward the adoption of health IT, but encourage the sharing of information among providers and healthcare systems in order to achieve better outcomes for patients, while reducing healthcare costs.

In addition to the lack of coordination among providers, fragmentation also exists among the sites where is delivered, causing patients to experience poor transitions when they leave one site of care for another. The difficulties cardiovascular disease and stroke patients face from fragmentation between specialty and primary care providers has been documented. Additionally, some of these patients will need to enter an acute facility for treatment and ultimately require transition from that facility to either a post-acute facility, such as a skilled nursing or rehab facility, or directly back to their community/home. Lack of effective discharge procedures and patient education upon transition can result in disruptions in treatment and may result in the worsening of their conditions and ultimately, readmission. Thus, while developing incentives to drive the adoption of health IT is important, it is perhaps more important to ensure that electronic health record (EHR) vendors are developing, and health systems are purchasing, products that are interoperable with the ability to support the delivery of services across care settings and between providers. Moreover, EHR products should not just be repositories of digitized medical information, but tools that enable both providers and patients to leverage multiple data sources in support of care plans that meet the needs of individual patients.

We recommend that ONC consider adding the following strategies under Goal 2:

- *Objective 2A:* Consider other data tools, such as clinical registries, when developing a data infrastructure for patient care. These tools can be more nimble and usable by providers and should be incorporated as appropriate into the larger data infrastructure for data collection and reporting.
- *Objective 2B:* Establish and enforce the adoption of common data standards and definitions to foster interoperability among health IT vendors.

### **GOAL 3: Strengthen Health Care Delivery**

While the healthcare system has made great progress in developing and implementing quality measures and reporting programs that benefit patients with cardiovascular disease and stroke, continued advancement is imperative. And such advancement relies on payment structures that reward quality improvement based on tested and proven models, which are supportive of the best clinical evidence, and are truly patient-centered. We believe that clinical registries and accompanying quality improvement programs, if more fully leveraged, are the key to supporting these models in bringing about systemic change.

In the AHA/ASA's experience in quality improvement, clinical data registries, such as the Get With The Guidelines (GWTG) inpatient suite of programs, have demonstrated their ability to identify and close gaps in quality of care by supporting effective, continuous quality improvement processes.<sup>1</sup> By capturing and aggregating clinical information throughout the course of care, clinical registries enable the use of performance measures to accurately measure patient outcomes and clinical practice and feed information back into the system to create a true learning healthcare system. The GWTG suite of programs uses registries to aggregate patient care data and generate real-time reports for providers that assess their performance compared to national benchmarks.

Clinical registries also provide important mechanisms to monitor patterns of care and progression of disease, evaluate healthcare effectiveness and safety, and improve clinical outcomes in a real-world setting. The data collected in a registry captures clinically important events relevant to a particular population or condition. Registries can be integrated with EHRs to directly support evaluation of care delivery and patient outcomes. In this way, registries can broaden knowledge of clinical service patterns, processes and patient outcomes and can capture valuable, real-time patient data that is not present in an administrative record, which typically only contains claims data or billing information. Registries are also an efficient way to monitor trends in the use of certain procedures and the prevalence of certain conditions.<sup>2</sup> Clinical registries play an essential role in providing meaningful, actionable data about the healthcare needs and services used by populations of patients that traditionally have been underrepresented in epidemiological studies and clinical trials, including racial and ethnic minorities<sup>3</sup>, women<sup>4</sup>, the elderly<sup>5</sup>, individuals with multiple comorbidities<sup>6</sup>, and individuals

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<sup>1</sup> Ellrodt, AG, et al. "Synthesizing Lessons Learned From Get With The Guidelines: The Value of Disease-Based Registries in Improving Quality and Outcomes." *Circulation* 2013. 10.1161/01.cir.0000435779.48007.5c.

<sup>2</sup> Reeves MJ et al. Quality of Care and Outcomes in Patients With Diabetes Hospitalized With Ischemic Stroke: Findings From Get With the Guidelines-Stroke. *Stroke*. 2010;41:1-9.

<sup>3</sup> Schwamm, LH, et al. Race/Ethnicity, Quality of Care, and Outcomes in Ischemic Stroke. *Circulation*. 2010;121;1492-1501.

<sup>4</sup> Cohen, M G, et al. Racial and Ethnic Differences in the Treatment of Acute Myocardial Infarction. Findings from the Get With The Guidelines Coronary Artery

Disease Program. *Circulation*. May 17, 2010

<sup>5</sup> Reeves MJ, et al. Quality of Care in Women With Ischemic Stroke in the GWTG Program. *Stroke*. 2009;40:1127-1133.

<sup>6</sup> Fonarow GC et al. Age-Related Differences in Characteristics, Performance Measures, Treatment Trends, and Outcomes in Patients With Ischemic Stroke. *Circulation*. 2010;121;879-891.

with rare diseases.<sup>7</sup> Finally, registries are frequently used to evaluate and improve healthcare quality. Because a registry can continuously capture data, registries have the potential to identify unnecessary or inappropriate variation and drive quality improvement by creating a continuous feedback loop to pinpoint areas of poor quality.

We recommend that ONC consider adding the following strategies under Goal 3:

- *Objective 3A:* Encourage the use of patient-centered, evidence-based, broadly-adopted clinical registries for data aggregation and as a reporting mechanism for federal quality improvement programs, as well as an efficient data collection tool as part of payment and delivery reform initiatives.
- *Objective 3B:* Establish codes that can be used to support the care coordination needs of patients in need of complex chronic care management services. These may be used during the transition to shared risk and population based payments.
- *Objective 3C:* Streamline and consolidate federal quality reporting programs to increase utility and maximize quality improvement activities, while requiring federal quality reporting programs to provide timely feedback to providers on their performance.
- *Objective 3C:* Establish additional funding for new quality measure development and ensure that new measures are rigorously tested and that outcomes measures are appropriately risk adjusted.

#### **Goal 5: Advance Research, Scientific Knowledge, and Innovation**

Innovation in healthcare has expanded to mean more than the development of medical devices, drugs and new therapies and become a larger culture of innovation across the spectrum of care. As a result of the passage of the Affordable Care Act, for example, we see innovation in healthcare through the use of big data to improve population health via new delivery and payment system reforms. These reforms have resulted in the use of electronic health data and technology to improve our ability to diagnose and treat illness and to help patients become more engaged in their own health. Moreover, digital health, including mobile apps and wearable devices, are a growing component of clinical care. They have the potential to transform how providers interact with patients, deliver care and practice medicine.

Big data has the potential to improve clinical decision making at the point of care. Tapping into vast databases and new technologies, a provider now can access knowledge relevant to the individual patient, yield better decisions and outcomes at a rapid pace. Moreover, big data has the potential to revolutionize research. Large databases enable observational studies on a scale and at a speed randomized controlled trials cannot approach.

The Guideline Advantage is an example of how the AHA/ASA is turning data into action. We are rapidly translating science into clinical practice to improve patient outcomes, while creating a learning health care system that emphasizes population health. The Guideline Advantage is a joint quality improvement program from the American Cancer Society, American Diabetes Association and American Heart Association. This program works with existing EHRs or health technology platforms to extract relevant patient data and provide regular reports and benchmarking on adherence to guidelines. This population health management tool not only allows clinicians to meet their quality

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<sup>7</sup> Rothwell PM et al. Population-Based Study of Event-Rate, Incidence, Case Fatality, and Mortality For All Acute Vascular Events in All Arterial Territories (Oxford Vascular Study). *Lancet*. 2005;366:1773-1783.

reporting requirements—the platform is payer agnostic—but it also promotes the use of evidence-based treatment guidelines, performance measurement tools and quality improvement strategies that help clinicians offer their patients advantages for a healthy life.

We recommend that ONC consider adding the following strategies under Goal 5:

- *Objective 5A:* Encourage the use of clinical registries to enable observational studies on a scale and at a speed randomized controlled trials cannot approach.
- *Objective 5B:* Increase access to Medicare administrative data by qualified clinical registries in order to leverage the data with clinical data to produce real-time information.
- *Objective 5C:* Convene health professionals, patients, public and private payers, EHR vendors, health IT companies, and state and federal health officials to develop solutions, tools and best practice resources.

Thank you again for the opportunity to share our comments on the draft Federal Health IT Strategic Plan 2015-2020. We applaud you for your commitment and we look forward to contributing to your vision. If you have any questions, please feel free to contact Madeleine Konig, Senior Policy Analyst, at [madeleine.konig@heart.org](mailto:madeleine.konig@heart.org) or at 202.785.7930.

Sincerely,

A handwritten signature in black ink, appearing to read "Elliott Antman, MD". The signature is fluid and cursive, with a small flourish at the end.

Elliott M. Antman, MD, FAHA  
President  
American Heart Association