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February 6, 2015

Dr. Karen DeSalvo
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services

RE: Federal Health IT Strategic Plan, 2015 – 2020

Dear Dr. DeSalvo,

On behalf of the American Immunization Registry Association (AIRA) we are pleased to submit comments on the 2015 – 2020 Federal Health IT Strategic Plan. As a member organization for Immunization Information System programs and partners, these comments are a broad perspective on federal actions that impact immunization programs across the country. We are enthusiastic and supportive of ONC's efforts to coordinate efforts to protect and improve our nation's health with electronic health information.

The Federal Health IT Strategic Plan recognizes the central role that public health agencies play across the goals of collecting, sharing, and using health information. Public health agencies are the front-line of national efforts to build electronic data exchanges that meaningfully improve the entire population's health. This is particularly true in the areas of immunizations; Immunization Information Systems (IIS) play a fundamental role in efforts to seamlessly exchange information across the public and private healthcare network. IIS data are used broadly across the healthcare community for multiple purposes, including clinical decision support, surveillance, evaluation, vaccine management and accountability, and the assessment of immunization coverage levels for children, adolescents and, increasingly, for adults. We appreciate that this plan recognizes and supports the critical role that Public Health systems such as Immunization Information Systems provide.

AIRA's comments are presented on the following pages. For your convenience, our comments are tabulated by strategic goal and organized by objective. Please contact Rebecca Coyle, AIRA's Executive Director, with any questions:
coyler@immregistries.org.

AIRA appreciates the work and vision of ONC in convening federal agencies and partners to develop this Strategic Plan. We look forward to the plan's implementation



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across the federal government, and will support our partners and members in achieving its objectives and outcomes.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rebecca Coyle", is centered below the word "Sincerely,". The signature is written in a cursive style with a long, horizontal flourish at the end.

Rebecca Coyle MEd, Executive Director
American Immunization Registry Association (AIRA)

Comments on the 2015 – 2020 Federal Health IT Strategy

By: AIRA

Strategic Goal 1: Expand Adoption of Health IT

Comments • None

Objective 1A: Increase the adoption and effective use of health IT products, systems, and services

Comments

- AIRA supports efforts to increase the adoption and effective use of health IT systems and EHRs by healthcare providers, especially for public health purposes. The continued inclusion of public health objectives in meaningful use is paramount to the building robust health information exchanges among care providers and STLT public health agencies.
- Notably, current efforts to achieve meaningful use and to establish health information exchange (HIE) have contributed to increased demands for vital statistics data on the part of health care and HIE organizations. Birth certificate data has been requested in several jurisdictions to assist with identity resolution in early childhood. Death certificate information has also been requested for administrative purposes such as death clearance in health care master person indices. As a result, increasingly vital statistics agencies are seen not only as a consumer, but also as a source of health information, creating additional technical and policy challenges.
- To provide greater assurance that efforts aligned with Goal 1 adequately build data collection capacities for public health purposes, AIRA suggests that ONC work with its federal partners to further support and incentivize the development and adoption of health information technologies for public health functions; e.g., contact tracing, countermeasure administration, etc.
- AIRA also supports policies that incentivize reporting to and use of Health IT solutions such as Immunization Information Systems (IIS).

Objective 1B: Increase user and market confidence in the safety and safe use of health IT products, systems, and services

Comments None

Objective 1C: Advance a national communications infrastructure that supports health, safety, and care delivery.

Comments

- AIRA emphasizes the importance of this objective to promoting public health and reducing health inequalities, especially in rural and tribal health settings. Efforts to expand high-speed or broad-band Internet access to rural settings should be accelerated.

Strategic Goal 2: Advance Secure and Interoperable Health Information

Comments None

Objective 2A: Enable individuals, providers, and public health entities to securely send, receive, find, and use electronic health information

Comments

- AIRA applauds the inclusion of public health entities in this objective. Public health agencies are on the front-line for population health management across STLT jurisdictional levels.
- Federal efforts that develop and promote the dissemination of tools and resources that aid public health agencies in building secure and interoperable information systems should be a focus for national coordination and continued investment.
- AIRA supports the continued efforts to provide individual/consumer level access to electronic health information.

Objective 2B: Identify, prioritize, and advance technical standards to support secure and interoperable health information

Comments

- AIRA emphasizes the importance of technical standards advancement to public health. As the nation's healthcare system moves away from a disease-based model of care to a health-based, learning health system electronic data and information exchange standards will be increasingly critical for reliable and interoperable health IT.
- Federal programs to develop and maintain standards for public health have provided tremendous benefit. Examples of valuable interagency collaborations include: CDC and ONC collaborative work under S&I, and the Nationwide Public Health Meaningful Use Community of Practice; and CDC, ONC, and NIST support of message mapping and implementation guide development for meaningful use.

- *AIRA encourages ONC and its federal agency partners to prioritize development and implementation of standards for birth and death certificates, and to provision resources their implementation by public health agencies.*

Objective 2C: Protect the privacy and security of health

Comments

- *Public health agencies are trusted stewards of personal health information. As threats to the security and integrity of information systems evolve, AIRA urges ONC and its federal agency partners to continue and enhance efforts that ensure STLT agencies possess state-of-the-art tools and capacities to maintain cyber-security.*

Strategic Goal 3: Strengthen Care Delivery

Comments

AIRA emphasizes the importance of public health and public health information for advances on Goal 3. To strengthen care delivery, population health outcomes must be objectively measured and contextualized within a fully, holistic and complete public health system perspective.

Objective 3A: Improve health care quality, access, and experience through safe, timely, effective, efficient, equitable, and person-centered care

Comments

AIRA notes that additional strategies to help achieve this objective include:

- *Financial incentives and accountability metrics for standards adoption;*
- *Templates or models for data sharing;*
- *Promoting patient access to public health services data;*
- *and*
- *Patient checks of data accuracy or authenticity.*

Objective 3B: Support the delivery of high-value health care

Comments

AIRA notes that data on the price, availability, and quality of care are necessary to quantify high-value, as well as low-value, health care. The all-payer claims databases that many states now mandate are a critical resource for such insights, and should be promoted as a strategy for achieving this objective.

Objective 3C: Improve clinical and community services and population health experience through safe, timely, effective, efficient, equitable, and person-centered care

Comments

AIRA notes that the vast majority of federal health IT resources are focused on improving a patient's clinical experience, although the

vast majority of factors that impact population health reside outside of clinical settings. Population health is greater than the outcomes of a patient panel. To improve the health of the entire population, regardless of where individual patients receive their health care, federal efforts to build public health informatics infrastructure must be enhanced.

Additional strategies to advance this objective include:

- Promoting collaborations among public and private healthcare providers, and public health agencies to improve patient, family and community health outcomes;*
- Promoting health IT data use in community efforts to coordinate and implement social programs for population health care.*

Strategic Goal 4: Advance the Health and Well-Being of Individuals and Communities

Comments

AIRA notes that public health agencies are longstanding partners in grass-root efforts to advance community and individual well-being. Public health agencies are the facilitators of community health change, and enhancing their capacity to use Health IT is key to unlocking its potential utility in advancing community health.

Objective 4A: Empower individual, family, and caregiver health management and engagement

Comments

AIRA notes that additional strategies to help advance this objective include:

- Promoting improvements in the accessibility of information on relevant governmental and social services*
- Promoting technologies that support care providers and patients in quickly identifying health condition-related resources and services.*
- Promoting consumer access to data where appropriate.*

Objective 4B: Protect and promote public health and healthy, resilient communities

Comments

AIRA's comments across the Federal Health IT Strategy amount to the way federal agencies can advance this objective

Strategic Goal 5: Advance Research, Scientific Knowledge and Innovation

Comments

Objective 5A: Increase access to and usability of high-quality electronic health information and services

Comments

AIRA encourages ONC and its federal agency partners to include STLT public health agencies as necessary collaborators and stakeholders in the strategies outlined for this objective (5A). In order to advance the science and practice of disease surveillance, state and local public health entities must be able to share realistic, but de-identified public health datasets in line with state and federal statutes. Public health needs standardized guidance, tools and resources to make this happen. Furthermore, since nearly all states (or their private sector, non-profit partners), collect hospitalization data, and increasingly agencies are building all-payer claims databases, public health agencies are gatekeepers to a significant volume of health systems data.

Objective 5B: Accelerate the development and commercialization of innovative technologies and solutions

Comments

AIRA notes that additional strategies for advancing this objective include:

- Establishing common requirements and consensus data standards for commercial technology solutions, specifically in the area of public health;*
- Promoting inter-jurisdictional data sharing agreements and shared licensing agreements;*
- Developing technologies and methods for small area data analysis and geographic visualizations that protect personal identities.*

Objective 5C: Invest, disseminate, and translate research on how health IT can improve health and care delivery

Comments

AIRA notes that the methods for presenting and displaying health information for health decision-making are poorly understood. These decisions include those that are made by individuals, their families, policy makers, healthcare providers and payers. Information alone does not drive change, and data are insufficient for a health system transformation. Health information must be presented in ways that adjust for human and social factors, beliefs and behaviors, which surround personal and organizational decision-making.
