



AMERICAN OSTEOPATHIC ASSOCIATION

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February 6, 2015

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

**Re: The Office of the National Coordinator for Health Information Technology's (ONC)
Federal Health IT Strategic Plan 2015-2020**

Dear Dr. DeSalvo:

As President of the American Osteopathic Association (AOA), which represents the nation's 110,000 osteopathic physicians (DOs) and osteopathic medical students, I appreciate the opportunity to provide comments on the Federal Health IT Strategic Plan.

The AOA applauds the vision and mission stated in the report. Osteopathic physicians practice medicine based on key values of holistic, patient-centered care. Health care delivery models which place the patient first are optimal in terms of quality of care, as well as cost containment. The AOA believes that health information technology (HIT), when used appropriately, plays a significant role in advancing such integrated, patient-centered health care systems.

We support the overall goals of the Federal Health IT Strategic Plan to establish a trusted environment where data is collected, shared, and used in the effort to improve health care and public health. However, we do have concerns as to how the plan will be implemented and how existing challenges related to the adoption of HIT will be addressed. Our comments on each goal highlight challenges with implementation of HIT, and reflect our recommendations.

1. Financial costs and resource limitations are barriers to HIT adoption.
2. Provider feedback should be considered when designing and refining incentives to adoption.
3. Complex marketplaces, products, and standards are a hindrance to increased use of HIT systems and services.
4. A multitude of legal and regulatory requirements hinder provider confidence in HIT systems and the delivery of telemedicine care.
5. Current certification processes create problems which will be amplified as EHRs are increasingly used.
6. National HIT infrastructure should be universal in order to maximize access and seamless integration across sites of care.
7. Health care should be person-centered, not technology centered. Technology should be integrated into health care in ways that complement the practice of medicine.

8. HIT should support existing patient-centered models of care such as patient-centered medical homes.
9. Existing reporting programs should be streamlined to maximize HIT's contribution to quality care.
10. HIT should empower patients to engage in health care discussions and decision-making with their providers.
11. HIT should not impede the patient-physician relationship.
12. HIT implementation should be an iterative process and must involve providers and other stakeholders across the public and private sectors.

Goal 1 – Expand Adoption of Health IT

1. Financial costs and resource limitations are barriers to HIT adoption.

The AOA supports efforts to help practices adopt EHR technology and the work being done to ensure that all patient-populations, especially those in rural and underserved communities, benefit from HIT. According to ONC, 90 percent of hospitals and 70 percent of eligible professionals have adopted electronic health record (EHR) systems.

However, significant obstacles still exist, particularly for solo and small physician group practices. The October 2014 ONC Annual Report to Congress noted that the cost of purchasing a system is the top major barrier to EHR adoption for office-based physicians. Start-up costs can average \$60,000 or more. While the EHR Incentive Program provides financial support for HIT adoption, the incentives are not enough to address the ongoing costs related to maintaining EHR systems, upgrading as needed, and complying with the multitude of administrative requirements. As such, acquiring and using HIT technology is a long-term commitment of time and resources; not simply a one-time purchase.

2. Provider feedback should be considered when designing and refining incentives to adoption.

To ensure that HIT systems meet the users' needs, ONC and vendors should seek insight and consider feedback from providers as they refine products. The strategic plan calls for increasing the percentage of hospitals and professionals who successfully demonstrate Meaningful Use (MU). Before any effort is made in this regard, the AOA recommends ONC conduct a broad survey of physician and patient experience to date on EHR implementation and usage. Physicians should be queried on meaningful use criteria and associated thresholds that posed the greatest challenge to their practices -- administratively, financially, and clinically. This feedback should be used to inform policy changes that align incentives with real-world factors in providing health care.

Goal 2 – Advance Secure and Interoperable Health Information

3. Complex marketplaces, products, and standards are a hindrance to increased use of HIT systems and services.

Physicians seeking HIT products face a complex marketplace with a variety of products and services. These products may or may not be interoperable with each other, or with existing technologies already invested in and in use by the provider. The volume of products and lack of universal standards for these products means that providers must dedicate significant time and resources to researching products and services to determine ones that meet their needs. With iterative changes in technology and new public policy incentives, providers are pressed to predict

future needs, upgrades, and other changes when making a purchase. ONC should work with product developers and vendors to better develop standardized products that are interoperable out of the box, and do not require costly and time-consuming customization.

4. A multitude of legal and regulatory requirements hinder provider confidence in HIT systems and the delivery of telemedicine care.

Physicians and providers must comply with a multitude of federal and state laws regarding patient privacy and the security of health care information. Notably, the Health Insurance Portability and Accountability Act (HIPAA) sets national standards for the collection and disclosure of patient health care information. In addition to HIPAA, states may have additional requirements. Thus, regulation varies between the states. This system should be streamlined, and any new federal regulations should not create additional layers of complexity for the regulatory system.

In addition, state licensure laws create challenges for telemedicine. New legal compacts that enable physicians to remotely practice medicine across state lines can further the use of telemedicine. The AOA supports the use of telemedicine to increase access to care, particularly in rural and underserved areas. The AOA believes that the standard of care provided through the use of technology should be equivalent to that of care provided when the physician and patient are within close physical proximity. Physicians must provide complete transparency to their patients regarding their location, jurisdiction of licensure, and any limitations of the technology used to deliver care.

5. Current certification processes create problems which will be amplified as EHRs are increasingly used.

One major obstacle which hinders interoperability is the current EHR certification program. The AOA recently signed onto a [coalition letter](#) submitted to ONC by the American Medical Association on January 21, expressing significant concern over the certification process and persistent EHR problems. That letter provided the following EHR certification recommendations:

1. Decouple EHR certification from the Meaningful Use program;
2. Re-consider alternative software testing methods;
3. Establish greater transparency and uniformity on user-centered design testing and process results;
4. Incorporate exception handling into EHR certification;
5. Develop C-CDA guidance and tests to support exchange;
6. Seek further stakeholder feedback; and
7. Increase education on EHR implementation.

We hope ONC will adopt these recommendations as it moves forward with its strategic plan and works with partners to reduce regulatory and business challenges that impact health information exchange. Until these challenges are addressed, many physician practices, particularly small practices with limited resources, will remain reluctant or unable to make a major investment in an HIT system.

6. National HIT infrastructure should be universal in order to maximize access and seamless integration across sites of care.

While we are pleased that advances have been made with interoperability, significant challenges still remain within the health care system:

- Ensuring that electronic health information follows patients during transitions of care is one of the least successful endeavors in the electronic health care system today;
- Clinical data are mostly unstructured and not easily incorporated into another system's record;
- Vendors have built proprietary systems that do not interface with other systems; and,
- Data that are required under meaningful use and other programs are submitted via proprietary reporting systems which require a significant investment of additional time, work, and cost for physicians.

The AOA endorses the development, acceptance and implementation of an operational, universal, national protected health information technology infrastructure; and that this infrastructure has as its core function a universal exchange language or interchange portal for healthcare information that will allow electronic medical records systems (EMR) throughout the nation to access important health data anywhere in the country, with a requirement for rigorously protecting privacy and security.

We understand ONC is working on interoperability as noted by the recent release of its nationwide interoperability roadmap. The AOA supports setting a clear roadmap, supporting an exchange infrastructure, and adopting standards to facilitate information-sharing so physicians and patients can make informed decisions.

Goal 3 – Strengthen Health Care Delivery

7. Health care should be person-centered, not technology centered. Technology should be integrated into health care in ways that complement the practice of medicine.

HIT can play a crucial role in supporting new care models that are person-centered and value-driven. These values mirror the osteopathic approach to medicine: a “whole person” approach to health care that values the physical, psychological, and social aspects of a patient. DOs work in partnership with their patients to develop attitudes and lifestyles that don't just fight illness, but also help prevent disease and promote wellness. Given the osteopathic approach to medicine, health information technologies, including telemedicine, mobile devices, and tele-monitoring are important tools within a physician's practice that can facilitate informed patient engagement and shared decision-making.

8. HIT should support existing patient-centered models of care such as patient-centered medical homes.

Patient-centered medical homes (PCMHs) coordinate care and resources in order to deliver high quality, efficient care. In PCMHs, the personal primary care physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of the patients. Care is facilitated and supported by the use of registries, information technology, health information exchanges and other means to ensure that patients get the care as indicated when and where they need it, and that it is provided in a culturally and linguistically appropriate manner. As a developer of the Joint Principles of the Patient-Centered Medical Home, AOA supports coordinated care and the integrated use of HIT to improve quality and efficiency.

9. Existing reporting programs should be streamlined to maximize HIT’s contribution to quality care.

HIT is increasingly used to monitor and report on quality. We strongly support efforts to align quality and other reporting requirements to reduce the administrative burden on physicians. Programs, such as the Physician Quality Reporting System and the EHR Incentive Program, must be aligned so that reporting for one completely satisfies requirements for the other. In addition, physicians should be given greater flexibility to choose measures that are most relevant to their specialty, practice-type, and patient-mix.

We applaud the ONC’s recognition that “expanded use of health IT that combines decision supports and quality measures will allow the nation to achieve continuous quality improvement and important health outcomes, including aiding in the prevention of chronic and debilitating disease, making care safer and more person-centered, and assisting communities in promoting wellness and continuity of care, particularly for their most vulnerable individuals.” We caution that in order to realize this potential, incentives for provider use of HIT should demonstrate value to physicians and providers, and be informed by their insight.

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

10. HIT should empower patients to engage in health care discussions and decision-making with their providers.

The greater availability and accessibility of health care information through HIT will provide an impetus for patients to engage with their health care providers in shared decision-making. We agree with ONC that “changing to a more person-centered vision is vital to improving health and health care outcomes, particularly since the individuals’ motives and actions have a great impact on their health outcomes.” Patient confidence in the security and reliability of this information is vital to driving engagement. As such, privacy of data should be protected and foster the ability of physicians to provide the best possible care in partnership with the patient.

Low income, lack of access to a primary care practitioner, poor nutrition and other socioeconomic issues may affect a patient’s engagement in care and treatment. Health IT can be an effective tool in connecting vulnerable individuals to state, local, and/or federal resources they may need. However, efforts must be made to ensure that advances in health IT do not create a “digital divide” where socioeconomic challenges are exacerbated.

11. HIT should not impede the patient-physician relationship.

Special attention must be given to the impact HIT may have on the patient-physician relationship. HIT should not create a barrier between the patient and physician, but rather support interaction and augment available information upon which to base medical decisions. By preserving and even enhancing the patient-physician relationship, HIT can promote wellness and improve the overall quality of care that patients receive. We support high standards for delivering patient-centered care, practicing evidence-based medicine, focusing on quality improvement activities, and using information technology appropriately.

Goal 5 – Advance Research, Scientific Knowledge, and Innovation

12. HIT implementation should be an iterative process and must involve providers and other stakeholders across the public and private sectors.

As new technologies are developed, the capacities of HIT will also expand. ONC should continue to solicit and consider all feedback from stakeholders in determining new strategies to ensure regulations keep up with technologies without hindering the practice of medicine. In addition, vendors should use this information to ensure new technology designs meet the actual needs and are of value to users. This iterative learning process will ensure our health care system keeps pace with innovation and continually improves care delivery.

While the AOA supports transparency and the use of data for medical research as well as to improve the quality of care and outcomes, we are concerned about the quality, accuracy, and reliability of the data being released. Based on prior experiences with the release of physician data, information has been found to be erroneous, confusing, and without proper context. Whether the data are for research, patient education, or medical use, measures must be put in place to protect the quality, accuracy, timeliness, and reliability of the data being used.

Conclusion

The AOA appreciates the efforts that went into developing this ambitious strategic plan by numerous federal agencies. Coordinated efforts among the agencies will contribute to streamlining the countless number of rules and regulations that currently exist and place a significant administrative burden on the medical profession. Alleviating that burden will help achieve the goals outlined in this plan.

In addition, we recognize that limited resources are available both in the private and public sector, which could hamper the implementation of the Federal HIT Strategic Plan. In order to prioritize, we recommend for the immediate future focusing on alleviating administrative burdens and interoperability challenges, as well as improving the quality and value of the data which are paramount to the success of using Health Information Technology.

Thank you for the opportunity to provide comments. We look forward to working with ONC on this and other issues of importance to the osteopathic profession and the patients we serve.

Sincerely,

A handwritten signature in black ink, reading "Robert S. Juhasz, DO". The signature is written in a cursive style with a large, stylized initial 'R'.

Robert S. Juhasz, DO
President