

February 6, 2015

By electronic mail

Dr. Karen DeSalvo, M.D., M.P.H., M.Sc.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue SW, Suite 729D
Washington, D.C. 20201

re: Consumer Partnership for eHealth's Comments on Federal Health IT Strategic Plan 2015-2020

Dear Dr. DeSalvo,

Thank you very much for the opportunity to provide input on the federal government's draft strategic plan for health information technology in 2015-2020. The Consumer Partnership for eHealth (CPeH) is a coalition of consumer, patient and labor organizations working at the national, state and local levels to advance private and secure electronic health information exchange (health IT) in ways that measurably improve the lives of individuals and families. Led by the National Partnership for Women & Families, the combined membership of CPeH represents more than 127 million Americans.

A. Advancing a Culture of Better Care, Better Health and Better Value by Engaging Patients and Families as Equal Partners

At the outset, we highlight and applaud a core tenet of the draft Strategic Plan: that individuals, family caregivers, and communities should be equal partners in the Plan's objectives and outcomes for 2015-2020. Goal 2, on interoperable health information, lifts up a core objective that individuals, like providers and public health entities, be able to send, receive, find and use electronic health information securely. Goal 4 highlights the need to advance the health and well-being of individuals and communities, and a core objective to empower individual, family and caregiver health management and engagement. Indeed, better care, better health and better value absolutely depend upon patients' and communities' being equal and engaged partners in these efforts.¹ We are heartened to see specific attention to individuals, patients and communities woven into the plan at many points.

¹ For purposes of brevity, we refer throughout our comments to "patient" and "care," given that many federal programs and initiatives are rooted in the medical model. To some, these terms could imply a focus on episodes of illness and exclusive dependency on professionals. Any effort to improve patient and family engagement must include the use of terminology that also resonates with the numerous consumer perspectives not adequately reflected by medical model terminology. For example, people with disabilities frequently refer to themselves as "consumers" or merely "persons" (as opposed to patients). Similarly, the health care community uses the terminology "caregivers," while the independent living movement may refer to "peer support."

Better care and better health also depend upon interoperability with "nontraditional" sources of relevant health data such as patient-generated health data, social determinants of health, and community resources. These have long been common sources of health information in the experience of individuals and communities, which use them regularly to manage health and care outside clinical settings.² Goal 4 rightly incorporates the need to address local social and health determinants and non-clinical health indicators, which are particularly important for providers serving vulnerable populations with more complex needs, such as community health centers. The Consumer Partnership applauds this strategic planning. And patients and communities will often be the best source of these data.

In the comments that follow, we provide a few more general observations about the Strategic Plan and its goals and principles and more detailed discussion of some important outcomes or strategies we find missing; and pertinent results from a nationwide survey the National Partnership for Women & Families just released in December that supports the draft Strategic Plan in key respects and helps to explain what we find missing. Our detailed comments about the Strategic Plan are collected in the attached table.

B. The Strategic Plan's Goals and Principles

We appreciate how much the Strategic Plan packs into each goal, objective, outcome, and strategy. The Plan could amplify this contribution, however, by better highlighting for stakeholders the interconnections among the goals and objectives. ONC takes care to clarify that these goals most occur concurrently in conjunction with each other. Further reinforcing this point—whether textually or graphically—might help stakeholders better appreciate opportunities to leverage work on one goal or objective in order to achieve others as well.

We also recommend some revision to the federal health IT principles:

Firstly, we urge you to add a principle that specifically references the potential of health IT to engage and empower consumers in their health and care. This principle goes well beyond recording and respecting preferences, to the patient engagement we need to achieve the Triple Aim, enabled by health IT.

² According to an assessment by the Robert Wood Johnson Foundation, medical care delivery determines only an estimated 10-15 percent of health. The remaining 85-90 percent of health is determined by other factors, such as health behaviors, genetics, and the socioeconomic and physical environment (e.g., access to education and job opportunities, housing, public safety, language services, availability of places to exercise, healthy food choices, and other environmental factors). Robert Wood Johnson Foundation, *Frequently asked questions about the social determinants of health* (2010), available at <http://www.rwjf.org/content/dam/files/rwjfwebfiles/Research/2010/faqsocialdeterminants20101029.pdf>. The Institute of Medicine (IOM) recently recommended social and behavioral domains and measures for electronic health records, in order to capture the social determinants of health. Institute of Medicine, *Capturing Social and Behavioral Domains in Electronic Health Records: Phase 1* (Apr. 8, 2014), available at [http://iom.edu/Reports/2014/Capturing Social and Behavioral Domains in Electronic Health Records Phase 1.aspx?utm_medium=etmail&utm_source=Institute%20of%20Medicine&utm_campaign=04.08.14+New+Report+ +EHR+1&utm_content=&utm_term=](http://iom.edu/Reports/2014/Capturing%20Social%20and%20Behavioral%20Domains%20in%20Electronic%20Health%20Records%20Phase%201.aspx?utm_medium=etmail&utm_source=Institute%20of%20Medicine&utm_campaign=04.08.14+New+Report+ +EHR+1&utm_content=&utm_term=).

Secondly, we believe that a principle on health equity is missing. The value of and current barriers to electronically connected and coordinated care are *not* the same for everyone, including underserved communities, communities of color, people who speak languages other than English, people with disabilities, LGBT individuals, and rural communities. To succeed, we must anticipate, design and build for the diversity of patient populations. A principle of health equity guides agencies and stakeholders to consider this principle as well in their work to come.

C. Four Key Outcomes or Strategies Are Missing for 2015-2020

The attached table provides detailed comments about the Strategic Plan, including specific discussion of outcomes and strategies the Consumer Partnership especially supports, and those on which it seeks clarification and encourages amendments. Below we explain four carefully selected outcomes or strategies that the federal strategic plan is missing for 2015-2020 and should include as focal points.

1. Objective 1A: An Outcome to Increase Online Access for Patients and Healthy People

Objective 1A would increase the adoption and effective use of health IT, and includes a three-year outcome to increase the percentage of *hospitals* and *professionals* who successfully demonstrate meaningful use of certified EHR technology. While laudable, the objective is missing an equally essential outcome for *patients* and *healthy individuals*, to increase as well their access and effective use of health IT. Only by including patients as well can the objective move beyond the basic adoption of EHRs to their effective use to engage and improve the health and care of individuals.

A national survey by the National Partnership for Women & Families found that patients find EHRs significantly more useful than paper-record systems for health and health care, across key domains such as following the doctor's instructions for treatment or care, helping patients take and refill medications as prescribed, and tracking progress toward individual health goals.³ When providers offer patients online access to their health information, 86 percent use it.⁴ Patients report that online access has a positive impact their knowledge of their health, the quality of their care, the ability to correct information in the medical record, and even their desire to do something to improve their health.⁵ Not only does online access improve patients' behaviors across these domains, but *more frequent* online access increases these behaviors significantly more. For example, the more frequently individuals access their health information online, the more they report that it motivates them to do something to improve their health—71 percent of patients using online access three or more times per year, compared with 39 percent who used online access less frequently.⁶

³ National Partnership for Women & Families, *Engaging Patients and Families: How Consumers Value and Use Health IT* (Dec. 2014), pp. 21-25, available at <http://www.nationalpartnership.org/research-library/health-care/HIT/engaging-patients-and-families.pdf>.

⁴ *Ibid*, pp. 28-29.

⁵ *Ibid*, p. 29.

⁶ *Ibid*, pp. 29-30.

For these reasons, objective 1A should add a parallel three-year outcome for patients alongside its outcome for hospitals and professionals:

3-Year Outcome: Increase the percentage of patients who are offered and use online access.

The Strategic Plan should pursue this outcome across all federal programs and policies, not just the Meaningful Use program.

2. Objective 2A: An Outcome to Advance Access for More than 60 Million Americans

The Strategic Plan recognizes that “[s]uccessful implementation of the Plan will also mean that health IT is culturally and linguistically sensitive, safe, accessible for everyone (including those with limited English proficiency or with disabilities)” Unfortunately, the Plan is missing a specific outcome to advance access for 60.5 million Americans who speak a language other than English at home⁷ and 56 million Americans with a disability.⁸

Accordingly, the Consumer Partnership urges the addition of a three-year outcome for successful implementation of the Plan:

3-Year Outcome: Increase the capacity of health IT to be accessible for people with limited English proficiency (especially the top five non-English languages used nationally) and people with disabilities.

Such access is also fundamental for interoperability. As ONC’s initial Interoperability Roadmap stated, an interoperable health IT ecosystem makes the right data available to the right people at the right time, so that recipients can meaningfully use that information. But for the patient who cannot use patient portals or read visit summaries or hospital discharge instructions in English, there is no interoperability.

3. Goal 4: An Outcome to Reduce Health Disparities

Identification and reduction of health disparities is a national imperative, and health IT is an essential tool for reducing disparities in health and care. Goal 3 and objective 5C mention reducing health disparities, and objective 5C includes a strategy to assess the impact of health IT to reduce disparities, but we find no concrete objective or outcome to use health IT to reduce health disparities.

The Consumer Partnership for eHealth recommends that the Strategic Plan add to Goal 4 a three-year outcome on using health IT to reduce health disparities:

⁷ U.S. Census Bureau, Language Use in the United States: 2011 3 (2013), available at <http://www.census.gov/prod/2013pubs/acs-22.pdf>.

⁸ U.S. Census Bureau, Americans with Disabilities: 2010 4, 8-9, 17-19 (2012), available at <http://www.census.gov/prod/2012pubs/p70-131.pdf%20>.

3-Year Outcome: Increase collection of electronic health information (such as granular demographic data, patient-generated health data, data about social determinants of health, etc.) and use of health information technology to reduce health disparities.

Goal 4 is an ideal place for such an outcome because reducing health disparities involves examining both population or community patterns and individual health and care.

4. Objective 4B: A Strategy to Incorporate and Use Social and Environmental Determinants of Health

As we mentioned above, Goal 4 includes local and social determinants of health, and Objective 4B includes a six-year outcome to increase *use* of health IT in enhancing public health situational awareness by incorporating environmental, psychosocial and other non-medical information into providers' workflow and health care records.

We note, however, that there is no corresponding outcome or strategy under Objective 4B to advance the *capacity* of electronic health records and health IT to integrate social and environmental determinants of health. We recommend adding a strategy (similar to strategy 2):

Expand the capacity of health IT to integrate, share and use social and environmental determinants of health in managing the care and health of individuals and communities.

Such a strategy might guide the federal agencies, for example, in identifying and incorporating standardized methods to record and use social determinants of health to promote a learning health system. Identifying standardized ways to record and use social determinants of health also has important implications for patient-generated health data because, in many instances, patients will be the best source of information about social determinants of their health. The Institute of Medicine recently recommended social and behavioral domains and measures for electronic health records, in order to capture the social determinants of health.

We recognize that this is not a *national* strategic plan for health IT, such as the HITECH Act's national plan. Yet as a *federal* strategic plan for health IT, guiding over 35 federal entities that provide direct health care and health insurance, protect public health, fund health and human services for specific populations, invest in health IT infrastructure, develop and enforce policies and regulations, and advance critical research, this federal strategic plan can have far-reaching impact in the coming years. For example, all federal agencies and programs should cover a wider range of health care programs and providers than the Meaningful Use program currently covers. This would create more coordinated care and seamless information sharing across the health care continuum, including long term care, post-acute care, home health and critical specialists not covered by today's incentive program such as behavioral and mental health services and supports.

Thank you once again for this opportunity to provide input on the federal government's draft strategic plan for health information technology in 2015-2020. If you have any thoughts or questions about these comments, please contact Mark Savage at (202) 986-2600 or MSavage@nationalpartnership.org. We look forward to continuing to

work with the Office of the National Coordinator to ensure that patients and families realize the benefits of health IT as fully as possible in 2015-2020.⁹

Sincerely,

Alliance for a Just Society
American Association on Health and Disability
Asian & Pacific Islander American Health Forum
Association of Asian Pacific Community Health Organizations
California Center for Rural Policy
California Pan-Ethnic Health Network
Center for Medical Consumers
Connecticut Health Policy Project
Disability Rights Education and Defense Fund
Families USA
Family Caregiver Advocacy
GLMA: Health Professionals Advancing LGBT Equality
Healthwise
Informed Medical Decision Making Foundation
Lakeshore Foundation
Main Street Alliance
Morehouse School of Medicine
National Consumers League
National Health IT Collaborative for the Underserved
National Health Law Program
National Partnership for Women & Families
The Children's Partnership
Universal Health Care Action Network of Ohio

MaryAnne Sterling

Attachment

⁹ The 24 organizations and members of the Consumer Partnership for eHealth, joined by others, who sign this letter do so jointly in one letter rather than send 24 separate letters. If ONC is counting numbers of responses for any particular purpose, please count them as 24 responses rather than a single response.

Objective	Outcomes and Strategies	CPeH Comments
GOAL 1: Expand Adoption of Health IT		
1A: Increase the adoption and effective use of health IT products, systems and services	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase the percentage of hospitals and professionals who successfully demonstrate Meaningful Use • MISSING: 3-year: increase the percentage of patients who are offered and use electronic access to their own health information • 3-year: increase opportunities for provider and individual use of appropriate telehealth and mobile health technologies and services • 6-year: increase the number of providers across the care continuum who use interoperable health IT products, systems, and services <p><u>Strategies:</u></p> <ul style="list-style-type: none"> • Encourage the use of certified health IT products through federal payment policies, contracts, and public and private programs that fund or provide health care and long-term supports and services • Expand the ONC HIT Certification Program to certify products useful for providers across the care continuum 	<ul style="list-style-type: none"> • We support the 3-year outcome to increase the percentage of providers who successfully demonstrate Meaningful Use. National Partnership for Women & Families survey (“NPWF survey”) data suggests that the evolution from paper to EHRs is not only a core national imperative, but also a means to engage patients.¹ We also support the 3-year outcome to increase opportunities for appropriate telehealth and mobile health technologies, given the potential of mHealth to engage patients, particularly those in underserved communities.² • CPeH suggests a new 3-year outcome for Goal 1A to increase the percentage of patients who are offered and use online access to their health information. Our 2014 survey data clearly show that online access has a positive impact on a wide range of activities that are essential to better care and improved health outcomes, including knowledge of health and ability to communicate with providers.³ • Because interoperability includes interoperability with consumers as well as providers, we recommend amending the 6-year outcome to “increase the number of providers and individuals across the care continuum who use interoperable health IT products, systems, and services.” • We support the strategy to require and integrate incentives for the use of certified EHR technology (CEHRT) in more federal health programs to reach the broader continuum of care.
1B: Increase user and market confidence in the safety and safe use of health IT products, systems, and services	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase the quantity and quality of data and knowledge on the safe use of health IT • 3-year: refine and implement frameworks for health IT safety and innovation • 6-year: increase the ability of health IT to manage information flow and adjust for context, environment, and user preferences <p><u>Strategies:</u></p> <ul style="list-style-type: none"> • Support the identification, monitoring, and reporting of complete, precise, and accurate challenges and hazards of health IT design and use • Encourage the application of human factors, health literacy, and user-centered design in the development and use of health IT products, systems, and services • Promote data portability and interoperability to encourage competition, foster innovation, improve individuals’ and providers’ choices, and reduce barriers to change health IT products, systems, and services 	<ul style="list-style-type: none"> • We encourage ONC to incorporate in its 6-year outcome how to increase the ability of health IT to manage information flow and adjust to different <u>patient</u> contexts, environments, and preferences, along with those of other users.⁴ • We support the proposed strategy to better identify, monitor and report health IT challenges and hazards, but encourage ONC to incorporate the critical role patients and families play in developing and sustaining a culture of safety. Consumers have vital information to contribute, both in using health IT to improve safety (such as online access to submit corrections to errors in medical records and other amendments that improve data quality and integrity), and in efforts to identify, monitor, and report challenges and hazards arising from the use of health IT. • We applaud the proposed strategy to apply health literacy and user-centered design in the development and use of health IT, and encourage ONC to incorporate variations in <u>health IT literacy</u>, which may affect consumers’ likelihood and ability to electronically access and use their health information. • Providing the ability for patients to View, Download, and Transmit their health information is essential to promoting data portability and interoperability. Armed with their own health records, individuals can download and share their health information with other doctors and trusted caregivers in case of emergency, when seeking second opinions, or when switching health insurance companies.
1C: Advance national communications infrastructure	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase access to broadband connectivity for health IT applications, such as high-resolution imaging, telehealth, and mobile health • 6-year: high-speed networks are broadly available to support rural and other underserved communities 	<ul style="list-style-type: none"> • We strongly support the 3-year outcome to increase access to broadband connectivity, which is important for consumers to be able to use and benefit from mobile access. Increasing opportunities for mobile health technologies for individuals has the potential to improve patient engagement and help reduce health disparities.⁵

Objective	Outcomes and Strategies	CPeH Comments
that supports health, safety, and care delivery		
GOAL 2: Advance Secure and Interoperable Health Information		
2A: Enable individuals, providers, and public health entities to securely send, receive, find and use electronic health information	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase the percentage of individuals, providers, and public health entities that electronically and securely send, receive, find, and use a basic set of essential health information across the health care continuum • MISSING: 3-year: Increase the capacity of health IT to be accessible for people with limited English proficiency (especially the top five non-English languages used nationally) and people with disabilities • 3-year: trusted entities that exchange health information follow common rules of engagement to ensure information is securely shared through supportive and non-obstructive business practices • 6-year: increase the percentage of individuals, providers, and public health entities that electronically and securely send, receive, find, and use an expanded set of health information across the care continuum <p><u>Strategies:</u></p> <ul style="list-style-type: none"> • Establish rules of engagement and a governance mechanism related to standards, data policy, and operations, for electronic health information exchange to facilitate security and interoperability across all types of entities and networks that provide exchange services and safeguards for appropriate levels of information access 	<ul style="list-style-type: none"> • Consumers, patients and families play a significant role in advancing interoperability and should be specifically referenced in Goal 2. Patients’ access to and use of their health information is essential not only for interoperability, but also patient engagement. NPWF survey data finds that online access is a catalyst for engaging patients in their care.⁶ • CPeH suggests the addition of a new 3-year outcome in objective 2A to increase the capacity of health IT to be accessible in non-English languages , as well as to individuals with disabilities. The Strategic Plan underscores that health information is only useful if the end user can access <u>and understand</u> the information. Spanish-speakers who receive electronic access to their medical records, discharge instructions, or other health information in English may not be able to use that information. Any efforts to advance secure and interoperable health information should address non-English language information access, as well as meaningful access for individuals with disabilities. • We request clarification of what constitutes a ‘basic’ and ‘expanded’ set of health information, and encourage ONC to partner with patients and families to define each set for the 3 and 6-year outcomes, respectively. The information that consumers consider “basic” may differ from other stakeholders and should be considered in any efforts to define and use a basic and expanded set. For example, consumers are eager for EHRs to capture and use data on patient goals and on social and environmental determinants of health <i>today</i> – not in three or six years. • We encourage ONC to partner with patients and families in all efforts to establish governance policies and mechanisms. Involving patients and families in governance efforts is a key strategy for delivering patient-and family-centered care and ensuring that policies meet the needs of patients and their families.
2B: Identify, prioritize, and advance technical standards to support secure and interoperable health information	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase use of common standards among federal agencies, private industry, and biomedical research community • 6-year: improve the capability of health IT to manage information from varied sources in both structured and unstructured formats <p><u>Strategies:</u></p> <ul style="list-style-type: none"> • <i>Include requiring that certified HIT products and services have functions that facilitate users’ compliance / requirements related to privacy & security</i> 	<ul style="list-style-type: none"> • The Consumer Partnership strongly supports the 6-year outcome to improve the capability of health IT to manage information in both structured and unstructured formats. This has positive implications for facilitating the collection and use of more kinds of patient-generated health data (PGHD), such as patient goals, functional limitations, caregiver name and contact information, etc <p><i>No CpeH comment on 2B strategies.</i></p>
2C: Protect the privacy and security of health information	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase the reach of education and training information and tools for health IT privacy, security, and cybersecurity • 3-year: improve providers’ and other stakeholders’ compliance with federal privacy and security requirements in managing electronic health information 	<ul style="list-style-type: none"> • We support the 3-year outcome regarding education and training on health IT privacy, security and cybersecurity, and note that these tools must also reach consumers to ensure the safe and appropriate use of health information and enhance the patient-provider relationship. • CPeH recommends accelerating the 6-year outcome regarding federal policies and technical solutions for “emerging uses” of electronic health information to a 3-year outcome. Many of these uses, such as patient-generated health

Objective	Outcomes and Strategies	CPeH Comments
	<ul style="list-style-type: none"> • 6-year: establish and implement federal policies and technical solutions related to emerging uses of individual electronic health information <p><u>Strategies:</u></p> <ul style="list-style-type: none"> • Support the development and implementation of policies, practices, and education that protect health information from breach, and address cybersecurity risks and developing technologies • Continue development, administration, and enforcement of federal privacy and security regulations and standards for HIPAA-covered entities and business associates • Support the development of policies, standards, technology, guidance, and solutions to facilitate individuals’ ability to manage, control, and authorize the disclosure of specific electronic health information • Continue enforcement of applicable federal privacy and security requirements for entities not covered by HIPAA 	<p>data, data segmentation, and “big” data analytics, are already occurring, and federal policies regarding the privacy and security of electronic health data cannot wait for six years to support these advancements. Given the increasing use of patient portals, mobile applications, and new technologies and devices that are not covered by HIPAA, we encourage ONC to prioritize addressing privacy and security policy gaps.</p> <ul style="list-style-type: none"> • We are pleased to see several strategies related to privacy and security, both in Goal 2 as well as throughout the Strategic Plan. Data from the National Partnership’s 2014 survey underscore the importance of informing and educating patients and families about how their information will be collected, exchanged and used. High numbers of both EHR and paper-record patients stated that it was important to them to know how their information was being collected and used, but less than 60% stated that their doctors and staff did a good job of explaining how their information is used.⁷ • We also support solutions to facilitate individuals’ ability to manage, control, and authorize the disclosure of specific health information; continued development of technical solutions enabling patients to segment and authorize use of their data is important for enhancing consumer trust.
GOAL 3: Strengthen Health Care Delivery		
<p>3A: Improve health care quality, access, and experience through safe, timely, effective, efficient, equitable, and person-centered care</p>	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase individuals’ access to health care through H IT products and services • 3-year: increase use of electronic quality improvement tools and measurements that support provider adherence to evidence-based guidelines and improve outcomes • 6-year: increase use of health IT integrated with primary and specialty care that facilitates informed individual engagement and shared decision-making <p><u>Strategies:</u></p> <ul style="list-style-type: none"> • Incorporate telehealth and mobile health technologies and services within federal programs funding or providing health care and innovation model initiatives to improve access to and quality of health care services • Encourage health IT use to collect and integrate person-reported outcomes, accommodations, and preferences as part of routine health care and long-term supports and services delivery • Address the health literacy issues for different individual and caregiver populations so that the technology matches and improves their health management skills 	<ul style="list-style-type: none"> • As consumers envision the next generation of care plans (Care Plans 2.0) in an electronic environment, they connect individuals, their family and other personal caregivers, paid caregivers (such as home health aides), and health care and social service providers, as appropriate, and provide actionable information to identify and achieve the individual’s health and wellness goals. We encourage ONC to amend the 6-year outcome to increase the use of health IT integrated with “individuals and family caregivers” as well as with primary and specialty care, and to draw upon these consumer principles as a resource for how to partner with patients and families using health IT in shared decision making to establish and achieve their goals.⁸ Additionally, NPWF survey findings reveal that although half of all patients set and track goals for their health, this type of feature was rarely made available through portals offered by providers.⁹ • We strongly support increasing opportunities for mobile health technologies, which have the potential to improve patient engagement and help reduce health disparities.¹⁰ They have important implications for improving the quality of health care services because increased frequency of access (which may be facilitated by mobile access, especially in traditionally underserved communities) leads to a greater perception of quality of care and ability to communicate with doctors.¹¹ • We applaud ONC on its commitment to incorporating person-reported outcomes and other patient-generated information into health IT tools, as this strategy is consistent with NPWF findings that patients desire the ability to contribute relevant health information.¹² We encourage ONC to explicitly reference the collection and integration of <i>patient goals</i> in addition to accommodations, outcomes, and preferences. • Policies addressing health literacy should include health IT literacy, as some individuals may require increased technological support and assistance.¹³
<p>3B: Support the delivery of high-value health care</p>	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: identify and increase administrative efficiencies that reduce cost and improve provider and patient experiences • 3-year: increase the number of providers receiving technical assistance for using electronic health information as part of 	<ul style="list-style-type: none"> • We support efforts to identify and increase administrative efficiencies, and note that many patient-facing “convenience features” (i.e., scheduling appointments online, checking lab results, submitting medication refill requests) have the potential to create administrative efficiencies for providers, while simultaneously engaging patients in an online health environment. For instance, allowing patients to access their lab results online may

Objective	Outcomes and Strategies	CPeH Comments
	<p>practice design and management of their patient population</p> <ul style="list-style-type: none"> • 6-year: standardize and expand regional multi-payer claims and clinical data infrastructure to facilitate clinical performance reporting and feedback to providers 	<p>remove the need for providers to devote time to calling patients to relay test results. Similarly, some patient questions may be appropriately handled via a secure electronic message, which may also increase administrative efficiencies.</p> <ul style="list-style-type: none"> • We agree with the strategy to increase technical assistance for providers attempting to integrate and use electronic health information. The success of programs like the Regional Extension Centers underscores the importance of continued, robust technical assistance; 92 percent of REC-enrolled providers are using an EHR, compared with 62 percent in the general provider population, and over 70 percent of providers enrolled in RECs have successfully demonstrated Meaningful Use.¹⁴
<p>3C: Improve clinical and community services and population health</p>	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase use of HIT systems to provide evidence-based guidance on appropriate use of screening and prevention services • 6-year: identify innovative uses of health IT to connect individuals and providers to community resources, social services, and health education programs 	<ul style="list-style-type: none"> • CPeH strongly recommends strengthening the 6-year outcome to go beyond <i>identifying</i> innovative uses of health IT and instead be <i>using</i> health IT to connect individuals and providers with community resources and social supports. If we are to meaningfully improve health outcomes, we must address the non-medical care factors that contribute to health (e.g., housing, public safety, access to education and job opportunities, language services, availability of places to exercise, healthy food choices, and other environmental factors). Ensuring information sharing and automated connections between health care providers and community-based agencies is vital; health IT offers the potential to connect individuals to community resources that are tailored to their health needs, preferences and goals. Innovative programs are already being developed, such as Park Rx and The Patient and Caregiver Gateway; and as efforts to liberate health data continue, more tools will inevitably be built. Within six years, we should be routinely utilizing health IT to connect patients and families to these vital wrap-around services.)
<p>GOAL 4: Advance the Health and Well-Being of Individuals and Communities</p>		
<p>4A: Empower individual, family, and caregiver health management and engagement</p>	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> • 3-year: increase individuals’ access to their electronic health information, and improve their ability to share and authorize its use, or incorporate this information into their health IT tools • 6-year: expand ability for individuals to safely contribute relevant and usable electronic health information to their clinicians for engaging in shared decision making on their care and wellness goals • 6-year: increase the number of federal care delivery systems and programs incorporating the use of innovative technologies (sensors, medical devices, assistive technologies) to improve the health of the populations they serve <p><u>Strategies:</u></p> <ul style="list-style-type: none"> • Advance individuals’ ability to securely access, control, amend, and make other choices regarding the use and disclosure of their electronic individually identifiable health information and their self-generated health information in formats they can use and reuse 	<ul style="list-style-type: none"> • CPeH strongly supports the 3-year outcome to increase individuals’ ability to electronically access, share, and use their health information, and to improve individuals’ ability to incorporate this information into their health IT tools. As consumer organizations, we believe that online access is a game-changer for patient engagement and empowerment. The National Partnership’s survey data clearly show that online access has a positive impact on a wide range of activities that are essential to better care and improved health outcomes, including knowledge of health and ability to communicate with providers.¹⁵ Increasing patients’ access to and use of their own health information should also have a great impact on encouraging electronic health information exchange and promoting interoperability, both between patients and providers, and among the individual providers helping the patient. This outcome is essential to achieving the outcome in objective 2A to increase the percentage of individuals and providers sending health information. • We support this 6-year outcome regarding patient contribution of health information, which is necessary for patients to be full and active partners in their care and helps them contribute to a culture of safe and appropriate care. NPWF survey data find that a majority of patients want the ability to securely email their doctors, and that patients with EHRs find them significantly more useful in finding and correcting errors in their medical record, and therefore, it is important that ONC provide this ability to patients in order to let them fully realize the benefits of EHRs.¹⁶ We respectfully remind ONC that there may be differences in what consumers consider to be “relevant and usable” health information (e.g., personal versus clinical goals), and health IT should integrate relevant and usable health information from all partners, including individuals and family caregivers. • We applaud the strategy to advance individuals’ ability to amend their health information; providing the functionality for individuals to easily offer corrections and amendments to health information is essential to both patient safety and data quality efforts, as well as to the continued engagement of patients. Patients also need the ability to segment their data as they see fit. NPWF survey data show that online access has a positive impact on patients’ ability to correct information for 63% of patients, and more frequent online access has an even greater impact (71% for frequent users, compared with 48% for less frequent users).¹⁷

Objective	Outcomes and Strategies	CPeH Comments
	<ul style="list-style-type: none"> Disseminate health IT tools and educational resources for individuals that are designed to enable them to understand their health information, costs, and care options, and to become advocates for their own health Support health IT policies that enable products that integrate self-generated health information, self-reported outcomes, and genomic information into an individual's longitudinal care records and self-care and wellness technologies 	<ul style="list-style-type: none"> We suggest that ONC amend the strategy to <i>develop and disseminate</i> health IT tools and educational resources, and solicit and implement consumer feedback of usability of these tools in doing so. For instance, partnering with patients and families in the design and implementation of patient portals. Also, in order to be truly useful to all individuals in understanding their health and care options, tools and resources must be available in languages other than English and accessible to all. Consider effective ways of displaying information, such as data visualization, to help consumers better understand their own health status. Additionally, we encourage ONC to partner with patients and families (as well as providers) to improve the usability of patient portals, including enhanced capacity to safely contribute relevant and usable patient-generated information. These improvements may facilitate greater frequency of access, which has a profound impact of on patient engagement and improved health. NPWF survey data finds that patients who use online access more frequently report a substantial increase in positive impact on knowledge of their health and desire to do something to improve their health.¹⁸ Initiatives to provide and increase the frequency of online access should be strengthened and expanded throughout new models of care delivery and payment. We also emphasize the critical role that mobile access plays in achieving all of these outcomes. NPWF survey data finds that, particularly in traditionally underserved communities, mobile access is in high demand. It holds the potential to achieve the 3- and 6-year outcomes because it can allow for a greater frequency of access, which in turn increases patients' ability to share health information with their doctors and family members and their desire to do something to improve their health.¹⁹
<p>4B: Protect and promote public health and healthy, resilient communities</p>	<p><u>Outcomes:</u></p> <ul style="list-style-type: none"> 3-year: increase public health entities' ability to use, benefit from, and manage advances in real-time electronic health information for public health surveillance and targeted alerting MISSING: 3-year: increase entities' ability to collect and use data reduce health disparities 6-year: increase use of HIT systems to assist national, state, and community efforts to support the early detection and medication of emerging hazards 6-year: increase use of health IT in enhancing public health situational awareness by incorporating environmental, psychological, and other non-medical information into providers' workflow and health care records <p><u>Strategies:</u></p> <ul style="list-style-type: none"> MISSING: Expand the capacity of health IT to integrate, share and use social and environmental determinants of health in managing the care and health of individuals and communities 	<ul style="list-style-type: none"> CPeH suggests a new 3-year outcome in objective 4B to increase collection of electronic health information and use of health IT to reduce health disparities (e.g., through capture and use of more granular demographic data, social determinants of health, stratification of CQMs by disparity variable).²⁰ In order to reduce health disparities, they must first be identified and understood in terms of prevalence, root causes and major contributors. Standardized, granular data collection and stratification of clinical quality measures are foundational to this effort, for which health IT is an essential tool. This Strategic Plan offers an opportunity for the federal government to signal its commitment to enhancing health equity; thus, the plan should more explicitly address health disparities, both in Goal 4 as well as in the Federal Health IT Principles. While we support the outcomes of objective 4B, we encourage ONC to broaden the scope and language of this objective to include direct patient care. Both the outcomes and strategies outlined in the plan hold great promise for individual patients and families trying to manage their care and improve their health, as well as for public health surveillance. For example, we encourage ONC to revise the language of the 3-year outcome to broaden the focus to encompass health promotion and management at the individual level, as well as in public health surveillance. Focusing on both the individual and population level is critical to fully achieve ONC's stated objective of promoting healthy communities. Similarly, there should be a broader focus on the issue of social determinants of health. We recommend expanding the scope of the 6-year outcome to the benefit of individual patients and families, as well as for public health situational awareness. CPeH therefore proposes the addition of a corresponding strategy that catalyzes the capture and incorporation of environmental, psychological, and other social determinants of health in both consumer and provider workflows, and electronic health records. Incorporating this information is essential to begin to address the 85-90% factors <i>outside</i> of the traditional care setting that impact health status.²¹ Any efforts should build upon the Institute of Medicine report, which was recently presented to ONC's Health IT Policy Committee.²²

Objective	Outcomes and Strategies	CPeH Comments
GOAL 5: Advance Research, Scientific Knowledge, and Innovation		
5A: Increase access to and usability of high-quality electronic health info and services	<u>Outcomes:</u> <ul style="list-style-type: none"> 3-year: increase the number, timeliness, quality, and usability of federal health and other relevant data sets available for public use while protecting privacy 6-year: expand the capacity and design of health IT infrastructure to support coordinated person-centered outcomes research development and findings dissemination 	<p><i>No CpeH comment on 5A.</i></p>
5B: Accelerate the development and commercialization of innovative technologies and solutions	<u>Outcomes:</u> <ul style="list-style-type: none"> 3-year: advance science and knowledge in creating and using sensors, mobile technology, medical devices, and assistive technologies that enable users to quantify and use personal health information while protecting their privacy 6-year: advance science in using health IT for precision medicine and patient-centered care 6-year: advance science in using health IT to support distributed analytics and evidence sharing <u>Strategies:</u> <ul style="list-style-type: none"> Identify methods to integrate health information security into mobile health technologies and related social networking platforms to more effectively reach health care professionals, individuals and families while protecting the privacy of info Promote transparency in communication about what information devices are collecting and how it is being used, shared, or retained 	<ul style="list-style-type: none"> We appreciate the attention paid to the security of mobile health technology; NPWF survey data indicate that those in underserved communities are using mobile access more frequently and stand to benefit from better security.²³ We also remind ONC that education and transparency efforts need to reach patients in order to both ensure the safe and appropriate use of health information and enhance the relationship between patients and providers. NPWF survey data find that educating consumers regarding matters of privacy and security is important because patients who feel well-informed about the record systems trust their doctors more than patients who do not feel well informed (83%, compared with 56%).²⁴
5C: Invest, disseminate, and translate research on how health IT can improve health and care delivery	<u>Outcomes:</u> <ul style="list-style-type: none"> 3-year: increase evidence and tools available on proven practices of using health IT 6-year: translate evidence into clinical practice more quickly and effectively through health IT technologies and infrastructure 6-year: improve adherence to evidence-based medicine by increasing implementation of supportive health IT technologies and applications <u>Strategies:</u> <ul style="list-style-type: none"> Collect, analyze, and interpret data to assess the impact of health IT use and value-based purchasing incentives on improving health outcomes Collect, analyze, and interpret data to assess the impact of health IT use to reduce disparities in the quality, accessibility, and safety of health care and long-term supports and services 	<ul style="list-style-type: none"> We encourage ONC to collect, analyze and interpret data to assess the impact of health IT from a <u>patient</u> perspective as well. Patients have a unique vantage point that allows them to offer important guidance for ensuring the overall effectiveness of health IT adoption in improving the quality and cost effectiveness of care. For instance, they see multiple providers and thus know whether their care is being coordinated. They know whether they have to provide the same information over and over again, or whether tests have to be repeated because the results were lost or inaccessible. We support data collection to reduce disparities in health care, but remind ONC that more granular capture of demographic data, through adoption of the ONC demographic standards, is necessary as well to measure the extent of existing disparities, understand the specific needs of subpopulations, and use health IT to meet individuals' specific health and health information needs.²⁵

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- 1 National Partnership for Women and Families, *Engaging Patients and Families: How Consumers Value and Use Health IT* (December 2014), available at <http://www.nationalpartnership.org/research-library/health-care/HIT/engaging-patients-and-families.pdf>, pg. 25.
 - 2 Ibid, pg. 46.
 - 3 Ibid, pg. 29.
 - 4 Ibid, pg. 19.
 - 5 Ibid, pg. 46.
 - 6 Ibid, pg. 29.
 - 7 Ibid, pg. 40.
 - 8 Consumer Partnership for eHealth, *Care Plans 2.0: Consumer Principles for Health and Care Planning in an Electronic Environment* (November 2013), available at <http://www.nationalpartnership.org/research-library/health-care/HIT/consumer-principles-for-1.pdf>.
 - 9 *Care Plans 2.0*.
 - 10 *Engaging Patients and Families*, pg. 46.
 - 11 Ibid, pp. 28-30.
 - 12 Ibid, pg. 34.
 - 13 Ibid, pp. 44-47.
 - 14 Office of the National Coordinator for Health IT, "Regional Extension Centers (RECs)" (January 2015), available at <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs>.
 - 15 *Engaging Patients and Families*, pg. 29.
 - 16 Ibid, pg. 34.
 - 17 Ibid, pp. 29-30; see also pp. 34, 43.
 - 18 Ibid, pp. 28-30.
 - 19 Ibid, pp. 29-30.
 - 20 Consumer Partnership for eHealth. *Leveraging Meaningful Use to Reduce Health Disparities: An Action Plan* (August 2013). Available at <http://www.nationalpartnership.org/research-library/health-care/HIT/leveraging-meaningful-use-to.pdf>.
 - 21 Robert Wood Johnson Foundation, Frequently asked questions about the social determinants of health (2010), available at www.rwjf.org/content/dam/files/rwjf-web-files/Research/2010/faqsocialdeterminants20101029.pdf.
 - 22 Institute of Medicine, Capturing Social and Behavioral Domains in Electronic Health Records: Phase 1 (Apr. 8, 2014), available at [http://iom.edu/Reports/2014/Capturing Social and Behavioral Domains in Electronic Health Records Phase 1.aspx?utm_medium=email&utm_source=Institute%20of%20Medicine&utm_campaign=04.08.14+New+Report+ +EHR+1&utm_content=&utm_term=](http://iom.edu/Reports/2014/Capturing%20Social%20and%20Behavioral%20Domains%20in%20Electronic%20Health%20Records%20Phase%201.aspx?utm_medium=email&utm_source=Institute%20of%20Medicine&utm_campaign=04.08.14+New+Report+ +EHR+1&utm_content=&utm_term=).
 - 23 *Engaging Patients and Families*, pg. 46.
 - 24 Ibid, pg. 39.
 - 25 *Disparities Action Plan*.