



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

January 30, 2015

<http://www.healthit.gov/policy-researchers-implementers/strategic-plan-public-comments>

Matthew Swain
Program Analyst,
Office of Planning, Evaluation, and Analysis, Office of the National Coordinator for Health
Information Technology
Office of the Secretary

Re: Federal Health IT Strategic Plan 2015-2020

Dear Mr. Swain:

The New York City Department of Health and Mental Hygiene (the “Department”) has reviewed the Federal Health IT Strategic Plan for 2015-2020. We write to express support for the overarching goals and strategies of the Plan. We believe that health information technology (health IT) undergirds health system transformation and holds promise for new and innovative ways to improve health across settings.

We offer our comments based on our experience and expertise as the Health Department for New York City. Building on our long experiences in public health, health care, and health IT, we have identified three themes of central importance from the perspective of population health. First, the federal vision for health IT, as written in the Plan, is for health information to be accessible when and where it is needed. We strongly concur that health information must be available in appropriate ways at the times and places that it is needed in order to be accessible to the end user. For health information to be usable, it must meet all dimensions of need, including timing, location, and, importantly, format of the specific content. The appropriate ways for health information to be shared and presented will depend on the needs of the user. We therefore propose that this element is added, e.g. by editing the vision statement to read “Health information is accessible when, where, and how it is needed...”

Second, the Plan identifies a range of end users of health information, from individuals to health care entities, community support organizations, and public health entities. Usable health information will mean different things to different stakeholders, and the concept of usability is interwoven throughout the plan. The Patient Protection and Affordable Care Act of 2010 articulates the connections between individual health and communities as well as clinical settings, contributing to the ongoing expansion of our understanding of the relationships among individuals, communities and community service organizations, social determinants of health, and the health care system. Improving access to information on drivers and influencers of health will create new opportunities both within and beyond the traditional healthcare system. We propose that the development of this Plan offers an opportunity to expound upon the concept of

usability and relevant users, and begin to define how we can understand and promote truly useful health information to a broader-than-traditionally-defined set of end users.

Third, as a public health agency, the value of health information for surveillance is of particular relevance. Using electronic health information for population level surveillance expands surveillance capacity beyond traditional methods, creating new opportunities to gain insight into the health and wellbeing of the populations we serve. We note the inclusion of public health entities throughout the Plan, and suggest further consideration of ways to support the use of health information by public health agencies that reach beyond traditional surveillance and begin to address the determinants of health in a broader sense.

Specific comments:

Federal Health IT Principles:

- Under the third bullet, we suggest incorporating an expanded understanding of usability and appropriate access by adding the following language: “electronic access to and sharing of health information *in a format and language appropriate to the end user.*”

Federal Health IT Goals:

- Goal 1: Expand Adoption of Health IT
 - Objective 1A: Increase the adoption and effective use of health IT products, systems, and services.
 - We applaud the increased focus on health IT in settings other than hospitals and primary care settings; adoption of care coordination and other tools among long-term care providers, behavioral health providers, and other members of the care continuum will greatly improve the health system capacity for seamless communication.
 - The strategies described here indicate plans to use federal payment policies and initiatives to support this objective. Current HIT incentive payment programs are phasing out while payment adjustment policies are phasing in, and we request additional insight into how the federal approach to incentivizing HIT adoption will evolve over the next five years.
 - Strategy #3 indicates plans for the establishment of technical standards and provision of technical assistance. Would this be conducted through existing mechanisms (e.g. Regional Extension Centers and existing communities of practice) or will this represent new approaches and funding sources?
 - Objective 1B: Increase user and market confidence in the safety and safe use of health IT products, systems, and services
 - No comment
 - Objective 1C: Advance a national communications infrastructure that supports health, safety, and care delivery
 - No comment
- Goal 2: Advance Secure and Interoperable Health Information
 - Objective 2A: Enable individuals, providers, and public health entities to securely send, receive, find, and use electronic health information
 - The Patient Protection and Affordable Care Act of 2010 highlights the need to meaningfully engage a broader array of non-traditional providers if we are to address the root causes of poor health, i.e. social determinants of health. We

- applaud the broad definition of ‘providers’ used in the Plan, but note that a complete list of care providers will need to include community services providers such as social services organizations supporting food insecurity, housing, MH community support, etc.
- We request further insight on the proposed strategy to develop a governance mechanism related to standards, data policy, and operations. We commented on the 2012 Request for Information on Governance of the Nationwide Health Information Network, and noted the subsequent decision to not move forward with federal regulations. Instead, the ONC launched an array of activities focused on existing initiatives. How will the strategies proposed under this objective build on those initiatives, including the voluntary guidelines for HIE governance published in 2013?
 - Objective 2B: Identify, prioritize, and advance technical standards to support secure and interoperable health information
 - We strongly support the use of secure, interoperable, standards-driven information exchange mechanisms. We see the need to strike a balance between governance and oversight of the standards development process and the need to enable market-driven innovation and exploration, and encourage the collaboration with existing and new standards development organizations to ensure that plans to establish rules of engagement and governance are responsive to the priorities and needs of the organizations involved.
 - Development and implementation of technical standards for secure and interoperable health information will advance the capability of end users to obtain needed information. We see the need for a complementary strategy to address the packaging and provision of health information to ensure that health data are available in consistent, useful formats, both technical and human-reachable, appropriate to the needs of the end users.
 - Objective 2C: Protect the privacy and security of health information
 - Alongside the necessary policies and strategies outlined under this objective, we suggest inclusion of plans to coordinate mechanisms for information sharing across state lines.
 - We suggest the inclusion of plans to review and update relevant regulations regarding management and exchange of health information. The 2014 SAMHSA notice of public listening sessions regarding the Confidentiality of Alcohol and Drug Abuse Patient Records Regulations, 42 CFR Part 2, is an excellent example of updates and modifications to existing regulations that could be implemented to support and facilitate the safe, secure, and useful exchange of health information.
 - Goal 3: Strengthen Health Care Delivery
 - Objective 3A: Improve health care quality, access, and experience through safe, timely, effective, efficient, equitable, and person-centered care
 - Strategy #2 refers to usable electronic information; we request further insight into how the term is defined for the purposes of the Plan. Usability is a concept that implicitly includes the items listed under Objective 3A, including ‘safe, timely, effective, efficient, equitable, and person-centered’ and may include other important factors like language and format. An explicit definition of usability will support health IT stakeholders in understanding the goals, objectives, and strategies laid out in this document.

- Objective 3B: Support the delivery of high-value health care
 - We strongly support the overall objective. Accuracy and consistency of documentation and coding form the basis of all downstream uses of health information. Efficient, useful, and accurate feedback loops support the consistent use of health IT tools as well as support the use of quality improvement or change management cycles (e.g. Plan-do-study-act cycles) to improve care delivery.
 - We request further insight into Strategy #4. Would the provision of health IT implementation and usability support to long-term supports and services providers be conducted through existing mechanisms (e.g. Regional Extension Centers) or will this represent new approaches and funding sources? We also note that the existing market for health IT solutions for long-term supports and services providers may not meet all needs; incentivizing the development of cost-effective, flexible, and responsive health IT solutions may be an important component of this strategy.
- Objective 3C: Improve clinical and community services and population health
 - No comment
- Goal 4: Advance the Health and Well-Being of Individuals and Communities
 - We suggest editing the first sentence of the third paragraph to end with the words ‘and trends.’ Alongside the public health responsibilities outlined in this goal, public health agencies use health data for surveillance, trending on screening, treatment, and control to inform and facilitate responses both within the clinical environment and beyond, e.g. community level interventions.
 - Objective 4A: Empower individual, family, and caregiver health management and engagement
 - We suggest editing the first sentence of the third paragraph to read “Health IT can help empower individuals, their families, and other caregivers to engage in shared decision-making with their providers *and other community resources* on ...”
 - *We* support the concept of self-generated health information and appreciate the potential to encourage patients and caregivers to take an active role in their healthcare. However, we have concerns regarding the possibility for error inherent in incorporating externally-generated information into a medical record. Anecdotally, providers are unsure of the liability and other potential issues that self-generated health information would present given that the provider would have no way to verify the accuracy of the information. Examination of best practices developed regarding use of home blood pressure monitoring data and home glucose monitoring data may provide some guidance. We see a clear need to differentiate between information measured by FDA-regulated instruments, e.g. glucometers, and information measured by non-regulated instruments, e.g. fitness trackers. We are also concerned that incorporation of self-generated health information may result in additional workload for practice staff.
 - We support the use of health IT that incorporates evidence-based health information resources, logistical support, decision aids, and risk calculators to assist providers. This is an area in which federal support could encourage development of innovative tool and resources to support both patients and providers in ensuring that high-quality evidence-based care is delivered.

- Objective 4B: Protect and promote health and healthy, resilient communities
 - We appreciate the inclusion of public health entities in this objective. Public health departments and other entities need to develop technical and administrative infrastructure in order to make effective use of increasingly available electronic information about health and health care delivery. We note that this is an area in which federal funding is vital to success.
 - We support the strategies identified under this objective, and note that the necessary technology, processes, and capacity may not yet exist across the country.
 - In our experiences as the health department in a large metropolitan area, we have identified technological mechanisms that facilitate the collection and management of public health data. However, public health often requires data that may not be routinely collected for medical purposes; integration of data collected for non-medical purposes is often an effective way to obtain needed data. We support the collaboration of multiple federal agencies in working towards this objective.
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- Goal 5: Advance Research, Scientific Knowledge, and Innovation
 - We suggest editing the title of this goal to “Advance Research, Surveillance, Scientific Knowledge, and Innovation”
 - Objective 5A: Increase access to and usability of high-quality electronic health information and services
 - No comment
 - Objective 5B: Accelerate the development and commercialization of innovative technologies and solutions
 - We support the overall objective, and note that the development of new products, solutions, and methods for achieving the goals laid out in the Strategies section must be matched with changes in reimbursement mechanisms, applicable law and regulation as needed, and training and technical support in order to drive changes in care delivery systems and subsequent improvements in health.
 - Objective 5C: Invest, disseminate, and translate research on how health IT can improve health and care delivery
 - No comment. We support this objective.

The Department appreciates the opportunity to comment on the proposed Federal Health IT Strategic Plan 2-15-2020. Thank you for your consideration.

Sincerely,



Sonia Angell, MD, MPH
 Deputy Commissioner
 Division of Prevention and Primary Care

