

February 6, 2015

The Office of the National Coordinator for Health Information Technology (“ONC”)  
Office of the Secretary, United States Department of Health and Human Services

Submitted electronically via *www.healthit.gov*

**RE: FEDERAL HEALTH IT STRATEGIC PLAN 2015 – 2020**

Dear Sir or Madam:

Kaiser Permanente offers the following comments to ONC on the Federal Health IT Strategic Plan (“Plan”).

The Kaiser Permanente Medical Care Program is the largest private integrated healthcare delivery system in the U.S., delivering health care to nearly 9.5 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente is committed to providing the highest quality health care; as part of this commitment, we have made a significant investment in developing our secure Electronic Health Record (“EHR”) system, KP HealthConnect®, to support the delivery of healthcare services to our members and to enhance communications among the medical professionals who serve them.

### **General Comments**

Kaiser Permanente strongly supports ONC’s goal to accelerate the adoption of health IT to improve patient care across the full continuum of care, including not just EHRs, but also mobile and telehealth technologies.

We commend ONC on the comprehensiveness of the Plan, both in terms of scope and identifying participating agencies. The report simply lists the agencies identified as having some type of role, which is an excellent first step. Because the regulatory environment can either facilitate or

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 37 hospitals and over 600 other clinical facilities; and the Permanente Medical Groups, independent physician group practices that contract with Kaiser Foundation Health Plan to meet the health needs of Kaiser Permanente’s members.

hinder adoption, we recommend a more in-depth discussion about the specific roles of each agency in achieving the goals and objectives.

We also recommend a detailed plan for inter-agency coordination to avoid overlapping or duplicative activity when agencies seek to meet common goals and objectives.

Ultimately the purpose of improved technology is to deliver higher quality care that results in better outcomes for patients with improved affordability. We urge ONC to consider the policy, technical and practical implications without losing sight of that overarching purpose; a patient-centered framework should drive goals and priorities.

While the Plan promotes the “triple-aim” of better health, better care, lower cost, it fails to take advantage of an opportunity to advance specific principles to improve access to care. The Plan should target reducing or eliminating health disparities through policies that ensure digital equity and safety net participation in the adoption and use of health IT. We recommend explicitly including equity of access and reduction of health disparities in the goals and objectives for Federal agencies, programs and initiatives.

## **Definitions**

### *Health IT*

It is essential for the Plan, with its comprehensive scope and existing programs, to include a clear definition of Health IT to avoid the potential for confusion with existing programs, and to both 1) clarify ONC’s expansion beyond the CMS definition of certified electronic health record technology (“CEHRT”) and 2) disambiguate overlapping references to Health IT across agencies, such as in policies of the Food and Drug Administration (“FDA”), Federal Communications Commission (“FCC”) and Federal Trade Commission (“FTC”).

The Plan addresses many more types and forms of health and health care as delivered by nearly all health care providers and entities (e.g., laboratories and their laboratory information systems; pharmacies, and their pharmacy information systems; long-term care; home health, etc.). It is also important for ONC to address how this more comprehensive definition of health IT is likely to create far more regulatory overlap – possibly conflict – between ONC and other agencies with roles and responsibilities for various components of health IT, such as FDA, FCC and FTC.

### *Interoperability*

It is critically important for the Plan to include more complete and comprehensive definitions of interoperability. Too often public and private sector stakeholders use the same terms when meaning to discuss different aspects of interoperability. While the traditional Institute of Electrical and Electronics Engineers (“IEEE”) definition of Interoperability (cited in the report) is a basic definition, it leaves out very critical components which pose significant challenges to achieving full interoperability.

These key elements or dimensions of interoperability include syntactic (or technical), semantic, process, messaging, data model, system integration, and policy interoperability. These elements are not explicitly addressed in the Plan, yet they represent current barriers for cross-system and cross-organization interoperability. We recommend that the Plan build on IEEE definition, but incorporate these additional critical elements in defined terms.

### **Strategic Objectives**

Overall, the Plan provides a series of strategies within each objective. However, most of these strategies are not specific, nor do they identify which agency or agencies will be responsible for achieving strategic objectives. It is not clear either whether the proposed strategies are a complete, comprehensive set or a sample of possible strategies and actions that one or more agencies could take.

We recommend that ONC propose clear objectives that define a comprehensive set of strategies within those objectives, and identify and define precise and practical metrics for the strategies that will actually allow reliable assessment. In the draft Plan, one objective is “Increase the percentage of hospitals and professionals who successfully demonstrate meaningful use.” A more appropriate proposal would be to develop milestones that are time-dependent, achievable, precise targets for assessing progress (e.g., “Within 3 years, increase by 10% the number of eligible professionals who demonstrate meaningful use.”) Moreover, all metrics in the Plan should be realistically based on experience – for instance, a goal that is reasonable given various factors such as historic trends, scientific evidence, regional variation, market realities, etc. The Plan would be greatly improved by proposing mechanisms for developing such measures.

The Plan does not address the use of federal procurement as a key strategy across all agencies to advance secure, interoperable health IT.

### **Guiding Principles**

The guiding principles listed in the Plan are commendable. We recommend adding another: Ensuring equity, both in terms of access to health IT capabilities across all patients and providers, including the safety net, as well as improving access to services and eliminating health disparities via adoption of health IT.

### **Specific Comments on Goals/Objectives**

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

We strongly recommend that ONC enhance objectives and strategies related to telehealth. The Plan should outline proposed strategies to promote opportunities to advance these technologies and be more proactive in developing regulations that support the adoption of technologies that give consumers more reliable and secure technology tools for accessing health care.

We see a critical role for ONC in helping to drive the development and adoption of a uniform definition of telehealth; in promoting reformed medical licensure rules; in seeking better

understanding of how these technologies can improve access; in helping to reduce variation in federal and state rules defining telehealth; in considering the implications for prescribing; in designing appropriate reimbursement, etc.

We recommend that the objective to “Advance a National Communication Infrastructure” be more prominent. The lack of such an infrastructure is a significant barrier to care and this is an objective that should be prioritized.

*Goal 2: Advance Secure and Interoperable Health Information*

We recommend ensuring that information sharing is the central goal, noting this should not necessarily require transactional movement of data between entities as opposed to shared access to authoritative source systems or databases.

The Plan should anticipate likely trends in technology and the health care market. Adoption of EHRs and standards, and exchange between EHRs is likely to become outdated when new models can integrate the “collect”, “share”, and “use” functions on a common platform. Therefore, we recommend that ONC modify objective 2A “... to securely send, receive, find, and use electronic health information **when needed.**”

Policies which require physical movement of data between entities can simultaneously increase privacy and security risks at the same time as impeding payment model transformation in support of CMS initiatives. Therefore a broader perspective on this goal should include sharing of integrated patient centric data as opposed to a focus only on movement of data. As noted above we commend strategies #2 and #4 to reduce regulatory challenges and promote standardization.

We propose that ONC consider a new 6-year outcome: “Expand the Use of Consistently Structured over Unstructured Formats in the Adopted Standards among Federal Agencies, Private Industry, and the Biomedical Research Community.” This will facilitate data sharing across multiple sites that can collaborate to improve patient care and health outcomes.

Ultimately, the policies and regulations for Health IT should focus on enhanced communication and engagement with consumers and their caregivers to improve outcomes. Objective 2C takes steps in this direction but we note that technologies to support the ability to electronically codify and discriminate uses or to control disclosure based on patient preferences are immature and require substantial further development.

We support a broad vision to incorporate innovations in technology within health care delivery so consumers can share information across multiple electronic platforms with health providers. Central to this vision are new payment models that encourage providers to integrate data and adopt shared health IT models.

*Goal 3: Strengthen Health Care Delivery*

Overall we recommend that ONC expand Goal 3 to focus on measuring and improving population outcomes, as an important component of the overall goal. For example, in the

introduction to this section (Page 17) population health management and improved population outcomes are not addressed; rather, the focus seems to be much more on individual care.

In addition to incorporating population health as a priority goal under this section, we recommend that one of the objectives be explicitly focused on population health management.

Objective 3C (titled “Improve Clinical and Community Services and Population Health”) should focus directly on the opportunities, benefits and value of improving population health management through health IT. Promoting and advancing the use of appropriate tools that support population health outcomes should be a specific goal. Outcomes that can be considered here include: 1) using health IT systems to conduct population analysis, identify at-risk populations, and pursue proactive prevention and health promotion patient encounters; and 2) using health IT-based population screening tools, such as cardiovascular disease risk predictors.

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

Kaiser Permanente supports this as a central goal of the Plan. We strongly encourage ONC to add specific objectives to use Health IT to support and advance population health management. The objectives to support this goal should include coordination among national goals, targets, and data sets e.g. for health and healthcare quality, safety, and equity.

The objectives to support this goal should include coordination among national goals, targets, and data sets e.g. for health and healthcare quality, safety, and equity. There is also a tremendous opportunity for the Plan to address issue of health equity –both health and digital disparity – and to start to lay out a path to promoting Health IT adoption and use across the safety net.

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

We agree that greater interoperability and access to multiple data sources has the potential to enhance clinical decision support, support quality improvement, improve drug/device post-market surveillance, enhance care transitions, and enable research on prevention, diagnosis, and treatment.

However, while we commend and support the objectives and strategies identified under Goal 5, we are concerned that the Plan does not cover sufficiently and, in some cases, does not even reference the principles of data stewardship and the need for a governance framework in advancing the availability, accessibility and usability of electronic health information. Objective 5C should also include research on the availability, accessibility and usability of health IT across different populations, and the issue of ‘digital disparities’ in health.

Also, one important area for consideration is quality measurement based on electronic data. The development, testing and validation of e-specifications are crucial to the ability to leverage these clinical data to improve care.

Kaiser Permanente Comments  
Draft Health IT Strategic Plan

We appreciate your willingness to consider our comments. Please contact Jamie Ferguson at 510-271-5639 (email: [jamie.ferguson@kp.org](mailto:jamie.ferguson@kp.org)) or Lori Potter at 510-271-6621 (email: [lori.potter@kp.org](mailto:lori.potter@kp.org)) with any questions or concerns.

Sincerely,



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