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Submitted electronically at: <https://www.healthit.gov/standards-advisory/2016>

Re: 2016 Interoperability Standards Advisory

November 6, 2015

Dear Dr. De Salvo,

Thank you for the opportunity to provide written comment in response to the *2016 Interoperability Standards Advisory* developed by the National Coordinator for Health Information Technology (ONC).

We appreciate the opportunity to share comments based on our real-world implementation experience of the CommunityRx system (<http://healthrx.org/>). CommunityRx is a health information technology-based innovation funded by the CMS Health Care Innovation Awards (7/1/12-6/30/15 1C1CMS330997) that facilitates self-care coordination for patients, caregivers, and providers at the point of care. The CommunityRx system generates a "HealtheRx," personalized referrals to community resources, for patients. During the clinical encounter, the CommunityRx system securely extracts patient-level information from the EMR; sends an encrypted query to the continuously updated database of community resources; generates personalized referrals based on patient characteristics extracted from the EMR; and produces a HealtheRx that can be printed or electronically presented to the patient/caregiver during the medical encounter. HealtheRxs are generated for wellness and for 30 disease conditions, using evidence-based ontologies developed with input from the physician and nurse partners on the team. This transaction typically occurs in seconds and requires little change in provider workflow. Since launching 3/21/2013, CommunityRx has generated more than 345K HealtheRxs for more than 115,000 people seen at 33 clinical sites on Chicago's South Side.

Attached please find our recommendations as to where we believe the *2016 Interoperability Standards Advisory* can better incorporate recommendations for improved functionality to aid health care workers in the electronic prescription of community resources during the clinical encounter.

Best,

Stacy Lindau, MD, MAPP

Gillian Feldmeth, BS

The *2016 Interoperability Standards Advisory* would benefit from including guidance on how electronic medical record (EMR) systems can better facilitate connection to local resources available to patients in sectors beyond healthcare. The health care system is well-equipped to connect patients to prescription medications through the e-prescribing of drugs,¹ but physicians want to prescribe more than drugs. In a 2011 online survey of 1000 U.S. primary care physicians, the Robert Wood Johnson Foundation found that 85% of physicians agreed that “patients’ social needs are as important to address as their medical conditions.”² In light of the Institute of Medicine’s intersectoral health model³ and widespread acceptance of the importance of local resources for individual and population health, the ONC is in a unique position to guide implementation specifications for the prescription of self-care resources and aide in the development of interoperability standards for the provision (and documentation of provision) of self-care resources during the clinical encounter.

For health care providers to refer patients to community resources, the information systems to accomplish this must be integrated into the physician’s primary workflow, the EMR. However, most EMR systems do not currently have a system that supports this functionality. The HealthRx e-prescribing technology is embedded into 3 major EMR systems and seamlessly integrated into the normal clinical workflow, enabling participating health care providers to connect their patients to clinically relevant self-care resources during each clinical encounter.

The following implementation specifications warrant increased attention to the need for EMR systems to better support the ability of health care providers to connect their patients to health, human and social resources.

1. II-B Care Plan: Documenting patient care plans

Comment: Include guidance for best practice of systematic documentation of referral to community resource providers. While certain policies, e.g. Patient Centered Medical Home, require documentation of care planning and self-support care, to our knowledge, there is currently little guidance on how a provider can best record the provision of this information within the electronic medical record. In the CommunityRx system, a copy of the personalized HealthRx is stored within the patient chart and can be accessed during subsequent visits.

2. II-I Patient Education Materials : A standard mechanism for clinical information systems to request context-specific clinical knowledge from online resources

Comment: EMR systems provide a unique mechanism to provide education to patients regarding the availability of non-clinical resources that can improve their health. The CommunityRx system securely extracts patient level information and sends an encrypted query to a continuously updated database of community resources. The HealthRx prescription, typically produced in seconds, is patient-centered and tailored to patient diagnoses.

¹ Gabriel MH SM. *E-Prescribing Trends in the United States*. Washington D.C.: Office of the National Coordinator for Health Information Technology; July 2014

² Robert Wood Johnson Foundation. *Health Care’s Blind Side: The Overlooked Connection Between Social Needs and Good Health*. Princeton, NJ: Robert Wood Johnson Foundation (2011).

³ Committee on Public Health Strategies to Improve Health. *For the Public’s Health: The Role of Measurement in Action and Accountability*. 2011. Washington, DC: Institute of Medicine, National Academies Press.

3. II-O Summary Care Record: Support a transition of care or referral to another provider

Comment: We recommend adoption of a broad definition of the term “provider” to include health, human, and social service providers including public service and for-profit providers that provide resources and services patients need.

4. III-B: Retrieval of contextually relevant, patient-specific knowledge resources from within clinical information systems to answer clinical questions raised by patients in the course of care

Comment: There is emerging evidence that an individual’s health is largely influenced by factors that lie outside of the health care system. Retrieval of patient-specific knowledge resources should include information regarding self-care resources. The CommunityRx system retrieves patient-specific (eligibility based on age, gender, diagnosis, address, etc.) community-based resources during the clinical encounter to assist patients in identifying community-based services to manage clinical conditions.