



National Association for the Support of Long Term Care

February 6, 2015

Karen B. DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology (ONC)
Department of Health & Human Services (HHS)
Attention: *2015 Edition EHR Standards & Certification Criteria Proposed Rule*
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue, SW
Washington, DC, 20201

Submitted electronically Via HealthIT.Gov

RE: Federal Health IT Strategic Plan 2015 – 2020

Dear Dr. DeSalvo:

The National Association for the Support of Long Term Care (NASL) appreciates the opportunity to offer the following comments on the draft *Federal Health IT Strategic Plan 2015 – 2020*, which was released on December 8, 2014.

NASL is a national trade association representing both vendors of health information technology (IT) with full clinical and point-of-care IT systems and providers of care for the long term and post-acute care (LTPAC) sector. Our IT vendor companies serve the majority of LTPAC providers and our other members deliver a range of assisted living, skilled nursing and ancillary care and services, such as speech language pathology; physical, occupational and respiratory therapy; portable imaging; clinical laboratory and pharmacy services. NASL also is a founding member of the Long Term & Post-Acute Care Health Information Technology (LTPAC HIT) Collaborative, which formed in 2005 to advance health IT issues by encouraging coordination among provider organizations, policymakers, vendors, payers and other stakeholders. NASL and its membership are strong advocates for health IT and electronic health record (EHR) adoption. Our members are involved in Health Information Exchange (HIE) Challenge Grants and serve on the Standards & Interoperability (S&I) Framework Committees. NASL members have been appointed to both the Health IT Standards and Health IT Policy Committees and the National Quality Forum. In addition, NASL members have developed products that have been certified and are listed on ONC's Certified Health IT Product List (CHPL).

Along with the comments below, which NASL submits on behalf of our membership, we wish to call your attention to comments that NASL also supports prepared by the Long Term & Post-Acute Care Health IT Collaborative with whom NASL works closely on standardization and health IT policy initiatives.

Overview

NASL applaud the U.S. Department for Health & Human Services (HHS) and the Office of the National Coordinator for Health Information Technology (ONC) for its leadership in coordinating a strategic plan, which reflects the disparate interests of 35 federal agencies. While we support the broad goals and objectives outlined in the *Federal Health IT Strategic Plan*, we know that the challenge is in implementation. So, we are eager to review the details provided in the just-released *Nationwide Interoperability Roadmap* and *Standards Advisory*.

NASL especially appreciates the inclusion of LTPAC in ONC's definition of "provider" and your acknowledgment of the important role the LTPAC sector has in delivering on the promise of a person-centered, value- and evidence-based healthcare system that is supported by real-time, electronic exchange of health information.

We also find ONC's recognition that LTPAC, behavioral health and other providers did not benefit from the incentives provided for in the Health Information Technology for Economic & Clinical Health (HITECH) Act particularly meaningful. We wholeheartedly believe that it is the lack of incentives – and not a lack of interest in EHR adoption, use and health information exchange – that is reflected in the lower adoption rate among LTPAC providers to date. Because the cost of deploying health IT involves more than just the acquisition and implementation costs associated with purchasing and installing new hardware and software systems, we encourage policymakers to look at costs around training and support for staff operating in a new environment as important barriers for future adoption.

NASL wishes to underscore another critical point – the health IT software developed for, and used by the LTPAC sector are sophisticated IT solutions, which handle far more than administrative operations such as billing and staffing-related functions. Health IT deployed in LTPAC settings is being integrated into clinical practice to collect and track quality measurements and to conduct medication management and patient assessments. Some of the health IT produced by NASL member companies, for example, have received certification as modular EHRs under various Meaningful Use criteria. These products also are facilitating electronic exchange of health information, including Consolidated Clinical Document Architecture (C-CDA) formats, as we continue to work toward greater interoperability.

While we celebrate the advances evident in these products, we also recognize the considerable challenges around health IT adoption and use for many in the LTPAC sector. Many LTPAC providers, especially small and rural providers, have limited resources for implementing health

information technologies. For such providers, working toward the goals outlined in the *Federal Health IT Strategic Plan* may seem more like having to deal with an unfunded mandate – no matter how laudable the goal.

NASL appreciates ONC's broadening of health IT to include telehealth and mobile technology. These technologies are helping to change the ways LTPAC providers can ensure patients can access the quality care they need often while achieving cost savings for the Medicare and Medicaid programs.

As standards and technologies continue to evolve, and as technology becomes more integral to federal health policy, we ask that ONC and other federal agencies be mindful of how federal policymaking affects both innovation and business operations. We look to the federal government for clear guidance and communication of federal health policy and related requirements for businesses operating in or serving the public sector. While ONC may be cognizant of health IT development cycles, we are not certain all of the federal agencies that contributed to the *Federal Health IT Strategic Plan* are aware that changing health IT programs and systems takes time – beyond just implementing, testing and rolling out changes once edits and programming have been completed. We believe that there is an ongoing fundamental need to understand and respect development timelines, even as the pace of change and innovation increase. Likewise, we look to ONC to fulfill its vital role as coordinator – and perhaps as convener – to ensure that federal policies are harmonized so that health IT developers and users do not have to guess as to which policy should be followed or how to best resolve discrepancies that arise when there are competing or conflicting laws, directives and guidance from the various federal and state agencies that have oversight of the LTPAC sector.

Finally, NASL encourages ONC to consider tapping into the considerable expertise that LTPAC providers and vendors have with regard to coordination of care and longitudinal care as we transition away from the confines of setting-specific models and toward a more collaborative, patient-and-family-centric approach to healthcare delivery. NASL stands ready to work with ONC and HHS in achieving the goals outlined in the new *Federal Health IT Strategic Plan* as we continue to look for ways that health IT can improve care quality for those in our care.

Sincerely,



Cynthia Morton
Executive Vice President