



February 6, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
U.S. Department for Health and Human Services
200 Independence Avenue, SW, Suite 729D
Washington, D.C. 20201

RE: Comments on *Federal Health IT Strategic Plan, 2015-2020*

Dear Dr. DeSalvo:

On behalf of the National Health IT Collaborative for the Underserved (NHIT Collaborative), I thank you for this opportunity to offer comments on the *Federal Health IT Strategic Plan*. The plan builds upon the impressive accomplishments of the Office of the National Coordinator and other Federal agencies in advancing the use of health information technology (HIT) for the improvement of health and health care. It also provides a valuable framework for future planning and collaboration involving public, private and community partners. The NHIT Collaborative is committed to continue to work with your office and other partners engaged in this important effort.

The NHIT Collaborative serves as the nation's preeminent public/private/community partnership committed to ensuring that health information technology is used as an effective tool to promote health equity, access and quality care for multicultural underserved communities. Since 2008 we have worked on the elimination of health disparities and attainment of optimal health for such communities.

Our mission and experience provide the lens through which we have reviewed the *Federal Health IT Strategic Plan*. We do not stand alone in our commitment to achieve health parity and equity for all. The Federal government has also made clear its commitment to health equity and improved quality... It is significant that 2015 marks the 30th anniversary of the release of *The Heckler Report*, which was commissioned by HHS Secretary Margaret Heckler in 1985. The report was the first to document at the Federal level the existence of health disparities (in this instance, disparities associated with race). Recommendations from that report underscore the importance of addressing health disparities as a national priority.

As documented by the Office of Minority Health, the Agency for Healthcare Research and Quality in its annual *National Health Disparities Report* and many others, health disparities persist. The framers of the 2009 *Health Information Technology for Economic and Clinical Health (HITECH) Act* saw the elimination of health disparities as an important HIT function. For example, the statute defined the role of the Office of the National Coordinator as encompassing this responsibility:

"The National Coordinator shall assess and publish the impact of health information technology in communities with health disparities and in areas with a high proportion of individuals who are uninsured, underinsured, and medically underserved individuals (including urban and rural areas) and identify practices to increase the adoption of such technology by health care providers in such communities, and the use of health information technology to reduce and better manage chronic diseases." American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 13101, 123 Stat. 232 - 233 (2009) (adding § 3001(c) (6)(C) of the Public Health Service Act).



In 2010, HHS released its *HHS Action Plan to Reduce Racial and Ethnic Health Disparities/A Nation Free of Disparities in Health and Health Care*. We applaud the fact that the 2010 *HHS Action Plan* is linked to the current *Federal HIT Plan* (see page 18). This appears to signal an intention to continue to view HIT as an important tool to address health disparities.

In light of these references, the NHIT Collaborative believes that it is evident that from the perspective of the Federal government, the elimination of health disparities continues to be a key national policy objective. Further, HIT has an important role in eliminating health disparities and promoting health care equity. We believe that this role should be expanded and strengthened over the next five years. The comments we have provided therefore offer language to underscore that Federal commitment. In addition, in light of its statutory responsibilities to address the needs of communities of color and other populations experiencing health disparities, we recommend that the Office of Minority Health, which is mentioned prominently in the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities*, should be viewed as an important partner to help achieve outcomes, particularly with respect to goals and objectives that focus on the involvement of providers and consumers.

Again, we are appreciative of this opportunity and look forward to continued collaboration.

Best Regards,

Luis Belen
Chief Executive Officer



NATIONAL HEALTH IT COLLABORATIVE FOR THE UNDERSERVED

COMMENTS ON THE *FEDERAL HEALTH IT STRATEGIC PLAN* *2015-2020*

Vision: We propose a change to read: Health information is accessible when and where it is needed to improve and protect **all** people's health and well-being (Page 3)

Mission: Improve health, health care, **foster health care quality and equity**, and reduce costs through the use of information and technology (Page 3)

Overview

Federal agencies.....services for certain populations, **promote health equity and the elimination of health disparities**, invest in Page 4)

Goal 4: Advance the Health and Well-Being of **Diverse** Individuals and Communities (page 5)

Strategic Plan Development & Update

Paragraph 5 – Furthermore..... This engagement will also seek **to secure feedback from the public and** to provide the public..... (Page 6)

FEDERAL HEALTH IT PRINCIPLES

New Principle before “Be a worthy steward....

Insert – **Promote and support the use of Federal resources to eliminate racial/ethnic and other health disparities and attain health equity for all through health information technology.** (Page 7)

FEDERAL HEALTH IT COALS (Page 8)

Goal 1:

Objective A: Increase the adoption.....systems, and services **among diverse providers and consumers**

Objective C: Advance a national communications infrastructure **that is culturally and linguistically appropriate** that supports.....

Goal 2

Objective A: Enable **diverse** individuals and providers, **as well** as public health entities

Goal 3

Objective A: Improve.....and experience **for diverse consumers.....**

Objective D (New): Support the education, training and expansion of a HIT-related workforce that is representative of underrepresented, underserved communities

Goal 4: Advance the Health and Well-being of **Diverse** Individuals and Communities



Objective A: Empower.....health management and engagement, **utilizing culturally and linguistically appropriate strategies and tools**

Objective B: Protect and promote.....healthy, resilient **diverse** communities

Goal 5

Objective A: Increase access.....electronic health information and services **for all**

Objective B: Accelerate the development..... of innovative technologies among **diverse underserved communities** through outreach and engagement **of a broad spectrum of innovators, including community-based entrepreneurs**

Objective C: Invest, disseminate.....can improve health and care delivery and **reduce/eliminate health disparities**

Objective D (New): Implement Federal requirements to collect and report data by race, ethnicity and other disparity-related factors to monitor progress in attaining health parity and equity.

Objective 1A: (Page 10)

3- Year Outcome

Add – Add Increase adoption by providers in and serving racial/ethnic and other underserved communities, including small practices

Add – Increase the percentage of diverse patients who are offered and use online access to health information

Add – OMH to list of agencies

6-Year Outcome

Add – Increase access to telehealth and mobile use by consumers in urban and rural diverse communities

Add – Reduce percentage of “broadband deserts” in urban and rural areas

Add – OMH to list of agencies

Strategies

2. Expand the capacity...with special emphasis on development of workforce capabilities to assist in HIT adoption and effective use among multicultural underserved populations.

4. Encourage the adoption.....with special emphasis on rural and urban multicultural underserved communities

Objective 1B: (Page 11)

Strategies

3. Encourage the application of human factors.....patients’ language of preference, health literacy.....

Add – Ensure that communication strategies, materials and tools addressing safe use of HIT are culturally and linguistically appropriate

Objective 1C: (Page 12)

Add – OMH to the list of agencies

Objective 2A: (Page 14)

3-Year Outcome

Add – Increase the capacity of health IT to be accessible for consumers with limited English proficiency and people with disabilities

Add – OMH under 3- and 6-Year Outcomes, respectively

Strategies

Add – Develop and implement appropriate strategies and tools to inform diverse providers and consumers

Objective 2B: (Page 15)

Add – OMH under 3- and 6-year outcomes, respectively

Objective 2C: (Page 16)

3-Year Outcome

Increase the reach of education and training information and tools **that are linguistically and culturally accessible to diverse populations** for...

Add – OMH under 3- and 6-year outcomes, respectively

Strategies

Add – Assure the availability of information that is culturally and linguistically appropriate and accessible

Objective 3A: (Page 18)

3-Year Outcome

Add – Increase percentage of providers collecting, reporting and utilizing data disaggregated by race, ethnicity and other variables

Add – OMH under 3- and 6-year outcomes, respectively

Strategies

6. Address the cultural and language of preference of patients and caregivers, as well as the health literacy issues.....

Objective 3B: (Page 19)

3-Year Outcome

Identify and increase administrative efficiencies that reduce cost, **improve experiences of diverse providers and patients and improve population health access, especially among the multicultural underserved.**

3-Year Outcome

Increase the number of providers receiving technical assistance, **with emphasis on providers in underserved communities**, for using....

Add – OMH under 3- and 6-year outcomes, respectively

Objective 3C: (Page 20)

3-Year Outcome

Add – Increase use of disaggregated data for preventive, screening, and treatment that addresses the needs of diverse populations

Add – OMH under 3- and 6-year outcomes, respectively

Strategies

4. ...behavioral, preventive services and social services, ,to aid their organizational and clinical processes and practices, with emphasis on support for multicultural underserved populations.

Objective 4A: (Page 22)

3-Year Outcome

Increase access of individuals from diverse populations to their electronic.....

Add – Increase use of HIT to collect data, disaggregated by race, ethnicity, income, geographical location and other variables, to identify social determinants contributing to health disparities

Add – OMH under 3- and 6-year outcomes, respectively

Strategies

1. Ensure availability of culturally and linguistically appropriate tools and materials, which reflect language preference, to advance individuals' ability....
2. Disseminate multilingual health IT tools...
3. Support.....self-care and wellness technologies that are culturally appropriate and available in an individual's language of preference

Objective 4B: (Page 23)

3-Year Outcome

Increase public health entities' ability.....targeted alerting, especially to rural, urban multicultural and other underserved, high-risk communities

Add – OMH under 3- and 6-year outcomes, respectively

Strategies

Add: Expand the capacity of HIT to integrate, share and use data on social determinants of health to foster the health and improve the management of care in diverse, underserved communities

Objective 5A: (Page 25)

3-Year Outcome

Add – Increase access to data sets by minority serving institutions of higher learning and other entities by addressing cost barriers limiting use

Add – OMH and Department of Education under 3- and 6-year outcomes, respectively

Strategies

Add – Inform and promote access to federal health and other research data among historically black colleges and universities, tribal colleges, Hispanic-serving and other institutions serving underserved, underrepresented minority populations

Add – Encourage and support research by and with researchers from communities experiencing disparities on strategies and tools that result in reducing/eliminating health disparities

Objective 5B: (Page 26)



3-Year Outcomes

Add – Increase public/private initiatives developed in collaboration with diverse communities to meet health and health care needs with culturally/linguistically appropriate tools

Add – Increase innovative technologies developed by and for individuals from multicultural and other underserved communities

Add – CTO, FCC and OMH under all outcomes

Strategies

1. Fund organizational learning and research, and promote innovation for new health IT products and solutions, including.....privacy protections, **disparity reduction**,

Add – Develop and implement informational campaigns that inform diverse providers and consumers about innovations of relevance to their needs

Objective 5C: (Page 27)

3-Year Outcome

Add – Increase tools and evidence available on proven practices of using health IT to reduce/eliminate health disparities

Add – OMH under 3- and 6-year outcomes, respectively

Strategies

Add – Support the participation of minority institutions of higher learning and other organizations serving racial/ethnic and other disparity populations in the research that produces health equity results