PONCE HEALTH SCIENCES UNIVERSITY

Ponce Medical School Foundation
Regional Extension Center

February 6, 2015

Karen DeSalvo, MD, MPH, MSc
Chair, Health Information Technology Policy Committee
Office of the National Coordinator
Department of Health and Human Services
200 Independence Ave., S.W Suite 729-D
Washington, DC 20201

RE: Federal Health Information Technology Strategic Plan 2015-2020

Dear Dr. De Salvo,

First of all I want to congratulate you and the Team at Office of the National Coordinator for the thoughtful and comprehensive framework for goals, outcomes and strategies to advance the adoption and effective use of health IT for the nation and which is reflected in the draft "Federal Health IT Strategic Plan: 2015-16."

In response to the opportunity for public comment, I am pleased to submit the following reflections on behalf of the Ponce Medical School Foundation and our ONC Regional Extension Center, which draw upon the very enriching experience of working under the ONC Regional Extension Center Program over the course of nearly five years. Our REC serves over 5,000 Primary Care Physicians, Specialists, Dentists, and Hospitals in Puerto Rico and the US Virgin Islands who care for nearly 2 million minority, Medicaid, as well as dually eligible Medicare/Medicaid beneficiaries and medically needy, across more than six major Caribbean Islands in our Territory. My comments have been further enriched by the opportunity I have had to serve as both the national Chair for the HIMSS Latino Special Interest Group, as a National Stakeholder for the National Health IT Collaborative for the Underserved (NHIT), and a Member of the Morehouse School of Medicine TCC HIT Policy Advisory Board.

As you know, the HITECH Act establishes clear guidance for the Office of the National Coordinator with respect to health disparities and the underserved in stating that:

"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).

While the Federal Health IT Strategic Plan provides a very comprehensive framework promote the availability and accessibility of health IT "when and where it is needed to improve and protect people's health and well-being" ("*Federal Strategic Health IT Plan", 2015*), it does not explicitly incorporate within all its stated goals and objectives the key priority of addressing and enhancing the impact of health IT to reduce health disparities and in communities with "high proportion of uninsured, underinsured, and medically underserved." We believe that incorporating explicitly references to this mandate in key content areas of the document, especially in the delineation of three and six year outcomes as well as the delineation of specific strategies within the identified objectives would be not only pertinent but necessary.

Furthermore, while the document rightly includes the Office of Minority Health of Department of Health and Human Services as one of the participating Federal Departments and Agencies, the Strategic Plan fails to include OMH as a key participating federal agencies where OMH can and should play a key strategic role to advance health disparities and to ensure that the Plan, its Objectives and Strategies maintain a focus on underserved communities and in reducing health disparities throughout America.

Based upon the above premises, we respectfully submit the following recommendations:
- Inclusion of explicit references pertaining to the reduction in health disparities and focus on underserved communities in key areas within the document's three and six year proposed outcome statements, strategies, and narrative.
- Incorporating OMH as key participating Federal Agency in pertinent areas within all five Goal Areas identified in the Strategic Plan.

- Inclusion of references to language of preference within key statements relating to strategies, especially those that pertain to the engagement of individuals, caregivers, and communities and their access to health information, health education, and resources.
- Inclusion of priorities with respect to research on health disparities as part of the Federal Healthcare Research Agenda, by prioritizing projects which address health disparities, population health research with underserved population groups, and global/international population and public health.

In order to assist in more clearly identify areas where these general recommendations could be delineated in the document, I am providing the attaching a summary of our recommendations with specific reference to content areas in the Draft Federal Health IT Strategic Plan where such changes are being proposed.

I thank you for the opportunity to comment on the excellent Federal Strategic Plan which ONC has drafted under your leadership and which we know has been nurtured by significant input and contribution of stakeholders from throughout the United States. It is my sincere hope that our comments can assist in explicitly articulating the perspective of the underserved within this highly significant plan which will guide our efforts to advance the adoption and effective use of Health IT throughout the Americas and beyond.

In closing, I want to underscore our deep commitment to a sustained collaboration with ONC and other Federal, Public and Private Sector collaborators to help materialize Health IT's promise for healthcare system transformation and health improvement to underserved communities and reiterate our deep respect and appreciation four your broad vision, and inclusive leadership.

Sincerely,

Antonio I. Fernandez
Director
Regional Extension Center
Ponce Medical School Foundation

PONCE MEDICAL SCHOOL FOUNDATION
REGIONAL EXTENSION CENTER
DETAILED COMMENTS REGARDING
THE ONC FEDERAL HEALTH IT STRATEGIC PLAN 2015-2020
SUBMITTED TO THE
ONC NATIONAL HEALTH INFORMATION TECHNOLOGY POLICY COMMITTEE

GOAL 1

Objective 1A:

Outcome Tables

Include OMH among the participating Agencies under the three and 6 year outcome tables

Strategies:

#2 Insert: "with special emphasis on development of workforce capabilities to assist in Health IT adoption and effective use among underserved communities" (at the end of the statement).

4 Insert: "with special emphasis on rural and underserved communities" (at the end of the statement.)

Objective 1B:

Outcome Tables

Include OMH among the participating Agencies under the three and 6 year outcome tables

Strategies:

#3 Insert: "patients' language of preference"

Objective 1C

Outcome Tables

Include OMH among the participating Agencies under the three and 6 year outcome tables

GOAL 2

Objectives 2A:

Outcome Tables

-Include OMH among the participating Agencies under the three and 6 year outcome tables

Objectives 2B:

Outcome Tables

Include OMH among the participating Agencies under the three and 6 year outcome tables

Objective 2B:
-Include OMH among the participating Agencies under the three and 6 year outcome tables
- Under 3 Year outcomes Tables, Insert: "linguistically accessible" (before "training information and tools...").

GOAL 3
Objectives 3A:
Outcome Tables
-Include OMH among the participating Agencies under the three and 6 year outcome tables
- Strategies:
#6 Insert: "the language of preference of patients and caregivers"(after "health literacy).

Objectives 3B:
Outcome Tables
-Include OMH among the participating Agencies under the three and 6 year outcome tables
- "3 Year Outcome Tables":
-First table: Indent "and population health access, especially among the underserved" (at the end of the statement.
-Second Table: Insert "with emphasis on providers working with underserved population" (after "Increase the number of providers receiving technical assistance...").

Objective 3C:
Outcome Tables
-Include OMH among the participating Agencies under the three and 6 year outcome tables
Strategies
- #4, Insert: "especially those offered to underserved populations" (at the end of the statement).

GOAL 4
Objectives 4A:
Outcome Tables
-Include OMH among the participating Agencies under the three and 6 year outcome tables
- Strategies:
#1 Insert: "in their language of preference" (at the end of the statement).
#2 Insert: "multi-lingual" (before "health IT tools").

#3 Insert: "and that are available in an individual's language of preference" (at the end of the statement).

Objectives 4B:
Outcome Tables
-Include OMH among the participating Agencies under the three and 6 year outcome tables
- "3 Year Outcome Tables":
-First table: Insert, "especially rural, underserved communities, and to reach vulnerable and high risk populations" (at the end of the statement/description of the outcome).
-Second Table: Insert "with emphasis on providers working with underserved population" (after "increase the number of providers receiving technical assistance…").

GOAL 5
Objectives 5A:
Outcome Tables
-Include OMH among the participating Agencies under the three and 6 year outcome tables
- Strategies:
#3 and #4, Insert: "and encourage research activities focused on reduction of health disparities, public health and the social and cultural determinants of health affecting underserved and vulnerable populations, as well as international/global population and public health" (at the end of the statement).

Objectives 5B:
Outcome Tables
-Include OMH among the participating Agencies under the three and 6 year outcome tables
- Strategies:
#2, Insert: "multi-lingual" (before "social networking platforms").

Objectives 5C:
Outcome Tables
-Include OMH among the participating Agencies under the three and 6 year outcome tables
- Strategies:
#3 and #4, Insert: "especially initiatives targeting medically needy and underserved communities" (at the end of each of the strategy statements).