



February 4, 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 Avenue, S.W., Suite 729-D
Washington D.C., 20201

RE: Federal Health Information Technology Strategic Plan, 2015-2020

Dear Dr. DeSalvo,

The Health IT Policy subproject of the Transdisciplinary Collaborative Center (TCC) for Health Disparities Research at Morehouse School of Medicine (MSM) greatly appreciates the opportunity to provide comments in response to the Request for Comment published in the Federal Register on December 10, 2014, on the Federal Health IT Strategic Plan, 2015-2020 issued by the Office of the National Coordinator. The TCC is funded by the National Institute on Minority Health and Health Disparities (NIMHD) to study the impact of policy on the elimination of health disparities. The TCC's Health IT Policy subproject specifically focuses on leveraging health IT policy to advance health equity. We have a national reach but place particular emphasis on reducing disparities for people living in Department of Health & Human Services (DHHS) Region IV states (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee). The TCC Health IT Policy subproject conducts original research, engages directly with the community and is informed by an advisory board of national experts in health IT and health equity. For more information on our research, outreach and advisory board, we welcome you to visit our website: <http://healthpolicymatters.org/>.

As an institution, MSM has been recognized nationally for its social mission and has demonstrated its commitment to the advancement of health equity through its mission to improve the health of all individuals and communities, increase diversity in the medical professional workforce, and address primary healthcare needs for people of color and underserved communities. MSM is also home to the only regional extension center in Georgia, the GA-HITEC. The GA-HITEC has assisted over 4,000 providers in Georgia adopt and implement electronic health records and recently launched the only mission-based health information exchange in Georgia, Georgia HealthConnect.

The TCC's Health IT Policy subproject shares ONC's goal of accessible health information to improve overall health and well-being. The Federal Health IT Strategic Plan portrays a visionary roadmap for the expansion of health IT and the TCC is excited to continue its partnership with federal agencies, healthcare providers, technology vendors and community organizations to realize the plan's goals. Reducing health disparities is a key component to the successful transformation of the U.S. healthcare system.

Since the first federal acknowledgement of health disparities in the 1985 Hoeckler Report, preventable differences in health outcomes have persisted.¹ This year, marks 30 years of identification and attempts at reducing disparities. We would like to take this opportunity to share some of our research findings and

¹ U.S. Department of Health and Human Services, *Report of the Secretary's Task Force on Black and Minority Health*, vol. 1. Washington: U.S. Government Printing Office, August 1985.



their relation to the Federal Health IT Strategic Plan. We have some general comments about the strategic plan and four specific recommendations for advancing health equity.

General Comments

One of Congress's primary goals in passing the HITECH Act was to reduce health disparities, as is demonstrated by tasking the National Coordinator with the "development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information and that. . . reduces health disparities. . . ."² Given Congress's clear directive, we believe that the subject of health disparities should be elevated within the strategic plan. Currently, there are only three mentions of disparities. Two of those mentions are within Objective 5C, related to improving overall quality. However, as the Agency for Healthcare Research and Quality's annual National Healthcare Disparities Report demonstrates, improvements in overall healthcare quality do not directly translate to reductions in disparities.³ For this reason, it is critical to attack disparities through targeted, evidence-based initiatives. We include below four recommendations to align the strategic plan with congressional intent.

Recommendation 1: Include the Office of Minority Health (OMH) as a partner agency within each of the plan's goals

Although the Office of Minority Health (OMH) is included as a participating federal agency, it is not specifically included under any of the objectives as an agency with a role in achieving the respective outcomes. The OMH plays a critical role in ensuring that health IT is adopted and used to reduce disparities and therefore should be included in the Outcomes for every goal. Giving the OMH a "seat at the table" demonstrates that reducing health disparities is a priority.

Recommendation 2: Within Goal 1, include an objective acknowledging the adoption disparity and specific initiatives to increase adoption by these providers.

The TCC agrees with the principles guiding goal 1 of the strategic plan, that expanding adoption of health IT is critical to the current healthcare system transformation. We are thrilled to see the expansion to providers across the care continuum, especially to behavioral health providers. However, our research shows that primary care providers in underserved communities, specifically those serving high Medicaid and rural populations, are still lagging behind in their adoption and implementation of EHRs.⁴ We want to ensure that targeted efforts to assist these providers reach meaningful use milestones continue in the form of incentive payments and Regional Extension Center assistance.

Through our community engagement activities, the TCC has learned that gaps in broadband access in rural, tribal and underserved areas are a huge barrier to health IT adoption and meaningful use. We greatly appreciate and applaud the ONC, USDA and FCC for acknowledging this problem and incorporating strategies to bring broadband access to all in Objective 1C.

² American Recovery and Reinvestment Act (ARRA). (2009). Pub L No. 111-5.

³ Agency for Healthcare Research and Quality. 2013 National Health Care Disparities Report. 2014;Pub. No. 14-0006. Available at <http://www.ahrq.gov/research/findings/nhqrdr/nhdr13/2013nhdr.pdf>. Accessed June 26, 2014.

⁴ Mack, D., Zhang, S., Sow, C., Strothers, H., Rust, G., Bell, K. Disparities in EHR Primary Care Adoption Rates. *International Journal of Medical Informatics*. Under Review.



Recommendation 3: Within objective 2B, align demographic data collection requirements with known health disparity variables.

The TCC agrees with the ONC that common technical standards are necessary for efficient sharing and using of health information to improve outcomes. We also agree that standards must be maintained and *enhanced* based on practical experience and emerging evidence. Our research reveals missed opportunities to apply these principles to the standards for collecting demographic data in EHRs.⁵ Known disparities exist across racial and ethnic subgroups, people with disabilities and LGBT individuals, however the current demographic data standards and Meaningful Use requirements fail to identify these groups. The OMB standards of race and ethnicity were adopted in 1997 and are still the standard used for health IT. The OMH, under the Affordable Care Act (ACA), was integral in expanding the categories of demographic data required by public health programs and surveys to include racial and ethnic subgroups and people with disabilities, with standards for collection of sexual orientation and gender identity currently under development.

Despite numerous Institute of Medicine reports^{6, 7} and recommendations by organizations like the American Medical Association,⁸ the American Hospital Association,⁹ the National Partnership for Women and Families,¹⁰ the Summit Health Institute for Research and Education, Inc. (SHIRE)¹¹ and the National Collaborative for Health Equity (formerly the Joint Center for Political and Economic Studies)¹² to expand demographic data collection, the Meaningful Use and the Standards & Certification Criteria programs maintain the minimally informative OMB categories for the collection of race and ethnicity and fail to require the collection of disability/functional status, sexual orientation and gender identity.

Collecting the data is the foundation for inclusion of disparity variables in clinical quality measures (CQM) and clinical decision support (CDS) protocols. Routine incorporation of disparity variables into these tools allows for the clinical implementation of interventions that have been proven effective in reducing disparities. The current gap in data collection between public health and healthcare prevents the implementation of effective interventions identified using public health data into the clinical setting.

⁵ Douglas, M.D., Dawes, D.E., Holden, K.B., Mack, D. (2015). Missed Policy Opportunities to Advance Health Equity by Recording Demographic Data in Electronic Health Records. *Am J Public Health*. In press.

⁶ Institute of Medicine. *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*. Washington, DC: National Academy Press; 2009.

⁷ Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press; 2011.

⁸ Strategic Plan, 2014-2016. American Medical Association Commission to End Healthcare Disparities. Available at <http://www.ama-assn.org/ama/pub/physician-resources/public-health/eliminating-health-disparities/commission-end-health-care-disparities.page>. Accessed Feb. 4, 2015 (registration required).

⁹ Hasnain-Wynia, R., Pierce, D., Haque, A., Hedges Greising, C., Prince, V., Reiter, J. (2007). *Health Research and Educational Trust Disparities Toolkit*. hretdisparities.org. Accessed on Jan. 16, 2015.

¹⁰ <http://www.nationalpartnership.org/research-library/health-care/HIT/leveraging-meaningful-use-to.pdf>

¹¹ Perot, R.T., Youdelman, M. (2001). Racial, ethnic, and primary language data collection in the health care system: an assessment of federal policies and practices. Available at http://www.commonwealthfund.org/~media/files/publications/fund-report/2001/sep/racial--ethnic--and-primary-language-data-collection-in-the-health-care-system--an-assessment-of-fed/perot_raceethnic_492-pdf.pdf. Accessed Jan. 29, 2015.

¹² Joint Center for Political and Economic Studies. Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations. 2010. Available at <http://csmh.umaryland.edu/Toolbar/Toolbardocs/reformdiversepopulations.pdf>. Accessed June 26, 2014.



Related to recommendation 1, due to its work under the ACA, the OMH should be an integral partner in aligning the DHHS agencies on this initiative.

Recommendation 4: Within Goal 3, add Objective D: Reduce health disparities

Goal 3 provides a foundation for the advancement of health equity, however it would be further strengthened by incorporating an objective that explicitly targets health disparities. One 3-year outcome of this objective would be the expanded collection of demographic data to identify disparity populations unique to each clinic and clinical setting. A second 3-year outcome is the development and implementation of CQMs and CDS systems that incorporate disparity variables and can be used by clinicians to specifically target disparities relevant to the population they serve. For example, due to the disproportionate burden of chronic disease in African American populations,¹³ these tools would be highly valuable to healthcare models like Accountable Care Organizations that can use them to identify and intervene to reduce disease (and cost) burden among African American patients. The 6-year outcome for this objective would be reductions in disparity indicators such as access to and utilization of preventive services. Strategies to achieve this objective would include:

- Requiring the collection of expanded demographic data on racial and ethnic subgroups, people with disabilities, sexual orientation and gender identity;
- Developing CQMs that incorporate evidence-based measures specific to health disparities;
- Pilot testing CDS modules in high disparity patient populations; and
- Implementing evidence-based interventions to reduce disparities.

The Federal Health IT Strategic Plan, 2015-2020 is a strong framework for continuing to leverage the power of health IT to improve health outcomes. Incorporating targeted goals, objectives and strategies to reduce disparities is the only way to advance health equity and aligns with the HITECH Act's priorities.

Thank you for taking the time to review these recommendations. The TCC's Health IT Policy project at MSM is ready and equipped to be of assistance in any capacity to advance health equity. We look forward to assisting you as needed to further the national objective of eliminating health disparities.

Kindest regards,

A handwritten signature in black ink, appearing to read "DMack", written over a horizontal line.

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¹³ Healthy Communities. Centers for Disease Control and Prevention. Available at http://www.cdc.gov/chronicdisease/resources/publications/AAG/healthy_communities.htm. Accessed Feb. 4, 2015.