



TELECOMMUNICATIONS
INDUSTRY ASSOCIATION

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January 6, 2015

Karen B. DeSalvo, MD, MPH
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue, SW
Washington, DC 20201

**RE: Comments of the Telecommunications Industry Association in Response to the
*Federal Health IT Strategic Plan 2015-2020***

Dear Dr. DeSalvo:

The Telecommunications Industry Association (TIA) sincerely appreciates the opportunity to provide input to the Office of the National Coordinator for Health Information Technology (ONC) on the *Federal Health IT Strategic Plan 2015-2020 (Strategic Plan)*,¹ towards the improved adoption of health information technology. TIA shares the goal of the *Strategic Plan* – improving health, healthcare and reducing costs through the use of information and technology – and the wide collaboration across Federal agencies through its Federal Health IT Advisory Council, which informed the *Strategic Plan*.

I. Introduction & Statement of Interest

TIA is a trade association representing hundreds of global manufacturers, vendors, and suppliers of information and communications technology (ICT), and engages in policy efforts specific to health ICT to promote a modern healthcare system that leverages innovative technologies to transform the way care is delivered and consumed. Many of TIA's member companies develop, manufacture, and supply health ICT and medical devices, helping to produce products that allow patients and health care providers to manage healthcare virtually anytime, anywhere. TIA believes that a modern, 21st century healthcare system must leverage

¹ See *Federal Health IT Strategic Plan 2015-2020*, available at <http://www.healthit.gov/sites/default/files/federal-healthIT-strategic-plan-2014.pdf>.



innovations in communications technologies, and that innovative technologies are needed to connect patients, healthcare providers, medical professionals and systems to facilitate ongoing care and treatment wherever and whenever it is needed. Our ICT manufacturers, vendors, and suppliers commend the United States government for working towards the realization of a connected healthcare system.

TIA has long urged for the support of existing regulatory mechanisms that enable innovation while protecting patient safety and avoiding regulatory duplication. We agree with the *Strategic Plan's* goals of advancing the collection, sharing, and use of electronic health information to improve health care, individual and community health, and research. Further, TIA believes that an overarching goal for the *Strategic Plan* should be to ensure patient safety while helping to speed innovation in healthcare ICT and mobile medical apps.

II. TIA Views on the *Strategic Plan*

Generally, TIA continues to believe that telehealth and remote patient monitoring solutions hold great promise to reduce inpatient care and readmissions, as well as improve care coordination, but that the use of these technologies is limited by an outdated legal and regulatory structure. ONC's approach should reflect the dynamic and transformative nature of advanced ICT solutions, and should not stifle innovation that can continually improve patient care.

There remains a need for federal priorities to address the full potential of the health ICT ecosystem which is comprised of many technologies, including telehealth and remote patient monitoring. We encourage ONC to adopt a technology-neutral approach towards a fully-connected health ICT ecosystem which embraces the diversity of solutions to allow for innovative improvements throughout the care continuum.

While the focus has remained on increasing the use of electronic health record (EHR) systems under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009,² EHRs are but one key component of the larger effort to improve the American healthcare system. There are direct societal benefits to enhanced healthcare ICT machine-to-machine (M2M) communications, such as providing hospitals with the location of critical mobile equipment and reducing the time it takes health care workers to access that equipment in an emergency.³ Studies already demonstrate that patients who log their thoughts and behaviors via mobile apps or sensors so that doctors can monitor them between visits receive better

² Pub. L. No. 111-5 (2009), at § 13000 *et seq.*

³ See <http://www.amednews.com/article/20120813/business/308139963/7/>.



overall care.⁴ Examples include how remote monitoring is utilized in home settings for the most chronically ill: monitoring of IV infusions, measuring of blood glucose levels, tracking blood pressure, heart rate, and medical grade weight scale readings from the non-hospital setting to health care workers, among many others. These and other critical information datasets can be automatically sent to medical professionals who can analyze trends and alert physicians or care providers, to identify the onset of problems quickly. Systems can also determine the location of ambulances and deploy them efficiently to reduce the time it takes to respond.⁵ All of the described benefits are effects that directly correlate with the inclusion of PGHD, particularly via mobile medical applications, in the nation’s health care system.

Further, ONC should promote the ability to exchange health information confidentially and securely across healthcare systems, settings of care, vendors, certified EHRs and EHR modules and systems, and geographies. The adoption and use of open and voluntary standards is a long-standing federal policy that promotes effective and efficient technology and innovation in the global marketplace.⁶ The use of such standards for interoperability between remote patient monitoring devices and EHRs is consistent with established Federal policy that has promoted ubiquitous interoperable mobile devices, systems and networks generally. It would also further ONC’s goals to enable systemic engagement with patients, care providers, medical professionals and other healthcare stakeholders. Such voluntary industry standards – along with consensus on specifications for interoperability between remote monitoring products and EHRs – already exists and are currently utilized in commercial products. Along with interoperability, we believe that state licensure issues should be addressed in a way that allows for the American public to realize the benefits of a fully-developed continuum of care. TIA stands ready to work with ONC and other stakeholders to realize the goals of the *Shared Nationwide Interoperability Roadmap*.⁷

Across Objectives and Goals in the *Strategic Plan*, TIA notes that the timeframe associated with set outcomes should not be dependent on whether they apply to healthcare providers or

⁴ See <http://www.informationweek.com/healthcare/patient/patient-generated-mobile-dataimproves-c/240008018>.

⁵ For example, George Washington University’s Heart and Vascular Institute, The Wireless Foundation, D.C.-area Hospitals and D.C. Fire & EMS have partnered to reduce time from onset of chest pain to treatment by equipping D.C.-area ambulances with technology that enables rapid, wireless transmissions of EKGs to both the on-call physician’s wireless device and tertiary care hospitals. See <http://www.newswise.com/articles/view/596059/>.

⁶ See OMB Circular A-119 Revised, Federal Participation in the Development and Use of Voluntary Consensus Standards and in Conformity Assessment Activities (rev. Feb. 10, 1998) (OMB Circular A-119) available at <http://www.whitehouse.gov/omb/rewrite/circulars/a119/a119.html>.

⁷ See ONC, Connecting Health and Care for the Nation: A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure (October 2014), available at <http://www.healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf>.



patients. For example, as noted below, the Strategy contains Outcomes which contain three-year goals for the provider community, followed by six-year goals for patients. As the transformation of healthcare is spurred by advanced ICT solutions that will increase patient engagement and interaction, the embracing of ONC's goals will become increasingly dependent on all stakeholders in the healthcare ecosystem, and does not require the provider community to fully embrace an approach or solution in advance of patients. Consequently, TIA strongly urges ONC to revise its goals in these instances to have goals apply to both providers and patients.

III. TIA's Targeted Views Certain Objectives in the *Strategic Plan*

- a. *Objective 1A: Increase adoption and effective use of health IT products, systems, and services*

TIA supports the goal of increasing adoption and effective use of health IT products, systems, and services, and the three year outcome of "increasing opportunities for providers and individuals to use appropriate telehealth and mobile health technologies and services." However, as described above, this Objective should be revised to fully and clearly incorporate the role and potential of PGHD in increasing the adoption and effective use of health IT products, systems, and services. We strongly urge ONC to revise this Objective accordingly.

- b. *Objective 1C: Advance a national communications infrastructure that supports health, safety, and care delivery*

TIA fully supports the proposed objective of advancing a national communications infrastructure that supports health, safety, and care delivery. Representing the international community of ICT manufacturers, vendors, and suppliers, TIA works with a wide range of policymakers to promote this concept. In order to advance a national communications infrastructure, close and constant coordination will be needed with other key agencies, namely the Federal Communications Commission (FCC) as it controls the Healthcare Connect Fund, capped at \$400m, created to expand health care provider access, or "telehealth," to broadband, especially in rural areas, and encourage the creation of state and regional broadband health care networks; as well as frequency licenses that directly impact opportunities for mobile broadband allocations that can be utilized by healthcare applications.

Furthermore, as described above, this Objective would be vastly improved by clearly incorporating the crucial role of PGHD in the advancement of a national communications infrastructure that supports health, safety, and care delivery.

- c. *Objective 2A: Enable individuals, providers, and public health entities to securely send, receive, find, and use electronic health information*



TIA supports the goal of enabling individuals, providers, and public health entities to securely send, receive, find, and use electronic health information. However, as proposed in the Strategy, Outcome 2A does not contemplate the crucial role of adoption of advanced healthcare ICT and PGHD. Therefore, TIA urges ONC to revise its proposed strategy regarding electronic health information to incorporate the role of PGHD in the health care continuum.

d. *Objective 4A: Empower individual, family, and caregiver health management and engagement*

TIA supports the inclusion of the Outcome to empower individual, family, and caregiver health management and engagement. Specifically, we agree that “increasing the number of federal care delivery systems and programs incorporating the use of innovative technologies (sensors, medical devices, assistive technologies) to improve the health of the populations they serve.” This specific Outcome should be expedited to a three-year Outcome, rather than a six-year outcome to reflect the necessary correlation for engagement of all stakeholders – from providers to patients.

e. *Objective 5B: Accelerate the development and commercialization of innovative technologies and solutions*

TIA supports the inclusion both of Outcomes “advancing science and knowledge in creating and using sensors, mobile technology, medical devices and assistive technologies that enable users to quantify and use personal health information while protecting their privacy” and “advancing science in using health IT for precision medicine and patient centered care.” However, based on our views described above, TIA strongly urges for the proposed six-year Outcome for precision medicine and patient centered care to be expedited to a three-year Outcome. This would reflect the need for the Strategy to move towards a fully-connected health ICT ecosystem that embraces the diversity of solutions that allow for innovative improvements in care that technology can provide at each stage along the continuum of care.



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TIA, on behalf of hundreds of global health ICT manufacturing and vendor community members, requests that its views in this matter be considered and stands ready to work with the ONC as it moves forward towards realizing the potential of eCare in the United States. Please contact the undersigned if we can be of more assistance.

Respectfully submitted,

TELECOMMUNICATIONS INDUSTRY ASSOCIATION

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