Trinity Health
Livonia, MI

Karen DeSalvo
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue S.W., Suite 729-D
Washington, D.C. 20201

February 5, 2015

Re: Federal Health Information Technology Strategic Plan: 2015-2020

Dear Assistant Secretary & National Coordinator for Health Information Technology DeSalvo:

Trinity Health appreciates the opportunity to comment on the _Federal Health IT Strategic Plan for 2015-2020_. In this letter, we offer our thoughts related to the goals, objectives, and strategies outlined in the draft plan. In general, we agree with the goals outlined in the plan, but recommend that, in the coming months, ONC work with providers and other key stakeholders to establish a more tactical strategy for measuring progress and achieving these goals.

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation. We serve people and communities in 21 states with 86 hospitals, 128 continuing care facilities, and home health and hospice programs that provide nearly 2.8 million visits annually. Trinity Health returns almost $900 million to its communities annually in the form of charity care and other community benefit programs, and employs about 89,000 people including 3,300 employed physicians. We have 28 teaching hospitals with Graduate Medical Education programs providing training for 1,720 residents and fellows in almost 200 programs.

Trinity Health is known for its focus on the country's aging population. As a single, unified ministry, the organization is the innovator of Senior Emergency Departments, the largest not-for-profit provider of home health care services — ranked by number of visits — in the nation, as well as the nation's leading provider of PACE (Program of All Inclusive Care for the Elderly) based on the number of available programs.

Trinity Health is one of the few health systems in the country that has had a group of its hospitals attest successfully to Stage 2 Meaningful Use. In our experience, appropriate use of health information technology (health IT) can lead to smarter, safer, and less costly care. We are continually working to improve population health management, identify high-risk/high-cost individuals, enhance care

coordination and communication, and share best practices. Our comments below are informed by our decade-long experience in collecting, sharing, and using health IT. We urge you to consider our suggestions as you update the Federal Health IT Strategic Plan and develop future policy.

Goal 1: Expand Adoption of Health IT

We fully support ONC's goal of expanding adoption of health IT, promoting the use of certified health IT by providers ineligible for Meaningful Use and utilizing a broader set of technologies beyond EHRs. We believe that federal support is critical in expanding the adoption of health IT by a broader range of providers—such as those in post-acute care settings—and believe that such efforts will improve care delivery and facilitate people-centered approaches to care management and decision-making.

Objective 1A
We noted that under Objective 1A, the first strategy pertains to encouraging the use of certified health IT products through federal payment policies. We agree with the language in the fiscal year 2015 Omnibus Appropriations bill passed by Congress, which urged the Office of the National Coordinator for Health IT to decertify EHR products that are effectively blocking the sharing of health information.

> "ONC should use its authority to certify only those products that clearly meet current meaningful use program standards and that do not block health information exchange," states the bill. "ONC should take steps to decertify products that proactively block the sharing of information because those practices frustrate congressional intent, devalue taxpayer investments in [Certified EHR Technology], and make CEHRT less valuable and more burdensome for eligible hospitals and eligible providers to use."

We believe this approach will create strong incentives against the type of information-blocking that is currently in existence with certain vendors. Trinity Health would recommend taking this direction from Congress one step further. We encourage the ONC HIT Certification program to require HIT software vendors make all non-proprietary data available to providers through specific interoperability standards that vendors need to demonstrate their ability to meet in order to gain certification.

We agree with the second strategy under Objective 1A, which describes the need to expand the capacity of the workforce to support use of Health IT. We encourage ONC and the federal government to allocate resources to ensure that this happens. Last summer Trinity Health hired 2 high school students to be summer interns as part of the "White House Health IT Pre-Apprenticeship Program." Our experience and the students experience was positive. While we obviously support this program, we would argue that the scale of it and the federal support of it were not sufficient to really achieve an expanded Health IT workforce. More effort and resources are needed to develop a workforce that can meet the growing needs of an health industry that functions optimally with interoperability.

Objective 1C
Regarding Objective 1C, we agree with the strategies described to improve access to and choice of broadband and wireless networks. Many of the communities in the 21 states that we serve are rural. We have done our part in providing these rural hospitals and ambulatory sites with up-to-date Electronic Health Records (EHRs), however, we have great concerns about the ability for rural

communities to reap the benefits of technologies such as telehealth and mobile health without significant improvements to the broadband and wireless infrastructure. Perhaps there is more that can be done to incentivize public utilities to help with the expansion of this infrastructure.

We also encourage ONC to consider how broadband and wireless providers may need to be included in the work to develop the Information Sharing and Analysis Center (ISAC – described under Objective 2C).

Goal 2: Advance and Secure Interoperable Health Information

Trinity Health strongly supports ONC's goal of facilitating the electronic exchange of health information between public and private healthcare providers and payers, and agrees that improving interoperability will improve care coordination and will help to improve transparency.

Leveraging Studies about Improvement & Other Industries' Success

We also recognize that interoperability is a crosscutting component of this *Federal Health IT Strategic Plan* and the expected *Nationwide Interoperability Report*. We have reviewed the findings of the JASON report from November 2013 and the specific recommendations of the JASON Report Task Force from October 2014. We encourage ONC to embrace the recommendations of that Task Force and to embed them in a final version of this Strategic Plan, the *Nationwide Interoperability Report* and regulations for Stage 3 of Meaningful Use.

Stage 1 and 2 of the Meaningful Use program incentivized hospitals and physician offices to use EHRs instead of paper records to care for patients. This was an improvement similar to when horse driven carriages were replaced by the automobile. However, the infrastructure necessary to allow the EHR data elements to travel with the patient across the continuum is lacking. We believe it is ONC's role to create that safe and secure "virtual highway" of interoperability. We endorse and support the HIPAA Security Rule focusing on the safeguarding of electronic protected health information (EPHI). Creating this "virtual highway" requires the ONC to work at its highest level of authority to aid industry with more specific implementation standards for covered entities and HIT software vendors. We would also like to see the ONC explicitly endorse the NIST (National Institute of Standards and Technology) security standards and guidelines (Federal Information Processing Standards [FIPS], Special Publications in the 800 series) as the means to support the requirements of HIPAA.

National Patient Identifier (NPI)

Trinity recommends that ONC create a national system to improve identification of patients and providers, such as through the use of National Patient Identifiers (NPI). When searching for patient records electronically, great efforts are made to accurately identify and match patient records and this process can be cumbersome. However, our efforts are limited to patients that live in our regions. In order to reduce the risk of false matches and improve efficiency, we recommend that CMS and ONC develop and enforce a NPI. Concerns about the lack of an NPI have been raised by a range of stakeholders in the past, including Healthcare Information and Management Systems Society (HIMSS) and RTI International.

Privacy Concerns

In addition, as providers increasingly take on more financial risk and as patient privacy becomes a mounting concern with the widespread adoption of EHRs, some providers are increasingly reluctant to share patient health information with others. We believe that ONC's strategy of establishing rules of engagement and a governance mechanism related to standards, data policy, and operations will help facilitate security and enhance interoperability across providers, plans, and networks.

Goal 3: Strengthen Health Care Delivery
Goal 4: Advance the Health and Well-Being of Individuals and Communities
Goal 5: Advance Research, Scientific Knowledge, and Innovation

Reducing Waste of Unnecessary Care

Trinity Health is actively working to transform our clinical and business models to deliver people-centered care. We truly believe that health IT can serve as a tool to enhancing care quality, access, and experience while reducing unnecessary costs. For health IT to be more useful – first and foremost – it needs to be interoperable so that data can move across the continuum or geography with the patient. Improved interoperability will also advance another, very important, aspect of providing care – better use of clinical protocols.

> Our nation spends more than $130 billion each year delivering health care services inefficiently – mistakes, care fragmentation, unnecessary use of high-cost providers and operational inefficiencies at care delivery sites [1]

Aligning technology and clinical processes to standard care will reduce this costly waste and provide better care and better health. We note general references to "clinical decision support and clinical workflow" in the strategies under Objectives 3A and 3B. However, Trinity Health would suggest that the importance of interoperability to improved standardization and the value of expanded standardization to improve care and lowering cost cannot be understated.

We support Goals 3, 4 and 5 but urge ONC to focus on the very real challenges of adoption, attestation, and interoperability before any of those last 3 goals be addressed. We believe, that at the current stage of adoption, it is impossible to begin to develop a roadmap toward goals 3-5, since the basic infrastructure is lacking to facilitate the learning environment(s) that those goals require.

Conclusion

In general, Trinity Health agrees with the goals, objectives, and strategies outlined in the Federal Health IT Strategic Plan. However, we ask that as ONC revises the plan, that it work with providers, such as Trinity Health, and other industry leaders to develop actionable steps to achieve these goals. We

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[1] National Research Council, *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America* (Washington, DC: The National Academies Press, 2012), S-7.

believe that by outlining more clearly defined strategies, establishing measurable targets, and prioritizing goals, ONC will be able to continue to actively facilitate the use of health IT in improving care quality, access, and value.

If you have any questions about our comments or would like to discuss our feedback in more detail, please feel free to contact me at 734.343.0824 or wellstk@trinity-health.org.

Sincerely,

Tonya K. Wells
Vice President, Public Policy & Federal Advocacy
Trinity Health