

January 28th, 2015

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National Coordinator for Health Information Technology  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Submitted via [healthit.gov](http://healthit.gov)

Dear Dr. DeSalvo,

On behalf of Wolters Kluwer, I am writing to provide comments on the recently issued Federal Health IT Strategic Plan 2015-2020. We commend the Office of the National Coordinator (ONC) for its work in developing the Strategic Plan and strongly support the goals of expanded adoption of health information technology, advancing secure and interoperable health information exchange, strengthening health care delivery, advancing the health and well-being of individuals and communities, and advancing research, scientific knowledge and innovation.

As way of background, Wolters Kluwer (WK) is a leading global provider of information, business intelligence and point-of-care solutions for the healthcare industry. Key product lines include ProVation® Medical, UpToDate®, Medi-Span®, Lexicomp®, Facts & Comparisons®, Sentri7®, Health Language and Medicom (China). Wolters Kluwer is a market-leading global information services company with 2013 annual revenues of \$4.8 billion.

Overall, we support the Strategic Plan and were particularly pleased to see the expanded role ONC envisions for clinical decision support and the increased reliance on evidence-based medicine in medical decision-making. We agree with the need to advance standards for common data elements to enable the capture and use for clinical decision support, and believe the Health eDecisions standards meet that need. We strongly support the 3-year goal of increased use of tools to measure provider adherence to evidence-based guidelines, and commend the ONC for discussing the emerging concept of 'precision medicine,' which combines the use of CDS in conjunction with data collection and analytics.

We were also heartened to see numerous references to the use of federal payment policies to help promote the use of HIT. Tying use of HIT to the Shared Savings, Value-based Purchasing and other pay-for-performance programs can help improve interoperability, achieve better health outcomes and lower costs. However, in terms of using federal payment policies to help promote the use of HIT among providers who are ineligible for the EHR incentive program, we counsel caution. Providers such as Ambulatory Surgery Centers who did not share in the Meaningful Use incentives often work under very tight budgets and rely on Medicare and Medicaid reimbursement for a significant portion of their revenue. Tinkering with their reimbursement in order to promote the use of health information technology must be done judiciously, with a pronounced emphasis on providing financial incentives rather than penalties. A similar caution is in order for expanding the HIT certification program to providers not eligible for the Meaningful Use incentives. The use of certified technology should be

voluntary, and merely designed to inform purchasers about functionality, not directly tied to a reimbursement penalty.

There were two areas of the Strategic Plan in need of clarification. The first is with reference to the development and deployment of so-called “modular standards and specifications” for nationwide interoperability. The report goes on to say that these standards “can allow for more seamless transitions to new technology systems in the future.” We would like the ONC to confirm that ‘modular standards’ refers to new technologies not yet deployed in the marketplace, not *modular* EHR products such as Evidence Based Order Sets, ePrescribing, clinical surveillance, or drug-drug interaction software that integrate/interface with an EHR system. And with any standard development process, we continue to believe the best role for ONC is as a facilitator and convener of a consensus process, with industry representatives and standards development organizations driving the work forward.

The second area of clarification concerns future policy on privacy and security of personal health information (PHI). Objective 2C of the Strategic Plan lists as one of the strategies: “Require and test that certified health IT products incorporate privacy and security safeguards.” In the final version of the Strategic Plan, can you please confirm that certified HIT products will continue to be exempt from privacy and security requirements if they do not contain PHI.

Thank you again for the opportunity to comment. Should you have additional questions, we would be happy to elaborate on any of the issues discussed.

Sincerely,



Joel Arp  
Director, Market Research, Analyst and Government Relations  
Wolters Kluwer Health-Clinical Solutions