



# Collaboration of the Health IT Policy and Standards Committees

Policy and Standards Federal Advisory Committees on Health Information Technology to the National Coordinator

## Consumer Task Force

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Donna Cryer, co-chair  
Patty Sengstack, co-chair

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# Membership

Member	Organization	Role
Patricia Sengstack	Bon Secours Health Systems	Co-Chair
Donna Cryer	Global Liver Institute	Co-Chair
Susan Hull	Cincinnati Children's Hospital Medical Center	Member
Brian Ahier	Medicity	Member
Susan Brown	Telligen	Member
Kevin Fowler	Kidney Health Initiative	Member
Leslie Kelly Hall	Healthwise	Member
George Mathew	Hewlett Packard Enterprise	Member
Carolyn Kerrigan	Dartmouth-Hitchcock Medical Center	Member
John Derr	JD & Associates Enterprises, Inc.	Member
Angela Kennedy	Louisiana Tech University	Member
Mark Savage	National Partnership for Women & Families	Member
Andrea Hartzler	Group Health Research Institute	Member
Jenna Marquard	University of Massachusetts Amherst	Member
<i>Margeaux Akazawa</i>	<i>ONC</i>	<i>ONC Lead</i>

## Consumer Task Force Charge

- Convened on an as needed basis, the task force will provide insight on ONC/HHS projects/initiatives with a consumer focus to ensure the person remains at the center, engaging the experience and feedback of both patients and providers.
  - » Focus: The Task force will be charged with providing feedback on the [Health IT Playbook](#)

# Health IT Playbook – Review

Consumer Task Force Members were asked to review the following sections of the Health IT Playbook and provide feedback with a consumer- focus in mind:

- » Introduction
- » Certified Health IT-Information Blocking
- » Health Information Exchange: ADT and Transitions of Care
- » Value Based Care
- » Privacy and Security
- » Quality and Patient Safety
- » Care Settings

# Health IT Playbook Feedback: Certified Health IT – Information Blocking

- Members felt that while Information Blocking is an important topic, the section was very high level and needs improvements to structure, plain language, and format to make sure this topic is understandable by audiences with varying knowledge.
- Members suggested the content would be more engaging if framed more positively as what providers can do to share information and create a culture of data sharing vs. a negative focus on what is prohibited.
- Members felt there needs to be more context and explanation as to why this is a problem and the impact on patients.
- Members appreciated the inclusion of the incident reporting email and webform as it made the content more actionable.
- Members suggested including:
  - » Other resources, policies, or organizations that deal with info blocking
  - » Clarification around the statement “The HIPAA privacy rule is inappropriately cited as a reason to not share information” and highlight the patient rights to data

# Health IT Playbook Feedback: Health Information Exchange- Admission, Discharge, Transfer (ADT) and Transitions of Care

- Several members found these subsections to be very technical and hard for a reader who may not be aware of this space to understand. Some members thought the content was too short and the context of why this is important not very clear.
- Members felt the content was not granular enough to be action oriented. Suggested including more narrative examples and more actionable steps in the subsections, such as common challenges and best practices for addressing them.
- Members suggested including:
  - » Mention of the Common Clinical Data Set that is part of each summary of care record for transitions of care
  - » Mention that providers will receive demographic data in a structured format
  - » Account for post-acute care providers settings and larger spectrum of care where ADT and transitions of care take place
  - » Breaking up the content for two separate audiences: providers and IT decisions makers

# Health IT Playbook Feedback: Value-Based Care

- Members felt this section was important and comprehensive but long and hard to digest. Members indicated that the content could be improved with plain language and more engaging materials.
- Some members felt too much information was covered in this section. Suggested breaking out topics into separate chapters (MACRA, Quality measurements, chronic care, etc.)
- Some members indicated that the connection between Value-Based Care and Health IT was not clear. Suggested including clearer language that states how Health IT can help achieve value-based care.
- Members suggested including:
  - » More illustrative figures/visuals or videos to make the content more engaging and understandable.
  - » More explanation of the 4 MIPS performance categories
  - » More examples of practices that would choose a particular type of VBC and how to decide which VBC program is right for me.
  - » More details on the role of Health IT in the new Quality Payment Program
  - » A section on ACOs

# Health IT Playbook Feedback: Privacy and Security

- Members thought the content in this section to be very important but felt that the amount of information was overwhelming and hard for the reader to follow.
- Members thought the collection of resources, videos, images, and best practices made this section engaging and actionable.
- Members appreciated that an individual's right to access was prominently expressed in this section. Members suggested making the benefits of privacy and security for building trust with patients more prominent in the introduction of this section.
- Members suggested the following to improve this section:
  - » Consistent use of terms: Certain terms, such as “Privacy/security standard” and “Privacy/security rule” are used interchangeably. This may be confusing for readers.
  - » Make a clearer connection between this topic and EHRs/HIT and how providers can work with IT experts to assess/ensure HIPAA compliance.
  - » Include more facts and data on patients' perceptions of privacy and security and how this affects their use of Health IT.
  - » Add a recommendation to better educate patients about how the provider and provider's EHR collect and use the patients data and protect the patient's privacy



# Health IT Playbook Feedback: Quality and Patient Safety

- Members found this section to be full of valuable, detailed information but thought the amount of information to be overwhelming.
- Members found the content engaging and liked the actionable resources, links, and tools. However some members felt that the content was only engaging if the reader has prior knowledge in this area.
- Members suggested the following to improve this section:
  - » Break up the content or focus on 3 priority areas to make this topic easier for readers to digest.
  - » Provide more details and actionable content around EHR usability- how providers can assess EHR usability when choosing products and how to fix usability in existing EHRs.
  - » Highlight patients and families as key users under the EHR usability section. Highlight the use of Open APIs and apps as a strategy to improve usability.
  - » In the Clinical Decision Support (CDS) subsection, consider adding a statement on the benefits of CDS for patients.

## Health IT Playbook Feedback: Care Settings

- Members found this section limited in content compared to previous sections.
- Members felt it was not as engaging as previous sections but will become more engaging once more tools, resources, and videos are added in the future.
- Members felt that this section should be expanded to more care settings, particularly adding more information on rural settings, underserved communities, and patient's home and family caregivers.
- Members suggested the following to improve this section:
  - » Use the term “Post Acute Care” vs. “Long Term Post Acute Care”
  - » Include more mention of telemedicine for rural settings
  - » Ask the LTPAC Health IT Collaborative (an informal organization of all the LTPAC Associations) to provide content for this section

## Health IT Playbook Feedback: Overall Impressions

- Members thought the Playbook was a great, centralized resource that covers a wide range of topics all in one place. Members liked the tools, links, and resources in the Playbook.
- Overall, members felt that the Playbook was appropriate for the audience of small to medium size providers. However, members also felt the Playbook could benefit a broader audience such as HIT implementers, organizational leadership, technology developers, administrators, and others.
- Members suggested organizing or streamlining the content further to make it easier for providers to skim and digest the large amount of material. Member suggested indexes or using symbols to make it easier for readers to navigate the content and pull out the key points.
- Members suggested improving the readability and usability of the Playbook through plain language. Members also suggested that a PDF version of the Playbook may make it easier for providers to share.

## Health IT Playbook Feedback: Overall Impressions (continued)

- Members recommended the following to improve the Playbook:
  - » Include more examples from the field
  - » Highlight the role that patients play in interacting with the clinical workflows of EHR systems
  - » Add more information for chronic, longitudinal care vs. episodic care.
- Members suggested updating the Playbook in a timely manner to reflect the shifts that are occurring in health care such as the shift from the 2014 Edition to 2015 Edition, the new overlay of MACRA's Quality Payment Program using CEHRT, and the emergence of new technologies like APIs and apps.

## Health IT Playbook Feedback: Overall Impressions (continued)

Members suggest disseminating the Playbook through:

- » Associations like HIMSS and AHIMA
- » Associations that support health centers (e.g. community clinics, cancer centers)
- » Precision Medicine Initiative grant recipients
- » Vendors
- » Other government actors (e.g. states for Medicaid providers, CMS for Medicare providers, and the departments and agencies included in the Federal HIT Strategic Plan).
- » Non- EP providers
- » Medical schools and continuing medical education
- » Recorded webinars
- » Social media



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