August 11, 2015

Karen DeSalvo, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
Mary E. Switzer Building
330 C Street, SW, 6043B, Washington, DC 20202
Washington, D.C. 20201

Dear Dr. DeSalvo:

This transmittal letter includes the recommendations from the Health IT Policy Committee approved on June 30, 2015. These recommendations are a result of a hearing held on June 2, 2015 that focused on advanced health models and was sponsored by the Advanced Health Models and Meaningful Use Workgroup.

Hearing Purpose and Background

The goal of the hearing was to provide recommendations to the Health IT Policy Committee to facilitate the effective use of health IT to scale advanced health models in support of delivery system reform goals and to execute, in part, the charge of Advanced Health Models and Meaningful Use Workgroup charge to provide recommendations on policy issues that facilitate the effective use of Health IT to support outcomes-focused advanced models for healthcare delivery and value-based payment. Representatives described their models and identified key opportunities and barriers for accelerating their further adoption.

The hearing objectives included:

- Identifying innovative, integrated, holistic, health IT-enabled advanced health models that produce both optimal health and healthcare for individuals and communities;
- Clarifying and highlighting the functional specifications of key Health IT elements required to support such advanced health models (examples: integrating data across settings, enabling coordinated care among health professionals, individuals, care teams, and social/human service organizations, promoting individual health engagement and shared decision making);
- Understanding how various data sources support a comprehensive view of an individual (examples: clinical data from across settings, social determinants of health, data on social services, pharmacy data, data around behavioral health services, and data from health plans & employers, patient generated data, and other sources informing total cost of health and of care); and,

- Understanding the opportunities, challenges, and policies needed for successfully scaling and sustaining the IT infrastructure required to promote advanced health models across communities

The hearing was broken into three panels:

Panel I: "How Advanced Health Models Integrate Data across Service Delivery to Support Health for Individuals" *focused on holistic models that integrate data across the continuum of care (including both medical and non-medical service providers) to impact the health of the individual.*

Panel II: "How Advanced Health Models are Supporting Whole Health and Wellness for the Individual across the Continuum" *focused on advanced health models successfully exchanging information across the continuum of health in support of interventions that focus on preventative care and wellness, and on re-defining the clinical visit.*

Panel III: "How Advanced Health Models are Supporting Integrated Care for Individuals with Complex, Chronic Conditions" *focused on advanced health models that have made important gains in integrating data across the continuum of care to support more effective, coordinated care for complex patients facing multiple chronic conditions with substantial utilization of health care system resources.*

Attached to this letter is the summary presented to the Health IT Policy Committee on June 30, 2015 that includes the findings as well as recommendations from the hearing. Workgroup members emphasized the importance of the shared longitudinal health plan recognizing these plans as a critical concept for managing an individual's health across the broader health continuum of clinical and nonclinical settings. Below are the five policy recommendations the committee believes HHS must take action on to support and to scale advanced health models as informed by the exemplar models included in the hearing.

Recommendations

1. Accelerate the implementation of dynamic, shared, longitudinal, care plans that incorporate information from both clinical and non-clinical services and empower individuals to manage their own health and care.
2. Explore better individual identity-matching strategies to facilitate aggregation of data across clinical and non-clinical settings and other high-priority use cases.
3. Provide clarifying guidance and disseminate best practices about privacy considerations associated with sharing of individual data among HIPAA covered entities and other community organizations.
4. Promote greater standardization for social determinants of health data, including data reported by individuals, families and caregivers, and related performance measures.
5. Promote greater standardization and usefulness of human services and clinical data across systems utilized by all health and service professionals, caregivers, individuals and their families.

We appreciate the opportunity to provide these recommendations.

Sincerely Yours,

/s/

Paul Tang
Vice Chair, Health IT Policy Committee

Attachment