Strategy and Innovation Work Group

Federal Health IT Strategic Plan 2015-2020 Recommendations

March 2015

As part of the charge of the Strategy and Innovation Work Group, the members have provided recommendations to the Health IT Policy Committee on the *Federal Health IT Strategic Plan 2015-2020*. In response to the Committee's request that final recommendations include a compilation of recommendations from the Strategy and Innovation Work Group and the Consumer Work Group, below are the consolidated recommendations on how the Plan could be improved in its final form. The separate draft recommendations developed by each Work Group are included as addenda to this joint recommendation.

Overall Framework and Focus

Both Work Groups recommend that the Plan demonstrate a much stronger emphasis on advancing the health and well-being of individuals and communities. This should be a Health Improvement plan, rather than one focused on data as contained in the current "Collect, Share, Use" framework. The Plan's strategies should reflect how federal actions will facilitate and reinforce efforts to accomplish the triple aim – better care, smarter spending, and healthier people – through improvements in the health IT infrastructure.

The Plan should clearly reflect how its goals, objectives, and strategies will operate within the larger context of what is occurring nationally. The goals should identify a path to build a culture of shared person-centered health and care goals, and strategies should support individuals, providers, and community partnerships. If the end-state is better health, then the goals should demonstrate how widespread, effective use of interoperable information and tools will support improved health and health care. The priority strategies should address specific opportunities to improve health, with less emphasis on the "widespread" use, and more application of federal initiatives that lead to specific, measurable achievements in shared information use in all sectors affecting individual and community health.

As additional federal and other research on health IT is performed and analyzed, this applied knowledge on how patients, providers, and others are using health IT and digitized information, particularly usercentered design principles, can be the basis for determining how federal programs and activities evolve over the course of the Plan's timeframe. Federal activities should particularly focus on sectors of the health and health care markets (individuals, providers, and regions) that are not yet, or are insufficiently, digital. The federal government should outline a national health information infrastructure that assists each appropriately authorized user group (individuals and their families and caregivers, providers, communities, and researchers) to successfully have access to an authoritative source of information, with confidence in the information's integrity, security, and the person's consent to its use. The Plan should focus less on transactional models of this digitization and use, and more on how federal activities will advance this health improvement framework.

The Plan must design and build a pragmatic pathway to evolve from the current model of electronic health records and health information exchange toward a new paradigm of a more dynamic, interactive learning and care delivery system that is based on a person-centered model. The Plan's strategies need to ensure that the nation will be prepared to move to this value-based system that can measure quality and health outcomes, based on reliable digitized data. In this pathway, the Plan should identify an architecture to accommodate new and traditional data sources and actors into a more diverse and inclusive care delivery environment, where the health IT infrastructure can be used efficiently to support payment and recognition programs that promote the nation's shift to high-value health care and better health. This architecture should include how the government intends to work with providers, payers, purchasers, consumers, communities, support organizations, and health IT developers so that all are ready and able to participate in a new information sharing network, reinforced by health IT.

While both the Consumer Work Group and the Strategy and Innovation Work Group were pleased to see that the Strategic Plan included an objective focused on consumers, the Plan should integrate the individual's role definitively in each objective. It is essential that consumers – as partners in care and system design – are visibly reflected the Plan's major areas, such as governance mechanisms for information sharing, shaping public health initiatives, advancing precision medicine, and determining research priorities. In addition, the Plan's current structure diffuses the focus and impact of critical issues important to person-centered care, relating to care planning, shared decision-making, patient generated health data and more. The Plan currently spreads these throughout different goals, and does not clearly demonstrate how achieving these priority issues will be facilitated by federal strategies.

Recommended Plan Reframing

Both Work Groups proposed a significant shift in the Plan's structure to emphasize the importance of person-centered health and wellness, and to better align with other national health planning activities and goals. The Strategy and Innovation Work Group recommends a reframing of the Plan's structure, centering the Plan on its current *Goal 4: Advance the Health and Well-Being of Individuals and Communities*, with four aims, or general objectives:

Improve the Health and Well-Being of Individuals and Communities	
Objective 1	Align health IT goals with public health goals and targets
Objective 2	Identify relevant federal information and data sources important to achieving national health goals
Objective 3	Make relevant information usable to people and organizations that impact health
Objective 4	Develop public policies that facilitate safe acquisition, and sharing and use, of health data

The Consumer Work Group recommends creating a new goal that would serve as a "bridge" between the current *Goal 3: Strengthen Health Care Delivery* and *Goal 4: Advance the Health and Well-Being of Individuals and Communities*. This new Goal would aim to leverage health IT so that individuals, providers, community-based organizations and other patient support can partner together to identify, align to, and achieve patient goals, and would reorder existing objectives and strategies from other areas of the Plan.

Build a Culture of Individual, Provider, and Community Partnership to Achieve Shared Health/Care Goals	
Objective 1	Care Planning
Objective 2	Shared Decision-Making
Objective 3	Patient-Generated Health Data
Objective 4	Health Literacy and Communication
Objective 5	Access to and Use of Clinical Trial Data
Objective 6	Advance Directives and Social Determinants of Health
Objective 7	Quality Measurement and Payment Incentives to Meet Shared Patient/Provider Goals

Federal Partners' Accountability for Plan Progress and Transparency

Both Work Groups also strongly recommend that the Plan include strong accountability and transparent methods for the federal partners to regularly report progress. It should create a feedback loop for federal agencies, so the public is aware of progress made and agencies better communicate with a wide swath of industry, professional, and consumer representatives to modify or improve federal activities.

Areas for Additional Plan Refinement and Future Modification

Based on inquiry from members of the Health IT Policy Committee, the Work Groups recommend that the Plan authors closely review earlier Federal Advisory Committee recommendations on improvements to value-based care, personal health records, and privacy and security. As the Plan is implemented and the Strategy and Innovation Work Group reviews progress on the Plan's impact on national priorities, it should review how cost data (as opposed to pricing data) impacts the "value strategy" of care, and recommend ways the Plan and its partners can modify strategies and activities, based on this information.

Identified Gaps and Need for Added Emphasis

Below are a few areas that the Work Groups suggest the Plan could be improved. Additional specific recommendations on strategies and government actions are included in each Work Group's draft recommendations, included as addenda to this document.

Both Work Groups noted that the Plan would benefit from addressing perceived gaps in several areas, including opportunities to increase health equity and decrease disparities, both in access to care and in use of health IT; better integration of public health and social determinants of health into the health IT system and as components of improved health; and clear guidance on privacy that creates a framework that establishes how information can be shared appropriately and effectively, and where national and state laws can be harmonized. Definitions of terms, particularly for areas such as telehealth, mobile health, and what encompasses health IT, is strongly recommended.

The Consumer Work Group proposes additional principles and actions to empower consumers and family caregivers, and to improve patient and family experiences with health IT (its usability and availability) and health care, and suggests that each action within the Plan consider how care coordination, shared decision-making, and relevant data sources for care provision and for research can be improved by consumer participation. The Strategy and Innovation Work Group stress that federal policies, regulations, and programs must recognize the importance of flexibility to accommodate innovations in technology, health improvement strategies, and continuous learning, both by the health system and by individuals. In addition, the Work Group stressed that purchasing and payment programs are some of the federal government's strongest methods to change health and care provision behaviors, and the use of these levers should be made explicitly clear in the Plan's strategies. The federal government also should work with the private sector to identify the most useful government data sources that can help support technological and clinical innovations that improve public health, and not simply develop better methods to release data.