Strategy and Innovation Workgroup:

Initial Recommendations on the *Federal Health IT Strategic Plan 2015-2020*

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David Lansky, Chair
Jennifer Covich, Co-Chair

WORKGROUP BACKGROUND AND INTRODUCTION

Strategy Workgroup Membership

First Name	Last name	Member Type	Organization
David	**Lansky**	**Chair**	**Pacific Business Group on Health**
Jennifer	**Covich**	**Co-chair**	**eHealth Initiative**
Kelvin	Baggett	Member	Tenet Healthcare Corporation
Kyna	Fong	Member	ElationEMR
Sandra	Hernandez	Member	California HealthCare Foundation
Richard	Platt	Member	Harvard Pilgrim Healthcare Institute
Michael	Painter	Member	Robert Wood Johnson Foundation
Mark	Savage	Member	National Partnership for Women and Families
George	Hripcsak	Member	Columbia University
John	Houston	Member	University of Pittsburgh Medical Center
Brian	DeVore	Member	Intel Corporation
Paul	Tang	Member	Palo Alto Medical Foundation
Jonathan	Nebeker	Ex Officio	Veterans Affairs
John	Derr	Member	Health IT Standards Committee
John	Halamka	Member	Health IT Standards Committee (CHAIR)
Jamie	Ferguson	Member	Health IT Standards Committee

Workgroup Charge

- Develop Recommendations to the HITPC on the *Federal Health IT Strategic Plan 2015-2020*

- Develop recommended topics, issues, or gaps identified in the Strategic Plan recommendations, to be addressed in the HITPC 2015 Work Plan

Our Process for Reviewing the Plan

- Initial discussion of general themes: 11/6/14

- Staff presentation of the Plan: 12/17/14

- Assignment of five small groups, by Goal: 1/8/15

- Full SAIWG discussion of small group comments: 1/22/15

- Draft recommendations for HITPC: 2/10/15

- *Meet to consider revisions: 2/12/15, 3/2/15*

- *Final recommendations to HITPC: 3/10/15*

Approach for Recommendations

Overall

- Does the Plan fully address a needed broad vision for improving health?

- Where are there gaps in the Plan, and how can the federal government address them?

- Are there areas where more information could be gained from input by the HITPC?

For Each Goal

- What are the main priorities and critical actions for the federal government to take in order to advance improved health?

- What barriers or challenges could hinder progress toward achieving the goal?

- Are there areas that are important, but would be better addressed by the private sector than by the federal government?

Small Groups

Goal Area	Small Group Convener
1. Expand adoption of Health IT	Jennifer Covich
2. Advance secure and interoperable health information	George Hripcsak
3. Strengthen health care delivery	Sandra Hernandez
4. Advance the health and well-being of individuals and communities	Mark Savage
5. Advance research, scientific knowledge, and innovation	Richard Platt

INITIAL RECOMMENDATIONS

Overarching Themes

- The Vision, Mission, and Principles described in the Plan provide sound direction for the current national efforts

- The Plan identifies appropriate strategies for extending the current EHR and HIE infrastructure. Learning health system, payment reform will require an infrastructure that goes beyond this

- The Plan enlists many federal agencies in support of improved Health IT and digital information use

- We recommend that agencies refocus and realign their activities in a stronger effort to achieve three of the aims implied in the Vision and Principles:

  - Improving health

  - Supporting value-based payment and delivery reform

  - Supporting the learning health system

Major Suggestions: Restructure the Plan

1. **Restructure the Plan to better speak to diverse stakeholders and the public, and clearly align with other national health planning activities and goals**

    - Make Goal 4 (advance individual and population health) the <u>primary</u> goal

    - Align Goal 4 with the National Quality Strategy, Healthy People 2020, and the HHS Disparities Action Plan

    - Subsume other "goals" under "Goal 4" and explain how they support improved individual and population health

    - Strengthen the importance of "interoperability" (broadly understood) throughout the Plan

        - Federal Agencies should explicitly show how they will lead and guide adoption of a new information sharing framework.

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2. **Be clear and unambiguous in stating the roles that the federal government will play in leading progress towards the Vision**

- Emphasize opportunity for federal leadership through its payment and recognition programs, aligning payment and purchasing models to use data to improve health

- Encourage federal role in defining important health <u>outcomes</u> and directing HIT to help achieve those outcomes

- Clarify federal role, if any, in setting HIT standards and articulating national "architecture" for data aggregation

- Through Plan implementation, risk assessment, and public progress reporting, identify federal policies that can help or hinder progress towards the Vision and Goals

- Identify *specific* areas where federal government will seek input from private sector

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3. **Federal programs and activities captured in the Plan need to expect and accommodate innovative technology and the health care market**

- The emphasis on "adoption" (of EHRs) and "exchange" (between EHRs) is likely to be quickly outdated

- The "collect", "share", and "use" model doesn't reflect the increasingly dynamic and integrated nature of our current infrastructure

- Federal efforts should focus on the sharing of information that helps achieve a defined set of health outcomes

- Federal programs should be better designed to recognize that health improvement is increasingly involving a broad range of clinical and non-clinical actors, all of whom need to access some of the person's health-related information

- Policies, regulations, and programs must recognize the importance of flexibility to accommodate innovations in technology, health improvement strategies, continuous learning

Goal 4: Advance the Health and Well-Being of Individuals and Communities

Overarching Plan Goal: improve the health and well-being of individuals and communities

- **Objective 1:** align health IT goals with the national health goals and targets (draw on federal National Quality Strategy, Healthy People 2020 and HHS Disparities Action Plan) so that health IT infrastructure clearly supports priority health improvement areas

- **Objective 2:** identify relevant information technology 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

Goal 4: Advance the Health and Well-Being of Individuals and Communities

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- **Objective 1:** Identify public health goals and targets (draw on federal National Quality Strategy, Healthy People 2020 and HHS Disparities Action Plan)

  - advance HIT to collect data and measure progress toward national health goals and targets
  - advance HIT to support conduct of regular community health needs assessment and provide feedback loop to national health goals and targets

- **Objective 2:** identify relevant federal information and data sources important to achieving public health goals

  - identify information types needed, beyond clinical data
    - public health data
    - social determinants of health
    - community resources
    - social services data
    - claims
    - demographic/census data
  - identify additional data sources, e.g. opendata.gov
  - improve usefulness of data to diverse stakeholders (e.g., opendata.gov)

Goal 4: Advance the Health and Well-Being of Individuals and Communities

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- **Objective 3:** make relevant information usable to people and organizations that impact health
  - healthcare professionals
    - Meaningful Use
    - usability of EHRs
  - individuals
    - access individually identifiable health information
    - contribute self-generated health information
  - communities
    - develop predictive analytics to assist communities in managing pop health
  - public health
    - support health depts. in assessing and handling threats to public health
  - research

- **Objective 4:** develop public policies that facilitate secure and appropriate acquisition, management, sharing and use of public health data

RECOMMENDATIONS ON
EACH STRATEGIC PLAN GOAL

Goal 1 – Recommend Clarify Intent of Goal

- Refine language to underscore that adoption of EHRs is not the primary goal, and focus on advancing the digital infrastructure to support the nation's health goals

- Clarify that the end-state is widespread effective use of interoperable information tools that support improved health and health care

- Ensure that systems and infrastructure support improved health; improve "plumbing" so systems can connect to improve health

- Goal should not be technology prescriptive (not about EHRs). Infrastructure and policies must support multiple technology devices and platforms, both existing and in the future

- Healthcare data should be digitized to ensure it can be accessed and incorporated into a variety of person-centric health information tools

Goal 1: Role for Federal Agencies

- Alignment of purchasing and payment programs is the most important lever

- Ensure broadband availability so information can be shared to improve health

- Increase focus on infrastructure in sectors (providers, settings, regions) that are not yet or insufficiently digital

- Standardize terminology so we can talk about improved health and define care, particularly within federal agencies

- Develop strategic architecture document and evaluate federal mechanisms to support evolution to a national infrastructure

- Strengthen feedback loop for federal agencies with wide swath of industry, professional, and consumer reps

Goal 2: Overall

- Interoperability efforts should focus on facilitating a defined set of health strategies

  - E.g., care coordination, patient engagement

- Align incentives for patients, providers, HIT vendors, and payers

- CMS payment levers are the most useful for advancing interoperability

- Create incentives for vendors and other stakeholders to develop and adopt practical standards and processes

Goal 2: Challenges

- Interoperability serves a specific purpose rather than technology goals

- Privacy and consent

- Patient matching, provenance, and trust

- Common standards and language

- Focus on practical standards

- Promote interoperability of health processes, not only raw data elements, to achieve care coordination

Goal 3: Overall

- Move away from process improvement to systems for measuring and improving clinical and personally-relevant outcomes

  - Embed evidence-based information into care processes and decisions

  - Measure at all three levels: Output, Process, Outcomes

  - Feed information back to providers in clear, actionable, timely methods

- Move forward how providers and others think about how information is shared to a whole-person view

  - HIPAA can be misinterpreted as an obstruction to better care

  - Make information as transparent as possible for all stakeholders

- Delivery system is a crucial driver of better care and health, but other components are also important

Goal 3: Challenges

- The current regulatory framework is not well suited to emerging information environment (e.g., access to behavioral health information when providing comprehensive care)

- Changing payment environment, especially effects of Medicaid expansion

- Accessing information from and supplying information to services outside of medical delivery system

Goal 5: Recommended actions

- Articulate a vision for collection, ownership, protection, and uses of personal data, addressing various federal regulations, HIPAA, public trust concerns

- Evaluate the range of federal and state policies that are contradictory and impede research and innovation (e.g., access to death index)

- Standardize critical data elements and the necessary architecture to support investigations

Goal 5: Challenges

- Need complete longitudinal data for large sample of US population

- Need an environment where information is seamlessly available to support a learning healthcare system

- Research data needs are usually more stringent than clinical care needs. Research data requires a higher level of consistency/completeness between organizations and over time, and cannot tolerate variation that are not problematic in the clinical care setting

- Inconsistent, unclear interpretation of the Common Rule and HIPAA provisions for privacy

- Variation and ambiguity between federal and state regulations regarding research, scientific and innovation uses of health data

- Lack of clarity regarding individuals' ability to control uses of personal health data

- **HITPC initiates the process of establishing a national (not federal) strategic plan to achieve health goals by 2024**

  - Clarify key roles of government vs private sector

  - Articulate a pathway to *evolve* from EHR/HIE model to more dynamic, interactive, learning system, person-centered model

  - Articulate an *architecture* to accommodate pluralistic data and care delivery environment while supporting longitudinal health record, population health, and quality measurement and improvement functions

  - Work with private sector to identify the government data sources that can help support improvement of public health goals

DISCUSSION