

# Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



## Strategy and Innovation Workgroup Consumer Workgroup

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

March 10, 2015

David Lansky, Chair, Strategy and Innovation Workgroup

Jennifer Covich, Co-Chair, Strategy and Innovation Workgroup

Christine Bechtel, Chair, Consumer Workgroup



- Presentation of Joint Recommendations includes areas of similar suggestions for improving the final Federal Health IT Strategic Plan
- Recommendations suggest the Plan needs to better align its goals, objectives, and strategies with its vision and principles of improved health and collaboration
- Each workgroup's detailed recommendations are included as separate references



- The Strategic Plan should be more of a Health Improvement Plan, rather than emphasizing data in a “Collect, Share, Use” framework
  - The end state is not a data-centered health IT infrastructure
  - It is the widespread, effective use of digitized information to support improved health and health care
  - The Plan should use language to emphasize the end, not the means
- Specifically, while the focus of the framework is data, both groups agree the focus of the Plan should be on improving the health of individuals and communities

# Joint Recommendations

## Provide Clarity and Accountability



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- The Plan's federal actions and strategies should use unambiguous language to describe how the goals will be achieved
  - Add definitions to terms used in the Plan to avoid vagueness and misinterpretation
- Federal partners need to hold themselves publicly accountable
  - Provide regular, transparent reporting on progress toward health improvement goals
  - Ensure stakeholders can monitor this progress and provide input



- Both Work Groups recommend the Plan should reframe its focus to:
  - Emphasize importance of person-centered health and wellness
  - More clearly align with other national health planning activities
  - Leverage health IT so individuals, purchasers, payers, providers, community-based organizations can partner together to identify, align to, and achieve patient goals



- The Plan should show how the federal government will help support the nation to build and design a new health infrastructure that is person-centered
  - Shift the Plan’s focus from data to how individuals and communities will use information to improve health
  - Work with private sector to identify government data sources that support innovation and improvement in public health goals



- Each workgroup proposed separate potential methods for the Plan to reinforce its focus on improved health, and recommended using existing content in a reorganized way
  - Strategy and Innovation Workgroup:
    - Use current Plan’s *Goal 4: Advance the Well-Being of Individuals and Communities* as the **organizing principle** to revise the final Plan
    - Provide clear guidance on a broader privacy framework
  - Consumer Workgroup:
    - Integrate consumers/individuals into each goal area
    - **Create a new “bridge goal”** to focus on shared partnership between individuals, providers, and communities





## ***Organizing Principles***

### **Improve the Health and Well-Being of Individuals and Communities**

*Aim 1:* Align health IT goals with public health goals and targets

*Aim 2:* Identify relevant federal information and data sources important to achieving national health goals

*Aim 3:* Make relevant information usable to people and organizations that impact health

*Aim 4:* Develop public policies that facilitate safe acquisition, and sharing and use, of health data

***Federal partners can do this by building flexibility into programs that expect and accommodate innovation***

- *Federal efforts should focus on sharing information that helps achieve a defined set of health outcomes*
- *Federal programs should be better designed to recognize that health improvement increasingly involves a broad range of clinical/nonclinical actors, all needing access to some of the person's health-related information*





### ***Building a culture of individual, provider, and community partnership to achieve shared person-centered health and health care goals***

- Leveraging health IT so that individuals, providers, community-based organizations and other patient supports will **partner together** to ID, align to and achieve health and care goals.
- Aligning around shared person-centered **goals** for health and care will help the federal government and all health care stakeholders to align efforts in patient engagement, quality measurement, reporting, and payment.
- Health system will be incentivized to **continuously and collaboratively** work with individuals to document, measure, refine, communicate and achieve objectives that are both meaningful to patients *and* achievable by the delivery system
- This would be an **Umbrella** goal for areas such as care planning, shared decision making, patient-generated health data, health literacy and communication, and much more.

# Joint Recommendations

## Health IT Infrastructure Activities



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- Plan activities should support a health IT infrastructure that enables progress in the following areas:
  - Establish a more dynamic, interactive learning health system
  - Use health IT to increase health equity and reduce disparities, for both consumers and providers
  - Improve patient/family caregiver experience, as well as improve empowerment and engagement through elevating the role/voice of consumer participation in all areas of health care, research, and innovation
  - Use multiple traditional and non-traditional data and information sources to support and promote a diverse care delivery environment



- Each workgroup included specific recommendations on strategies, challenges, and potential activities for the federal government to pursue
- The following list provides some of these recommendations – please refer to individual workgroup recommendations in Appendix for details

# Identified Gaps and Areas for Emphasis, continued



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The updated Plan should include strategies to:

- Address health and health IT disparities to achieve better equity
- Include training and other methods to improve health and health IT literacy
- Improve usability and design for individuals, caregivers, and families, as well as providers, and allow for information to be aggregated easily from multiple sources (reduce portal fatigue)
- Accelerate development of health IT functions that identify and support family caregivers
- Integrate public health and social determinants of health into the health IT ecosystem and into health improvement efforts
- Better connect providers, patients, and families to community resources

*(continued on next slide)*

# Identified Gaps and Areas for Emphasis, continued



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- Provide guidance to protect privacy for use of technologies and devices not covered under HIPAA
- Provide clear guidance on how providers and others should manage sensitive information
- Demonstrate how mobile access will be improved
- Move toward systems for measuring and improving clinically and personally-relevant outcomes
- Evaluate and harmonize federal and state policies that impede research and innovation



# DISCUSSION



# **APPENDIX SLIDES:**

**Strategy and Innovation Workgroup February 2015 presentation**  
**Consumer Workgroup February 2015 presentation**



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## **Strategy and Innovation Workgroup:**

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

February 10, 2015

David Lansky, Chair  
Jennifer Covich, Co-Chair



# WORKGROUP BACKGROUND AND INTRODUCTION

# Strategy Workgroup Membership



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First Name	Last name	Member Type	Organization
<b>David</b>	<b>Lansky</b>	<b>Chair</b>	<b>Pacific Business Group on Health</b>
<b>Jennifer</b>	<b>Covich</b>	<b>Co-chair</b>	<b>eHealth Initiative</b>
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



- 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



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- 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*



## 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?



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



- 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



## 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 primary 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.



## 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 outcomes 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



## 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



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## 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 , con't



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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, con't



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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



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- 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



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- 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



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- 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



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- 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



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- 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



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- 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



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- 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



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- 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

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## Consumer Workgroup

Christine Bechtel, chair

February 10, 2015

# Consumer Workgroup Members



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- **Christine Bechtel**, Bechtel Health Advisory Group (Chair)
  - **Neil S. Calman**, Institute for Family Health (co-chair)
  - **Dana Alexander**, Caradigm
  - **Tripp Bradd**, Skyline Family Practice, VA
  - **Leslie Kelly Hall**, Healthwise
  - **Ivor Horn**, Seattle Children's
  - **Erin Mackay**, National Partnership for Women & Families
  - **Philip Marshall**, Conversa Health
  - **Amy Berman/Wally Patarawan**, The John A. Hartford Foundation
  - **Will Rice**, Walgreens/Take Care Health Systems
  - **Clarke Ross**, Consortium for Citizens with Disabilities; American Association on Health and Disability
  - **Luis Belen**, National Health IT Collaborative for the Underserved
  - **Kim Schofield**, Lupus Foundation of America (GA Chapter) Work@Health Program for CDC
  - **MaryAnne Sterling**, Patient & Caregiver Advocate
  - **Nicholas Terry**, Indiana University, Robert H. McKinney School of Law
- ### Ex Officio Members
- **Cynthia Baur**, HHS, CDC
  - **Teresa Zayas Caban**, HHS, AHRQ
  - **Danielle Tarino**, HHS, SAMHSA
  - **Theresa Hancock**, Veterans Affairs
  - **Bradford Hesse**, HHS, NIH
  - **Wendy J. Nilsen**, HHS, NIH
- ### ONC Staff
- **Chitra Mohla**, Office of Policy (Lead WG Staff)



# WORKGROUP CHARGE AND CONTEXT



Provide input and make recommendations on policy issues or opportunities to use health IT to:

- Engage consumers and families in their own health and health care
- Enable consumer-provider partnerships supported by health IT
- Elevate consumer voices to shape health system transformation



- General Comments on **high level components** of the Strategic Plan
  - Overview
  - Strategic, Goals, Objectives and Strategies framework
  - Strategic Plan Development & Update
  - Federal Health IT Principles
- General comments on **Goals, Objectives and Strategies**
  - Proposed new goal
- Specific comments on **Goals, Objectives and Strategies**
  - Themes





- General
  - Clarify “health IT” – not just EHRs, including consumer facing health IT
  - Define terms such mHealth, precision medicine, etc.
  - Include behavioral health and long term services and supports
- “Collect, Share and Use” framework
  - Focused on data
  - Ecosystem of health IT should have **people at the center**, and should reinforce collaborative relationships needed to improve health & care
  - Consider/connect to existing policy rubrics – Triple Aim, etc.
- Additional Health IT Principles concepts – use health IT to:
  - Empower consumers and family caregivers
  - Increase equity: Consumers and providers
  - Improve patient and family experience, concordance with patient goals

# General Comments on Goals, Objectives and Strategies



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- Ensure that strategies pertaining to consumers are visibly part of each objective
- Need a Bridge between
  - **Goal 3:** Strengthening Health Care Delivery, which is focused on providers  
and
  - **Goal 4:** Advance the Health and Well Being of Individuals and Communities, which includes a focus on consumers

***Building a culture of individual, provider, and community partnership to achieve shared person-centered health and health care goals***



## ***Building a culture of individual, provider, and community partnership to achieve shared person-centered health and health care goals***

- Leveraging health IT so that individuals, providers, community-based organizations and other patient supports will **partner together** to ID, align to and achieve health and care goals.
- Aligning around shared person-centered **goals** for health and care will help the federal government and all health care stakeholders to align efforts in patient engagement, quality measurement, reporting, and payment.
- Health system will be incentivized to **continuously and collaboratively** work with individuals to document, measure, refine, communicate and achieve objectives that are both meaningful to patients *and* achievable by the delivery system
- **Umbrella** goal for areas such as care planning, shared decision making, patient-generated health data, health literacy and communication, and much more.

# Summary of Comments: Goals, Objectives and Strategies



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## Work Group's Specific Comments on Goals, Objectives & Strategies organized by our Charge:

- Engage consumers and families in their own health and health care
- Enable consumer-provider partnerships supported by health IT
- Elevate consumer voices to shape health system transformation

## Government Strategies Suggested:

- Payment
- Certification
- Policy (MU, privacy, etc.)
- Program requirements
  - Advanced models of care, grants, contracts, etc.
- Purchaser (FEHBP, etc.)
- Technical assistance (RECs, NCC contractors, etc.)



- **Consumer Access to & Use of Information**
  - Monitor/address “portal fatigue”
  - Ability to aggregate data from multiple sources and share seamlessly
    - Easy for consumers and providers
  - Access to health information thru mobile devices and consumer facing health IT
  - Remote monitoring/telehealth
  - Convenience features



- **Equity**
  - Monitor/address digital divide at the consumer level
  - Health literacy and health IT literacy
  - Language access
- **Privacy**
  - Support for several strategies
  - Consumer-facing health IT advancements in market highlights policy gaps
    - What policy options do we have for areas not covered by HIPAA? How do we improve consumer confidence through privacy protections in areas like PHRs, mHealth apps, etc.?



- **Person Centered Planning**
  - Frame under new proposed Objective, or under 4A (consumer-focused)
  - Person-centered plan is important umbrella:
    - Patient life and health goals
    - Integration of health, behavioral health, community supports and services
    - ID and support for the role of family caregivers
    - Social determinants of health
    - PGHD
    - Link to shared decision making tools
    - Care coordination and interoperability are essential
  - Needed in the market:
    - Common understanding of planning process and approach
    - EHR capability (standards, certification)
    - Supportive payment policy



- Elevating consumer voices will be essential in
  - Governance of HIE, interoperability initiatives and research
  - Training & Education
    - For consumers – value, use and privacy of electronic health information (focus on convenience features)
    - For providers – how to partner with patients in their care using HIT, and how to partner with patients in implementation initiatives