American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

March 16, 2020

Don Rucker, M.D.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street, SW
Washington, DC 20201

Re: 2020-2025 Federal Health IT Strategic Plan

Dear Dr. Rucker:

On behalf of our 38,000 members, the American College of Emergency Physicians (ACEP) appreciates the opportunity to comment on the Office of the National Coordinator (ONC) for Health Information Technology's draft 2020 to 2025 Federal Health Information Technology (HIT) Strategic Plan. We appreciate ONC's commitment to promoting interoperability and eliminating health IT barriers that impede our ability to provide the best possible care to our patients.

The draft strategy lays out many aspirational goals that if achievable would truly enhance patient's access to data and reduce burden around the use of electronic health records (EHRs). We believe the report would be enhanced by including more narrowly defined objectives with better-defined strategies and tactics to achieve them. Further, we suggest prioritization and staging of objectives and strategies. Certain ones are contingent on others and addressing information blocking and reducing EHR burden should be the highest of priorities.

After nearly 10 years of incentivizing adoption of EHR technology, it is time to take a step back and look for ways to truly enhance efficiency and productivity in clinical workflow. We suggest that one solution is in the automation of data capture through "ambient intelligence," positioning and automated tracking, and patient-entered data.

Finally, we expect that most medical societies, vendors and other stakeholders are ready, willing, and able to help achieve these objectives and implement strategies. ACEP has a wealth of HIT technical expertise, including several emergency physicians Board Certified in Clinical Informatics and a special interest group of more than 400 emergency physicians representing a large segment of hospital emergency departments across the nation. We look forward to working with the ONC on this and other projects.

We have listed specific technical comments below and highlight specific strategies which we think are high priority and where medical societies are especially well-suited to help.

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Technical Comments

Page	Paragraph	Comment
5	1	Vision: A health system that uses information to engage individuals, **enhance efficiency & productivity**, lower costs, deliver high quality care, and improve individual and population health.
5	N/A	Table: "Put Individuals First" should be the first item on the table.
8	N/A	Graphic: Challenges in Healthcare ADD: Access to Data ADD: Provider Burnout
8	3	"Major factors driving projected increases in healthcare spending": • Increasing utilization of new technology, pharmaceuticals, and procedures. • In addition to "aging of the U.S. population," success in healthcare enables people (both chronically ill and death prevention) to live longer, which functionality increases the number of people in need of care and intensity of care required. In other words, better healthcare means more care for longer periods of time.
9	4	Access to Technology: This is perhaps one of the greatest opportunities for HIT. ACEP believes we need to change the notion that care must be delivered in person at central locations. We strongly support expanded use of telehealth, especially for emergency care.
9	6	Even when patients & caregivers have access to electronic health information, they may have low levels of health literacy & may not understand the information. Further, providers may not interact with patients digitally or provide instructions\education in durable, sharable digital formats.
10	N/A	Graphic: Opportunities in Digital Health System ADD: Efficiency\Productivity ADD: "Distributed Healthcare" (see above)
11	4	API: It is worth calling out that "bidirectional APIs" are essential to truly interoperable health information.
11	5	ADD: "Ambient Intelligence" - People are empowered through a digital environment that is aware of their presence and context, and is sensitive, adaptive, and responsive to their needs, habits, gestures and emotions.
12	2	"Reducing Regulatory and Administrative Burden" needs to be the highest priority
12	3	Strategies to advance health IT should minimize burden by reducing documentation & reporting requirements, reward usability, and considering how best to incorporate technology into existing workflows.
13	3	Objective 1a: Improve individual access to **meaningful** health information
14	3	ADD to Strategies: • **Promote use of "ambient intelligence"**
15	2	Objective 2a: Machine Learning is the future & must be expanded to address many current manual tasks. For example, it is sad commentary that a Google search is far better at finding detail in patient medical records. Meaningful organization of patient problem and medications lists is another example. EHR vendors are not currently meeting these needs.
15	3	Optimize care delivery by applying advanced capabilities like machine learning, **ambient intelligence**, evidence-based clinical decision support, and smart dashboards and alerts.
16	3	Objective 2c: This is an example where a better defined strategy would be more effective. Who should be responsible for "Reduce regulatory and administrative burden on providers"? How should EHR vendors be held responsible for improving documentation tools & for providing other required regulatory functions? Much of this currently falls onto providers to cobble together solutions or find workaround. Each EMR should be held accountable to implement solutions to meet CMS regulations as part of their platform.
17	1	ADD to Strategies: **Data input automation & input of data by patient**.

High Priority Strategies

ACEP believes that ONC should prioritize the following strategies in the report.

Page	Strategy
13	Promote greater portability of health information through APIs and other interoperable health IT that permits individuals to readily send and receive their data across various platforms.
15	Expand care beyond traditional clinical settings by expanding access to remote monitoring, telehealth, and other mobile and health IT services that can supplement clinical care.
15	Promote interoperability and data sharing through widely-accepted standards to ensure health information is freely available across care settings for patient care, public health, research, and emergency and disaster preparedness, response, and recovery.
16	Make care quality and price information available to individuals in an accessible, easily understandable format.
16	Simplify and streamline documentation required of healthcare providers at the point of care when using health IT while ensuring that quality standards are upheld.
16	Promote the use of evidence-based automated tools to streamline provider workflows, encourage electronic provider-to-provider data exchange, and improve efficiency.
16	Monitor the impact of health IT on provider workflows to better understand and optimize the use of technology in ways that minimize unnecessary steps or negative outcomes for patients.
17	Streamline processes to reduce the effort required by healthcare providers and health systems to generate, input, and share health information.
17	Improve harmonization of data elements and standards by creating a common vocabulary set to improve the consistency, integrity, and quality of data and to enable data to be effectively shared between systems using APIs.
17	Bolster secure access to large datasets of health information for use in quality improvement and outcomes research.
18	Increase use of new technologies and analytic approaches like ML and predictive modeling to harness the power of integrated data for improving quality, outcomes, and decision making.
19	CRITICAL: Address information blocking and other actions taken by healthcare providers, health IT developers, and other regulated entities that limit the access, exchange, and use of electronic health information.
19	CRITICAL: Follow health IT safety & user-centered design principles in the development & design of solutions to ensure tools are safe, accessible, usable, & address the needs of the users for whom they are developed.
19	CRITICAL: Promote adoption of infrastructure necessary for telehealth to reach patients outside of traditional care settings.

We appreciate the opportunity to share our comments. If you have any questions, please contact Jeffrey Davis, ACEP's Director of Regulatory Affairs at jdavis@acep.org.

Sincerely,

William P. Jaquis, MD, MSHQS, FACEP
ACEP President