

Consumer-Purchaser ALLIANCE

Better information. Better decisions. Better health care.

February 6, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
Acting Assistant Secretary for Health
Department of Health and Human Services

RE: Federal Health IT Strategic Plan

Dear Dr. DeSalvo,

The 12 undersigned organizations representing consumer, labor, and purchaser interests appreciate the opportunity to comment on the Federal Health IT Strategic Plan. Overall, the proposed plan makes a number of important steps in the right direction. Below, we offer recommendations to further strengthen the plan through a more consistent emphasis on person-centeredness and the health impacts of health IT, and by further embracing the transformational vision and mission of the HITECH Act. We encourage ONC and other participating agencies to adopt a few key shifts in perspective to ensure the plan drives meaningful progress toward the triple aim.

The strategic plan reminds all health care stakeholders that the purpose of health information technology is to support improvements in health. We were glad to see the plan lay out this philosophy, and our vision aligns with this outcome-focused stance. The collective vision of the Consumer-Purchaser Alliance is a future in which we have meaningful and useful measures of performance, including clinical and patient reported outcomes, coordination of care, affordability, and individuals' experience of care. Such information can be used by consumers to make informed choices about their health care, by purchasers to make good decisions about the health benefits they offer, and by physicians, hospitals and other health care providers to continuously improve the care they deliver. Critical to achieving this vision is a robust and effective health information infrastructure that streamlines the efficient collection, sharing, and use of health information by a wide variety of health system participants and stakeholders.

The vision, mission, and principles outlined in the Federal Health IT Strategic Plan closely align with our perspective and approach. We were particularly encouraged to see the plan highlight a focus on (1) value and the downstream impacts of health IT on health care quality, efficiency, safety, affordability, and access; (2) person-

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centered care and the value of individuals, families and caregivers inside and outside the health system; and (3) the need for a learning health system with feedback loops between scientific and health care communities.

We were disappointed, however, that there was not a greater emphasis on clearly operationalizing these principles in the goals, objectives, strategies, and outcomes articulated throughout the plan. Although components of the plan would address some needs of individuals and their families, such as Objective 4A, consumers and purchasers are underrepresented in or absent from many of the objectives, particularly in Goal 1. It is essential that consumers and purchasers – the “buy side” of the health system – are incorporated as primary contributors in each major area, rather than excluded from issues such as governance of information sharing and prioritization of research. While many of the objectives intend to address what providers, policymakers, and others believe to be consumers’ needs, consumers themselves need an equal seat at the table to design and implement a system that truly meets their needs.

We encourage ONC and the many other contributing agencies to adopt person-centeredness as a fundamental paradigm shift. Under the person-centered paradigm:

- Consumers would have control of and access to their own longitudinal health information and the ability to aggregate information from multiple sources – this facilitates self-management and true patient engagement in care regardless of which provider, if any, an individual sees.
- Consumers would have access to information about their providers’ performance to support consumer choice of high-value care, and purchasers would have access to aggregate information about providers’ performance to inform plan design.
- Consumers and providers would have access to relevant comparative information to inform decisions about treatments, care plans, and health management.
- Individual-level data would be appropriately aggregated to inform provider-level quality improvement, public health, and clinical and health services research.

To achieve this vision, consumers and purchasers must be included in the identification and definition of the minimum information needs of a health information infrastructure. For example, the “basic set” and “expanded set” of health information described in Objective 2A should reflect consumer and purchaser information priorities. More generally, the framework should be restructured to reflect a person-centered system with collaborative relationships supporting health. We are concerned that the current approach takes more of a data-centered view

(collect, share, use) that represents stakeholders as mere touch points and flow channels.

The strategic plan relies heavily on incremental changes to an approach that, while successfully incentivizing adoption, has not fundamentally achieved the transformational aims set out in the HITECH Act. We recognize that the proposed plan is for federal action, and is not a national plan. Nonetheless, we urge you to use this opportunity to renew a federal commitment to disruptive, aspirational change that supports meaningful and measurable progress toward the triple aim and the National Quality Strategy priorities. Consumers and purchasers are frustrated by the slow pace of incremental change, and we call for federal leadership that moves us forward quickly. In particular, we would like to see:

- Intensified federal leadership in clearly laying out the **functions and outputs** required of a health information infrastructure that facilitates needed information access and flow – including requirements for technology applications like user interface and interoperability – and that **takes advantage of rapid changes in the technology market**. For example, the framework of “collect, share, use” does not reflect the modern practice in which users perform all three functions on the same platform in real time.
- Further movement toward an **expansive definition of health IT** and deemphasize EHRs as primary nodes for all health information collection, sharing, and use. Incremental improvements in office- or hospital-based EHRs and sharing of information among them are not likely to achieve the focus on “health,” the ability to track changes in health over time in a longitudinal health record, nor the full integration of personal health information, social and community information, and data coming from clinical encounters. We support the plan’s expansive description of health IT in the introduction and would like to see Goal 1 reframed to reflect the priority functions and outputs of health IT. Adoption, market confidence, and a communications infrastructure must be driven by the end users – this will require a more dramatic paradigm shift.
- A revised and more **streamlined approach to certification** of health IT products that would limit barriers to entry for new, innovative products for current and new provider types.

In addition to addressing this modified perspective, we believe that each of the proposed goals and objectives can be strengthened by greater attention to how they lead to the true outcomes we want from a high-value health system: improved health, better individual experiences of care, and lower costs. We would like to see the 3- and 6-year outcomes defined in a way that elucidates the benefits to users, such as “25% of Americans will use their longitudinal health record to inform shared treatment decisions with their primary clinician by 2018.”

The Federal Health IT Strategic Plan presents an important opportunity to recommit to and clarify your vision for the health information infrastructure we need to achieve the triple aim, and to present a path forward. We appreciate the proposed plan's identification of many important areas where progress can be made, but encourage timely consideration of the additional opportunities we have noted to push the boundaries of a technology and policy environment and move beyond the stakeholder pushback and delays we have seen to date. To achieve the aims laid out by the HITECH Act, the Federal Health IT Strategic Plan must focus on what we want the state of health to be, rather than the state of technology. We urge ONC and other participating agencies to work with consumers, purchasers, and other stakeholders to redefine the essential components of the health information infrastructure we need, and to chart a new course to build it.

We welcome the opportunity to discuss this further. If you have any questions, please contact either of the Consumer-Purchaser Alliance's co-chairs, Debra L. Ness, President of the National Partnership for Women & Families, or Bill Kramer, Executive Director for National Health Policy at the Pacific Business Group on Health.

Sincerely,

The Alliance
American Association on Health and Disability
Buying Value
Consumers' CHECKBOOK/Center for the Study of Services
Health Policy Corporation of Iowa
Iowa Health Buyer's Alliance
Lehigh Valley Business Coalition on Healthcare
Maine Health Management Coalition
National Partnership for Women & Families
Pacific Business Group on Health
St. Louis Area Business Health Coalition
Virginia Business Coalition on Health