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Office of the National Coordinator for HIT

Response to Request for Comments on Strategic Plan for HIT 2020-2025

Dear sirs,

Thank you for the opportunity to comment on the Strategic Plan for Health Information Technology.

In 2006 at the behest of Don Berwick I was tasked with developing a plan and formation of the Inland Health Information Exchange. To make a long story short, it worked, and grew organically and then by a merger with CALINDEX has grown to cover over 15 million lives.

I have followed the growth of HIT in health care and make the following comments.

1. Electronic Health Records The functionality of the EHR was and is still neglected by the ONCs primary focus on interoperability. The primary user of EHRs are providers, RNs, Hospitals, and Providers (M.D. D.O. etc.)

The usability factor is extremely important and cannot be neglected during this five year plan. The user experience reveals a severe work overload for physicians, contributing to burnout and decreased ability to interface with patients during a clinic visit. This comes at a time when workloads have increased. Burnout is a danger to patient safety and also contributes to early retirement by physicians adding to physician shortages.

Incentives for acquiring capital for purchasing EHRs were initiated along with a schedule of incentive payments, and penalties. An annual list of requirements was published, in order to be eligible for incentives labelled as MU,MACRA MIPs and other anagrams. The annual changes were due a strong opposition by providers. HHS then modified the requirements to lessen the burden and bureaucracy.

There was a rush to constructing and acquiring EHRs by health care providers, at a time when EHRs were immature (2006-2009) and not ready for use. Unfortunately the situation remains unchanged.

[Electronic health records largely are rejected by physicians](https://www.healthit.gov/buzz-blog/usability/usability-key-unlocking-health-full-potential) due to the problems inherent with data entry. A priority goal is to focus on usability by the users. The critical measure is how and if a user can enter data efficiently and accurately, without interfering with face-to-face interacting with patients With the development of AI and machine learning the use of voice recognition for data entry is an imperative.

The present strategic goals are listed as follows:

1. Promote Health and Wellness;
2. Enhance the Delivery and Experience of Care
3. Build a Secure, Data-Driven Culture to Accelerate Research and Innovation; and
4. Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure.

This has been accomplished in varying amounts of success. There are still large gaps in connections. Organizations at state level as well as private systems such as Epic and Cerner have established their own interoperability which is built into their platforms. Federally sponsored HIEs vary in performance and adoption.

My comments will be limited to number 2, 3 and 4.

A vision for a five year plan is inadequate. We also need to visualize the system ten, fifteen and twenty years from today. Of course it is impossible to know what our health system will be in the future. Payer methodology is changing from fee for service to value based plans. Even now HHS and CMS are struggling how to accomplish the task. It is very complicated. What I see lacking is a ‘grand plan’. I can compare this with Elon Musk’s passion to go to Mars. His plan has included financial planning. Where will the funding come from? His plan includes SpaceX, Reusable transport rockets and Tesla.

A sailboat without a rudder is blown aimlessly by the winds. HHS is steered by the vagaries of political ambition, funding, and competing with other Federal Agency funding requirements. The sheer size of HHS, and CMS weigh down the boat. The agency is also inhibited by frequent changes of leadership and lack of knowledge by some of its leaders.

HIPAA needs major revisions. It’s scope and application is a hammer which few understand and can implement. HIPAA created a huge burden to health care. Patients are required to endlessly sign authorizations and waivers in order to see a physician.

HIPAA cannot be separated from cybersecurity. We now know that major breaches of privacy are due to cyber intrusions and are related to businesses outside of health care, and not under control of providers, hospitals, or pharmacies.

Smartphones have become a major player, including health information portals, and smartphone apps. These are largely unregulated except for a few which FDA has deemed to be critical since they may transmit personal information.

Remote monitoring has become a standard of care for monitoring patients at home. These include blood pressure, heart rhythm monitors, cpap sleep monitoring, and glucose monitors. These applications will grow exponentially as real-time data will enhance patient care. They will also increase provider efficiency, reduce patient visits to providers and reduce costs, The key factor will be insurance coverage. The cost and use of remote monitoring will be offset by fewer patient visits to hospitals and providers.

ONC has the unique position as a watchdog and leader in guiding further growth of HIT.

Key take away.

Technology is growing exponentially and ONC must take a futuristic role in assessing what is on the horizon, not wait passively for things to occur. ONC must. Have competent industry professionals led by physicians, not vendors who have a profit motive, and are reluctant to make changes in software, at the risk of less profitability.

Very truly yours,

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