TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

March 18, 2020

Don Rucker, MD
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 St. SW; Floor 7
Washington, DC 20201

RE: Comments on 2020-2025 Federal Health IT Strategic Plan

Dear Dr. Rucker,

On behalf of the Texas Medical Association (TMA) and our more than 53,000 physician and medical student members, we thank you for the opportunity to comment on the Federal Health IT Strategic Plan.

Overarching Comments

TMA believes that the goals, objectives, and strategies detailed in the plan are laudable and achievable if all health care stakeholders do their part.

However, we are concerned that the "Federal Health IT Vision" stated on page 5 is missing important elements, particularly with respect to responsibility, research, public health, and the role of clinicians. To address this, we recommend the following revised and expanded vision statement:

> *Vision: A health system that uses information **to optimally assist** individuals, families, and communities in understanding and accepting responsibility for their health and **to optimally achieve** the highest-value individual, population and public health, **supported by** efficient, effective and satisfied clinicians, research and quality improvement.*

To achieve this expanded vision, the mission statement, which focuses primarily on access to technology and information, is also insufficient. We need dramatic changes in the way people – clinicians, communities, researchers, individuals, and families – use technology and information. As an example, one of our Health Information Technology Committee members commented that important information about patients in patient charts is often buried in voluminous records laden with irrelevant and redundant information that detracts from the ability to understand what is happening. Verbal clinician-to-clinician communication in consults, which often contains

important information not available in a text, has dramatically decreased as online ordering has become more accessible. The mission statement needs to stress that significant behavioral and educational changes are needed along with accessible technology and information.

Finally, we are concerned that we were unable to find any reference to the prior Federal IT Strategic Plan. We believe that plans need to be linked across time so that each one builds upon the other. As an example, the 2015 plan had a section titled *"Alignment with Complementary Strategic Plans & Initiatives."* We found no such reference in the current plan. Our concern is that by not aligning the current strategic plan with other plans and initiatives, including the prior Federal Health IT Plan, we risk creating silos of plans that dilute health IT efforts.

Comments Specific to the Goals, Objectives, and Strategies

Goal 1: Promote Health and Wellness

TMA agrees that individuals should be empowered to address their own health needs. TMA policy[1] supports the concept that patients should be able to use their personal health record (PHR) as a source of information regarding their medical status. TMA policy goes on to state that PHRs should be standardized and at a minimum contain core medical information necessary for treatment.

Additionally, PHRs should be interoperable with consolidation capabilities so that patients seeing physicians in multiple settings do not have silos of information. When multiple PHRs are consolidated, the source of information should be clearly identifiable for the patient and any clinician reviewing the information. Tools need to be developed that (1) alert patients to inconsistencies across records and (2) advise patients on what to do about them.

TMA members have reported that patients still have a difficult time obtaining records following a hospital stay. The barriers are cost, delays, and method of receiving the record. ONC's recently released interoperability and information-blocking regulation should help address these barriers. TMA will continue to monitor progress.

TMA recognizes that patients access web information via mobile technology more often than through any other medium. When applications are not required to be HIPAA-compliant, this fact should be clearly communicated to patients by the application provider. The complexities of the terms of services created by application providers makes them nearly impossible for the average lay person to understand. TMA recommends that ONC and other government agencies support industry efforts to develop standardized terms of service that include strong privacy provisions.

It is important for ONC to ensure that patients without mobile or internet access have easy access to their health information just as those who do have technology tools.

While it is important to integrate health and human services information, it would be wise for ONC to survey the readiness and capabilities of each state. TMA has observed that some state

[1] TMA Policy Compendium: 118:002 Health Information Technology – Electronic Health Records and Personal Health Records

registries are more advanced than others. The ability to share information bidirectionally across various settings and population levels is challenging at best. ONC should make sure the preponderance of states are prepared for data integration before any data-sharing requirements are placed on physicians and health care organizations.

Strategy three of Objective 1c states, *"Capture and integrate social determinants of health data into EHRs to assist in care processes such as clinical decision support and referrals, integration of medical and social care, and address health disparities in a manner that is ethical and consistent with routine patient care."* TMA agrees with this strategy except that if each electronic health record (EHR) has a separate view of social determinants of health, we will have multiple silos of inconsistent data that vary depending upon when the data were captured. A superior approach is to have a single source of truth that updates each EHR at each encounter. In addition, TMA cautions ONC to prioritize its strategies to align with the capabilities of EHR vendors as related to integration of social determinants of health data. Interoperability and data migration should take precedence over any new requirements.

Objective 1a states, *"To expand access to health information, it is necessary to improve access to technology, especially for populations in rural areas, persons with disabilities, racial and ethnic minorities, and those with low socioeconomic status."* TMA is concerned that access to technology will do little if there is not education and an awareness among patients that they should obtain and manage their health information, much like they manage their bank accounts. As long as patients believe that physicians and health care organizations are managing their records for them, there will be limited movement to patient-downloaded and managed records. A strategy needs to be added that stresses the need for increased education of patients on the importance of managing the accuracy and completeness of their records. This education should not fall to physicians who already have limited bandwidth. ONC should conduct a study to determine the most appropriate place for this education to happen.

Finally, the Strategic Plan notes on page 9 that patient health literacy is a challenge, but there are no strategies to address this. Providing data to patients that they do not understand is not very useful. Similarly, it is folly to assume that average patients can understand terms used by physicians and other clinicians, and to provide them solely with downloads of the medical record. TMA supports the creation of a strategy to improve health literacy and to make the patient's record more understandable to them.

Goal 1 Summary of TMA Recommendations:

1. Support consolidation capabilities of PHRs so that patients seeing physicians in multiple settings do not have silos of information. Support the development of tools that:

    a. Clearly identify the source of information for the patient and any clinician reviewing the information, and
    b. Alert patients to inconsistencies across records and advise patients on what to do about them.

2. Support industry efforts to develop standardized terms of service with strong privacy provisions that application providers are required to follow and that patients can understand.

3. Support patients without mobile or internet access in accessing their health information just as easily as those with such access.
4. Ensure that a significant preponderance of states are prepared for integration before any health and human services information data-sharing requirements are placed on stakeholders.
5. Prioritize ONC strategies so that interoperability and data migration should take precedence over any new requirements.
6. Add a strategy that supports the development of a "single source of truth" concept as related to integration of social determinants of health data.
7. Add a strategy that supports patient education on the importance of managing the accuracy and completeness of one's own records and does not add burden to physicians and other clinicians.
8. Add a strategy that supports improvement of health literacy and making patients' record more understandable to them and does not add burden to physicians and other clinicians.

Goal 2: Enhance the Delivery and Experience of Care

As ONC contemplates care optimization by applying advanced capabilities such as machine learning, TMA strongly recommends working closely with the American Medical Association (AMA) and aligning AMA's policies for augmented intelligence[2] with this strategic plan.

Objective 2b contains a strategy to *"Educate consumers on the availability of quality and price information and how to use this information to shop for care based on value."* It is important to stress that quality is not always quantifiable, so value cannot always be a number. A key element of quality, the patient-physician relationship, can provide significant value that cannot easily be quantified. Unfortunately, the term "patient-physician relationship" is not mentioned except in Dr. Rucker's introductory letter. If health IT damages this relationship by supporting the commoditization of health care, we will have reduced costs but decreased value. Obtaining health care is not like buying products at a supermarket. No matter what amount of information transfer occurs, piecemeal care from multiple clinicians cannot replace a single physician who truly understands the whole patient.

TMA agrees that care should be expanded beyond traditional settings, including the expansion of telehealth. Payers are evolving telehealth payment policies, but TMA is confounded as to why the Centers for Medicare & Medicaid Services (CMS) continues to not allow the patient's home to serve as an originating site (excepting the COVID-19 emergency). This prohibition only applies to traditional fee-for-service Medicare and not Medicare Advantage plans.

TMA agrees that administrative burden needs to be reduced. Documentation simplification will help, but it must be across all payers, not just public payers. This also applies to the harmonization of data collection and reporting requirements. Public and private payers must come to an agreement as to what should be collected and at what frequency if we are to reduce burden and improve efficiency.

[2] Augmented Intelligence in Health Care H-480.939.

Goal 2 Summary of TMA Recommendations:

1. Work closely with AMA and align the Strategic Plan with AMA's augmented intelligence policies for care optimization.
2. Incorporate explicit mention of the patient-physician relationship in the Strategic Plan as a key component of quality that must be supported by health IT.
3. Seek to add the patient's home to the list of eligible originating sites for Medicare telehealth coverage.
4. Harmonize documentation requirements, data collection, and quality measurement across public and private payers.

Goal 3: Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation

TMA agrees that a catalogue of content and vocabulary standards is critical for entities developing application programming interfaces and providing information to patients. There needs to be a way to allow movement to a fully balloted standard, even if that standard does not support a previously adopted one.

For many years, TMA has advocated for universal use of extensible markup language (XML) or a similar standard (e.g., FHIR) as a way of exchanging meaningful health data, as is used in accounting and other industries. Universal common encoding of all data elements could permit disparate systems to share and consume information much more easily. Information consumed by a receiving EHR could be placed correctly within the system to give it meaning and make it useful. A simple example not currently possible is transmitting pacemaker information and settings via discrete data between a hospital and the follow-up physician's EHR, even in some cases if they use the same vendor. Standardized coding of data elements would make this easy and cheap. This would allow the information in the receiving EHR to be searchable, extracted for reports (such as medication or device recalls), and available for clinical decision support. A more complex example of the benefits of standard tagging in an EHR database is where a physician desires to change EHRs. If the receiving EHR has the same functionality as the sending EHR, standard tagging would make it possible to move from one EHR to another almost instantaneously and at little to no cost.

Goal 3 Summary of TMA Recommendations:

1. Develop and implement a fully balloted content and vocabulary standard.
2. Support the adoption of universal data tagging to facilitate the exchange of data, both as individual elements and as entire databases to replacement EHRs or other systems.

Goal 4: Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure

Goal 4 starts with the sentence, "*When patients, caregivers, and healthcare providers are equipped with complete and accurate health records, they can establish comprehensive and tailored care plans, make informed decisions about care, and engage in preventive care."* TMA has concerns with the words "complete" and "accurate."

- "Complete" information is rarely desirable. Rather, physicians need "relevant" information.

A simple example is that a patient's one-minute Apgar scores at birth are part of the patient's "complete" record but are totally irrelevant when the patient is being seen for a sexually transmitted disease as an adolescent. Clinicians need tools that can "tag" information as more or less relevant so they are not overwhelmed.

- "Accurate" information is always desirable, but sometimes errors exist. The Strategic Plan has no mention of the possibility that health information being shared could contain errors and what to do about this. As an example, one of our HIT Committee members had another patient's record merged into his, with multiple serious incorrect allergies, medications, procedures, surgical history, and other errors. If this incorrect information is passed to other organizations (e.g., through a health information exchange), there needs to be a mechanism for completely removing it from all recipients once it is determined to be incorrect; to do otherwise is unsafe. We are also aware of incorrect data (e.g., patient has cancer when in fact there was a suspicion of cancer that was ruled out) that have been propagated to other systems without the patient's awareness or consent and eventually appears to be the truth. We need methods to correct health information, no matter where it is.

TMA has a long record of promoting health IT to its members. Our most recent survey[3] indicates that 85% of Texas physicians now use an EHR. Many physicians have participated in federal programs but have cautioned CMS that the cost of participation many times exceeds the return on investment. As recommended in the Goal 2 section, there must be harmonization of quality and data collection across all payers when physicians participate in various quality improvement programs if we are expected to reduce physician burden and have efficient health care.

TMA continues to hear from Texas physicians who are required to pay exorbitant costs to transition data from one EHR to another. A recent quote to transfer data between two common EHRs was $42,000 for a small practice. TMA hopes the recently posted regulations on information blocking will cause this aberrant behavior to cease. Health IT products should compete on service and usability, not the ability to hold patient data hostage.

Finally, while ONC's strategies create a strong push for the release and appropriate sharing of data, TMA agrees with Objective 4d: "*Promote secure health information that protects patient privacy."* It is imperative that patients know the information provided to physicians and clinicians is handled in a way that protects the patient. Patient trust must be maintained at all levels of the health care system.

Goal 4 Summary of TMA Recommendations:

1. Support harmonization of quality and data collection across all payers when physicians participate in various quality improvement programs.
2. Ensure that data migration between EHRs can happen seamlessly and at little or no cost to the physicians.
3. Support the development of "relevance" tagging of health information so that physicians and other clinicians are not overwhelmed.
4. Support the development of standards that provide mechanisms for extracting incorrect data from already-shared records. Patients need an effortless mechanism allowing them and/or

[3] Survey of Texas Physicians 2018; Electronic Health Records Research Findings

their physicians to make corrections to their record.
5. Ensure that patient data is protected at all levels of health care and that patient trust is maintained.

TMA appreciates the opportunity to provide comments on the 2020-2025 Federal Health IT Strategic Plan. Any questions may be directed to Shannon Vogel at the TMA by emailing shannon.vogel@texmed.org or calling (512) 370-1411.

Sincerely,

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Texas Medical Association