



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

*PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington Relay Service*

March 18, 2020

The Honorable Donald Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, Floor 7
Washington, D.C. 20201

Dear Dr. Rucker:

RE: Request for Comments, “2020-2025 Federal Health IT Strategic Plan”

The Washington State Department of Health (DOH) submits the following comments on the Draft 2020-2025 Federal Health IT Strategic Plan.

As a public health agency, DOH has many programs that receive and send data to clinical data partners through their health IT systems. DOH strives to make transacting data with public health information as seamless and efficient as possible for health care providers.

Our agency has embraced the interoperability standards set forth by the Office of the National Coordinator for Health Information Technology (ONC) for public health measures and believe this work has been essential to make public health reporting more efficient for both healthcare providers and public health agencies.

ONC has requested feedback on the draft strategic plan posted at: www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan. DOH has the following comments on the draft plan:

- General Comments:

DOH would like to thank ONC for recognizing public health as an important part of keeping the nation healthy and its need to exchange data in an interoperable fashion with clinical partners.

DOH requests that public health be listed specifically as a stakeholder that needs to be engaged and included for all four goals. Public health should be reflected in the plan as not just an important component but as an invaluable partner. The plan should include collaborative and transparent decision-making processes that include public health being at the table with both federal and state/local public health representation.

- Comments on Goal 1 – Promote Health and Wellness:

- DOH supports Objective 1b listing a strategy of leveraging all levels of data to “predict epidemics, inform and monitor public health action outcomes.” This is critical when

addressing outbreaks, including COVID-19, EVALI, and measles. Public health needs to be able to securely and efficiently access data to quickly help those who have become infected and prevent further spread of the disease.

- DOH supports Objective 1c addressing health disparities.
 - Public health would like to see plans to strengthen community-based organizations IT infrastructure in particular as public health struggles to find interoperable solutions for important programs like tobacco cessation and diabetes prevention where exchange between clinical and community-based organizations needs to be available. Support for adoption of standards for data exchange and common transport between healthcare, public health, and community-based organizations needs to be increased to avoid silos and duplicative work.
 - DOH also would like to see the plan address healthcare directory needs (<https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/Healthcare+Directory+Workshop+-+2019>). Directory services are essential for interoperability moving forward, especially when community-based organizations become involved with care. Providers, payers, public health and others need reliable ways to find providers and securely send them information.
 - Public health and other researchers see potential in using patient-generated health data to assist in our work. DOH encourages ONC to consider adding work to this plan that explores this new arena further (<https://www.healthit.gov/topic/health-it-initiatives/patient-generated-health-data>).
- Comments on Goal 2- Enhance the Delivery and Experience of Care:
 - DOH believes patient matching is critical for promoting improved patient safety, better care coordination, advanced interoperability and for improved public health surveillance and thanks ONC for calling this out in the plan. DOH has drafted a white paper with other agencies in the health sub-cabinet to look at an enterprise master person index.

DOH would welcome ONC taking on a role in standardizing how master person indexing is done including support of CMS' RFI to require a CMS-wide identifier and standardization of data elements for matching. Ensuring interoperability between public health, insurance companies and clinical providers is a critical long-term effort that is built on robust and flexible patient matching including adjustable deduplication controls built-in for jurisdiction-specific choices.

DOH asks that if such work is taken on that public health is represented in any stakeholder work that is performed. DOH would like to see the same approach taken by CMS for Medicaid and Medicare.

- DOH is pleased to see ONC call out the need to “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.” Public health can be much more effective in surveillance and disaster response roles when interoperability with clinical partners is achieved.

- As a public health agency, DOH has many programs that receive and send data to clinical data partners through their health IT systems and appreciates the burden that puts on providers. DOH has embraced the interoperability standards set forth by ONC for public health measures, along with use of the state HIE, and believes this work has been essential to make exchange with public health more efficient for both healthcare providers and public health agencies. DOH feels this works makes required public health reporting less burdensome than sending in paper or placing phone calls.
- Comments on Goal 3 - Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation:

DOH appreciates the challenge the industry currently has with maturing the use case for population-level data exchange. At the same time DOH also sees a real benefit in this exchange to further population health work including social determinants of health. In particular, it's important to support standards and consistent definitions rather than the situation the nation now has where many different definitions are used for different aspects of population health, often poorly defined, and most frequently incompatible and incomparable to other definitions (i.e. apples to oranges vs apples to apples). Strong leadership displayed by including this measure in the original TEFCA proposal should be supported.
- Comments on Goal 4 - Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure:
 - If an expansion of Public Health use cases for FHIR moves forward it must have public health participation, be accompanied by fiscal support and time for public health agencies to develop and implement new technology. DOH recognizes that FHIR does have great potential to expand the already established exchange of data between providers and public health.
 - DOH recognizes the importance of the 21st Century Cures Act requirements to achieve nation-wide interoperability, to end information blocking, and to ensure patients feel empowered to control their healthcare data. As important steps are taken to implement TEFCA and the final rules, DOH asks that public health be at the table to ensure the important role as a "health oversight agency" is not lost. It is essential that implementation does not constrain public health's need to carry out essential work in protecting public health and patient safety. For example implementation should not prevent public health from receiving PHI (where state/local laws allow) without patient permission.
 - DOH would like to see plans to develop standards to facilitate population-level data requests that include public health needs. This becomes vital as interoperability moves forward and providers want to keep things like their patients' immunization records up to date. For example, public health has no current mechanism/standard (other than individual requests) to facilitate fulfilling nightly requests to update all immunizations status's for a clinic that asks for it. Public health systems cannot handle the volume of requests if they all come one at a time, patient by patient for all clinics. DOH encourages public health participation in discussions of bulk data transfer to meet these important needs.

The Honorable Donald Rucker, MD

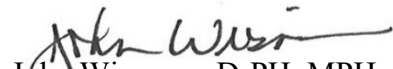
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Federal support for public health reporting and bidirectional exchange of data with clinical partners must remain strong. DOH feels the need to strengthen public health surveillance through interoperable systems that can receive and exchange data to provide more actionable information to protect the public. This can also reinforce the public health system as a partner across clinical systems to support providers in the application of evidence-based practices. DOH looks forward to partnering with HHS to further this important work. Thank you for the opportunity to provide comments on this plan.

We appreciate the opportunity to provide comment on a topic of critical public health importance. If you have any questions, please contact Mike Ellsworth, DOH Federal Liaison, at Michael.Ellsworth@doh.wa.gov or the Director of Governor Inslee's Washington, D.C. office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,



John Wiesman, DrPH, MPH
Secretary of Health

cc: Michael Ellsworth, Department of Health
Casey Katims, Office of the Governor