

1. With the mission and vision statements both indicating a goal of improving health, one must first understand how HHS and ONC define the word health. Can ONC offer a definition of health to help the reader/participant better understand the end goal? The WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” If that is the definition ONC were to utilize, how exactly does ONC hope to improve mental and social well-being via technology? How can technology be used to improve physical well-being as it relates to food deserts, and/or lack of healthcare resources in rural areas? Without a definition of “health” to refer to, critics may well have a field day defining the rate of success or failure based on nothing more than how they choose to define health.
2. “Strengthen individuals’ ability to securely access and use their own health information to take greater control over their own health, while ensuring that their data are accurate.” Patients should not have to bear the responsibility of ensuring their health data is accurate. Considering over 60% of the population is health illiterate, this should never fall on the patients – not without a drastic overhaul in how patients are educated in health literacy.
3. Safety and quality. I have seen firsthand that healthcare workers are burnt out and routinely unable to absorb mandatory training to help ensure the standard of high-quality care. Recent implementation of new systems in DOD have been disastrous, as a point of evidence. It’s not that the systems were flawed, it is simply that the absence of time and/or fellow staff makes learning new systems incredibly difficult for the healthcare worker. What efforts are being pursued to ensure that organizations are giving their employees adequate training and/or time to process these new standards being implemented?
4. Person-centered, inclusive design. Where are patients being included in the development and design of these new programs? Obviously, the staff involved are all, also, patients, but what about the average Joe – where are they able to add their input?

5. Where does the availability of diagnostic imaging come in to play? Patients, rightfully so, want to see images as they become available. How do they know those are their images, though? How do they know the report is attached to the right patient? Xray techs use lead markers to label left and right on their films, as an example - could something similar be used, throughout the range of various modalities, to ensure the correct exam, and therefore the correct report, get to the correct patient every time? PACS systems utilize drag and drop features to move images within the system. Patients with similar names, if not matching names, get crossed. I have once again witnessed, firsthand, that mistakes happen and simply checking name and date of birth do not always catch the slips.