

# Open City Labs Response to **Draft 2024–2030 Federal Health IT Strategic Plan**

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There is much to be applauded about the Draft 2024–2030 Federal Health IT Strategic Plan and the Federal Health IT Principles that guide it around Person-centered inclusive design, safety and quality, privacy and security, data led decision making, encouraging innovation and competition, and increase health equity across all population.

There are two areas where the language could be enhanced, and new objectives created to ensure that the objectives meet the full depth and breadth of the challenges patients and providers face.

## Advancing Health Equity Through Person Centered Care and Addressing Health Related Social Needs

The inclusion of the word Wellness in the first Goal “Advance Health and Wellness,” as well as the mention of health equity 10 times and human services 9 times throughout the document indicate that address health related social needs, and supporting the exchange of standardize social determinants of health data is indeed a high priority.

The Health IT Strategic Plan addresses the healthcare goals and objectives around advancing health equity and exchanging data with human service providers. It does not fully reflect the technological challenges that are part of workflows of human service professionals, including county, state and federal government agencies.

One way to ground Federal Health IT goals and objectives is to fully explore how Health IT and Human Service IT (including state government agencies) would need to be changed to align with the Federal Customer Experience initiative to deliver seamless, and secure customer experience. The strength of their approach was to ground the high-level concept of “customer experience” with five life experiences people go through:

- Having a childhood and early childhood
- Facing a Financial Shock
- Recovering from a Disaster
- Navigating a Transition to Civilian Life
- Approaching Retirement

By focusing on these concrete experiences, the Federal Health IT Strategic Plan can move to more specific language that spells out objectives for healthcare, human service provider and government agency actors.

## Improve Enrollment in Government Benefits

In my LinkedIn newsletter, [“How to Advance Health Equity? A Roadmap for Service Access Using Medicaid Waivers: The Case of New York.”](#) I make the case that improving

enrollment in government benefits should be a central strategy to advance health equity and outline how to accomplish this objective.

Consider national Payor investments [across all SDOH domain interventions \(\\$1.9 billion between 2017 and 2021\)](#). During the same time period \$378 billion was spent on SNAP alone, nearly 200X the amount spent by the largest 20 Managed Care Organizations covering the lives of 2 out of 3 Americans. Enrollment in SNAP, a food subsidy program has been shown to [reduce healthcare costs \(\\$1,400-\\$4,100 per person annually\)](#). Special Supplement for Women Infants and Children (WIC) has been shown to reduce the likelihood of preterm birth by 48%, saving \$58,917 per preterm birth (in healthcare costs for the baby and mother). Yet just [42% of eligible older adults are enrolled in SNAP and 50% of eligible people are enrolled in WIC nationwide](#). To improve enrollment in government benefits the Federal Health IT Strategic Plan should help states streamline Eligibility & Enrollment via Application Programming Interfaces (APIs), so that human service providers who provide much of the navigation assistance can reuse information on their client, get enrollment status updates and send the data directly from their system of record.

## Care Plans and Reimbursement for Human Services

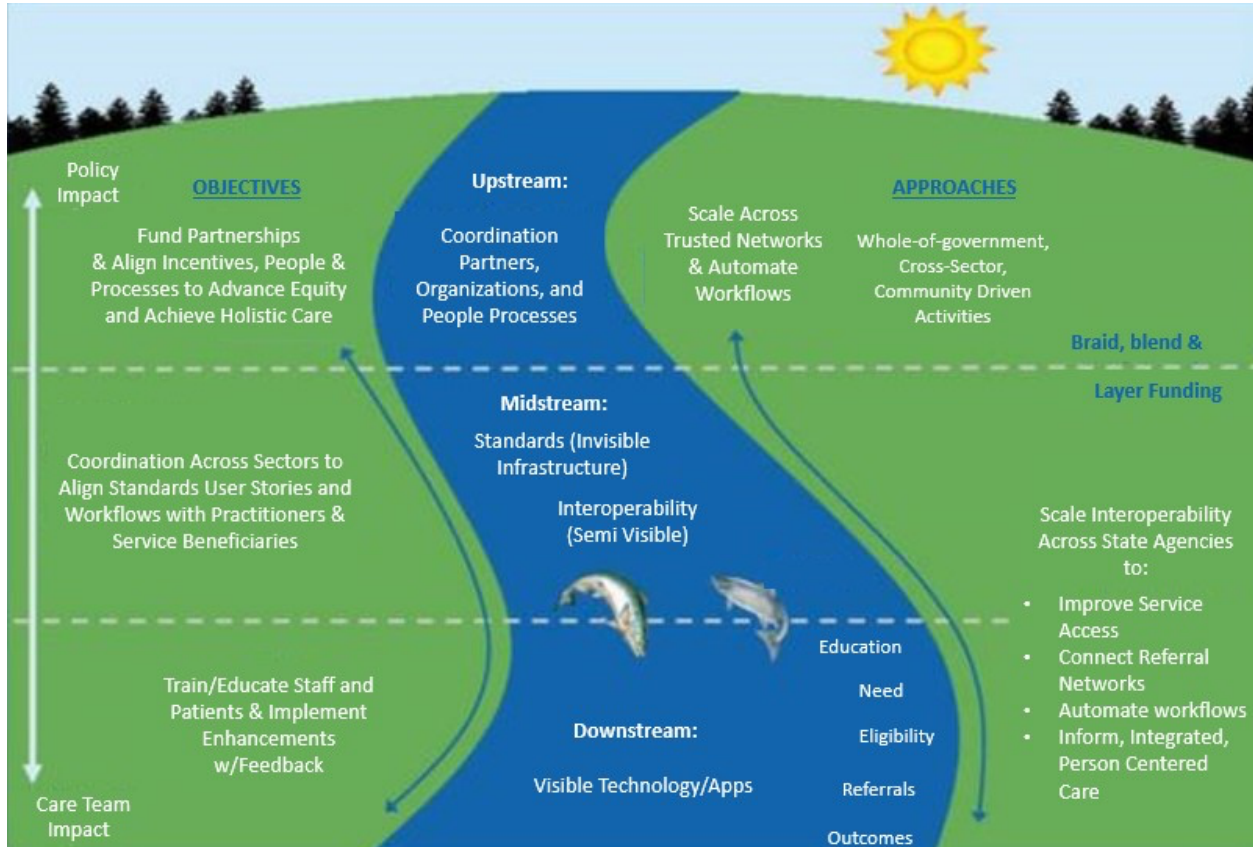
As Medicare's has released of physician payment codes for addressing health-related social needs (HRSN) and is developing guidance on the how they will be used for reimbursement, early access to the draft implementation guide, which our team has offered feedback on emphasizes the centrality of documenting HRSN needs and human service interventions as part of a care plan.

As I discuss in, [“Care Plans, SNAP, AI/ML & Data Standards: An Unlikely Marriage,”](#) care plans and care plan templates, which reflect a particular instantiation of best practices for a particular patient cohort are an emerging area of interoperability that should be invested in. According to the Veterans Administration, traditional approaches to translate research into practice takes roughly 17 years. Care Plan Templates that incorporate or are led by human service providers offer a promising area of research, especially as they relate to cross sector interoperability. This [HL7® Multiple Chronic Condition \(MCC\) Care Plan Implementation Guide \(IG\)](#), may represent the most promising standard to date with respect to care plan, as **the 25% of Americans with multiple chronic conditions represent 65% of healthcare spending**. A comprehensive analysis and guidance via the Gravity Project of best practices as it relates to human service providers in managing a care plan for patients with multiple chronic conditions would be a logical investment, as the Gravity Project SDOH Clinical Care IG is compatible with MCC Care Plan IG.

## Aligning Policies, Programs & Metrics to Align IT Strategies & Investments

Concerns about wording may simply be simple oversights, or more reflect a need for additional alignment in policies, programs, and/metrics that will stimulate the need for aligned IT strategies and investments.

Technology investments are downstream of policy, programs and metrics alignment, as is shown in this visual of the reworked 2022 CDC visual of the social determinants of health.



For example, I'm concerned about the wording of Goal 4 "Connect the Health Systems with Health Data," and its lack of mention of human services, or social care providers, or similar phrases.

Increased alignment across the 25 agencies ONC convened may be necessary due to the laudable goal to "eliminate health disparities," as is mentioned in goal 2B. This alignment work, which could involve some combination of executive orders, internal regulatory changes, may be necessary before Health IT Strategy and Human Service IT Strategy could be further aligned. Perhaps a Human Services IT Strategy document (across some combination of these 25 agencies) is needed to reflect how human service providers and

federal and state government agencies want to incorporate Health IT interoperability and partnerships in the context of the rest of their work?

One approach to evaluating what potential areas is promising for alignment and potential braided funding is to evaluate investments from the “wrong pocket problem”? In other words, what when investment is made that improves data exchange, or service access in Program A from Agency B, what other agencies metrics for success benefit from that investment? If Agency B is benefiting from investments in Program A, are there alignments that can lead to further blended funding streams, so that the full investment (in improved health, equity or savings) can be realized.