



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

March 13, 2020

Dr. Don Rucker
Department of Health and Human Services,
National Coordinator for Health Information Technology
Mary E. Switzer Building, Mail Stop: 7033A
330 C St. SW
Washington, DC 20201

RE: 2020-2025 Federal Health IT Strategic Plan

Dear Dr. Rucker -

On behalf of the American Immunization Registry Association (AIRA) we are pleased to submit comments on the Office of the National Coordinator's (ONC's) recently released document titled **2020-2025 Federal Health IT Strategic Plan**. These comments are a compilation of the input of our members which include over 80 organizations representing Public Health Immunization Information Systems (IIS), IIS implementers and vendors, non-profit organizations and partners. Immunization Information Systems interface with a broad range of stakeholders, including providers, pharmacists, schools, child care facilities, health plans and payers, among others.

IIS and our partners are, quite obviously, very invested in promoting smooth interoperability to ensure broad data use. At the point of clinical care, an IIS provides consolidated immunization records and forecasts to support clinical decisions. At the population level, an IIS provides aggregate data and information on vaccinations for surveillance, program operations and public health action. It is critical that the role of Public Health is recognized as a key part of health IT strategy moving forward.

To that end, there are four overarching themes that many of our detailed comments address, and that we encourage ONC to weigh as they finalize the document:

- Consider Public Health as an essential partner in Health IT and interoperability
- Consider the need for balance between patient control of data and the Public Health priority for policies that support comprehensive data flow
- Define the difference between Public Health and Population Health
- Recognize that automation of Public Health data (especially immunizations/IIS) brings value, and lowers burden



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Given the growing importance of health information technology, we believe that Immunization Information Systems (IIS) are a key part of the health care infrastructure. Incentive programs like Meaningful Use (MU) and Promoting Interoperability (PI) have helped to automate IIS reporting and have improved Electronic Health Record (EHR)-IIS interoperability, thus lowering provider burden and increasing the value and broad use of IIS data. We want to ensure that future strategies for health IT continue to support the important role IIS play in consolidating and sharing immunization information. IIS, or immunization registries, are available and highly utilized in nearly every state across the US. They support provider access to the most complete, timely and accurate immunization information available.

Immunizations are acknowledged as one of the most effective and life-saving health interventions of modern medicine; CDC states that the vaccinations given to infants and young children in the past 20 years alone will prevent an estimated 322 million illnesses and save 732,000 lives just in the United States.¹ Similarly, an evidence-based systematic review of current literature demonstrated IIS capabilities and actions in increasing vaccination rates, contributing heavily to the overall goal of reducing vaccine-preventable disease.²

In addition to the comments above, AIRA provides suggestions on the ONC proposed rules in our detailed comments presented on the following pages, organized by page number and section within the plan. Please contact Mary Beth Kurilo, AIRA's Policy and Planning Director, with any questions: mbkurilo@immregistries.org.

AIRA greatly appreciates the opportunity to comment on the strategic plan, and we look forward to continuing to collaborate to ensure high-value health IT interoperability with our many partners.

Sincerely,

Rebecca Coyle, MEd, Executive Director

¹ MMWR, 2014, accessed 5/28/2018:

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm>

² Journal of Public Health Management Practice, 2014, Accessed 5/28/18:

<https://www.thecommunityguide.org/sites/default/files/publications/vpd-jphpm-evrev-IIS.pdf>



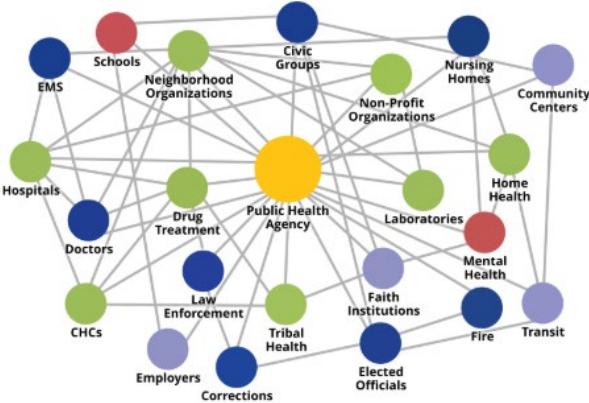


Comments: 2020-2025 Federal Health IT Strategic Plan

Page Number	Excerpt	Comment
Pg. 3	<i>In today's digital world, patients' right to control their health must include the right to access and control their health information.</i>	<p>Although we agree with this statement, it is also important to recognize the Public Health responsibility in access to data and information. We support policies that allow critical data to flow securely and appropriately to protect the health of the public, as in the case of immunizations. Policies that allow patients to opt out of this exchange, rather than forcing them to opt in, support comprehensive data capture and subsequent data use, while also supporting a patient's right to control their health information.</p> <p>The plan's principle of "putting the individual first" is supported throughout the goals and objectives, but it must be balanced by a similar principle to support Public Health with the requisite goals and objectives.</p>
Pg. 4	<i>This Plan is deliberately outcomes-driven, with goals focused on meeting the needs of individuals, caregivers, healthcare providers, payers, researchers, developers, and innovators.</i>	We would support the addition of Public Health as a critical audience for this plan, and for health information exchange generally. It would also be helpful to define the difference between public and population health, as the terms seem to be used interchangeably throughout the document.
Pg. 4	<i>The federal government and private sector have worked together to help digitize health information and healthcare. Yet, much work remains to make sure patients and caregivers have access to information they value and can use.</i>	State and local governments have also worked very hard to support the digitization, automation and interoperability of healthcare data, and should be seen as critical partners in this effort.





Page Number	Excerpt	Comment
Pg. 5	<p><i>Be a responsible steward: Develop health IT policies through open, transparent, and accountable processes; use federal resources judiciously; and, when possible, rely on the private sector.</i></p>	<p>Although we recognize the private sector as critically important partners, Public Health honors its responsibility to protect the health of individuals, communities and the population. This full Public Health system supports the 10 Essential Public Health Services, and should be considered a valuable and necessary partner in health and health IT:³</p> 
Pg. 7	<p><i>Public health workers, researchers, and community-based organizations increasingly use health IT outside of the care setting to assess health and healthcare quality across different individuals and populations so they can address health and related social disparities, lower costs, and improve outcomes.</i></p>	<p>We feel that it is important to emphasize that the population-level data collected by public health is a critical resource for clinicians and researchers who are striving for a learning health system and the application of knowledge to improve patient care processes and outcomes. It is essential that health care providers understand the relationship between the data collected by Public Health and the point of care improvements that result from the analysis and interpretation of these large data sets.</p>

³ CDC website, accessed 3/6/2020:

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>





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Pg. 7	<i>This often entails using health IT to exchange health information for population health activities and to collect data on reportable conditions to prevent and stop disease outbreaks.</i>	It would be helpful to define the difference between public and population health, as the terms seem to be used interchangeably throughout the document. In addition, additional areas of Public Health also do more to help support direct patient care. Immunization provides consolidated immunization history including CDS and PDMP provides past prescription information to clinicians. Public Health does more than collect data for population purposes. In necessary settings, Public Health also helps to improve direct patient care.
Pg. 8	<i>While healthcare spending is increasing, health outcomes are not significantly improving. Compared to other high-income countries, the United States has a high rate of disease burden and worse mortality rates, largely due to greater prevalence of chronic conditions such as diabetes and heart disease.vi Disparities in health outcomes remain significant, with racial and ethnic minorities having higher rates of chronic conditions and worse outcomes overall.</i>	It is important to recognize that without Public Health reporting and analysis, we'd never know as a population what we need to work on to reduce poor health outcomes. This problem is largely discovered and mostly likely eventually fixed with the help of Public Health. Measurement is a critical tool toward identifying and addressing a problem.





Page Number	Excerpt	Comment
Pg. 9	<i>Access to technology remains a challenge in the United States despite significant strides made in increasing broadband internet access in recent years. While more than 93 percent of the U.S. population lives in an area with both high speed internet and high-speed Long Term Evolution (LTE) mobile service and 90 percent of Americans use the internet, more than one quarter of Americans do not have broadband internet access at home.</i>	Seniors on fixed incomes are particularly vulnerable to gaps in access to technology, whether that gap is caused by unavailability of broadband, or by cost barriers. Public Health supports ensuring technology and access to data and information are available to the full population.
Pg. 13	<i>Goal 1: Promote Health and Wellness</i>	Given the significant role that Federal agencies play in not only managing major Public Health initiatives, but also in funding many more, this plan needs to more prominently and less ambiguous to ensure continuing support for these activities. Perhaps Goal 1 (Promote Health and Wellness) should include an additional objective along the lines of, "Sustain the collaborative activities necessary to ensure Public Health surveillance, readiness, and response."





Page Number	Excerpt	Comment
Pg. 14	<i>Advance healthy and safe practices through health IT</i>	We support the advance of health and safe practices through health IT. With much of a patients outcomes determined by their activities outside of healthcare settings it is important that we are able to get them the information they need, when they need it, and it's also important that we allow them to generate and send health data, as they are comfortable, and not just in a healthcare setting. Some care and consideration should be taken to ensure the accuracy of data and, while that is true of all settings where data is collected, that seems like it could especially challenging in emerging technologies that may not have standardized means of capturing and exchanging data.
Pg. 14	<i>Leverage all levels of data</i>	Where the objective describes "Leverage all levels of data (e.g., individual- and community-level)", we note that "community-level" is not a term used elsewhere in the document. We suggest the use of the terms "Public Health surveillance" and "population-level" to emphasize the important role that the Public Health community plays in promoting safe and healthy populations.





Page Number	Excerpt	Comment
Pg. 14	<i>Integrate health and human services information</i>	We support the concept of integrating health and human services information. It is crucial that data is available at the time and place that it is needed in order to get the best outcomes for patients, and to help determine how to better serve all populations. In the past there have been significant incentive programs for some groups to implement and enhance their use of Health IT but many groups have not benefitted from those programs. A review and strengthening of the infrastructure and capabilities (both in exchange and capture of data) of all parties, in order to ensure some foundation interoperability capacity exists across the entire landscape, seems like a natural first step. Additionally, in areas where strides have been made and interoperability exists, we should learn from the experience to help the next wave of interoperability implementations.
Pg. 15	<i>Ensure safe and high-quality care through the use of health IT</i>	We support ensuring safe and high-quality care through the use of health IT. Patient matching is currently an area that could be significantly improved upon and as interoperability expands this need will only grow. As disparate systems, that may know people slightly differently, start talking to each other we will need to get significantly better at identifying and agree upon who we are talking about as accurately, confidently, timely, and as automated of a means as possible. Standardization is also a key to success and while we have standards in place for much of the exchange on information that exists now those standards could be improved and we don't have it for all areas. Continuing to create new standards and refine the standards that exist, in the least disruptive ways to existing exchanges possible, should be an important aspect of this work.





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Pg. 15	<i>Achieving this objective will require the application of technologies such as machine learning, improved patient matching, patient safety solutions, and mechanisms for data governance and provenance. It will also require providing care daily and in the event of a public health emergency or disaster.</i>	The important role that Public Health plays in providing individual care should be emphasized in this section. Public Health programs play a daily role in providing care and services to individuals as well as being crucial in times of emergencies and disasters. The ability of these programs to provide this critical care is dependent on ready access to clinical data through the health IT infrastructure.
Pg. 15	<i>Continue efforts to establish identity solutions that improve patient matching across data systems.</i>	We support this concept, yet for such a large issue that everyone is struggling with, we would hope for a more detailed strategy (e.g., defining standards for required and preferred patient matching data elements, a handbook on patient matching, etc.).
Pg. 16	<i>Reduce regulatory and administrative burden on providers</i>	We are concerned about the perception that Public Health reporting and data submission to clinical registries are a burden on providers. We strongly agree that provider workflows must be streamlined to minimize any additional effort associated with Public Health reporting. But it is also important that the activities of Public Health stakeholders are transparent and that health care providers understand the return on investment they receive in the form of clinical decision support at the point of care, improved population health, provision of human services and point of care advancements by participating in Public Health reporting, population-level data collection, and real-time query-response.
Pg. 16	<i>Harmonize provider data collection and reporting requirements across federal agencies.</i>	We don't disagree with this goal, but we do have concerns that the nuances of different agencies (because of what they are collecting) are different. A one size fits all approach, has been tried before (e.g., within HL7) and likely won't work.





Page Number	Excerpt	Comment
Pg. 17	<i>Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation</i>	The role of Public Health in promoting research and innovation should be acknowledged in this goal. By collecting population-level data, Public Health is a key player in identifying trends and relationships within large data sets and feeding those interpretations back to providers as point of care improvements.
Pg. 17	<i>Advance individual- and population-level transfer of health data</i>	We support advancing individual and population level transfer of health data. Appropriate sharing of data between all parties will increase the ability of each of the connected entities to do the work they are interested in. With some groups putting the amount of time it takes to put research into practice at 17 years, ⁴ there is clear room for improvement, and we feel increasing the transfer of data will help reduce that lag.
Pg. 18	<i>Support research and analysis using health IT and data at the individual and population levels</i>	We support research and analysis of health IT and data at the individual and population levels. The volume of data that is currently being generated is typically more than can be leveraged to its fullest in all areas. With that data increasing and new types of data being introduced fairly regularly the need for some kind of analytic approach (like machine learning) to fully utilize the data at hand is becoming clearer and clearer.

⁴ Journal of the Royal Society of Medicine, Accessed 3/6/2020:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3241518/>





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Pg. 18	<i>Advance the development and use of health IT capabilities</i>	We support advancing and development and use of health IT capabilities. Removing barriers to entry is critical in the success of this work. Adopting and advancing national standards, implementation specifications, and certification criteria is one way to do that. We would caution that verifying the use of those standards in practice (not just that the systems are capable of doing things in standardized ways but actually ensuring that things are being done in standardized ways) is a critical component of this that seems to be lacking in the majority of the current landscape.
Pg. 19	<i>Promote data liquidity by working with developers, healthcare providers, payers, and state and federal entities to eliminate unnecessarily restrictive data sharing practices and to use endorsed standards, implementation specifications, and certification criteria.</i>	The creation of a national, standard legal opinion for data sharing would streamline the process so that each state doesn't have to navigate the data-sharing legal quagmire individually.
Pg. 21-22	<i>Patients, caregivers, healthcare providers, payers, innovators, researchers, and other health and healthcare stakeholders' interests increasingly rely on the electronic access, exchange, and use of health information.</i>	We suggest including Public Health and community-based support and long term services and supports (LTSS) providers to be included in the list of stakeholders considered by the Plan. The awareness of these constituents must be elevated if we are to build health IT across the whole care continuum.
N/A	<i>General Comment</i>	While some needs are technical and programmatic, others, like IIS management of vaccine within the federal Vaccines for Children program, are operational. It is essential that Health IT supports, and does not inhibit, data flow for programs, especially those that address a need as part of an entitlement program.