

March 18, 2020

Office of the National Coordinator for Health Information Technology

U.S. Department of Health and Human Services

Submitted electronically at: <https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan>

Attention: Public Comment 2020-2025 Federal Health IT Strategic Plan

Office of the National Coordinator for Health Information Technology:

Thank you for the opportunity to provide input on the 2020-2025 Federal Health IT Strategic Plan. As the Director of Data Strategy and Interoperability at the Minnesota Department of Health (MDH), I am pleased to submit comments on behalf of MDH that will support our mission of protecting, maintaining and improving the health of all Minnesotans and MDH's interoperability vision of improved public health through standardized secure electronic data exchange with our partners.

MDH applauds focusing on the needs of health ecosystem, but excluding the needs of public health will limit the ability of the federal government in meeting its federal health IT vision and mission. We ask that public health and its needs be specifically called out and included in the development of the plan and its visuals. Without inclusion in the plan, public health will continue to struggle to meet its information and interoperability needs, which limits our ability to respond to ongoing and emerging health challenges such as the mental health and substance use disorders, COVID-19, and safe drinking water.

Public health is provided by federal, state, local, and tribal entities - each have specific needs to be considered in the plan.

State public health needs include funding, staff, support, and policy levers to:

- Update and maintain IT systems that support daily operations of MDH and also meet the needs of our community by issuing death and birth certificates, assuring parents have real-time access to immunization records of their kids, and updating the public on seasonal flu and other infectious diseases, such as COVID-19.
- Build the capacities and capabilities for bi-directional electronic exchange information with:
 - state agencies including human services/state Medicaid agencies, education, transportation, corrections, and public safety to meet the information needed for good policy and effective government;
 - federal and national partners to create more complete, timely, and accurate reporting to CDC, CMS, NCHS, and others;

- local public health and county governments to allow for faster and more targeted public health interventions to address community health issues; and
 - providers across the care continuum to diminish the data collection and reporting burden on external partners and MDH.
- Assess, coordinate and address public health's information needs to advance health equity, lower costs, deliver high quality care, and improve individual, public and population health.
 - Participate in and have influence on discussions and decisions regarding public health interoperability, e-health standards, IT, and workforce and training.
 - Build and support the capacity and capability to leverage the information to the fullest- the volume of data being generated is often more than can be fully used.
 - Develop and implement effective and consistent privacy, security, and data sharing policies and processes.

Local public health needs include funding, staff, support, and policy levers to achieve the above but at a local level with partners including county agencies, community groups, and individuals and their families. We encourage the ONC to request additional input from public health - federal, tribal, state, and local.

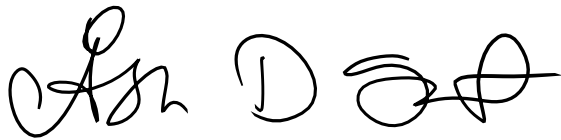
In addition, we recommend:

- **Clearly define and accurately use the terms public health and population health.** The difference between these terms is significant to public health's ability to do its work – improving outcomes and advancing health equity.
- **Incorporate family and caregivers needs when addressing the needs of individuals.** Families, such as parents, adult children, guardians or partners, need to have access to information, when consented by the individual.
- **Add health equity as a federal health principle.** In addition, health equity and health disparities should be defined and factors that influence health acknowledged as including, but not limited to, race, ethnicity, location, sexual orientation, gender identity and others as identified in the social, psychological and behavioral data of the ONC 2020 Interoperability Standards Advisory.
- **Advance patient matching to ensure safe and high-quality care.** 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, we will need to get significantly better at identifying and agree upon who we are talking about as accurately, confidently, timely, and as automated as possible.
- **Continue to support the integration of health, health care, social services, social determinants of health and patient-generated data.** It is crucial that all the information is

available when it is needed to achieve the best outcome but work needs to be done to assure accuracy and access. This can include using national standards, implementation specifications, and certification criteria and by ensuring standardized workflows and means of capturing and exchanging data.

- **Add an objective of “sustains the collaborative activities necessary to ensure public health surveillance, readiness, and response”.** This could be added in number of spots but suggest under Goal #1 – Promote Health and Wellness.
- **Use the term “providers, care teams, and services” in place of “healthcare providers”.** This more inclusive term can be defined to include but not be limited to primary and specialty care, long-term and post-acute care, mental and behavioral health, social and human services, dental, public health, and pharmacy. This inclusive term will support health information access across care settings.
- **Address the disparities in access to and use of technology.** Certain populations within our communities are vulnerable to gaps in access including unavailability of broadband, cost of technology or access to it, and preference or ability to use or understand the use of technology. These can greatly affect those living with chronic conditions, housing instability, and poverty.

Please consider the comments and recommendations related to the 2020-2025 Federal Health IT Strategic Plan. They were developed with input from MDH leadership and programs and additional support from the Center for Health Information Policy and Transformation (CHIPT) at MDH and the MN e-Health Initiative, including input from local health departments. Contact Kari Guida, Senior Health Informatician, at kari.guida@state.mn.us with any questions.



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