April 3, 2020

The Honorable Don Rucker, M.D.

National Coordinator for Health Information Technology

U.S. Department of Health and Human Services

330 C Street, S.W.

Washington, DC 20201

*Submitted electronically via: https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan*

Re: 2020-2025 Federal Health IT Strategic Plan comments

Dear Dr. Rucker,

On behalf of the Strategic Health Information Exchange Collaborative (SHIEC), which represents more than 80 health information exchanges and health information networks (HIEs) across the nation, we appreciate this opportunity to comment on the 2020-2025 Federal Health IT Strategic Plan. As the unbiased data trustees for their communities, SHIEC member HIEs serve nearly 92% of the United States population and are critical to achieving better health and quality of life in America. HIEs uniquely provide community-level identity resolution and linking of data beyond certified electronic health record systems, including data from pharmacies, post-acute care, behavioral health, social services, and many others.

SHIEC strives to support HHS and other federal agencies both as a partner in, and a resource for advancing interoperability. The dedication, energy, and passion exhibited by SHIEC's member HIEs over the past 20+ years have laid the foundation for nationwide health data interoperability among whole communities and regions. As evidenced by millions of secure healthcare data transactions occurring daily within and between HIEs, SHIEC members are

delivering innovative interoperability solutions that are providing real and documented value to patient care in their communities, states, and across the nation.

We support the goals outlined in the Federal Health IT Strategic Plan. SHIEC's members **Promote Health and Wellness (Goal 1)** by enabling access to individual health information and in many cases, integrating health and human services information. Member HIEs support state and local public health for epidemiology and syndromic surveillance, among other critical tasks. Our members additionally **Enhance the Delivery and Experience of Care (Goal 2)** by making health information exchange between providers and states possible. Importantly, many of SHIEC's members provide extensive technical assistance to providers and states in the buildout of critical health IT infrastructure and connect the "last mile" of rural and underserved primary care practices.

The COVID-19 crisis has already highlighted immediate areas of need related to **Goal 4, Connecting Health Care and Health Data through an Interoperable IT Infrastructure**. We would like to take this opportunity to highlight three considerations related to Goal 4 that we encourage the ONC and its federal partners to act on immediately:

1.  **Strengthen and Fund Public Health IT Infrastructure; Leverage Existing Infrastructure at the State and Local Levels**

HIEs facilitate the exchange of billions of messages among hospitals, labs and providers today. In addition, most HIEs are connected to much more than doctors and hospitals, extending connectivity across a care continuum to first responders, post-acute facilities and human services agencies. Many HIEs also work very closely with their state Medicaid agencies and with state and local health departments. However, these successes need to be replicated in communities and states across the country. No other national network has the turnkey ability to accelerate a national network of health information exchange.

As identified throughout the Strategic Plan, sustained investment in public health infrastructure is critical to achieving the nation's health IT goals. SHIEC strongly supports the goal of implementing a national interoperable IT infrastructure and is

committed to working with ONC to develop a solution, which we believe can strengthen and build upon existing HIE infrastructure. The 21st Century Cures Act of 2015 specifically directed ONC to consider existing exchange frameworks and avoid disruption of the current exchanges. Accordingly, ONC initiatives like the Trusted Exchange Framework and Common Agreement (TEFCA) should build upon, rather than scrap and replace, this existing HIE infrastructure and should capitalize on the successes of the many high functioning HIEs across the country.

HIEs received less than five percent of federal dollars spent on health information technology over the past 10 years, yet today SHIEC members serve nearly 92 percent of the U.S. population and push real-time data for improved clinical decision making. HIEs have played a critical role when patients have been displaced by natural disasters, such as hurricanes and wildfires, and they are playing a critical role today in the COVID-19 crisis. One of the immediate lessons learned in the COVID-19 response is the need to collect, standardize and distribute data swiftly. As we learn from this pandemic and develop a national emergency infrastructure, we should build on and support the proven work of America's HIEs.

## 2. Improve Patient Matching Nationwide

Identifying patients is critical to the effective sharing and use of electronic health information. Patient matching is the process systems use to identify patients and ensure which records are associated with each individual. Presently, there is no uniform matching standard. To address this concern, SHIEC requests that ONC support research to identify effective matching methodologies and implement national standards. With significant experience applying patient matching methods in HIEs across the country, SHIEC welcomes the opportunity to provide real world data and expertise to further the goal of unifying the ways in which stakeholders match patients.

### 3. Drive Safe Adoption of Telehealth with Bidirectional Information Exchange

As seen in the COVID-19 response, telehealth can provide access to critical health care services from home, and the rapid growth in telehealth services is opening new opportunities to deliver care in the pandemic, and beyond. The integration of telehealth and HIE is particularly critical since telehealth encounters often involve health care provider organizations on different EHRs. Consolidated and up-to-date electronic health information is essential to deliver safe telehealth care, and to improve the efficiency, continuity and coordination of care. SHIEC recommends HHS and the ONC provide funding and guidance to enable and require bidirectional information exchange for telehealth providers and vendors. HIEs can help connect telehealth providers and vendors to already-existing, interoperable information exchange in their communities and regions to make this possible.

Thank you for the opportunity to comment on the Federal Health IT Strategic Plan. We look forward to following up with you on these priority areas. If you have any questions or if SHIEC can be of assistance, please feel free to contact me at  kelly.thompson@strategichie.com or (970) 852-2166.

Sincerely,

Kelly Hoover Thompson, CEO