

February 5, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator
Office of National Coordinator for Health IT
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Public Comments on the Federal Health IT Strategic Plan: 2015–2020

Submitted via

<http://www.healthit.gov/policy-researchers-implementers/strategic-plan-public-comments>

Dear Dr. DeSalvo:

The American Nurses Association (ANA) welcomes the opportunity to provide comments on the Federal Health IT Strategic Plan: 2015–2020. As the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of healthcare settings. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse midwives and certified registered nurse anesthetists.¹

We appreciate the efforts of the Office of National Coordinator for Health IT (ONC) to update the Strategic Plan from 2008 by collaborating with agencies across the federal government and seeking input from the public. We support the Federal Health IT Principles and the five goals and associated objectives proposed in the plan, as well as ONC’s efforts to ensure that health IT activities are coordinated across the federal government. The new vision of interoperability set forth in the plan has the potential to significantly transform the sharing and use of electronic health information. Below we discuss several topics that we believe could be further emphasized and enhanced within the Strategic Plan.

Care Coordination and Transitional Care Services

A number of provisions in the Strategic Plan refer to care coordination and transitional care services. For example, Goal 2, *Advance Secure and Interoperable Health Information*, notes that federal efforts will initially “focus on efficiently addressing prioritized standards that enable sending, receiving, finding, and using a basic set of essential health information,” and a strategy to promote

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified registered nurse anesthetist; certified nurse-midwife; clinical nurse specialist; certified nurse practitioner. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

Objective 2A notes the need to promote the coordination of care for individuals across the care continuum. Goal 3, *Strengthen Health Care Delivery*, notes that fragmented care results in patients seeking care from multiple providers, and that there is limited financial incentive to carefully coordinate care across care settings. Objective 3B mentions the need to align payment reforms to reward coordinated care, and strategy #5 of this objective discusses the need to “connect care across time, geography, and appropriate users of health information.” The importance of care coordination is also implicitly discussed in the strategies that promote the use and sharing of data.

We applaud ONC’s recognition and discussion of this important topic and support efforts to fully utilize care coordination as a mechanism to improve health. Care coordination and transitional care services are essential to advancing the delivery of health care and furthering the priorities of the National Strategy for Quality Improvement in Health Care: better care; better health; and reduced costs. Health IT can foster the ability to collect, share and analyze data thus increasing the accessibility of health information for providers, patients, families and caregivers. Health IT can help reduce or eliminate redundant care.² However, in light of the significance of care coordination and transition care services, we recommend that ONC include more explicit discussion in the strategies to highlight how the collecting, sharing and utilization of Health IT will further care coordination. For example, a mechanism to capture data elements addressing care coordination and transitional care should be identified as an explicit strategy within the Strategic Plan. ONC’s interoperable longitudinal care plan work should be in alignment with Health Level Seven (HL7) Standards identified in the Care Plan Group,³ as well as recommendations from the National Quality Forum for advancing health IT data infrastructure to support quality measurement of care planning during transitions of care.⁴

Telehealth

Telehealth and mobile health technologies offer significant opportunities to improve access to health care, particularly for individuals in rural communities and other underserved areas. These technologies also offer the opportunity to transform the delivery of health care throughout care settings, including community based settings such as within the home, in assisted living facilities, and within skilled nursing facilities.

The draft Strategic Plan takes important steps to recognize the significance of telehealth technology, including the aim in Goal 1 to expand the adoption and use of technologies such as telehealth and mobile health, and the statement in Objective 1A that use of such technologies can significantly impact the quality and cost of care. Another important strategy in this area, set forth in Objective 1A, is to “[e]ncourage the adoption of telehealth and mobile technologies among providers and

² Cipriano, P., Bowles, K., Dailey, M., Dykes, P., Lamb, G., & Naylor, M. (2013). The importance of health information technology in care coordination and transitional care. *Nursing Outlook*, 61(475-489).
[http://www.nursingoutlook.org/article/S0029-6554\(13\)00187-5/abstract](http://www.nursingoutlook.org/article/S0029-6554(13)00187-5/abstract).

³ http://wiki.hl7.org/index.php?title=Care_Plan_Project_-_PCWG.

⁴ National Quality Forum. (2012). Critical Paths for Creating Data Platforms: Care Coordination.
http://www.qualityforum.org/Publications/2012/11/Critical_Paths_for_Creating_Data_Platforms_Care_Coordination.aspx.

individuals, focusing on federal programs funding and/or providing health care, in care and payment innovation model initiatives, and those encouraging broadband adoption.” In addition, a strategy in Objective 3A is to “[i]ncorporate telehealth and mobile health technologies and services within federal programs funding or providing health care and innovation model initiatives to improve access to and quality of health care services.”

We recommend broadening these stated strategies to explicitly incorporate strategies to expand reimbursement mechanisms for providers and to ensure that the funding and innovation model initiatives are available to the full range of providers, including registered nurses. In addition, to fully realize the potential of telehealth and mobile health technologies, the allowable sites of care should be expanded beyond those currently recognized by the Centers for Medicare and Medicaid Services.

Patient Engagement

Access to information is essential to empower and engage patients. Goal 4, *Advance the Health and Well-Being of Individuals and Communities*, particularly Objective 4A, includes an important new focus on consumers of health care and recognizes that the engagement of patients, families and caregivers is essential to advancing health care. We recommend that ONC more broadly incorporate and describe the engagement of the patients/consumers, families and/or caregivers throughout the objectives and strategies of the Strategic Plan.

We appreciate the opportunity to share our views on this matter and welcome the opportunity to discuss these issues in greater detail. If you have questions, please contact Maureen Dailey, Senior Policy Fellow (maureen.dailey@ana.org or 301.628.5062).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
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