

Letter from Matt Murray, MD
Chair, ad hoc Committee on Health Information Technology

I am writing this letter to applaud the TMA's advocacy efforts by providing a specific example:

Last winter Dr. DeSalvo, the National Coordinator for Health IT, released a 28-page draft of the Federal Health IT Strategy 2015-2020 and invited public comments through February 2015. In January the TMA's ad hoc HIT Committee spent considerable time discussing this draft strategic plan because the final version will be a primary driver for the government's health IT activities over the next 5 years. TMA staff used our discussion, along with past discussions and comment letters, to compile a 12-page comment letter sent to Dr. DeSalvo and the Office of the National Coordinator (ONC) on February 6.

ONC reports that they received comments from over 400 individuals and organizations and that these comments generally supported the draft plan's high-level vision of using technology to improve healthcare. According to ONC, the draft strategies that resonated highly with commenters were primarily those that would drive the development of standards, promote more useful and integrated health IT, and facilitate collaboration between healthcare stakeholders. On the other hand, strategies that did not resonate so well had to do with ONC's proposed roles in determining how data is to be used and how systems are designed. As a result, ONC made significant changes to the draft plan. The final revised [Federal Health IT Strategic Plan 2015-2020](#) was released on September 21st.

The ad hoc HIT committee members were initially concerned about the lack of depth in the 28-page draft plan. However, we noted that ONC's 2010 final strategic plan provided much more depth than its initial draft. Anticipating that ONC would follow the same process, we decided to not only provide comments on the high-level objectives and strategies provided in the strategic draft, but also to provide comments on topics we thought ONC might incorporate into the final plan. In retrospect, we correctly anticipated that more depth would be added, as the final version went from 28 pages to 50 pages. We also correctly anticipated a couple of the topics that ONC eventually added to the final plan.

The following is a summary of a few TMA comments that may have contributed to changes ONC made to the strategic plan:

1. A major theme of our letter was poor usability of EHRs. Perhaps our strongest comment was that "the greatest impediment to the effective use of health IT is the poor usability of EHRs." In one of our descriptions of poor usability we stated that "sometimes safe use of EHRs results in untenable work flows" for physicians. The draft plan had not included any strategy to improve usability, and it had made no reference to the adverse impact technology can have on clinician work flow.

The revised plan now includes a specific strategy to "Improve health IT usability and clinician workflow by fostering innovation through policies and methods." Another new strategy brings additional attentiveness to physician work flow issues.

2. We explained several reasons for ONC to reconsider the draft plan's strategy to "expand the ONC HIT Certification Program to certify products useful to providers." We were especially concerned about "the risk of unintended consequences that occur when vendors rush to meet a certification deadline by developing functionality that passes criteria, but is a poor fit within the physician's work flow." We suggested that this strategy be changed to state: "Improve the ONC HIT Certification Program to enhance the usability of health IT products".

The revised plan has eliminated the strategy to expand the certification program. Although ONC states that the ONC HIT Certification Program serves as a valuable mechanism to promote standards for interoperability, they

acknowledge that “significant work remains” and “ONC will continue to assess the ONC HIT Certification Program to ensure it can address and reinforce health IT applications.”

3. We advocated for the expanded use of the Blue Button functionality in EHRs that allows patients to go online and download their medical records. The Blue Button initiative was not mentioned in the draft plan.

The revised plan now specifically refers to the Blue Button functionality as an example of how ONC intends to promote patient engagement. This is one of those topics that we correctly anticipated ONC would consider adding to the plan.

4. We stated our belief that a key element to ONC’s strategy to promote safe use of health IT should be a centralized national repository of HIT hazards, as well as the creation of a federal agency to manage those hazards. Rather than a strategy, our suggestion was a really a tactical solution that we hoped ONC would consider--if not in this plan, then maybe in the future.

The final strategic plan has significantly revised and improved the proposed strategies regarding the safe use of HIT. Although the revision does not transform our suggested tactic into a strategy, it does leave the door open by re-stating one of their strategies as an intent to “expand the capacity of the public health and community supports workforce to use health IT and predictive analytics for early detection and mediation of emerging hazards, public health threats, and to promote community well-being and resilience.” The terminology, “expanding the capacity”, is really an invitation to ongoing dialogue. We will continue to seek opportunities to advocate for improved management of health IT hazards, including the centralized repository.

5. We explained the problems caused by the lack of EHR data portability. For example, it is cost-prohibitive for physicians to move patient data out of an old EHR into a new EHR. We therefore asked ONC to more strongly promote portability and to encourage EHR vendors to “open up” the data in EHRs in a way that would allow data to be more easily exported, imported and shared

Although the new plan does not specifically address data portability, ONC did introduce a new, over-arching objective called “Advance Person-Centered and Self-Managed Health”. Within that objective are several strategies that will require EHRs to be more open. More importantly, this new plan makes reference to the new, federal [Interoperability Roadmap](#) which does specifically call for improved data portability.

6. We asked CMS to base any requirements on the use of certain technologies to be based on evidence that such activities result in improved patient outcomes—in other words, to be evidence-based.

The final plan includes a new strategy that appears to address this issue: “To fund and disseminate organizational learning and research, promote innovation, and remove impediments for secure new health IT products and solutions to help resolve challenging health problems, including mobile applications, wearable technologies, advances in big data, computation and analytic methods, and other scientific discoveries.”

Our letter alone is certainly not responsible for these and other positive changes that were made to the draft strategic plan, as it was just one letter out of 400 that ONC states they received. However, one should acknowledge that without letters like ours, changes would not have been made. This is what makes the extraordinary time we (physicians and TMA staff) spend on advocacy issues worthwhile.

Matt Murray, MD
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