



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Executive Office of Innovation and Technology
101 Israel Road SE.
Tumwater, WA 98501

May 28, 2024

The Honorable Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, Floor 7
Washington, D.C. 20201

RE: Request for Comments, “2024-2030 Federal Health IT Strategic Plan”

Dear Dr. Tripathi:

On behalf of the Washington State Department of Health (WA-WA-DOH), I write to provide comments to the Office of the National Coordinator for Health Information Technology (ONC) on the draft 2024-2030 Federal Health IT Strategic Plan.

As the state public health department for the great state of Washington, WA-DOH programs and services help prevent illness and injury, promote healthy places to live and work, provide information to help people make good health decisions and ensure our state is prepared for emergencies. These core responsibilities require a lot of alignment and coordination with our federal and clinical partners as public health activities are a vital part of making Washington State and our nation a healthy place to live.

For the comment period ONC has requested feedback on the draft posted at:

https://www.healthit.gov/sites/default/files/page/2020-10/Federal%20Health%20IT%20Strategic%20Plan_2020_2025.pdf.

WA-DOH has the following comments on the draft plan:

General Comments:

- WA-DOH strongly supports ONC’s recognition of public health as an important part of keeping our nation healthy and its need to exchange data in an interoperable fashion with clinical partners.
- WA-DOH appreciates the highlighting of improvements in electronic case reporting (eCR) from providers to public health as an example of success over the last few years. eCR hold a lot of promise for improving public health’s ability to carry out our population health mission.

- WA-DOH supports the inclusion of public health’s role in ensuring better health outcomes is called out along with the need to provide more accurate, complete and timely data to public health for decision making in the Federal Health IT Principles.
- One of the Federal Health IT principles is regarding person-centered, inclusive design and includes ensuring an individual’s data are accurate. This is a great goal that WA-DOH supports and does not appear to be present in further goals or objectives in the plan. WA-DOH would like to highlight the importance of this principle and add that additional effort to ensure that modifications and corrections to an individual’s electronic health information is propagated to downstream data holders, such as data that has been shared with public health. Federal investments in Health IT allowing public health agencies to share data more broadly, including areas which have traditionally had a lower level of technical investment. Ensuring that data are accurate and changes to data are appropriately communicated to and handled by downstream partners is important.
- Thank you for the strong commitment we see in this draft to health equity. This is vital for our collaborative work moving forward to improve the health and wellbeing of all.

Comments on Goal 1 – Promote Health and Wellness:

- Under Objective A, WA-DOH recommends the addition of SMART Health Cards and SMART Health Links. These technologies were used during the pandemic to successfully allow the public a secure and verifiable record of their COVID vaccinations. Additional investments in this space can allow for this technology to be expanded for many common and everyday needs, like having your entire immunization record available for a new provider or registering your children for school.
- Under Objective A, WA-DOH supports the creation of educational materials that will be helpful for individuals, providers, payors, communities, and public health agencies to have a shared understanding of the use of data and when HIPAA does and does not apply.
- Under Objective C, WA-DOH appreciates the call out to improve the use of public health data to address health challenges. For this to be sustainable, WA-DOH recommends not just initial investment in data modernization for public health, but ongoing funding for operations and enhancements.
- Under Objective C, WA-DOH recommends increasing the access to data for the purposes of public health. We recommend including strategies covering data sharing with State, Tribal, Local, and Territorial (STLT) jurisdictions as well as the federal government using these data.

Comments on Goal 2- Enhance the Delivery and Experience of Care:

- For Objective B, public health needs federal support to promote the use of social determinants of health data for public health purposes. There are concerns around these actions with respect to such data that are already presenting significant barriers and impeding the shared goal of [using a holistic, one-health approach to] reducing health and health care inequities and disparities.
- Under Objective D for “Provider experience reduced regulatory and administrative burden,” WA-DOH recommends that adequate funding and time be provided public health to

modernize systems that exchange data with health care providers. Healthcare was given 10 years under HITECH. Please see the HIMSS recommendation (<https://www.himss.org/news/public-health-infrastructure-needs-367-billion-investment-over-next-10-years-himss-report>) for details on their proposal to fund this work. WA-DOH believes a focus on creating the appropriate levers on Health IT vendors to prevent financial barriers for interfaces, automation, and error correction will also be important to ensure appropriate use and sharing of data. WA-DOH also recommends inclusion of a specific call out for continued investment in the Helios FHIR Accelerator for Public Health to ensure standards are created in partnership with healthcare for such exchanges.

- Under Objective E, WA-DOH greatly appreciates the addition of public health professionals. Some use certified health IT for providing clinical care, while others are reliant on it for obtaining crucial information for public health case investigation or other work. WA-DOH encourages the expansion of capacity for real-time access to data through FHIR or other technologies which allow for real-time interfacing between health care providers and public health.

Comments on Goal 3 - Accelerate Research and Innovation:

- In order to accelerate research and innovation using individual and population level data, patient data needs to be collected in a manner that truly represents the patient and the community characteristics. Yet, digital healthcare technologies still exist within systems that are inequitable. As the field of digital healthcare and technology expands, the system users need to be intentional about equity. WA-DOH recommends adding additional content to address this concern.
- WA-DOH supports the strategy identified to ensure that research conducted reflects the diversity of the U.S. WA-DOH recommends that ONC provide users with tools to support equitable innovation. The Agency for Healthcare Research and Quality produced a guide for implementing digital healthcare equity framework. The guide helps users assess whether healthcare solutions that involve digital technologies are equitable at every phase of the digital lifecycle.
 - The guide can be found here: <https://digital.ahrq.gov/ahrq-funded-projects/creating-digital-healthcare-equity-framework-accompanying-guide-its-use/practical-guide>
- WA-DOH supports the goal of improving data integration and research so that technology developers can integrate disparate datasets. Improved, transparent, and accurate common definitions and datasets along with tools to translate datasets and terminologies are needed across the care continuum to support this effort.
- Under Objective C, WA-DOH supports the strategy for addressing health disparities and generating insights across socioeconomic, environmental, and system-level landscapes. WA-DOH support specifically including public health being included as one of the targeted users along with researchers and other health IT users due to the public health missions of population and environmental health.

Comments on Goal 4 - Connect the Health System with Health Data:

- Objective A emphasizes increasing trustworthiness and implementation of data governance. One key component that these strategies do not include is the rights and interests of Tribes as sovereign nations to develop their own governance for Tribal data. By adding the CARE

principles for Indigenous Data Governance (collective benefit, authority to control, responsibility, and ethics) into this work, these strategies could include Tribes in area where they are often excluded.

- WA-DOH supports the goals of Objective B, promoting information sharing practices, improving education, and transparency to consumers for the use and sharing of data through health IT. Improvement of transparency has the potential to increase trust and engagement in public health activities. WA-DOH recommends expanding the strategy to 'Promote information sharing practices' to include data sharing practices, and not just between care settings and health departments, but across the public health ecosystem as well.
- WA-DOH supports Objective C “Underserved communities and populations have access to infrastructure that supports health IT use.” In addition to promoting individual use of applications and health IT to access health information and communicate with care teams, there is an opportunity under objective C to address the principle of allowing the healthcare consumer to validate the accuracy of their electronic health information.
- Under Objective E, the plan mentions supporting communities by modern and integrated data systems via forecasting and predictive analytics or via increasing data linkages or via increased data science capability. WA-DOH would like to see some specific emphasis here on the acceleration of data use and data driven decision making through additional investments to support the rapid dissemination of public health data through increased dashboarding and data visualization capabilities. While some might argue that data visualization and dissemination is part of the data science capacity, most people do not think of data dissemination and visualization as a part of data science or decision science. For that reason, it would make sense to have a separate emphasis on data dissemination and visualization through increased dashboarding capabilities.
- WA-DOH also appreciates the acknowledgement of timely, actionable data being shared to STLT public health agencies and an acknowledgement of foundational public health infrastructure being necessary to respond to emerging health hazards. Support and funding for preparedness, capacity, and surveillance will be key to ensuring long-term health of these structures.

Federal support for public health reporting and bidirectional exchange of data with clinical partners must remain strong. WA-DOH believes there is a need to strengthen public health surveillance through interoperable systems that can receive and exchange data to provide more actionable information to protect the public. This can also reinforce the public health system as a partner across clinical systems to support providers in the application of evidence-based practices. WA-DOH looks forward to partnering with HHS to further this important work. Thank you for the opportunity to provide comments on this draft plan.

Sincerely,



Les Becker, Chief
Executive Office of Innovation and Technology