May 28, 2024

Micky Tripathi, PhD, MPP
National Coordinator for Health Information Technology
U.S. Department of Health & Human Services (HHS)
Office of the National Coordinator for Health Information Technology (ONC)
330 C Street, SW, Floor 7
Washington, DC 20201

RE: Draft 2024-2030 Federal Health IT Strategic Plan

Dear Mr. Tripathi:

The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) represents more than 14,000 long term and post-acute care facilities, or 1.06 million skilled nursing facility (SNF) beds, more than 3,000 assisted living (AL) communities, and a number of residences for individuals with intellectual and developmental disabilities (ID/DD). We represent the majority of SNFs across the country and a growing number of assisted living residences. By delivering solutions for quality care, AHCA/NCAL aims to improve the lives of the millions of frail, elderly, and disabled individuals who receive services in our member facilities each day.

Of importance, and relevant to our comments is that unlike other healthcare provider settings, most of the individuals are long-term residents of our provider member communities – it is their home. Except for a relatively small portion of short-stay post-acute SNF patients who require certain nursing and/or rehabilitation therapy services to further address care initiated in a hospital, most residents in nursing facilities (over two-thirds) and those in AL or ID/DD residences are medically stable but often have multiple chronic conditions and require residential care to manage physical and/or cognitive impairments.

In other words, most healthcare in our member communities can be characterized more like a social healthcare model and not a medical model as their care goals are directed towards promoting the highest level of health & wellness and managing chronic conditions rather than at resolving an acute condition. Therefore, the healthcare data needs of our SNF, AL and ID/DD provider members are often very different from the needs of hospitals and physicians who focus more on diagnosis and acute interventions of a specific medical condition rather than focusing on optimizing on the ability of the individual to function in their living environment.

We appreciate the opportunity to provide comments on the Draft 2024 – 2030 Federal Health IT Strategic Plan (issued March 27, 2024).

In addition to this letter, AHCA/NCAL is an active member of the Long Term & Post-Acute Care Health Information Technology (LTPAC Health IT) Collaborative that has worked for nearly two decades to advance health IT issues by encouraging coordination among provider organizations, policymakers, vendors, payers and other stakeholders. We also have contributed to comments submitted by the LTPAC Health IT Collaborative on the draft health IT strategic plan.

Overarching Comments

AHCA/NCAL is grateful to the US Department for Health & Human Services' (HHS') Office of the National Coordinator for Health Information Technology (ONC) for its leadership in coordinating a federal health information technology (health IT) strategic plan that reflects the diverse interests of more than twenty-five federal agencies. We are encouraged by the collective progress made by the federal government, industry, and healthcare stakeholders in identifying and using common health IT standards such as the US Core Data for Interoperability (USCDI) and the Fast Healthcare Interoperability Resources (FHIR) Application Programming Interfaces (APIs).

- **AHCA/NCAL supports the four overarching goals and detailed objectives outlined in the Draft 2024 – 2030 Federal Health IT Strategic Plan.**

We agree with the identification of the following four overarching goals outlined by the ONC including:

1. Promote Health & Wellness
2. Enhance the Delivery & Experience of Care
3. Accelerate Research & Innovation and
4. Connect the Health System with Health Data

We fully agree that the federal government can foster systemic improvements in health and care by aligning its health IT policies, programs, and investments. Achieving these aspirational goals requires collaborative efforts from government, industry, and healthcare consumers to implement the appropriate health IT standards, tools and policies needed to improve care, and access to care.

Providers in the long term and post-acute care (LTPAC) sector have focused on person-centered, holistic care since the inception of the Medicare program. We are encouraged that the ONC seeks to facilitate the alignment of the healthcare system to support and optimize care and outcomes to individuals by delivering the right care at the right time. We understand that advancements in health IT, interoperability and greater collaboration and exchange of individual health information are critical to delivering care and value in the future, **regardless of where the care is delivered**, and achieving crucial efficiencies to alleviate the current strain on our nation's healthcare system and the caregivers who deliver care every day.

However, despite the efforts of AHCA/NCAL our partner LTPAC organizations' involvement in federal health IT initiatives and rulemaking, the health IT systems and solutions developed for and used by the LTPAC sector have had limited success in being integrated into the national HIT infrastructure. Due to the absence of Federal support and limited Federal priorities to integrate the data needs of the LTPAC community, Health IT providers in LTPAC settings have organically developed a data infrastructure customized to the LTPAC provider workflows related to clinical practice including. collecting and tracking quality measurements, conducting medication management, guiding appropriate patient assessments. Aligning these independently developed LTPAC data specifications to be able to exchange a person's health information in an interoperable efficient and secure manner will require Federal leadership. Recent LTPAC Health IT providers efforts to facilitate the electronic exchange of health information through initiatives such as Carequality, CommonWell and most recently, as part of the federal government's Trusted Exchange Framework & Common Agreement (TEFCA) are a good start, but Federal

coordination from the ONC that increases the prioritization of LTPAC interoperability advancement as part of the Federal Health IT Strategic Plan Framework will be essential for the vision to be realized.

We want to recognize that many Health IT companies serving our member communities not only follow many health IT standards named in ONC's Certification Program and Interoperability Standards Advisory (ISA), but some also have products certified under the ONC Certification Program. Importantly, these achievements have occurred without the federal incentive funding that has bolstered electronic health record (EHR) systems used by hospitals and physician offices. However, these certifications are limited to the functionalities designed for the care needs of hospitals and physician offices and not necessarily for LTPAC care workflow needs that remained unaligned.

AHCA/NCAL appreciates that the ONC recognizes that LTPAC, behavioral health and other providers did not benefit from the incentives provided under the Health Information Technology for Economic & Clinical Health (HITECH) Act. We understand that Congress – not the ONC – would need to authorize similar investments for those deemed "ineligible" for HITECH funds to achieve parity with their colleagues in the acute and ambulatory care sectors. Furthermore, it is crucial to point out that skilled nursing facilities (SNFs) were never supported or incentivized under HITECH to adopt the technology that meets today's needs, such as information blocking and other aspects of the proposed roadmap. This lack of support has created a significant gap for the populations and staff of these essential facilities. As these patients transition to hospitals, homes, rehabilitation centers and other care settings, this gap affects the information that can and should be shared efficiently, especially during one of the costliest periods of care for aging populations.

Setting aside the inequities around federal incentive funding, we believe that the ONC can mitigate some challenges that LTPAC providers face. The HITECH Act did more than provide health IT incentive funds for hospitals and physicians; it laid the foundation for ONC health IT policy and standards. While AHCA/NCAL supports and encourages using ONC-developed and approved health IT standards, we believe that organizations that did not benefit from the federal infusion of HITECH funds should not be required to implement such standards and policies to the same extent as hospitals and physician offices that received HITECH funding. For example, standards needed to meet the Centers for Medicare & Medicaid Services' (CMS') definition of Certified Electronic Health Record Technology (CEHRT) may not be appropriate for EHRs serving LTPAC providers.

AHCA/NCAL Recommendations

- **AHCA/NCAL strongly recommends that the ONC and other federal agencies reevaluate the parameters used to advance health IT adoption beyond the four walls of hospitals and physicians' offices**.
- **AHCA/NCAL requests that the ONC increases the prioritization of LTPAC interoperability advancement as a critical pillar of the Federal Health IT Strategic Plan Framework to assure the vision of the plan can be realized.**
- **AHCA/NCAL recommends that the ONC expand cybersecurity education targeted at healthcare providers and consumers.**

- **AHCA/NCAL recommends that the ONC leverage its vital role as coordinator – and as convener – to ensure that federal policies (and where possible, state policies affecting health IT) are harmonized.**

We believe that tweaking the historical Federal approach to applying the constructs established to implement the HITECH Act and "Meaningful Use" (now "Promoting Interoperability") to all types of providers in the healthcare eco system without meaningful modifications **will only further disadvantage providers and care settings that never received HITECH funds or other federal incentives**. Instead, the ONC should build on the HITECH Act's success in developing a Health IT framework primarily designed to advance acute and ambulatory medical care, and shift the priority focus to assure that the data interoperability infrastructure for all other healthcare provider settings is equitably supported on a Federal level.

The COVID-19 pandemic revealed the very real consequences of ignoring key portions of the nation's healthcare and public health ecosystem for far too long as it was extremely difficult for policymakers to get a handle on the rapid spread due to antiquated public health reporting processes. It has now been more than four years since the onset of the COVID-19 pandemic. While the nation has transitioned into a stable endemic period, SNF providers, who care for persons who are most vulnerable for contracting and dying from highly infectious viral diseases including COVID-19, influenza, or novel viruses, are still burdened with submitting weekly excel files to the Centers for Disease Control (CDC) via the National Healthcare Safety Network (NHSN) infection and vaccination tracking system because this important public health surveillance activity has not been prioritized for Health IT interoperability advancements that could automate such reporting in real time.

Additionally, the massive disruption caused by the recent ransomware attack on Change Healthcare revealed a tremendous need to prioritize integrating high-impact cybersecurity practices. While the Change Healthcare cybersecurity breach initially impacted one electronic system for pharmacy authorizations, the interconnectedness of that one system to the national health data ecosystem resulted in massive disruptions in care authorizations, and claims and payments processing nationwide for provider, commercial, state, and federal systems. Cybersecurity requirements should be prioritized across all types of healthcare providers, otherwise, they could become the weak link for bad actors to attack.

The recent cybersecurity breach crisis also revealed a dearth in health IT literacy among providers and healthcare consumers. As the ONC established strategies to improve cybersecurity practices, we urge the Agency to expand upon efforts to educate all levels of healthcare workers and the public about data privacy and security, and the measures necessary to protect an individual's health information. This priority should be reflected in the 2024 – 2030 Federal Health IT Strategic Plan.

As standards and technologies evolve, and as technology becomes more integral to federal health policy, there is an increasing need for the ONC and other federal agencies to harmonize federal policies affecting innovation and business operations. Clear guidance and communication of federal health policy and related requirements for businesses operating in or serving the public sector are needed. We recommend that ONC leverage its vital role as coordinator – and as convener – to ensure that federal policies (and where possible, state policies affecting health IT) are harmonized. The federal government, particularly the ONC, is uniquely positioned to tackle this monumental task. Without a collective understanding across federal and state regulatory

agencies about the use of health IT, decisions about which policy to follow or how best to resolve discrepancies between competing or conflicting laws, directives and guidance from various federal and state oversight agencies will be left to the whims of individual health IT developers.

We also agree that greater sharing of health information may lead to new research and treatments. The COVID-19 pandemic shined a spotlight on the interoperability data gap in long-term care. To address this need, the National Institute on Aging funded the [Long-Term Care (LTC) Data Cooperative](#), a collaboration among providers and stakeholders in academia, government, and the private sector. The LTC Data Cooperative assembles resident data from the major long-term care electronic medical record (EMR) vendors. These data serve four key purposes:

1. healthcare operations/population health analytics
2. public health surveillance
3. observational, comparative effectiveness research
4. clinical research studies

For approved research studies, electronic health record (EHR) data can be linked with Medicare claims and other data from the Centers for Medicare & Medicaid Services (CMS) via the NIA Data LINKAGE Program. If the ONC were able to advance LTPAC HIT interoperability via the 2024 – 2030 Federal Health IT Strategic Plan, the labor-intensive LTC Data Cooperative workaround to merge current non-aligned SNF Health IT vendor datasets to advance clinical research would not be necessary and the research could be performed with near real-time data.

Finally, while the ONC is not responsible making broadband services available nationwide, such technology infrastructure remains a critical piece of the puzzle in advancing interoperable Health IT to help improve equitable access to high quality care regardless of where a person lives. A sizable portion of our SNF, AL, and ID/DD member communities are small providers in rural locations, and access to high-speed broadband technologies can be cost-prohibitive. We encourage the ONC to continue to survey for interoperable Health IT use across provider types and geographic locations and to emphasize the importance for targeted Federal resources to remove this structural barrier for integrable Health IT.

Conclusion

AHCA/NCAL stands ready to assist the ONC in its critical role. We encourage ONC to tap into the considerable expertise that the LTPAC sector has in coordinating care and providing longitudinal care as we transition away from setting-specific medical models in favor of a more collaborative, patient-and-family-centric social approaches to healthcare delivery in the United States.

Should you have questions or need additional information, please feel free to contact me at dciolek@ahca.org.

Sincerely,

Daniel E. Ciolek, PT, MS, PMP
Associate Vice President, Therapy Advocacy