

May 28, 2024

National Coordinator Micky Tripathi, Ph.D., M.P.P.
Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services
330 C St SW
Floor 7
Washington, DC 20201

RE: Draft 2024-2030 Federal Health IT Strategic Plan

Dear National Coordinator Tripathi,

The American Association of Nurse Practitioners (AANP), representing the 385,000 Nurse Practitioners (NPs) in the United States, appreciates the opportunity to provide comment on the Draft 2024-2030 Federal Health IT Strategic Plan. AANP is committed to empowering all NPs to advance high-quality, equitable care, while addressing health care disparities through practice, education, advocacy, research, and leadership (PEARL).¹ We support the strategic goals of utilizing Health IT to promote health and wellness and enhance the delivery and experience of care. We look forward to a continued partnership with ONC to ensure that Health IT is deployed responsibly, equitably, and empowers NPs to continue to provide high quality patient care.

As you know, NPs are advanced practice registered nurses who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and backgrounds. Daily practice includes assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs hold prescriptive authority in all 50 states and the District of Columbia (D.C.) and perform more than one billion patient visits annually. Currently, twenty-seven states, the District of Columbia and two U.S. territories have adopted full practice authority (FPA), granting patients full and direct access to nurse practitioners.²

NPs practice in nearly every health care setting including hospitals, clinics, Veterans Health Administration and Indian Health Services facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), skilled nursing facilities (SNFs) and nursing facilities (NFs), schools, colleges and universities, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health care settings.

NPs have a particularly large impact on primary care as approximately 70% of all NP graduates deliver primary care.³ According to the Medicare Payment Advisory Commission (MedPAC), APRNs and PAs comprise approximately one-third of our primary care workforce, and up to half in rural areas.⁴ NPs are also “significantly more likely than primary care physicians to care for vulnerable populations. Nonwhites, women, American Indians, the poor and uninsured, people on Medicaid, those living in rural areas, Americans who qualify for Medicare because of a disability, and dual-eligibles are all more likely to receive primary care from NPs than from physicians.”⁵ NPs provide a substantial portion of health care

¹ <https://www.aanp.org/advocacy/advocacy-resource/position-statements/commitment-to-addressing-health-care-disparities-during-covid-19>

² <https://www.aanp.org/advocacy/state/state-practice-environment>.

³ *Ibid*

⁴ https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf (see Chapter 2.)

⁵ <https://www.aei.org/research-products/report/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>

in rural areas and areas of lower socioeconomic and health status. As such, they understand the barriers to care that face vulnerable populations on a daily basis.^{6, 7, 8}

With over one billion patient visits performed every year, NPs utilize health IT such as electronic health records (EHRs) on a daily basis. We appreciate ONC's utilization of the term health care provider throughout the framework, which recognizes the broad health care workforce, including NPs, who utilize this technology. The continued integration and scaling of these technologies, combined with patient portals, and the continued growth of telehealth, are all challenges for clinicians as they focus on their most important mission: providing quality care to patients.

While our members have experienced the benefits of these technologies, they have also noted the growing challenges associated with them. We appreciate that the goals identified by ONC focus on the most important aspects of Health IT, which are the patients and the providers who are the end users. As technology continues to be integrated into clinical practice, it is important that it is designed and implemented with the goals of reducing provider burden and equitably providing patients greater access to care. Included below are our comments on the specific goals of the strategic plans.

Goal 1: Promote Health and Wellness

We strongly support goal 1 of the strategic plan framework, which is to promote health and wellness. We also support the objectives identified in this goal, including empowering individuals to manage their health, ensuring patients experience modern and equitable health care, and improving the health of communities. As providers of whole person, patient centered care, NPs support empowering patients to manage their care. This framework recognizes some of the challenges associated with patient utilization of health IT, including access to technology, broadband, privacy, and literacy. The plans to support patients in accessing and using their EHI securely, privately, and without special effort are critical to ensuring that every patient can access their own health information in their preferred way. Promoting equitable access to Health IT resources is a critical component of this strategy. As trusted sources of care, NPs will be important conduits of information to patients.

Additionally, promoting education, outreach and transparency on the use of artificial intelligence (AI) technologies is critical to patients and providers. There is an essential need to inform patients and providers about the use of AI technologies in health care, and ensure transparency in its implementation to assess performance, quality, and integration into clinical practice and EHRs. As the landscape grows in scale and complexity, providers will rely on ONC to provide them with non-biased information.

Goal 2: Enhance the Delivery and Experience of Care

We support ONC's focus on improving how patients and caregivers experience care, health care providers and others across the health care continuum deliver care, and health plans reimburse for care. The focus on patients and providers as end users of health IT is critical, and we support Objective A, providers deliver safe, equitable, high-quality, and improved care; Objective B, patients experience expanded access to quality care and reduced or eliminated health disparities; Objective D, providers

⁶ Davis, M. A., Anthopoulos, R., Tootoo, J., Titler, M., Bynum, J. P. W., & Shipman, S. A. (2018). Supply of Healthcare Providers in Relation to County Socioeconomic and Health Status. *Journal of General Internal Medicine*, 4–6. <https://doi.org/10.1007/s11606-017-4287-4>.

⁷ Xue, Y., Smith, J. A., & Spetz, J. (2019). Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016. *Journal of the American Medical Association*, 321(1), 102–105.

⁸ Andrilla, C. H. A., Patterson, D. G., Moore, T. E., Coulthard, C., & Larson, E. H. (2018). Projected Contributions of Nurse Practitioners and Physicians Assistants to Buprenorphine Treatment Services for Opioid Use Disorder in Rural Areas. *Medical Care Research and Review*, Epub ahead. <https://doi.org/10.1177/1077558718793070>

experience reduced regulatory and administrative burden; and Objective E, the health care workforce uses health IT with confidence.

Objective A

In Objective A, the federal government plans to promote the use of health IT and other modern technologies in clinical workflows to support clinicians. We agree with the importance of health IT supporting clinicians, rather than increasing burden. It is critical that providers are included within the design and implementation of these technologies to ensure they are empowering providers to provide high-quality, safe, efficient and evidence-based care. For providers to be empowered, it is critical that the federal government promote greater interoperability and secure health information sharing through nationally adopted standards, increase transparency and understanding of health data that goes into algorithm-based decision support tools, and advance standardization and interoperability of social determinants of health data. Each of these is critical in ensuring that providers can access patient data, and patients are empowered to manage their care.

Objective B

We also support Objective B of ensuring that patients experience expanded access to quality care and reduced or eliminated health disparities. We would respectfully note that health IT is utilized in all clinician offices, not just physician offices, and respectfully request that ONC utilize “provider offices” in this objective. The federal government plans to support expanded use of secure telehealth, including audio-only telehealth to ensure that patients and providers can access and utilize telehealth when appropriate, to reduce disparities in health care access and health outcomes. Telehealth has been a vital lifeline throughout the COVID-19 PHE to reach patients who otherwise would not be able to receive care and it will continue to be an essential access tool moving forward. In a 2020 AANP member survey on the impacts of COVID-19, 76% of nurse practitioners identified federal telehealth waivers as some of the most beneficial flexibilities throughout the COVID-19 PHE.⁹ NPs have made a rapid transition to telehealth, with over half of AANP members reporting their practices have adopted, or increased the use of, telehealth and virtual platforms.

The expanded coverage of certain services throughout the PHE, including audio-only care, have also enabled NPs and other clinicians to reach patients who otherwise may have been unable to receive medically necessary healthcare, particularly in rural and underserved communities and for patients with behavioral health needs. Coverage of audio-only telehealth has been critical for NPs and patients who do not have access to adequate broadband or technological devices capable of synchronous two-way audio video technology. In the survey previously noted, AANP members reported that the three most significant barriers to telehealth adoptions were patient connectivity issues, patient access to technology and the internet and patient comfort with technology.¹⁰ ONC’s support of telehealth is critical to ensuring that patients and providers have equitable access to these services.

Objective D

We strongly support Objective D, where this plan aims to ensure that providers experience reduced regulatory and administrative burden. This is one of the biggest concerns identified by our members, that greater utilization of health IT has increased burden on providers instead of streamlining clinical workflow. It is critical that the plans to simplify and streamline electronic documentation requirements

⁹ [Nurse Practitioner COVID-19 Survey \(aanp.org\)](#)

¹⁰ [Nurse Practitioner COVID-19 Survey \(aanp.org\)](#)

for provider payments are implemented. The broader usage of policies such as prior authorization, and requirements for specific notes, have led to a greater burden for providers. AANP has strongly supported the implementation of regulations governing the usage of prior authorization.

The federal government and ONC will continue to play a critical role in ensuring responsible adoption of these technologies in a way that does not increase the burden on providers. Leveraging health IT to standardize data and processes related to electronic prior authorizations to allow for increased automation is essential to achieve these goals. However, we caution that automation of these processes must come with enhanced transparency and safeguards to ensure that patients are able to access the care they need.

The above policies are directly aligned with Objective E, ensuring that the health care workforce is empowered to utilize health IT with confidence. Supporting health care providers through responsible use of health IT is critical to ensuring these tools are designed to empower providers.

Conclusion

We appreciate the opportunity to provide comment on the Draft 2024 Federal Health IT Strategic Plan. We look forward to a continued partnership with ONC to ensure that Health IT is deployed responsibly, equitably, and empowers NPs to continue to provide high quality patient care. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,



Jon Fanning, MS, CAE, CNED
Chief Executive Officer
American Association of Nurse Practitioners