March 18, 2020

Don Rucker, MD
National Coordinator
Office of the National Coordinator for Health Information Technology
330 C Street, SW
Washington, DC 20201

Re: Draft Federal Health IT Strategic Plan for 2020-25

Dear Dr. Rucker,

On behalf of the American College of Physicians (ACP), I am writing to share our comments on the Office of the National Coordinator for Health Information Technology's (ONC's) draft version of the Federal Health Information Technology (IT) Strategic Plan for 2020-25. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The College applauds the ONC, and other agencies involved, for their diligence and hard work in developing this draft strategy and their willingness to solicit and incorporate public feedback. The draft strategy outlines key health IT principles, challenges, opportunities, and a set of important goals for the federal government over the next five years. Generally, ACP believes this roadmap has the ability to move the health IT industry closer to the vision and mission of using information to address the challenges and opportunities within the health system, and improve the health and well-being of individuals and communities through the use of health IT.

In January 2020, ACP released an ambitious new vision for a better health care system for all and expansive policy recommendations for how to achieve it. A number of those recommendations focused on improvements to health IT that enhance the patient–physician

relationship, facilitate communication across the care continuum, and support improvements in patient care,[1] and are in line with ONC's proposed strategic goals and overarching vision and mission.

ACP's Priority Comments

We appreciate ONC's emphasis on improving interoperability through promoting the adoption of modern and widely accepted health IT standards (e.g., Fast Healthcare Interoperability Resources [FHIR]) and standards-based Application Programming Interfaces (APIs). An essential element to drive improvements in interoperability and allow disparate health IT systems to communicate effectively is collaboration and agreement across the healthcare industry on the standards to use and how they should be implemented. While ACP appreciates the federal government's ongoing efforts to establish an interoperable health IT infrastructure, including improving patients' rightful access to their data and promoting the use of standards, we continue to reiterate our ongoing concerns around the industry's focus on exchanging as much data as possible, regardless of the value of the data. This type of data liquidity does benefit certain sectors of the health IT industry, but when assessing interoperability from the patient-centered care perspective, receiving large amounts of data points, often disorganized, duplicative, and without context, hinders a clinician's ability to find useful and actionable information and can even negatively affect patient care.

Clinicians and patients need better tools for consolidating, filtering, and selectively viewing the information they need, as well as more uniform presentations of information with the underlying data available at a moment's notice to validate. ACP encourages ONC and the Centers for Medicare and Medicaid Services (CMS) to continue fostering the development of Substitutable Medical Applications, Reusable Technologies (SMART) on FHIR apps that aim to decrease burden and help consolidate and show clinicians and patients intelligent summaries of data. **As the interoperable infrastructure continues to expand, ACP recommends implementing these interoperability efforts in stages so the effects on patient care, privacy, security, clinical workflow, and data visualization and interpretation are assessed and mitigated.**

Moreover, there is a need for developers and the industry as a whole, to better understand what valuable, patient-centered data exchange looks like, as well as the types of data exchange that can negatively impact care:

Examples of Valuable Data Exchange
- High-yield clinical data that have shown to be the most useful in current health information exchange practices

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[1] Erickson SM, Outland B, Joy S, et al, for the Medical Practice and Quality Committee of the American College of Physicians. Envisioning a Better U.S. Health Care System for All: Health Care Delivery and Payment System Reforms. Ann Intern Med. 2020;172:S33–S49. doi: https://doi.org/10.7326/M19-2407

- Accurate, usable, and transparent formulary data (e.g., if a brand name drug is most preferred because of a 3 month rebate or special pricing deal, doctors and patients should know this)
- Unstructured data, even in a summary of care record, may be the primary source of useful information from one physician to another

Examples of Negative Value Data Exchange
- Receiving 3 months' worth of blood pressure measurements without summary, context, or appropriate flags for results that fall outside of normal limits
- An output of glucose readings performed three times per day without summary, ranges, and outliers
- Daily weights without context to disease like congestive heart failure or cirrhosis and associated medications and planned interventions
- "Yes" or "No" answer to a food insecurity question unless there are pertinent care services included. Without access to resources to respond to the identified needs, or if those resources exist in silos outside of the EHR, there is more burden place on the physician and their care team to connect patients to necessary resources.

An extremely important element to improving health information exchange is promoting a culture of trust and integrating privacy and security elements into the design and use of health IT. Personal health information is some of the most sensitive and private information for an individual. While it is absolutely a patient's right to have access to that information, allowing and promoting access without requiring necessary privacy and security controls, presents a very real risk and will ultimately affect the patient's willingness to disclose information to his or her clinician. **Developing this culture of trust involves all healthcare stakeholders, not just policy makers and regulators, and needs to be demonstrated and earned along the continuum of care, from the individual patient-physician relationship to the broader healthcare ecosystem.**

Another key goal of the strategic plan is enhancing the delivery and experience of care. This goal encompasses a number of objectives and strategies aimed at improving usability, decreasing burden, and further promoting interoperability and transparency, all of which are priorities of the College. ACP believes health IT should include features that help physicians and patients make better care decisions and effectively and securely share information with the entire care team, patients, families, and other caregivers. We especially appreciate the objectives and strategies to reduce regulatory and administrative burden. ACP has long-advocated to reduce these burdens through our [Patients Before Paperwork Initiative](#) and we support ONC's ongoing efforts to address these issues. **However, we want to emphasize that these burden reduction efforts should not rely exclusively on technology. There are a number of other elements at play including health plans and insurers willingness to be transparent with certain requirements and cost information, among many other factors. Addressing those underlying factors along with improving the technology will help to better reduce complexity and existing burden within the healthcare system.**

The remainder of the College's feedback focuses on the specific objectives and strategies outlined within ONC's draft strategic plan. As ONC works to finalize and implement the strategy, we hope you will consider our feedback and continue to engage with our organization and the broader stakeholder community in future deliberations. Should you have any questions, please contact Brooke Rockwern, Associate, Health IT Policy at brockwern@acponline.org.

Sincerely,

Zeshan A. Rajput, MD, MS
Chair, Medical Informatics Committee
American College of Physicians

Federal Health IT Strategy	ACP Comments
Goal 1: Promote Health and Wellness	
Objective 1a: Improve individual access to health information	
Enable individuals to access their health information by ensuring that they are able to view and interact with their data via secure mobile apps, patient portals, and other tools.	ACP supports. See comment below.
Promote greater portability of health information through APIs and other interoperable health IT that permits individuals to readily send and receive their data across various platforms.	ACP supports efforts to improve patients' secure access to and exchange of their health data. In addition to the privacy risks that should be addressed before this access and exchange becomes more widespread, focus should not shift from the need to improve data exchange among physicians and health systems (see comments above regarding interoperability and valuable data exchange). While patients should have access and the ability to share their own health information, they should not become the conduits for data exchange across the healthcare system.
Build the evidence base on the use of health information, including on the types of information that will benefit individual most and the best ways to present information to patients and caregivers	While this goal is focused on promoting health and wellness at the individual/patient level, it is important to examine this from the clinician and care team perspective as well.
Objective 1b: Advance health and safe practices through health IT	
Promote healthy behaviors and self-management through patient-facing apps and wearable technology to allow individuals to track physical activity, share and compare health and fitness data, adhere to care plans, and make informed lifestyle choices.	ACP believes that patient-generated health data (PGHD) is valuable and has the potential to provide additional insights into improving health, if that data is collected and displayed in reliable and meaningful ways. It is important that efforts to incorporate this data within the EHR is focused on high-yield clinical use cases that present valuable data captured in a way that aligns with its clinical use. Meaningful PGHD should be easily summarized and digestible for use at the point of care by clinicians and patients. (See valuable/negative value data exchange examples above.) An additional consideration is how the source of the data is labeled and maintained (e.g., laboratory or imaging systems, patient fitness app, remote monitoring device). Concurrent with the initiative to incorporate PGHD should be the initiative to create powerful and specialty-specific informational displays that unlock the power of this type of information.
Leverage all levels of data (e.g., individual- and community-level) to predict epidemics, inform and monitor public health action outcomes, improve quality of life, and address disease occurrence and preventable deaths.	ACP supports.
Advance use of evidence-based digital therapeutics as treatment options for patients to prevent, manage, and treat conditions through smartphones, tablets, and other personal devices.	ACP supports.

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Objective 1c: Integrate health and human services information	
Strengthen communities' health IT infrastructure by facilitating bi-directional, secure exchange of data across healthcare and human services settings to improve care and effectively administer social programs.	ACP supports. See comments below regarding capturing, managing, and updating this data – as well as the need for information regarding available social programs.
Foster greater understanding of how to use health IT to assess and address unmet health and social needs for individuals and communities and available health IT solutions that can be utilized for improvement.	ACP supports. See comments below.
Capture and integrate social determinants of health data into EHRs to assist in care processes, such as clinical decision support and referrals, integration of medical and social care, and address health disparities in a manner that is ethical and consistent with routine patient care.	While ACP acknowledges the importance of data elements like social, behavioral, and environmental factors in treating certain patients, we remain concerned around others' assumption that physicians would be responsible for collecting, managing, and updating this data and distributing it freely. The College is uncertain as to the availability of standards for social determinants of health (SDOH) data elements, the ability to clinically translate these terms, and the implications on physician workload and burden from taking the time to enter coded data into structured formats for mandated questions. ONC must prioritize balancing the need to capture, manage, and update this extremely important data within the EHR in a way that is not a new and overly burdensome administrative or data entry task for physicians, and pursue further study before requiring the capture of these data elements. Also, the data are not actionable unless available interventions or social services are known to the physician and care team (see comments regarding negative value data exchange above). Having data that are not directly actionable result in additional stress and burden on physicians and their care teams – who should be the receivers of SDOH data and not the creators and managers.
Goal 2: Enhance the Delivery and Experience of Care	
Objective 2a: Ensure safe and high-quality care through the use of health IT **ACP Comment:** In the current era where the patient has a care team beyond just the individual Patient -Clinician relationship, health IT should be able to leverage and engage all care team members to ensure safe and appropriate care for the patient.	
Optimize care delivery by applying advanced capabilities like machine learning, evidence-based clinical decision support, and smart dashboards and alerts.	See priority comments above. ACP encourages the development of SMART on FHIR apps that aim at decreasing burden and help consolidate and show clinicians and patients intelligent summaries of data.
Expand care beyond traditional clinical settings by expanding access to remote monitoring, telehealth, and other mobile and health IT services that can supplement clinical care.	The ACP supports the expanded role of telemedicine as a method of health care delivery that may enhance patient–physician collaborations, improve health outcomes, increase access to care and members of a patient's health care team,

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	and reduce medical costs when used as a component of a patient's longitudinal care.
Continue efforts to establish identity solutions that improve patient matching across data systems.	Absent a national patient identifier, ACP supports a national initiative that explores the use of a common set of data elements to match a patient to his/her individual electronic health information. However, ACP is concerned that this may require the use of a relatively large set of identifiable patient demographic data to support matching. We believe this dependence on so many data elements may present another privacy risk for all patients. Accordingly, ACP believes that use of a Voluntary Universal Unique Healthcare Identifier to which patients could opt in could provide privacy benefits and that its potential use should be studied. Accurate identification of patients and accurate association of patients with their data is a safety issue. A voluntary universal unique identifier for patients that has no other use beyond associating them with their health records might be less risky than using a set of demographic information that could have value beyond identification for health care purposes. We believe that this issue should not be dismissed without thorough evaluation of the potential risks and benefits. **Therefore, the College strongly recommends that HHS and ONC initiate a thorough study of the risks and benefits of a voluntary universal unique patient identifier.** As both ONC and CMS begin to address some of the complexities of patient identification and matching, they should consider the policies discussed in the second draft of the Trusted Exchange Framework and Common Agreement (TEFCA) and the recommendations for qualified health information networks (QHINs).
Support expanded use of health IT for promoting safer clinical practices by automating patient safety and rapid reporting features into the health IT infrastructure to prevent and address adverse events, including overprescribing of controlled substances.	To reiterate our comments provided in ONC's Request for Information regarding the EHR Reporting Program, ONC should require that health IT vendors publicly report the potential error issues with their systems including the methodology and decision-making processes for identifying and correcting errors, and how they notify users of these issues. In addition to actual errors, they should report on how they address and resolve "near misses." Information is needed on how vendors handle issues where the EHR could have caused patient harm but did not.
Use electronic clinical quality measure (eCQM) data to optimize healthcare providers' and researchers' abilities to assess quality and outcomes.	The College is in support of ONC's and CMS's efforts to improve the performance reporting infrastructure and reduce the burden of eCQM reporting. eCQMs rarely strike the balance between being meaningful, capturing the complexity of care delivered, and having readily available data sources to populate the measure. ACP encourages both ONC and CMS to continue recent efforts to map existing eCQMs to FHIR

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	specifications and the US Core Data for Interoperability (USCDI). The current performance reporting infrastructure requires that measures be developed to meet multiple versions of a standard, with each EHR vendor implementing these standards differently, and each health system having to customize the data elements necessary for the varying measures. **Moving to one standard that is mapped to a specific set of data elements (e.g., FHIR specifications using the USCDI data set) will help evolve the current performance measure development and reporting process to a more streamlined, efficient, and lower-cost system. Moreover, the quality of reporting and outcome data will improve due to the use of consistent data elements from the start.**
Implement mechanisms of data governance and provenance to promote safety, security, and accountability through all stages of care and uses of health IT.	Data provenance is another important concept to consider as health data become more available and shareable. Provenance data are included in Clinical Document Architecture (CDA) and FHIR standards and can be attached in order to track the source of each observation. Any data received or sent has a marker of the origin associated with the data that would be evident to subsequent users of that information – providing great clinical value when exchanging health information and helping to mitigate challenges with reconciliation as well as any issues with inaccurate data. ONC should work with industry stakeholders to develop industry guidance on best practices for implementing and managing provenance functionality in systems as a strategy to improve practical interoperability.
Promote interoperability and data sharing through widely-accepted standards to ensure health information is freely available across care settings for patient care, public health, research, and emergency and disaster preparedness, response, and recovery.	ACP commends ONC's continued efforts to advance interoperability through promoting the adoption of modern interoperability standards, including FHIR®, and promoting the use of standards-based APIs. We reiterate our ongoing comments regarding the need for meaningful and actionable data exchange, concerns around data overload and data without context, and recommendations to encourage development of SMART on FHIR apps that aim at decreasing burden and help consolidate and show clinicians and patients intelligent summaries of data.
Customize care through precision medicine to assist in the diagnosis of disease and targeting of treatment to individual patients through the use of data in real-time.	The patient-physician encounter is where clinical guidelines and population health meet precision medicine. When comparing options and deciding on a course of action, many complex factors need to be considered by both parties. Physicians and patients need data and tools at their fingertips in order to properly evaluate the appropriate data, discuss options, and make choices. Current decision support tools are not sufficient to meet these needs and efforts to improve these tools should focus on high-priority use cases and

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	presentation of valuable, actionable data (see comments above regarding valuable data exchange).
Objective 2b: Foster competition, transparency, and affordability in healthcare	
Encourage pro-competitive business practices that allow individuals to easily use and choose from multiple validated health apps and other health IT tools without special effort	Within our comments on ONC's Information Blocking proposed rule, ACP expressed concerns around clinicians' costs associated with installation as well as the ongoing operation of APIs. While the College supports ONC's proposals to limit the fees a vendor can charge a physician and provide patients access to data free of charge, we are concerned that physicians will be expected to provide data exchange services without being permitted to charge for these services.
Support efforts to merge administrative and clinical data streams to have real-time financial data at the point of care	**The College urges HHS to encourage health plans to share information with clinicians and patients regarding important coverage, cost, and quality information, such as whether a clinician is in-network or out-of-network.** Integrating cost, quality, and coverage data into EHRs, quality clinical data repositories, regional health information exchanges, or all payer claims databases, would help physicians to be more effective partners in helping patients to navigate this information and make informed, cost-effective decisions about their care. The growing prevalence of narrow network plans exacerbates this problem and should be separately studied and addressed.
Make care quality and price information available to individuals in an accessible, easily understandable format.	The College supports transparency of reliable and valid price information, expected out-of-pocket costs, and quality data that allows consumers, physicians, payers, and other stakeholders to compare and assess medical services and products in a meaningful way. However, before this information is included within the scope of an already extremely broad definition of EHI, there are a number of concerns and caveats that need to be addressed when promoting price transparency. The complexity of medical billing can make it difficult or misleading to come up with a standard or average price for a particular service. Prices can vary widely based on information unique to the individual patient and visit, including comorbidities, necessary follow-up care or tests, and site of service, among a range of other factors. Pricing for self-pay patients and those privately insured are determined through two distinct processes that would require separate approaches to price transparency. ACP recommends that price estimates be available prior to scheduling (i.e., at the point of sale) and that all costs are reflected (including coinsurance, deductible, etc.) to provide as much relevant and context-rich information as possible. **A critical element to promoting price information transparency is cooperation and agreement amongst the health IT vendor, health system or physician organization, and the payer.**

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Educate consumers on the availability of quality and price information and how to use this information to shop for care based on value.	What matters most to the patient is not the total cost of a service; it is their own out-of-pocket responsibility. **Health plans are in the best position to communicate important coverage information that impacts their customers' total out of pocket cost.**
Objective 2c: Reduce regulatory and administrative burden on clinicians	
Simplify and streamline documentation required of healthcare providers at the point of care when using health IT while ensuring that quality standards are upheld.	**The College remains committed to working with ONC, CMS, and other key stakeholders, including private payers, EHR vendors, clinician organizations, and patients, to improve clinical documentation and reduce burden.** Since CMS's initial proposals in the 2019 PFS proposed rule, ACP is focused on developing recommendations for modifications to EHRs and other health IT that leverage the documentation proposals in the service of improving documentation clarity and value, decreasing documentation burden, and furthering EHR usability, interoperability, and better care.

There are still a number of clarifications that need to be made in order for the documentation updates to truly decrease burden. **ACP has called on CMS to provide additional clarity, through sub-regulatory guidance, on what will be accepted for both time-based and MDM-based documentation. Useful clarification from CMS includes a clear understanding of what is needed within the note to qualify to bill a certain level of code (and whether data stored within other areas of the EHR will qualify) – as well as a baseline for what will be considered clinically appropriate. Moreover, ACP recommends CMS work to ensure that the auditing guidelines and procedures are updated and aligned to focus on both time-based and MDM-based notes – and applied consistently by all auditing organizations.**

With that additional clarity, the College and other medical professional societies, can begin to provide resources to members on low-burden, valuable documentation practices – and work with ONC and EHR vendors to build technology that supports and enhances the documentation process.

Clarifying Questions:
- For time-based documentation, must the note itself include the time audit or meta-data features from the EHR? Alternatively, could the time-based note that includes a physician attestation of time and describe the data that exists in other sections of the EHR (without replicating it in the note) suffice?

- For MDM-based documentation, what will CMS accept as information within other sections of the |

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	EHR that could substantiate an MDM-suggested code level, without the need for physicians to manually click a box? • Will CMS permit EHR vendors to develop and build functionalities that capture both time-based and MDM-based requirements simultaneously? For example, a clinician cares for a patient and writes their note based on what is clinically important. **Ideally, an EHR could indicate, "based on your use of the EHR during the visit, this visit would qualify for a 99213 based on time OR a 99214 based on MDM; click to choose, or click to modify note or attestation."**
Promote the use of evidence-based automated tools to streamline provider workflows, encourage electronic provider-to-provider data exchange, and improve efficiency.	The College supports the ongoing efforts of ONC and CMS to engage in public-private initiatives aimed at automating certain aspects of workflows and data exchange to improve efficiency. However, we want to emphasize that these efforts to decrease regulatory and administrative burdens should not rely exclusively on technology. There is risk of technology duplicating existing inefficient processes – similar to the introduction of EHRs that duplicated paper-based chart processes and office workflows. There are a number of other non-technical elements at play including health plans and insurers willingness to be transparent with certain requirements and cost information, among many other factors. Addressing those underlying factors will help to better reduce complexity and burden, and improve the technology.
Monitor the impact of health IT on provider workflows to better understand and optimize the use of technology in ways that minimize unnecessary steps or negative outcomes for patients.	ACP has called on all healthcare stakeholders who develop or implement administrative tasks to provide financial, time, and quality-of-care impact statement for public review.[2] Specifically for health IT, impact statements should address EHR enhancements and health IT standards implementation and maintenance on physician practices, including expected impact on workflow and expected ongoing cost of enhancements to physicians and to the healthcare system.
Promote greater understanding of applicable regulations and practices by providing guidance and other tools to healthcare providers and health IT developers so that compliance is achieved efficiently.	A better way to promote greater understanding of regulations is by drastically simplifying the regulations and maintaining stability of the regulations over time. CMS' Merit-based Incentive Payment System (MIPS) program is a perfect example of unnecessary complexity coupled with drastic changes from year to year.

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[2] Erickson SM, Rockwern B, Koltov M, et al, for the Medical Practice and Quality Committee of the American College of Physicians. Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians. Ann Intern Med. 2017;166:659–661. [Epub ahead of print 28 March 2017]. doi: https://doi.org/10.7326/M16-2697

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Harmonize provider data collection and reporting requirements across federal agencies.	ACP supports efforts to harmonize data collection and reporting requirements across federal agencies. See our comments on ONC's Draft EHR Burden Reduction Strategy for more details.
Objective 2d: Enable efficient management of resources and a workforce confidently using health IT	
Streamline processes to reduce the effort required by healthcare providers and health systems to generate, input, and share health information.	There are at least two ways that this objective could be implemented. The first is to remove requirements and workflows that result in physicians being responsible for data input and sharing. The second is by compensating practices for the added cost of generating and sharing the data that are used by the rest of the healthcare industry.
Implement education and training programs to educate and build a strong, cross-functional health IT workforce that can support IT across healthcare settings, especially in rural areas.	Education and training programs are an important component to strengthening the health IT infrastructure and workforce. However, there are time and financial barriers associated with this type of training as they require significant time spent away from providing clinical care – and are extremely expensive to administer and maintain. ACP supports federal funding to expand ongoing health IT education and training.
Continue to invest in the federal health IT workforce by allocating more resources to train, recruit, and retain workers and to support adequate job opportunities.	ACP supports.
Goal 3: Build a Secure, Data-driven Ecosystem to Accelerate Research and Innovation	
Objective 3a: Advance individual- and population-level transfer of health data	
Improve harmonization of data elements and standards by creating a common vocabulary set to improve the consistency, integrity, and quality of data and to enable data to be effectively shared between systems using APIs.	Clinical data collected at the point of care is relevant for public health and healthcare research and instead of requiring clinicians to restructure the data to meet the reporting need, public health authorities should present clinicians and health care delivery organizations with a single target for all data reporting. This could be delivered as a single national portal/registry or local/regional entities such as health information exchanges (HIEs) that all support common data and process standards for all reporting by providers and data query/collection by public health authorities. **Rather than requiring EHRs and other clinical health IT to support multiple separate standards for extracting data for quality, public health, research, payment, administrative, and other reporting purposes, ONC should commission development of a single API for all of the query and data extraction requirements**
Bolster secure access to large datasets of health information for use in quality improvement and outcomes research.	ACP supports.
Enable individuals to securely provide data via apps and other health IT for research in a manner that is consistent with individuals' consent preferences to participate in research.	ACP supports. See comments above about the importance maintaining a culture of trust with regard to health data.

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Support appropriate use of health and human services data across federal- and state-level systems to enable population health planning, analysis of quality and patient outcomes across care settings and programs, and clinical research.	ACP supports. See comments above.
Foster data governance that supports a secure, unified platform of researchers, innovators, individuals, payers, and healthcare providers to support innovative uses of shared data.	ACP supports.
Objective 3b: Support research and analysis using health IT and data at the individual and population levels	
Increase use of new technologies and analytic approaches like ML and predictive modeling to harness the power of integrated data for improving quality, outcomes, and decision-making.	The integration of artificial intelligence (AI) into health IT remains an important area of focus when discussing innovative technologies to promote seamless delivery of individualized patient care, population health management, and removing burdens associated with EHR use. Certain AI technologies have the capability to enhance the clinical documentation process in order to reduce documentation burden on physicians and other clinicians; increase the accuracy of coded data; and support other uses of the clinical documentation such as for research, performance measurement, and public health. There is great potential for new technologies, including AI and other digital health technologies, to advance value-based care reform, but more evidence is needed on their ability to improve health outcomes. The movement of automated, AI-based systems into these areas is a cause for concern by many physicians and others—specifically when considering care decisions regarding diagnosis and therapy selection. There is justifiable concern that what may be initially presented as an assistant could easily become a risk to physician autonomy and a risk to patient safety. The work in this area could endanger patient safety if not done carefully and in close consultation with physician and other expert clinicians to make those concerns very clear at every opportunity. These concerns must be addressed satisfactorily before these technologies are permitted to enter the clinical workflows, and more research on the potential effects of the use of AI, as well as any emerging technology, in clinical workflows is needed.[3]
Build the evidence base on use of health IT for improving quality through research that investigates the impact of health technologies on patient care, safety, and outcomes.	ACP supports.
Increase research into targeted therapies through real-time data and ML intelligence, informed through public health principles, data, and research.	ACP supports.

[3] Erickson SM, Outland B, Joy S, et al, for the Medical Practice and Quality Committee of the American College of Physicians. Envisioning a Better U.S. Health Care System for All: Health Care Delivery and Payment System Reforms. Ann Intern Med. 2020;172:S33–S49. doi: https://doi.org/10.7326/M19-2407

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Identify and implement health IT opportunities that support rapid sharing of disease surveillance data	ACP supports.
Goal 4: Connect Healthcare and Health Data Through an Interoperable Health IT Infrastructure	
Objective 4a: Advance the development and use of health IT capabilities	
Promote a digital economy that leverages research and development, and that can lead to the development of new business models in healthcare in a manner that protects privacy rights.	See comments above about the importance of maintaining a culture of trust with regard to health data.
Reduce financial and regulatory barriers that are perceived to prevent new health IT developers from entering and competing in the health IT market place.	See comments above regarding concerns of downstream costs to physicians.
Promote trustworthiness of health IT through rigorous enforcement of information blocking and privacy and security laws when applicable, and by encouraging consumer reviews and reports on health IT products.	See comments above about the importance of maintaining a culture of trust with regard to health data. Also, see ACP's comments on ONC's EHR Reporting Program RFI for ideas on how ONC can implement a useful program that encourages public review and reports on health IT products.
Develop frameworks to assess patient and care team use of new technologies and build an evidence base on the utility and impact of health IT.	ACP supports efforts to measure the use and utility of EHRs and new technologies. These assessments could be included in broader impact statements on new technologies and health IT for both clinicians and patients. One measurement of interest would be reviewing EHR metadata to assess the time of day that physicians or others are using their EHR outside of scheduled working hours. This data could help address some of the issues affecting clinician burnout.
Support provider adoption and use of health IT by requiring health IT use to participate in federal programs, investing in health IT, and making resources available to support adoption and use.	See comments above regarding simplifying and streamlining requirements to participate in these federal programs.
Enable competition by reducing switching costs between EHR and other health IT products and systems.	See ACP's comments on ONC's EHR Reporting Program RFI. ACP supports reducing switching costs between EHR and other health IT products, but cost is not the only factor to consider when deciding to switch systems. It takes a substantial amount of time to implement EHR systems, obtain and migrate patient data, as well as the time to roll out any system upgrades, including effectively deploying the new technology, staff training, and workflow adjustments – all leading to potential risk to patient health if not done properly.
Adopt and advance nationally endorsed standards, implementation specifications, and certification criteria through continued collaboration across public and private sectors.	An essential element to drive improvements in interoperability and allow disparate health IT systems to communicate effectively is collaboration and agreement across the healthcare industry on the standards to use and how they should be implemented. **As the interoperable infrastructure continues to expand, ACP recommends implementing these interoperability efforts (including standards, implementation guides, and certification criteria) in stages so the effects on patient care, privacy, security, clinical workflow, and data visualization and interpretation are assessed and mitigated.**

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Follow health IT safety and user-centered design principles in the development and design of solutions to ensure tools are safe, accessible, usable, and address the needs of the users for whom they are developed.	Health IT developers, particularly those who develop EHRs, must comply with requirements for user-centered design and the science of usability. In addition to improved physician-EHR user interfaces and more uniform presentations of information – another critically important element of health IT usability is whether the system it is clinically useful. Clinicians need new tools within their EHR, including workflow support, data visualization tools, and shared decision-making tools that leverage existing data within the EHR – and remove the need to click through numerous pages and templates to try to find the truly useful and actionable data. Vendors should be strongly encouraged to partner with cognitive and memory scientists in improving this functionality as other industries have done. Screen views and data management are all enhanced by implementing knowledge available on both human computer visualization and memory methodology.
Objective 4b: Establish transparent expectations for data sharing	
Address information blocking and other actions taken by healthcare providers, health IT developers, and other regulated entities that limit the access, exchange, and use of electronic health information.	It is clear that the practice of information blocking needs to be addressed and we appreciate the extensive work ONC has put into describing these activities and developing proposals to discourage the practice. Within our comments on ONC's Information Blocking proposed rule, ACP expressed concern around the burden imposed on clinicians to comply with the provisions as proposed. This burden will disproportionately disadvantage independent physician practices as they likely do not have the resources to employ information security or health information management departments to assist them in deciphering the complex and overlapping regulations.
Develop resources and communications plans including guidance for healthcare providers and other staff at healthcare organizations on how to comply with regulations.	ACP supports. See comments above regarding reducing regulatory burden, simplifying regulations, and maintain stability of regulations over time.
Support a common agreement for nationwide exchange of health information that drives interoperability, supports federal agencies' strategies, and promotes effective governance.	ACP supports ONC's continued commitment to developing the policies, procedures, and technical framework to facilitate secure, seamless, and sustainable health information exchange to improve care across the entire care continuum. Effective, practical, and secure interoperability is crucial to improving the patient experience and the patient-physician relationship, reducing burden on physicians, and in turn improving the quality of care. ONC has made many important and necessary improvements within the current draft of the Trusted Exchange Framework and Common Agreement (TEFCA). As stated numerous times throughout this document, the College believes that current efforts to improve interoperability, including TEFCA, still do not focus on the types of health information exchange needed for useful clinical management of patients as they transition through the health care system. Patients and clinicians need seamless exchange of valuable, meaningful data at the point

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	of care, the ability to incorporate clinical perspective and query health IT systems for up-to-date information related to specific, relevant clinical questions.
Promote data liquidity by working with developers, healthcare providers, payers, and state and federal entities to eliminate unnecessarily restrictive data sharing practices and to use endorsed standards, implementation specifications, and certification criteria.	See priority comments above regarding our concerns around the current focus on data liquidity, sharing data regardless of value, and the need for actionable and meaningful data at the point of care.
Objective 4c: Enhance technology and communications infrastructure	
Assess current and expected broadband needs and gaps in the health and healthcare sectors.	ACP supports.
Improve and expand affordable broadband access and wireless infrastructure, especially in rural and underserved areas that are less likely to have access to high speed internet.	ACP supports.
Deploy cloud-based services that comply with federal standards to modernize and streamline the way health information is stored and exchanged across the federal government.	ACP supports.
Promote adoption of infrastructure needed for telehealth to reach patients outside of traditional care settings.	ACP supports.
Objective 4d: Promote secure health information that protects patient privacy	
Integrate privacy and security considerations into the design and use of health IT to promote a culture of privacy and security and protect individual- and population-level data from cybersecurity attacks, fraud, misuse, and other harms.	ACP supports. See comments above about the importance of maintain a culture of trust with regard to health data.
Implement privacy and security mechanisms as appropriate to the sensitivity of the data to help protect individuals' health data, including multi-factor authentication and encryption embedded in APIs and other technologies.	ACP supports. See comments above.
Increase patient understanding and control over their data so they can make informed decisions about data exchange and secondary uses of their data.	ACP supports. See comments above.
Provide guidance and technical assistance on policies and regulations at the federal, state, and tribal level that pertain to the secure exchange of health information and enforce such rules.	ACP supports. See comments above regarding reducing burden and regulatory simplification.