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Secretary
US Department for Health and Human Services (HHS)
Room 603 Hubert H. Humphrey Building

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National Coordinator
HHS Office of the National Coordinator for Health Information Technology (ONC)
Room 729-D Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Federal Health Information Technology Strategic Plan

Dear Madam Secretary and Dr. Mostashari:

In response to the Office of the National Coordinator (ONC) request for comments on the Federal Health Information Technology Strategic Plan (Plan), this letter is written on behalf of the more than 62,000 members of the American Health Information Management Association (AHIMA). While the comments are due to ONC, AHIMA believes that the Plan impacts much more than the ONC efforts regarding health information technology (HIT). We believe the Plan needs to incorporate a variety of HHS efforts and requirements if the goals of the Plan and legislation including the ARRA-HITECH and ACA are going to succeed.

AHIMA

AHIMA is an 83-year old non-profit professional association comprised of individuals educated and certified in health information management (HIM) or closely aligned with HIM functions and principles. These HIM professionals work throughout the healthcare industry performing a variety of functions associated with healthcare data and information as well as the protection and analysis of health information.

With this background and given the Association's history of promoting the use of electronic health record (EHR) systems and electronic health information exchange (HIE) we scrutinized the Plan and would like to offer our comments, questions, and concerns. This letter is divided in two parts. We begin with general comments on the Plan and its goals, and then we have devised a table, based on Appendix F to comment on the strategies.

General Comments on the ONC Strategic Plan

ARRA-HITECH Mandate

- AHIMA believes that in HITECH Subtitle A – Promotion of Health Information Technology – Congress mandates the National Coordinator and ONC take on the promotion of health information technology (HIT) for the nation. This task, as stated, is not just applied to the federal government and HHS programs but the healthcare industry as a whole. This belief is reflected in Section 3001 (b) and further reflected in the makeup of the HIT committees required by this Subtitle. Healthcare providers must interface with both public and private entities in the course of exchanging health information. Any activity to change this process or spur it on must therefore include all the parties in the healthcare industry (industry) if it will successfully synchronize the adoption, implementation, and use of HIT for the entire US population and not just those covered by Medicare and Medicaid. Never before have our members seen such an opportunity for advancement in the use and protection of health information and we recommend that HHS, ONC and other engaged federal departments move to engage the industry and its consumers to meet the goals expressed in the Plan.
- In the belief that the HIT committees should reflect the interest of consumers and the healthcare industry, we suggest that improvements in quality, efficiency, safety, and patient-centeredness will not be achieved, even with EHR systems, if providers' systems and processes must be different for communicating or reporting to healthcare entities outside of the federal government. This same barrier of variety applies to non-standards based consumer electronic applications. As long as the US healthcare has a multi-payer (health plan) systems and consumer applications, the need for uniformity in communication and data standards is absolutely required.
- A clear HHS strategic plan with industry input and commitment would serve to be a guide path for the entire industry to allow for the proper budgeting and planning by all stakeholders in order to see the necessary goals achieved. Accordingly, in addition to expanding this Plan across the government and the industry, AHIMA recommends that there be additional hearings and comment periods to achieve consensus on a plan to move HIT forward.
- We want to be clear that in suggesting this federal role for health information policy and standard, we are not suggesting it is the government's role to determine technology. As we have seen over the past decade US technology is capable of moving the healthcare industry forward in a number of innovative ways; however, without uniform policy and standards, better technology will not bring us closer to the goal of interoperability, and the improvements highlighted in the Plan.
- Privacy and security protections are a significant part of building trust in the healthcare system; however, there is a balance between privacy and the benefits of EHR systems and HIE. This is the balance of confidentiality. The more uniform our confidentiality practices can be the better trust that can be maintained, but inconsistency in requirements breeds inconsistency in compliance. AHIMA believes that the federal government should be working much more closely with state governments to achieve uniformity of privacy and security requirements.

Specific Comments on the ONC Strategic Plan and Goals (Pg. 4)

Introduction

- The Introduction begins with a discussion on technology. There is no doubt that technology is a significant enabler in achieving the stated goals, as is the funding Congress has set aside. However, there are also the enablers of applied health information management and informatics to address how the technology will be used effectively to achieve the Plan's goals and other Quality and Patient Safety goals not only for implementation but also on an ongoing basis. The technology and the management of the technology must be sustained by the collective users of the systems, process structures, and the data. This includes healthcare providers and consumers of healthcare as well as a myriad of partners engaged in quality measurement, research, public health, and other appropriate uses.
- The Introduction also stresses the Plan as "developed in collaboration with other federal partners, for realizing Congress and the Administration's health IT agenda." As we indicated above, AHIMA believes to achieve the Plan's goals this "partnership" must be expanded to the entire industry and its consumers.

Goal I: Achieve Adoption and Information Exchange through Meaningful Use of Health IT (Pg. 9)

- **Recognition of all federal requirements:** While it is clear that significant resources have been made available under HITECH, we remain concerned that the resources, such as Regional Extension Centers (RECs) and federal EHR certification have not recognized the EHR needs of providers beyond the Meaningful Use (MU) requirements. Other HHS programs under the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease and Prevention (CDC), Health Resource and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) also have needs that must be met or these providers will fail to qualify for healthcare payments and be subject to other penalties. This Plan should account for other federal and perhaps industry changes (known or unknown) throughout its life to support administrative simplification and compliance.
- **LTPAC involvement:** Goal I's introduction identifies long term care or post acute providers (LTPAC) and promises their integration into the Plan and its goals. To build systems and improve communication and quality, these LTPAC providers must be built into the program, now! For example, not all discharges of a hospital result in the patient going home with follow up care rendered by a practice plan (that hopefully is another meaningful user). Many patients receive care from home health agencies, nursing homes, etc., and must have real time information if the goals of this Plan will succeed. It is unfortunate that Congress did not anticipate this need; however this must be addressed soon.

Goal I Objective A: Accelerate adoption of electronic health records (Pg. 11)

- **Meaningful Use in Professional Certification:** AHIMA also suggests requiring medical education programs to include health information management principles and best practice education domains for electronic health information exchange in relationship to cost savings, quality outcomes, and incentive programs. Included in such education must be the value of documentation related to what

clinicians should ensure are entered into the record for both clinical care as well as population and continual learning objectives.

- **Encourage and facilitate improved usability of EHRs:** AHIMA supports the convening of workgroups that will provide perspective on improved EHR use and encourages HHS to ensure inclusion of health information management professionals in these workgroups.

Goal I Objective B: Facilitate information exchange to support meaningful use of EHRs (Pg. 14)

- **Inclusion of federal and state programs:** While the paradigm of payment is transforming, the change itself depends on transformation that is cost prohibitive. Aligning plans and requirements such as state and regional HIEs and Medicaid programs by HHS will help to facilitate this transition at a much lower cost. Among the different programs such as MU and Accountable Care Organizations (ACOs) the incentives are defused among HIE, Direct, and similar programs and the message on moving forward is not necessarily consistent. Furthermore there must be a concerted effort with State administrations and legislatures to develop uniform laws and regulations for the exchange of information across state lines and recognition that healthcare services have no border. Otherwise, problems for providers whose patients have crossed these artificial boundaries will continue to hamper the Plan's goals.
- AHIMA applauds the Goal's standards discussion (18); however:
 - **Best practices:** It is important to realize that beyond standards for the electronic storage, transmission, access, and use of health information, there also exists "standards" or best practices that relate to the surrounding work flow. Organizations such as AHIMA have been involved in developing and maintaining these best practices for years and should be consulted to ensure best practices are used for effectiveness and potentially for efficiency (See <http://www.ahima.org/resources> for more information).
 - **Active industry involvement:** To be effective, standards must apply to the entire industry. AHIMA believes that HITECH has provided a framework for such an approach as noted under HITECH Section 3001. We further believe that all sectors of the industry must be actively included in this structure as members of these committees and their respective workgroups and task forces. The transparency of these committees is also extremely important to achieve trust in the process from the industry as well as consumers.
 - **Involvement in and governance of data standards:** The Plan identifies the various federal agencies involved in healthcare-related terminologies and classifications, but does not acknowledge that in the US there are other terminologies and classifications used in the industry or the fact that many terminologies and classifications are international which calls for active US involvement. Because these terminologies and classifications must work as a set and not individually, it is important that the US establish public-private governance over all of these terminologies and classifications.

In 2007 AHIMA and the American Medical Informatics Association (AMIA) recommended how these terminologies and classifications might be governed. The environment has changed since then; but the concepts continue to be relevant:

- The need for such governance and harmonization continues to exist;
- The oversight for this governance needs to be specialized since terminology and classification standards require specialized knowledge; and
- This body must have an active involvement in international terminologies and classifications bodies.

The National Library of Medicine is the best federal agency to serve as the directorate over such a governance and harmonization process; however, we suggest that it may be time for HHS to consider if there needs to be a consolidation of the federal terminology and classification standards bodies rather than operating them in the several sections of HHS. While the DRG system was the original cause for such division, now that we are working toward using clinical information and outcomes for payment, we believe it may serve the industry to move these into a more clinical setting.

- **Impact on Quality:** The Plan appears to some extent to keep the status quo in terminology and classification standards use; however, it is clear from the Quality Strategic Plan that it may be time for the US to consider using one of the international classifications for functionality. The sooner this could be identified in the final strategic plan the better.

Goal II: Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT (Pg. 22)

- **Administrative Simplification:** AHIMA appreciates ONC's recognition of the potential for improvement within the ACA administrative simplification section. As a leading advocate for the legislation creating this section, AHIMA believes that HHS must now move quickly to establish the uniform guides that the HIPAA transactions so urgently need. While the process is underway, under the National Committee for Vital and Health Statistics (NCVHS), given its voluntary nature, NCVHS is slow in developing its recommendations in comparison to other process and systems changes in the healthcare industry.

Transaction changes in the future: AHIMA also suggests that HHS consider how guidance will be developed as the process for claims and reimbursement changes. We note that consideration must be given for the reporting mechanisms now served by the HIPAA transactions, as new reporting requirements are developed for MU and other CMS and ACA programs. The process of healthcare reimbursement is changing. Data that served the industry for the last 30 years (since DRGs in 1983) will not suffice for the needs and use of more granular data in reimbursement, quality, and public health. Therefore, it may be necessary to call upon the various standards development organizations (SDO) and industry data professionals to revise what data needs to be exchanged and how it can completely, uniformly, and economically be exchanged while maintaining patient confidentiality and the concept of minimum necessary and data integrity.

It may also be necessary for the US healthcare industry to consider changing its transactions that have essentially represented decades old paper documents, format, and limitations in favor of considering the data to be reported and not the limitation of previous reporting systems. For example, already with the upgrade in HIPAA transactions using the ASC X12 designated transactions CMS has announced the desire to receive all diagnoses and procedures related to an

encounter or admission rather than just truncating this information at nine diagnoses and 6 procedures due to previous paper limitations. The ability to now receive more information should provide significant data not always previously available, including the severity of the illness of an individual being served.

- **Streamline HIPAA transaction upgrades:** Along with guidelines for the HIPAA transactions, the ACA administrative simplification legislation called for a more streamlined process to update the transaction standards. In light of the comments above and other activities in HHS, AHIMA suggests that HHS consider updating this process as soon as possible and also determining how updates might apply to the standards associated with HITECH and ACA clinical transactions as well.
- **Reporting quality measures:** The ability to report on quality and outcome measures will also enhance US healthcare. However, AHIMA cautions HHS not to design measures that must be built into the EHR; rather, EHRs should be designed and updated to capture the information (documentation) that allow the EHR to be used to *collect once – use many times*. “*Collect once – use many times*” is AHIMA’s concept to ensure that documentation activities are performed for all information needs of an EHR and not just to meet reporting requirements. AHIMA believes that a well documented record, maintained with data integrity as a requirement, can serve a multiple of uses – most importantly primary care information, but also the many secondary uses pointed out in the Plan including its Learning goal. Documentation or record collection activities should consider not only information entered by the care givers and the patient, but also remote monitoring, tele-health, and other future applications being pursued by the healthcare industry.

Goal III: Inspire Confidence and Trust in Health IT (Pg.29)

- **Support:** AHIMA agrees with the Plan’s reliance on the *Fair Information Practice Principles* and the *Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information*. Likewise, we support the approach of working with all federal agencies whose privacy or security requirements impact the healthcare industry directly or indirectly.
- **Uniformity of confidentiality requirements:** AHIMA recommends that the Plan be extended to include the States, territories, etc., in the development of a comprehensive privacy and security policy and requirements. AHIMA members are often the professionals (HIM directors, privacy, or security officers) that must direct the compliance with these requirements across governmental and geographical boundaries. Practical compliance to these varied requirements is difficult and often creates a barrier to EHR development and consumer trust in the organization’s stewardship of their health information. The inconsistency within federal programs did not necessarily improve with the implementation of HIPAA. In the years since HIPAA privacy and security rules were first implemented there have been a myriad of new federal and state laws and regulations, not to mention impeding changes brought about by ARRA-HITECH. In addition, Congress is now also considering Internet privacy legislation that could affect healthcare. The federal government must bring some order to this situation.
- **Access to health information:** Too often privacy and security have been seen as designed to only relate to the disclosure of health information. AHIMA believes that the Plan must designate work

with industry professionals such as HIM to determine the present and future policy, process, and technology that permits access to health information by the individual or designated representative and by other providers who need the information to treat the individual when and where it is needed. While goals and strategies can be set for five years, activities to ensure their success should be developed for an on-going process beyond five years given that technology development will almost certainly create new privacy concerns for the foreseeable future. We must also consider the impact of public health, research/clinical investigation, and other uses of healthcare data that are much too siloed from the data collected for clinical data in our process for consent.

- **Data Integrity:** AHIMA also recommends that ONC and HHS add the element of data integrity to its approach to security and privacy. Our concern for data integrity directly relates to patient safety and the value of health information and is under-represented in the Plan. Patient safety can also be affected by a variety of requirements that ignore the movement of data or information from inception across a variety of primary and secondary users. Security requirements may be put in place, but must acknowledge the need for data integrity across all primary and secondary uses.
- **Privacy Protection and Enforcement:** While significant work has been done in the information systems industry to ensure the security and protection of data, it is clear that there is no absolute security other than complete destruction. AHIMA, therefore recommends that the Plan be expanded to include HHS working with other federal departments and the courts to develop legislation and regulation that will:
 - Bar inappropriate discrimination against an individual on the basis of his or her health information;
 - Bar the intentional and unintentional misuse of health information by any entity or individual; and
 - Establish effective penalties for and active prosecution of these discriminations or misuses so that individual citizens will recognize and be confident in the industry and governments' desire to ensure the confidentiality and protection of health information wherever it exists.

Goal IV: Empower Individuals with Health IT to Improve their Health and the Health Care System (Pg. 36)

- **Technology Gaps:** AHIMA supports the goal of empowering individuals, but must note that technology innovations for individuals are outstripping the move forward in technology within the healthcare industry. Many providers in the industry are overwhelmed trying to establish a base in EHR systems involvement in HIE, as well as employing interoperable standards for transactions and data. The promise for individual empowerment is very bright and it is good to involve consumers with the industry. However, the state of the industry's technology must be understood as to what it can deliver, especially as it moves from a disjointed paper-based set of systems to a hybrid state, and then on to an anticipated fully electronic, coordinated and interoperable system. Making early promises to the consumer or issuing over-stretched requirements may only serve to retard the movement forward. AHIMA believes that engagement of HIM experts can assist the development of federal government strategies as they have been for the Veterans Administration and other locations.

Goal V: Achieve Rapid Learning and Technological Achievement (Pg. 42)

- AHIMA supports the learning concept as discussed in this goal. We are concerned with the strategies related to inclusion of private entities and timing. We believe the strategies within this goal must be entwined in the previous goals and strategies and there must be recognition of what can be achieved in the technological advancements that are outpacing the healthcare industry. We have suggested throughout our comments the need to ensure that HHS and ONC develop strategies and an implementation plan or map that considers the healthcare environment and its interdependencies and all HHS and state requirements as it moves forward to achieve the goals of the Plan and HHS. It is crucial for the federal government to include the industry in the planning and implementation of this Plan, as well as consumers, so that no one is left behind and the Plan becomes a means of achieving the overall goals of health improvement and efficiency. Along with technology, our learning must be one of constant assessment of the healthcare environment and the application of learning, policies and technologies to keep progressing.

Other General Comments

- The strategic Plan must include “crossover” activities that include other federal departments, agencies, or offices. For instance, the Bureau of Labor and Statistics (BLS), Department of Labor, should be charged with following those job classifications that will maintain electronic health records, record systems, registries, analysis, exchange, and protection to ensure a well functioning and maintained infrastructure in the future. Current BLS job categories do not reflect today and tomorrow’s anticipated functions with EHRs and HIEs.
- The Plan should provide more depth in the anticipation of the National Institute of Standards and Technology (NIST) activities that should be engaged so the healthcare industry does not ignore advances made by NIST and other industries in areas that also apply to HIT.

Specific Strategy Comments and Recommendations

Our specific comments and recommendations with regard to the strategies are as follows:

Goal I: Achieve Adoption and Information Exchange through Meaningful Use of Health IT		
Objective I.A Accelerate adoption of electronic health records		
I.A.	Strategies	AHIMA Comments
1	Provide financial incentive payments for the adoption and meaningful use of certified EHR technology (Pg. 11)	<ul style="list-style-type: none"> • Certified Technology should meet the needs for all HHS requirements beyond MU, and should be used to ensure policy and standards also conveyed to purchasers. • This strategy suggests that in MU Stage 3 HHS will move from technology to outcomes. The strategy should also specify how providers will be engaged to incorporate changes in healthcare delivery into the requirements. Such changes could impact interactions with other health plans/payers. • It is crucial that EHR systems and the ancillary systems that are also engaged support provider and patient decision making within an organization or network.
2	Provide implementation support to health care providers to help them adopt, implement, and use certified EHR technology (Pg. 11)	<ul style="list-style-type: none"> • The Plan’s discussion on barriers should be rewritten to recognize the other competing resources being used to meet government and industry requirements and does not recognize or suggest the need to integrate and prioritize HHS programs and goals to make for the most efficient and effective implementation over a reasonable period of time. • RECs and HCCN should be required to include all HHS required implementations and readiness into their component offerings to assist providers in meeting all requirements not just MU.
3	Support the development of a trained workforce to implement and use health IT technologies (Pg. 11)	<ul style="list-style-type: none"> • The strategy should be expanded so that HRSA and/or HHS and the Department of Labor (DoL) must examine and acknowledge the future needs for various healthcare workforce members, including HIM professionals, and take steps to work with educators and agencies to accommodate the necessary programs and students needed to meet this need. The initial HITECH funding will end soon and will not meet the need for this decade. More assistance is needed for healthcare professions as a whole and especially in the area of HIM and informatics expertise if the investment being made is to fulfill its expectations.

<p>4</p>	<p>Encourage the inclusion of meaningful use in professional certification and medical education (Pg. 12)</p>	<ul style="list-style-type: none"> • HIM professionals are educated and certified to be the stewards of health information ensuring its integrity, protection, and availability to benefit consumers and their healthcare providers. The components of meaningful use exist in HIM education from the associate degree through master degree programs and certification similarly exists from the basic coder through Registered Health Information Administration. At one point in time it was a Medicare requirement that the health information management certification was needed to manage a health information management function in a hospital to ensure that these stewardship principles were engaged. While the process of HIM is changing from paper and manual processing to electronic the need for such expertise is only growing. HHS should consider not only certification and education, but also consider requiring such certification to ensure adequate stewards of health information no matter where it exists.
<p>5</p>	<p>Establish criteria and process to certify EHR technology that can support meaningful use criteria (Pg. 12)</p>	<ul style="list-style-type: none"> • As noted, EHR systems or modular certification must incorporate all appropriate HHS requirements not just MU. • EHR certification must also be directed to all healthcare providers and not those currently identified in MU. • Certification should incorporate PHR-EHR standards as developed by HL7 so that there is some standard for consumer access or transfer. • ONC should look at the previous work done by the Certification Commission for Health Information Technology to determine if other work not previously accepted by ONC should now be mandated and also look at work done beyond acute and physician care.
<p>6</p>	<p>Communicate the value of EHRs and the benefits of achieving meaningful use (Pg. 12)</p>	<ul style="list-style-type: none"> • The strategy should indicate that HHS will work with professionals engaged in the adoption, implementation, and use of EHRs for this education effort. Such an education effort needs to tell the story of how EHRs and HIE can facilitate and enhance the significant progress being made in healthcare delivery and science as well as how information needs to be used on a secondary basis for quality, public, and the advancement of healthcare science. These secondary uses should not be siloed in the minds of the population from clinical care and the public need to know of existing barriers that should not exist and the benefits from information use that must be permitted. Such stories must also include a meaningful approach to safeguard individuals from discrimination or the misuse of their information through prosecution of those who use data inappropriately. While it is true that given today's exchange of information socially, medically, and for other reasons negates the potential for 100% de-identification much can be done to minimize the risk and achieve even greater

		advances in healthcare.
7	Align federal programs and services with the adoption and meaningful use of certified EHR technology (Pg. 13)	<ul style="list-style-type: none"> • AHIMA applauds this action but suggests that the strategy show that HHS and ONC will include consistency of data, systems, terminologies and classifications, etc., in such an alignment. • Federal programs like VA and Tricare, Indian Health Services need to be integrated; however, goals will be achieved sooner if other private health programs can be standardized and integrated into the criteria as well.
8	Work with private sector payers and provider groups to encourage providers to achieve meaningful use. (Pg. 13)	<ul style="list-style-type: none"> • This “encouragement” strategy must recognize the needs of providers and plans to succeed – therefore uniformity of requirements should also be achieved throughout the industry. • Meaningful use and EHR system criteria should take on the concept of “Collect once – use many times” which AHIMA has been advocating. Providers should be encouraged to use the system and data to improve quality internally. All stakeholders should achieve consensus so that the various uses of secondary data can be achieved with the data included in the record and not attempt to put requirements directly in the record itself. • HHS must also work to encourage innovation in the documentation processes associated with EHR systems since an EHR is only as good as the information that is entered into the systems. • HHS and ONC’s work must include states healthcare programs including Medicaid.
9	Encourage and facilitate improved usability of EHR technology (Pg. 13)	<ul style="list-style-type: none"> • AHIMA agrees and encourages ONC and industry stakeholders to share usability results to encourage not only MU reporting, but improved internal use of information.

Goal I: Achieve Adoption and Information Exchange through Meaningful Use of Health IT

Objective I.B. Facilitate Information exchange to support meaningful use of electronic health records

I.B.	Strategies	AHIMA Comments
1	Foster business models that create health information exchange (Pg. 15)	<ul style="list-style-type: none"> • Direct provides a means for data exchange on an immediate basis – but the Plan should indicate how it will step up providers using Direct to the next level of exchange (state or regional exchanges) and beyond. • Neither MU nor the Accountable Care Organization NPRM reflect the geography of HIE. While Direct provides a means to move data outside of the HIEO’s boundaries, it does not alleviate the multiple issues facing HIEOs. The strategy needs to be

		<p>demonstrating a clearer, staged, transformation to address all of these issues including privacy, security, and consumer involvement.</p>
<p>2</p>	<p>Monitor health information exchange options and fill the gaps for providers that do not have viable options (Pg. 16)</p>	<ul style="list-style-type: none"> • The steps taken have been good ones; however, states need to be working together (not just ONC monitoring) to address geographic issues with healthcare delivery and the need to exchange information across political boundaries. • As states support providers and enhance key trading partners’ capabilities, AHIMA strongly recommends that the Plan indicate that health information management policies and best practices will be examined and appropriately incorporated in exchange models. The HIM professionals have addressed the issues of master patient indices, record locators, and registries for a number of years and have accumulated a significant body of knowledge in this area.
<p>3</p>	<p>Ensure that health information exchange takes place across individual exchange models and advance health systems and data interoperability (Pg. 17)</p>	<ul style="list-style-type: none"> • The basis for all exchange is the healthcare data itself. While strides have been made to facilitate the exchange and reporting of data in a variety of ways (and this should continue to improve), the strategic plan must also address the technology and processes needed to ensure that documentation captures the information generated in the encounter, admission, procedure, or ancillary service that makes up the record. Without good documentation capture and assurance of integrity for the information that moves from initial documentation to the record to other data repositories for decision making, research, quality, etc. the data is useless or dangerous. • Terminology and classification use and exchange must also have a governance process to ensure crosswalks, versioning, and other factors that must exist are in place and used by <u>all</u> healthcare providers in all cases. The Plan should include reference into the establishment of such a governance and oversight. • The Plan should note that the US will be looking for additional terminology or classification use that can provide even more data such as functional status classifications used around the world. • This information exchange highlights the need to integrate the Plan with other HHS activities such as the adoption of ICD-10-CM/PCS. This objective and strategy should be expanded to do so. • The use of meta data is important as AHIMA has pointed out in previous testimony and comments; however, outright adoption of the PCAST recommendations which are a significant shift from the strategy the industry has been following will not serve to move the industry forward in its existing proposal. Furthermore, to adopt the PCAST meta-data proposal with a new universal language will not only provide additional

		<p>barriers, but also require a delay until such a language can be developed. The parts for an interoperable exchange of data already exist – they just have to be used and healthcare providers must agree that proper documentation for care will be created in the first place.</p> <ul style="list-style-type: none"> • The Plan should reflect the need for the HIT Committees and ONC to expand their horizons beyond MU to promote true interoperability.
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Goal I: Achieve Adoption and Information Exchange through Meaningful Use of Health IT		
Objective I.C. Support health IT adoption and information exchange for public health and populations with unique needs		
I.C.	Strategies	AHIMA Comments
1	<p>Ensure public health agencies are able to receive and share information with providers using certified EHR technology (Pg. 19)</p>	<ul style="list-style-type: none"> • The objective comes across as though the US has a single public health (PH) system. Experience indicates this is not the case and, unfortunately, at a local level PH agencies are not consistently engaged nor are the various PH systems being integrated into HIEs. This is especially true where providers are turning to other means of communication such as Direct. • The Plan needs to signify that there needs to be a transparent local-state-federal (PH) approach to address these issues that includes the industry, state and local government, as well as the state HIEs. As pointed out in the previous administration’s AHIC deliberations, PH is very disjointed while disease does not recognize political borders. If the work this objective identifies is to succeed there must be broader and committed participation sought to achieve this goal.
2	<p>Track health disparities and promote health IT that reduces them (Pg. 20)</p>	<ul style="list-style-type: none"> • AHIMA applauds this strategy and the use of the RECs and Beacon Communities. As noted above this should not be a siloed activity, but fully integrated into the other activities so the industry understands where it will be expected to amalgamate these requirements into practices and systems.
3	<p>Support health IT adoption and information exchange in long-term/post-acute, behavioral health and emergency care settings. (Pg. 20)</p>	<ul style="list-style-type: none"> • AHIMA agrees that non-MU eligible healthcare providers must be integrated into EHR/HIE adoption as soon as possible. This strategy should point out that integration must also include the different offices within HHS that often through their regulations and requirements perpetuate segregation. AHIMA is aware that different

		<p>federal oversight offices require different and sometimes conflicting data as part of their processes; this should not exist in the continuum of healthcare. Standards for data and data sets should exist across all HHS offices/federal health plans and not be permitted to vary.</p>
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<p>Goal II: Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT</p>		
<p>Objective II.A: Support more sophisticated uses of EHRs and other health IT to improve health systems performance.</p>		
<p>II.A</p>	<p>Strategies</p>	<p>AHIMA Comments</p>
<p>1</p>	<p>Identify and implement best practices that use EHRs and other health IT to improve care, efficiency, and population health (Pg. 24)</p>	<ul style="list-style-type: none"> • AHIMA agrees with this objective given our HIM professionals’ decade’s old record of identifying and promoting best practices. Accordingly we suggest the Plan also incorporate a process and means to scan the industry for practices that can be use generically as well as practices that might fit one or more segments of the industry. AHIMA is very interested in participating in such a process and already has structure for such activities. • AHIMA and its related state associations stand ready to work with local REC and HRSA groups to assure consistent implementation of best practices that recognize all industry needs and not just those of the federal government.
<p>2</p>	<p>Create administrative efficiencies to reduce cost and burden for providers, payers, and government health programs. (Pg. 24)</p>	<ul style="list-style-type: none"> • AHIMA has been actively involved in a number of administrative simplification projects related to acute and non-acute care. We believe the Plan must recognized that the process of information collection and reporting must change as the concentration on clinical information becomes the basis for so many of the programs for quality, public health, research, etc., and not just for reimbursement purposes. This is a needed change and must bring together government and industry professionals to develop these new approaches and determine the best way to integrate and implement these changes into industry practice. • AHIMA could not agree more on the value that ICD-10-CM/PCS will provide; however, the implementation of ICD-10-CM/PCS needs to be better identified in the overall Plan and in the requirements for Meaningful Use and other programs. Such alignment must

		<p>recognize the strain on provider and vendor resources and on the mixed messages currently being sent that MU is much more important than ICD-10 leaving the latter in a state of limbo in many healthcare leaders minds.</p> <ul style="list-style-type: none">• To fully benefit from the implementation of the ICD-10-CM/PCS, the industry through further development of the EHR, and HHS through its HIT standards committee, must integrate terminologies into the software that will permit the EHR data to be transformed into various classifications that can provide information for multiple purposes previously discussed and the ease and simplification sought in this goal.• Since the interaction (mapping) of these terminologies and classifications is not currently in place to the extent needed, HHS must develop in the Plan steps and entities that can integrate such mapping over time potentially starting now and extending well past 2015. This would not only include terminologies such as SNOMED-CT® and LOINC®, but also classifications like ICD-10-CM/PCS, CPT®, and functional status codes.• The HIM profession envisions an environment in the not too distant future where EHRs embedded with terminologies like SNOMED-CT can automatically develop the codes that are used for reporting via certified encoding-like software. This is another radical change that will ease the administrative costs associated with healthcare.• AHIMA has repeatedly called upon HHS and the industry to develop a public-private governance process that can be associated with the National Library of Medicine to oversee and manage this integration while assuring the integrity of the process and the data that will result from such an integration with the EHR and future government and industry requirements.• The issue of health insurance exchanges is also in flux in the industry and HHS needs to be more explicit on how such an exchange will be a part of, or overlap, the health information exchanges especially at the state level. There could be efficiencies, but such a marriage could also raise anxieties related to the security and privacy of PHI.
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Goal II: Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT		
Objective II.B: Better managed care, efficiency, and population health through EHR-generated reporting measures		
II.B.	Strategies	AHIMA Comments
1	Identify specific measures that align with the National Health Care Quality Strategy and Plan (Pg. 25)	<ul style="list-style-type: none"> As noted previously the Plan, in order to accommodate the other goals such as quality, should ensure that the ability to use EHR based terminologies and related classifications for the ability of <i>collecting once – using many times</i> be developed and accepted. AHIMA believes it is in the best interest of data integrity and administrative simplification that measures used should be uniform and consistently used among all entities collecting or reporting quality measures or value sets. We continue to support the work of the NQF in identifying value sets for this purpose and urge HHS to subscribe to a uniform approach in tandem with the industry and its providers.
2	Establish standards, specifications, and certification criteria for collecting and reporting measures through certified EHR technology (Pg. 25)	<ul style="list-style-type: none"> As noted above this establishment must be done in tandem and concert with the industry and its providers

Goal II: Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT		
Objective II.C: Demonstrate health IT-enabled reform of payment structures, clinical practices, and population health management.		
II.C.	Strategies	AHIMA Comments
1	Fund and administer demonstration communities to show how the advanced use of health IT can achieve measurable improvements in care, efficiency, and population health. (Pg. 26)	<ul style="list-style-type: none"> AHIMA agrees with the concept of using these Beacon communities, but notes the importance to also pilot new ways of ensuring adequate collection of health information within the EHR systems and HIE options and reporting such data.
2	Align health IT initiatives and clinical and payment reform, pilots and demonstrations. (Pg. 26)	<ul style="list-style-type: none"> AHIMA supports the concept of aligning and integrating reforms and demonstrations; however, HHS/ONC should further define how the industry and its various sectors, in full, will participate in this as an industry process and not a top down federal process.

Goal II: Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT		
Objective II.D: Support new approaches to the use of health IT in research, public and population health, and national health security		
II.D.	Strategies	AHIMA Comments
1	Establish new approaches to and identify ways health IT can support national prevention, health promotion, public health, and national health security. (Pg. 26)	<ul style="list-style-type: none"> • The integration of public health needs to be much better integrated into the mainstream of healthcare at the local level including into programs such as health information exchange and accountable care organizations. • Along with this integration at a local level, the public health processes must be better integrated from top to bottom including addressing the relationship of various public health entities at the local, state and federal level. On and off since 2001, AHIMA and other professional groups have worked on various federal projects associated with transaction and data standards and government programs in HHS and the Department of Homeland Security, but we have yet to see a coordinated action that recognizes both the horizontal and vertical integration that must take place. We recommend that HHS expand this strategy to a full goal and incorporate all the knowledge that has been accumulated at the local, state, and federal levels, as well as in the standards development and maintenance arenas, and begin to look at this issue as a whole in concert with the industry and state governments, et al.
2	Invest in health IT infrastructure to support the National Prevention and Health Promotion Strategy (Pg. 27)	<ul style="list-style-type: none"> • If strategy II.D.1 can be accomplished, then the e-health infrastructure to support a public health infrastructure will become more obvious and include the use of HIEs and direct involvement by consumers. The late John Morgan, MD had often noted the power of public health if all entities were integrated into such an exchange. While the technology exists and will improve, the political infrastructure has yet to be developed. • Communication channels can be developed to accomplish provider, consumer, and public health agency reporting, but adherence to warnings and other information will only be

		<p>achieved when there is trust in the infrastructure and an anticipation that the data reported is accurate and uniform so that the data in response can likewise be reported in a similar manner.</p> <ul style="list-style-type: none"> • NEDSS has been around for some time, but NEDSS has been contained within a public health silo and not integrated. Again the strategic Plan needs to be better defined to: <ul style="list-style-type: none"> ○ Identify how public health will be integrated into the industry infrastructure (from top to bottom); ○ Identify how chronic disease organizations, such as the American Cancer Society, etc., can be integrated into the system to assure the collection and use of all knowledge are improved due to better reporting and data integrity as well as to determine best practices and response to health care needs, pandemics, and other situations that are identified by reporting of consumers and providers and other agricultural and biosurveillance mechanisms.
<p>3</p>	<p>Ensure a mechanism for information exchange in support of research and the translation of research findings back into clinical practice. (Pg. 27)</p>	<ul style="list-style-type: none"> • AHIMA agrees with this strategy, but would suggest its integration of infrastructure as suggested above. In addition the HHS/ONC strategic plan should integrate plans such as that developed by the NIH National Human Genomics Research Institute to ensure the ability to also integrate investigation and research better into the routine delivery of care. • In order for exchange to occur the infrastructure must also consider how information is and will be collected and integrated beyond the EHR. This infrastructure will of necessity consist of public and individual provider registries and similar data warehouses; which in turn point to the need for data interoperability and recognition of the transformation of information. The conversion to the more granular ICD-10-CM/PCS for instance will require system acknowledgement of data change before and after the compliance date.

		<ul style="list-style-type: none"> • The Plan should recognize that information professionals such as HIM and informatics must also be encouraged and supported to study how to best integrate knowledge coming from this system back into the EHR systems at the provider site as well as translation and explanation for consumer systems and education.
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Goal III: Inspire Confidence and Trust in Health IT		
Objective III.A: Protect confidentiality, integrity, and availability of health information		
III.A.	Strategies	AHIMA Comments
1	<p>Promulgate appropriate and enforceable federal policies to protect the privacy and security of health information. (Pg. 31)</p>	<ul style="list-style-type: none"> • Federal policies must be integrated and uniform not only across all federal departments, agencies, and offices, but also with state, territorial, etc, governments if there is going to be a practical, enforceable system of protections for EHRs, HIE, and health information wherever it is located. Currently, a myriad of laws and regulations exist that are contradictory and confusing resulting in a lack of compliance and barriers to data flow as needed for providers and individuals. It should be noted for instance that approaches such as “opt-in” or “opt-out” vary as to intent and use of data, bringing confusion to the industry and its consumers. • AHIMA suggests that the Plan note that secondary uses of health information should not be restricted to just quality improvement, public health, and research, but also be used for reimbursement, health administration, and other uses. The change in these activities over time, must call for uniformity and flexibility such that data integrity cannot be questioned. • AHIMA supports the desire to ensure authentication, identity proofing and other activities that must be in place for the protection of data as well as the privacy of the individual.
2	<p>Enforce existing federal privacy and security laws and maintain consistency with federal policy. (Pg. 32)</p>	<ul style="list-style-type: none"> • Federal privacy and security rules and regulations already in the regulation process should be promulgated as soon as

		<p>possible so the full affect can be determined especially in light of a lack of technology to match these requirements, and a state of the industry that is neither all paper nor electronic.</p> <ul style="list-style-type: none"> • AHIMA agrees with the need to enforce existing federal privacy and security laws; however, enforcement under new HIPAA and FTC penalties associated with ARRA-HITECH should be reviewed for effectiveness and assurance that penalty enforcement does not create issues with self-reporting requirements especially in situations where harm may not be shown to exist.
3	<p>Encourage the incorporation of privacy and security functionality into health IT. (Pg. 32)</p>	<ul style="list-style-type: none"> • AHIMA supports this strategy and suggests that active piloting of new technologies be encouraged and added to the certification process once such testing and piloting shows the value of new technology. Technology producers should also be encouraged to develop products that can be added to EHR and HIE systems easily and recognize the cost of systems that may call for major changes. • OCR and HHS should include in this strategy working with industry professionals including HIM to educate both the industry and its consumers to practices, requirements, and technologies that can protect health information appropriately.
4	<p>Identify health IT system security vulnerabilities and develop strategic solutions. (Pg. 32)</p>	<ul style="list-style-type: none"> • AHIMA agrees with this strategy but notes that in undertaking this approach the existing hybrid and multiple systems used within healthcare be understood, rather than tested in isolation.
5	<p>Identify health IT privacy and security requirements and best practices, and communicate them through health IT programs. (Pg. 33)</p>	<ul style="list-style-type: none"> • AHIMA recommends that the work previously undertaken by ONC, OCR, NIST and the industry be incorporated into this strategy. In addition, AHIMA suggests that individual industry practices (technologies, processes, and training) be examined for situations were no breaches occur – best practices should be built on what works and not just on what does not work. AHIMA also believes that NIST and

		<p>organizations like AHIMA, AMIA, and HIMSS be incorporated into the strategy process given their previous work in this arena.</p> <ul style="list-style-type: none"> • AHIMA supports the Plan to work with state government and HIEs; however, we note that in developing best practices, it would be best to also ensure uniformity nationwide and not just within state jurisdictions since healthcare services and the need to exchange health information do not stop at state boundaries.
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Goal III: Inspire Confidence and Trust in Health IT

Objective III.B: Inform individuals of their rights and increase transparency regarding the use of protected health information.

III.B.	Strategies	AHIMA Comments
1	<p>Inform individuals about their privacy and security rights and how their information may be used or shared (Pg. 33)</p>	<ul style="list-style-type: none"> • AHIMA supports this strategy and stands ready to incorporate information and education developed under the strategy in its myPHR consumer website. AHIMA suggests, however, that such information and education identify state privacy and security rights and other variances in existing regulations and practices.
2	<p>Increase transparency regarding the development of policies and standards related to uses and sharing of protected health information. (Pg. 34)</p>	<ul style="list-style-type: none"> • AHIMA agrees with the need for transparency, but also must note that for full consumer and provider participation there needs to be a more open process than exists to ensure participation in short webinar-type meetings. Likewise, ONC and HHS need to develop a means to allow public input as the discussion occurs and not after decisions are made (referring to the practice of public input at the end of a meeting rather than during the discussion). • Furthermore, AHIMA suggests that ONC determine a means for addressing these issues across the Department rather than in the current siloed approach.
3	<p>Require easy to understand reporting of breach notifications. (Pg. 34)</p>	<ul style="list-style-type: none"> • AHIMA agrees with this strategy, but suggest that HHS issue another RFI with ample time for HIPAA and FTC entities

		<p>and others covered by these regulations to also provide their input into the development of any new requirements or the development of guides and communications to be used with consumers regarding breach notification. AHIMA also notes that this is one more arena where it would be helpful for the federal government to work across departments and with state governments so as to develop uniform requirements as well as communication with consumers and affected entities.</p>
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Goal III: Inspire Confidence and Trust in Health IT

Objective III.C: Improve the safety and effectiveness of health IT

III.C.	Strategies	AHIMA Comments
1	<p>Provide implementation and best practice tools for the effective use of IT. (34)</p>	<ul style="list-style-type: none"> • Again AHIMA suggests the Plan add working with professional associations and state, territorial, and other government units to develop best practices.
2	<p>Evaluate safety concerns and update approach to health IT safety. (Pg. 35)</p>	<ul style="list-style-type: none"> • AHIMA is concerned that there is not enough attention focused on the integrity of health data/information, as EHRs, HIEs, and other HIT systems are being developed along with the practices and standards that exist in and around the use of these technologies. AHIMA urges ONC and HHS to expand this strategy to recognize the integrity issues accordingly.
3	<p>Monitor patient safety issues related to health IT and address concerns (Pg. 35)</p>	<ul style="list-style-type: none"> • AHIMA agrees with this strategy but suggests that healthcare providers and other users of health information be engaged to report, without inappropriate penalty, situations discovered where patient safety becomes an issue. We note that unintended consequences of EHR use are under study, but it is not clear if studies are retrospective or concurrent.

Goal IV: Empower Individuals with Health IT to Improve their Health and the Health Care System

Objective IV.A: Engage individuals with health IT

IV.A.	Strategies	AHIMA Comments
1	<p>Listen to individuals and implement health IT policies and programs to meet their interests. (Pg. 38)</p>	<ul style="list-style-type: none"> • As noted, AHIMA supports this strategy as long as it recognizes the practical steps that must be taken to move the

		industry, as a whole, to a point where all of the consumer and provider interests can be met.
2	Communicate with individuals openly and spread messages through existing communication networks and dialogues. (Pg. 38)	<ul style="list-style-type: none"> • AHIMA agrees with the strategy and notes that it has offered consumer education through its myPHR website for several years. AHIMA stands ready to work with ONC/HHS to educate the public and has a unique resource of HIM professionals who have had to explain health information and processes to consumers for many years.

Goal IV: Empower Individuals with Health IT to Improve their Health and the Health Care System

Objective IV.B: Accelerate individual and caregiver access to their electronic health information in a format they can use and reuse.

IV.B.	Strategies	AHIMA Comments
1	Through Medicare and Medicaid EHR Incentive Programs, encourage providers to give patients access to their health information in an electronic format. (Pg. 38)	<ul style="list-style-type: none"> • While AHIMA agrees with the concept behind this strategy, we must also note that the transition to the capability to provide a “record” to patients is still underway, and rests in part on the ability to translate records to consumer readable/understandable information. AHIMA recommends that the Plan be expanded to encourage the development of means to make healthcare information correctly translated to the audience for which it is intended and further recommends that CMS consider beneficiary incentives so that federal consumers be encouraged to use the various processes that will be developed to exchange information between provider and consumers.
2	Through federal agencies that deliver or pay for health care, act as a model for sharing information with individuals and make available tools to do so. (Pg. 39)	<ul style="list-style-type: none"> • AHIMA has supported, and its members have participated in, projects such as the “Blue Button,” however, as noted above timing and the ability to access the certified technology has yet to be determined.
3	Establish public policies that foster individual and caregiver access to their health information while protecting privacy and security. (Pg. 39)	<ul style="list-style-type: none"> • While AHIMA supports these comments, we must again stress that the Plan include a reasonable timetable for providers to access, implement, and pay for the certified technology and processes that will make this work in light of all the other requirements and demands of federal and state

		<p>governments and private health plans.</p> <ul style="list-style-type: none"> • AHIMA notes ONC’s comments on access to laboratory information and supports changes that will allow for such access as long as there is also recognition for provider interpretation of data including not only the results of such laboratory procedures, but also the intent for the original order and the context of the result with other health information.
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Goal IV: Empower Individuals with Health IT to Improve their Health and the Health Care System

Objective IV.C: Integrate patient-generated health information and consumer health IT with clinical applications to support patient-centered care.

IV.C.	Strategies	AHIMA Comments
1	<p>Support the development of standards and tools that make EHR technology capable of interacting with consumer health IT and build these requirements for the use of standards and tools into EHR certification. (Pg 40)</p>	<ul style="list-style-type: none"> • Standards are available to integrate the standard EHR systems with consumer PHRs, but ONC must also ensure that these standards are applied and used uniformly and that data integrity is maintained.
2	<p>Solicit and integrate patient-generated health information into EHRs and quality measurements. (Pg. 40)</p>	<ul style="list-style-type: none"> • AHIMA agrees with this strategy; however, we must stress that any process or technology used must recognize the EHRs use as a tool for care, as well as serving as a legal document, and information whose data will be used for a variety of secondary purposes. To this degree AHIMA has been working on the concept of a “legal” health record and the use of enterprise record management of data for some time and stands ready to share this information so that this strategy can be engaged appropriately.
3	<p>Encourage the use of consumer health IT to move toward patient-centered care. (Pg. 40)</p>	<ul style="list-style-type: none"> • Agree, with no additional comment. .

Goal V: Achieve Rapid Learning and Technological Advancement

Objective V.A: Lead the creation of a learning health system to support quality, research, and public and population health.

V.A.	Strategies	AHIMA Comments
1	<p>Establish an initial group of learning health system participants.</p>	<ul style="list-style-type: none"> • AHIMA acknowledges this strategy and suggests

	(Pg. 45)	consideration be given to the source of the information in as much as there has been and will continue to be for some time differences in data collected from administrative sources rather than clinical.
2	Develop standards, policies, and technologies to connect individual participants within the learning health system. (Pg. 45)	<ul style="list-style-type: none"> • AHIMA supports this strategy.
3	Engage patients, providers, researchers, and institutions to exchange information through the learning health system. (Pg. 45)	<ul style="list-style-type: none"> • As AHIMA has noted above there are a number of considerations that need to be taken in the development of infrastructure that can serve the primary and secondary requirements for EHR systems and HIE. This strategy should be associated with the other strategies above and not developed as a standalone approach.
4	Grow the learning health system by adding more members and expanding policies and standards as needed. (Pg. 46)	<ul style="list-style-type: none"> • Agree, with no additional comment.

Goal V: Achieve Rapid Learning and Technological Advancement		
Objective V.B: Broaden the capacity of health IT through innovation and research		
IV.B.	Strategies	AHIMA Comments
1	<ul style="list-style-type: none"> • Liberate health data to enable health IT innovation.(Pg. 46) 	<ul style="list-style-type: none"> • AHIMA agrees with the strategy, but continues to note the various federal and state requirements that must be acknowledged or modified along with much more education of consumers as to the value of this information collection and all of the protections provided through policy, enforcement, and technology to preserve their confidentiality and willingness to share their information.
2	<ul style="list-style-type: none"> • Make targeted investments in health IT research. (Pg. 47) 	<ul style="list-style-type: none"> • Support
3	<ul style="list-style-type: none"> • Employ government programs and services as test beds for innovative health it. (47) 	<ul style="list-style-type: none"> • While AHIMA supports the use of government programs and services to test technology and process innovation; we suggest that the federal government also test or pilot such concepts in private programs and services that are not replicated in the larger federal sphere.
4	<ul style="list-style-type: none"> • Monitor and promote industry innovation. (Pg. 48) 	<ul style="list-style-type: none"> • AHIMA suggests that transparency be added to this

		strategy.
5	<ul style="list-style-type: none">• Provide clear direction to the health IT industry regarding government roles and policies for protecting individuals while not stifling innovation. (Pg. 48).	<ul style="list-style-type: none">• As noted often above, AHIMA supports such a goal, but suggests that the federal government must incorporate state government into this process as long as preemption exists to modify such roles and policies at the provider level. Uniformity of roles and processes is a must if we are to benefit from innovation.

Conclusion

Again, AHIMA applauds ONC's work behind developing this strategic Plan and its objectives and strategies. It is long overdue and welcome. We hope that our recommendation that this Plan be expanded to be an HHS plan and one that through the efforts of the HIT committees can also become a healthcare industry plan in no way negates our appreciation to the ONC staff and the HIT committee members who served to put it together.

AHIMA believes strongly in the benefits of EHR systems development, adoption, implementation, and use as well as the use of proper health information exchange to achieve improved health for individuals and the population as a whole. We pledge our efforts to support these efforts whenever possible and urge HHS and ONC to take our comments and recommendations as offerings for what we believe will be a better plan and outcome.

All strategic plans are live documents and need to be reviewed on a regular basis. We encourage HHS and ONC to do so with its final plan and in partnership with the healthcare industry and its professionals including health information managers. We look forward to working with HHS and ONC in such endeavors. In the meantime if we can add any clarification to the comments and recommendations above or answer any questions, please do not hesitate to contact either me at the above phone number, or by e-mail at dan.rode@ahima.org, or in my absence Allison Viola, AHIMA's director of federal relations, at the same number or by e-mail at allison.viola@ahima.org.

Thank you for your time, attention, and consideration of this submission.

Sincerely,

A handwritten signature in blue ink that reads "Dan Rode".

Dan Rode, MBA, CHPS, FHFMA
Vice President, Policy and Government Relations

cc. Allison Viola