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Office of the National Coordinator for Health Information Technology
200 Independence Avenue, NW
Washington, DC 20201

NACHC's Comments on Federal Health IT Strategy 2011 – 2015

The National Association of Community Health Centers (NACHC) appreciates the opportunity to comment on the Federal Health IT Strategy 2011 – 2015 and is pleased to provide the Office of the National Coordinator for Health Information Technology with our comments.

There are, at present, approximately 1200 FQHCs serving over 23 million patients nationwide through 8,000 urban and rural delivery sites. Most FQHCs receive federal grants under Section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) from the Bureau of Primary Health Care (BPHC), within the Health Resources and Services Administration (HRSA) of HHS.

Under this authority, health centers fall into four general categories: (1) those centers serving medically underserved areas, (2) those serving homeless populations within a particular community or geographic area, (3) those serving migrant or seasonal farm worker populations within similar community or geographic areas, and (4) those serving residents of public housing.

To qualify as a Section 330 grantee, a health center must be located in a designated medically underserved area or serve a medically underserved population. In addition, a health center's board of directors must be made up of at least fifty-one percent users of the health center and the health center must offer services to all persons in its area, regardless of his or her ability to pay. BPHC's grants are intended to provide funds to assist health centers in covering the otherwise uncompensated costs of providing comprehensive preventive and primary care and enabling services to uninsured and underinsured indigent patients, as well as to maintain the health center's infrastructure. Patients from eligible communities, who are not indigent and are able to pay or who have insurance (public or private) are expected to pay for the services rendered. Currently, 37 percent of health center patients are Medicaid recipients, 7.3 percent are Medicare beneficiaries, and 38 percent are uninsured.

FQHCs provide comprehensive primary care services and serve as medical homes for the over 23 million patients. As such, FQHCs utilize a team model approach with primary care services provided by physicians, nurse practitioners, nurse midwives, physician assistants, case managers, health educators, and other staff. Most health centers also provide dental services and behavioral health services, and these staff are integrated into the medical team. Over seventy percent of health centers provide these services onsite.

NACHC makes the following comments on the Federal Health Information Strategy 2011 – 2015:

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

OBJECTIVE A
Accelerate adoption of electronic health records
Strategy I.A.2: Provide implementation support to health care providers to help them adopt, implement, and use certified EHR technology

The recognition of the HRSA Health Center Controlled Network Program (HCCNs) is an important component of this strategy. As identified later in the Strategy document on page 56

> **....Health Center Controlled Networks (HCCNs)** improve operational effectiveness and clinical quality in health centers through the provision of management, financial, technology and clinical support services. An overwhelming number of community health centers who have signed on with an HCCN have successfully adopted an EHR system.....

We encourage ONC to work with HRSA to build on this established and successful infrastructure and further develop the existing HCCNs. Programs should be developed that focus on and incentivize health centers that have not implemented EHRs to work with a HCCN. The HCCN model should be supported and other safety net and behavioral health providers encouraged to utilize HCCNs in their efforts to implement Health IT. NACHC is engaged with SAMHSA on such a project at the present time where NACHC has coordinated HCCNs providing a series of 13 webinars to behavioral health providers ranging from HIT 101 to Workflow Analysis, Contracting and Implementation to advanced uses of Health IT such as Data Warehousing. These types of activities and more intensive training and technical assistance provided by HCCNs to other safety net providers and behavioral health providers should be supported financially and implemented. The goal would be to utilize this successful infrastructure to provide the platform for these providers to implement Health IT and better serve the underserved and vulnerable populations in their care. We also request that ONC work with HRSA to financially support operational funding for the HCCNs in order to allow them to provide additional services to their members and assist them to implement more advanced Health IT functionality such as mHealth and telehealth solutions.

HCCNs also provide the optimal training ground for the graduates who will be coming out of the Health IT Workforce Development Program. A more focused and concerted effort should be made to firmly establish HCCNs and their constituent health centers as training sites for the Community College Consortia graduates. NACHC would be happy to play a key role in coordinating this effort.

I.A.6: Communicate the value of EHRs and the benefits of achieving meaningful use
We are supportive of an outreach campaign to increase the awareness of the HITECH Act programs, to talk about the benefits of EHRs, educate providers around privacy and security protections, and encourage participation in the meaningful use program. NACHC recommends, however, that the outreach be done via the trusted provider associations. In California last year, the Office of Health Information Technology, contracted with outside consulting firms to build a strategy and plan for launching and building the meaningful use program in the state. One of the findings from the consultant's research was that providers by and large are most trusting of the information provided by their trade associations. It's likely this sentiment would extend throughout the national provider community, and we encourage the ONC to identify the national provider groups/associations and allow the nationals to formulate strategies that would best meet the needs of their respective provider communities and provide resources to support their efforts to educate providers.

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OBJECTIVE B

Facilitate information exchange to support meaningful use of electronic health records

Strategy I.B.2: Monitor health information exchange options and fill the gaps for providers that do not have viable options

HCCNs can also play a significant role in assisting ONC to meet this objective. Most HCCNs have already implemented interfaces and are exchanging data with pharmacies, hospitals and other providers. Targeted initiatives to connect HCCNs with other safety net and behavioral health providers in their area can assist these providers to adopt Health IT at an accelerated pace and to begin to exchange data with hospitals, pharmacies and other providers. Most HCCNs work in collaboration with the RECs and implementing EHRs that already have the National Health Information Network Direct interfaces built in will assist in lowering the costs of exchange for these providers.

I.B.3: Ensure the health information exchange takes place across individual exchange models, and advance health systems and data interoperability.

CPCA, and our members, are fully supportive and appreciative of the work the ONC is spearheading in developing a standards and interoperability framework to harmonize existing standards and improve sharing of standards across different organizations and federal agencies, making it easier to broaden interoperability through shared standards for data and services. Clinics and health centers operate on thin bottom lines, and investments in IT are hard to sustain. Anything that can be done to standardize products and offerings, like interfaces, will save the safety net resources that can be better spent on patient care.

OBJECTIVE C

Support health IT adoption and information exchange for public health and populations with unique needs

Strategy I.C.2: Track health disparities and promote health IT that reduces them

NACHCs supports ONC working with states to increase medical licensure portability by streamlining licensure application and credentials verification processes so providers can more easily apply for a license in multiple states. We also urge ONC to work with HRSA to develop a report to Congress for the use of health information technology in underserved communities and we encourage ONC to work with CMS to consider changing the rules allowing for payment for telehealth services used when both the provider and the patient are in an urban area. In many urban areas, and for many vulnerable individuals, ten blocks is as much of a barrier to treatment as 60 miles in a rural area. Utilizing telehealth services in urban areas is especially necessary and beneficial for providing quality care and improved health to the underserved and vulnerable populations that FQHCs serve.

Strategy I.C.3: Support health IT adoption and information exchange in long-term/post-acute, behavioral health, and emergency care settings

HCCNs are a prime resource to assist with the health IT adoption and information exchange with behavioral health providers. NACHC and HCCNs are willing to work with SAMHSA and ONC to support the adoption of certified EHR technology within the behavioral health community. HCCNs have a proven track record and can assist behavioral health providers to adhere to the standards, implementation

specifications, and certification criteria adopted by the Secretary and assist providers participating in the program to select certified EHR technology and participate in health information exchange.

NACHC also applauds ONCs, HRSA and SAMHSA's recognition that integrating behavioral health data into the primary care and related safety net systems is essential for coordinating care.

We recognize that the issue of segmentation is not an easy one to reconcile. For example, is a note that includes treatment of a person's diabetes and his substance abuse treatment considered a behavioral health note or a medical note? How would a provider separate the two? This situation occurs frequently in FQHCs. If a patient decides to not allow information of any kind to flow from one provider to another, it will be imperative that the receiving provider be alerted that there is additional information available which the patient will not allow to be shared, This will put the treating provider on notice that the information that was sent was incomplete and to dig further into history.

Goal II: Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT

OBJECTIVE A
Support more sophisticated uses of EHRs and other health IT to improve health system performance
Strategy II.A.2: Create administrative efficiencies to reduce cost and burden for providers, payers, and government health programs

NACHC fully supports all efforts to reduce the burden for providers when reporting required data to federal agencies.

OBJECTIVE B
Better manage care, efficiency, and population health through EHR-generated reporting measures
Strategy II.B.1: Identify specific measures that align with the National Health Care Quality Strategy and Plan

NACHC fully supports the development of e-measures that can collect and report data through EHRs that are aligned across reporting programs to reduce the burden on providers and that can be supported by the implementation of the Medicare and Medicaid EHR Incentive Programs.

OBJECTIVE C
Demonstrate health IT-enabled reform of payment structures, clinical practices, and population health management
Strategy II.C.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

NACHC fully supports the idea and intent of Beacon Communities. In reviewing Beacon Community membership, however, NACHC must note that FQHCs are represented in only a few. Including FQHCs in all Beacon Communities is imperative if we are to obtain a true picture of improvements in care, efficiency and population health in any given geographic area. On average 40% of the population served by FQHCs nationally are uninsured. In some areas this average is higher. By not including an FQHC in the Beacon Community mix those communities will not have a true picture of the actual population that requires treatment and whether they are improving or not. They will not be able to identify gaps in

treatment for underserved populations and invent solutions to close those gaps. We recommend that the Beacon community program be reviewed and require that at least one FQHC be included in each Community to ensure that the needs of underserved populations are included in any evaluation of improvements in efficiencies and or improvements in population health. NACHC can assist Beacon Communities in identifying FQHC partners in their areas.

Goal III: Inspire Confidence and Trust in Health IT

FQHCs are faced with providing coordinated primary care and behavioral health services (including alcohol and drug abuse) on a daily basis as they provide comprehensive primary care services. NACHC and FQHCs would like to continue to work with SAMHSA, ONC and OCR to address the issues of confidentiality and sharing information in an IT environment. We recommend that NACHC and/or FQHC representatives be sought out and specifically included in all discussions and planning on confidentiality issues between primary care and behavioral health.

OBJECTIVE B
Inform individuals of their rights and increase transparency regarding the uses of protected health information
Strategy III.B.1: Inform individuals about their privacy and security rights and how their information may be used and shared.

NACHC and FQHCs would like to partner with OCR and ONC to execute the education and outreach strategy to inform individuals about how their information is safeguarded, how their information may be used and shared, and how individuals can exercise their rights under the HIPAA Privacy Rule and inform individuals about best practices that they can use to protect the privacy of health data they generate or maintain in consumer health IT tools. FQHCs are medical homes for their patients and working with OCR and ONC to provide this information targeted to underserved and vulnerable populations would be more readily received from the FQHC as a trusted source and the provider of choice for these populations in their communities.

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

We believe the wording of this goal would lead organizations and underserved populations and those without access to health information technology to believe that they will be left out of the benefits of health IT. The wording would encourage a "digital divide" between those that do have access to Health IT and those that do not. We agree with the goal of empowerment of individuals to improve their health and the health care system, however, it should include those individuals with access to and without access to health IT. Our suggestion would be to change the wording to "Empower Individuals to Improve their Health and the Health Care System by using Health IT or with the use of Health IT. This would send a clear message to those that do not currently have IT available to them that the government's goal is to reach out and make IT available to them e.g. in libraries, schools, other public venues or at provider offices etc.

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OBJECTIVE A
Engage individuals with health IT
Strategy IV.A.2: Communicate with individuals openly and spread messages through existing communication networks and dialogues

NACHC and FQHCs applaud the goal and the strategy and would like to partner with HHS on its education and outreach efforts aimed at helping people understand the transition to EHRs, the value of health IT and how health IT can be leveraged to make informed choices related to their physical and behavioral health and care. FQHCs provide an ideal existing communication network of community based organizations with strong affiliations and the trust of their patients.

OBJECTIVE B
Accelerate individual and caregiver access to their electronic health information in a format they can use and reuse
Strategy IV.B.3: Establish public policies that foster individual and caregiver access to their health information while protecting privacy and security

We encourage ONC to consider accelerating programs that will accommodate the range of user capabilities, languages and access considerations, including effective strategies for ensuring accessibility and usability of electronic health information for people with disabilities and meaningful access to such information for individuals with limited English proficiency. This is especially necessary for FQHCs who are dealing with patients from many different languages on a daily basis. FQHCs require solutions at the present time and five years is a long way to wait for them to have the tools necessary to communicate with their patients. Currently, FQHCs serve 1 in 8 of all Latinos patients.. We recommend a pilot or demonstration projects targeted to FQHCs that can be quickly expanded.

Goal V: Achieve Rapid Learning and Technological Advancement

OBJECTIVE A
Lead the creation of a learning health system to support quality, research, and public and population health
Strategy V.A.3: Engage patients, providers, researchers, and institutions to exchange information through the learning health system

For many of the reasons identified in the Strategy NACHC is engaged in developing a Comprehensive HIT Strategy for health centers. This plan will assist and encourage health centers to exchange information among each other and to share information with their local system as well. NACHC welcomes the opportunity to work with ONC to accelerate information sharing in FQHCs.

Strategy V.A.4: Grow the learning health system by adding more members and expanding policies and standards as needed

HCCNs provide an ideal opportunity to leverage already existing infrastructures and to add large numbers of provider organizations and thereby add significantly to the learning health system. Targeted investment in the NACHC Comprehensive HIT Plan which focuses on utilizing the HCCNs as its base can move these initiatives forward. NACHC and the HCCNs would like to engage with ONC to discuss how additional resources can be utilized to move this forward more rapidly.

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Strategy V.B.3: Employ government programs and services as test beds for innovative health IT.

Innovation in health IT should include all individuals and not leave out vulnerable or underserved populations. FQHCs provide excellent test beds for innovative health IT. We encourage ONC to work with NACHC and the HCCNs to drive innovative health IT which can be targeted to underserved populations. Innovations targeted to these populations can have significant benefits for quality and lowering the costs of health care for all Americans.

Acknowledge the transition from 'doctor – patient' care to 'health team – patient' care.

There are numerous references throughout the Plan to patient centered health care. We acknowledge and appreciate these references because it highlights that the ONC is aware of the move in the health care industry away from a provider to patient delivery model to a more team oriented, coordinated care approach to health. FQHCs have fully embraced this model for some time. Our members are of course building on their existing delivery systems and aligning with the array of the patient-centered health home certifications, however the foundation of the clinic and health center model is a team based approach. One example of this team based model is the clinic billing model; the clinic or health center as a legal entity bills for a patient visit, rather than the individual provider billing, and it is the clinic or health center that receives reimbursement for the visit. Within that one visit there are multiple staff that touch the patient, be it through dietary counseling, transportation to and from the site, and social service linkages.

This distinction on billing is important, and we believe this distinction has been overlooked by ONC and CMS in the creation of two of the main health IT regulations: meaningful use and the regional extension centers (RECs). Both meaningful use and the RECs are programs targeted at providers (eligible professionals and priority primary care providers). This targeting of resources directly at providers has and continues to create a tremendous amount of complication and confusion, mainly as it relates to Medicaid Meaningful Use Incentives. We understand that the original statute targeted providers, however, we believe that the regulations could have provided avenues to make participation in these programs, particularly meaningful use, more seamless for entities that contract or employ with providers and bill on their behalf. Reassignment of the incentive payments alone is not sufficient to solve the dilemma faced by health centers. There are issues with reassignment, proving of costs, proving adoption/ implementation/ upgrading, proving eligibility, all of which are complicated because the rule is targeted at individual providers. We appreciate the clarifications provided by CMS around group proxy eligibility and that CMS will be creating third party registration capabilities. These complications could be lessened in the future if both the ONC and CMS crafted regulations on the front end that were more inclusive of the entities that employ/contract with providers and bill on the providers behalf. It should not be a state's choice to implement group functionalities or third party systems, but rather a requirement.

As health care continues to move into a more team oriented coordinated delivery system, it is important that the national health leadership recognizes the transition and creates programs that are supportive of this movement.

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We would like to thank ONC for the opportunity to comment on the Federal Health IT Strategy 2011 – 2015. NACHC is interested in continuing to engage with ONC and other federal partners in furthering the goals of this Strategy.

Sincerely,

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