



August 1, 2022

Admiral Rachel L. Levine, MD
Assistant Secretary for Health
U.S. Department of Health and Human Services
Washington, DC 20201

RE: Comments of HIMSS in response to RFI: HHS Initiative to Strengthen Primary Health Care (Doc No. 2022-13632)

Dear Dr. Levine:

On behalf of the Healthcare Information and Management Systems Society ([HIMSS](#)), I am pleased to provide written comments to the [Request for Information \(RFI\): HHS Initiative to Strengthen Primary Health Care](#).

HIMSS appreciates the opportunity to leverage our members' expertise to share feedback on how the federal government can strengthen primary healthcare, particularly through leveraging health information and technology. HIMSS leads multiple workgroups of subject matter experts, including a [Physician Committee](#) and a [Nursing Informatics Committee](#) who can act as resources to OASH in the development of its Initiative to Strengthen Primary Health Care.

HIMSS is a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology. As a mission-driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research and analytics to advise global leaders, stakeholders and influencers on best practices in health information and technology. Through our innovation engine, HIMSS delivers key insights, education and engaging events to healthcare providers, governments, and market suppliers, ensuring they have the right information at the point of decision. Headquartered in Chicago, Illinois, HIMSS serves the global health information and technology communities with focused operations across North America, Europe, the United Kingdom, the Middle East and Asia Pacific. Our members include more than 130,000 individuals, 480 provider organizations, 470 non-profit partners, and 650 health services organizations across 86 countries.

HIMSS offers the following thoughts and recommendations to advance the health of individuals, families, and communities through strengthened primary health care:

Successful Care Delivery Models

The Importance of Collecting, Exchanging, and Reporting Social Determinants of Health Data

Primary care providers are on the front lines of care for all communities and thus need to be equipped with the right information at the right time to treat the whole patient. Therefore, HIMSS recommends primary care settings be empowered to address the

social determinants of health (SDOH) by collecting, exchanging, and reporting SDOH data. To support this, SDOH measures, data, and screening tools should be made available to these practices and integrated into health information technology systems and electronic health records (EHRs). In addition, to strengthen trust between patients and providers, the data collection, exchanging, and reporting should utilize industry-recognized privacy and security standards. Disclosing an individual's information to a third party that may be operating outside of the confines of the Health Insurance Portability and Accountability Act (HIPAA) should be done only with the authorization of that individual specifically for direct health and human services-related services. Ultimately, it should be up to an individual (in consultation with a clinician or a health care organization) to determine the universe of entities that could be permissible recipients of their protected health information.

Further, we support the creation of a program that funds personal health navigators to help underserved communities understand and access benefits that will improve their health status, and set them on a path to overcome SDOH-associated challenges. As such, we recommend the HITECH-driven [ONC's Regional Extension Center \(REC\) Program](#) as a model for consideration.

The REC Program was enacted as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Public Law 111-5), to select not-for-profit organizations that committed to support a defined number of providers in a set geographic area to reach "meaningful use." A similar REC-like program could be developed to support both primary care providers and underserved populations, in targeted geographic areas, with resources to better address SDOH and health equity. Such a program could include tools, processes, apps, and platforms that engage providers and patients, connect with all systems of care and support, and provide reports that monitor for compliance and uptake.

Access to Health Services Research Adapted to the Primary Care Setting

Ensuring primary care providers have access to trustworthy health services research, is an integral part of supporting primary care. Health IT systems and associated data analytics can help furnish information tailored to primary care providers on the most effective ways to deliver high quality care, reduce medical errors, and improve patient safety. As they are on the front lines of care delivery, it is critical that primary care has timely and secure access to this information. HIMSS recommends partial funding through Federal Agencies to support this critical effort.

Data Visualization Tools to Identify Trends and Improve Quality

HIMSS supports the use of data visualization tools for primary care providers to enable rapid evidence-based decision-making and the ability to improve quality and process. Primary care providers will benefit from data visualization tools to more clearly identify trends, provide actionable insights into gaps in care, and reduce manual work of reviewing data, thereby reducing burden.

HIMSS welcomes the opportunity to share case studies demonstrating how data visualization is a core tenet of a successful quality improvement program. For example, 2017 HIMSS Davies Award recipient [Petaluma Health Center](#), a federally qualified

community health center in northern California, [utilizes dashboard technologies](#), which allows their clinical staff members to parse data down to the individual patient level. All Petaluma physicians are required annually to select a quality improvement project using their dashboard platform and implement a strategy for improving performance. The most successful projects are then scaled across the enterprise.

The Value of Telehealth and Remote Patient Monitoring

At the onset of the COVID-19 pandemic, we witnessed an unprecedented wave of telehealth and connected care adoption to protect patients and providers, which proved to be an effective mode of delivering care to patients who would otherwise be without care. The rate at which patients and providers rapidly and decisively adopted connected care to support, augment, and in many cases substitute for in-person care. One of the key areas that we saw a substantial willingness among patients, and even a preference, for substituting telehealth for in-person care was for primary care services. We believe that greater availability and use of telehealth and remote patient monitoring (RPM) can help support and strengthen primary care.

Telehealth and RPM have significant value in both rural and urban communities. As an example of the value of RPM, one [study](#) demonstrated that an RPM program successfully supported patients in managing their diabetes in a rural community in Mississippi. Another example from Unity Health Care, a federally qualified health center (FQHC) in Washington, D.C. They realized [great value in telehealth](#) in the beginning of the COVID-19 pandemic, particularly for patients who were social distancing and managing chronic disease. Telehealth benefited patients and the FQHC by continuing necessary care and services.

Additionally, connected care should not be viewed in isolation. It is best utilized as a tool when part of a broader outcomes-based payment scheme, and must be a key component of a larger transformation in how healthcare is delivered and received. As more healthcare organizations shift from fee-for-service to value-based care, the need to monitor and realize better patient outcomes in value-based contracts increases.

By facilitating greater patient-provider engagement, these tools can greatly improve access to primary care, improve disease management (chronic and acute) and care coordination, enhance the detection of early warning signs for diseases and identification of worsening or deteriorating conditions, among many other benefits. These all contribute to overall improved patient health and wellness, better outcomes, enhanced patient and provider experiences, and even a reduction in preventable deaths, all while keeping staff focused on providing patient care. This is especially important as healthcare staffing shortages, including in primary care settings, are [expected to increase](#) between now and 2026.

Ultimately, as work continues to strengthen primary healthcare in the United States, we strongly encourage HHS to build upon its support for connected health tools that started before the pandemic. We urge HHS to prioritize the responsible uptake and utilization of these technologies through the removal of outdated regulatory barriers and the aligning of proper incentives to enable providers to deliver more high-quality, cost-effective care to their patients.

Barriers

Barriers to Telehealth and Remote Patient Monitoring: The Importance of Quality Reliable Broadband

A 2020 Pew Research Center [survey](#) identified that more than half of U.S. adults (53%) say the internet has been essential during the COVID-19 pandemic and nearly half of low-income respondents expressed worry about being able to pay for high-speed Internet connection. The ability of patients to access available resources and communicate with their care teams is reliant on access to broadband services. Broadband availability and access must be addressed for successful, modern, evidence-based healthcare delivery to be equitably available and provided to Americans no matter where they live or work. HIMSS has long worked to bring attention to the important and valuable role that broadband-enabled connected care plays in improving access to quality healthcare and services. Therefore, to support primary care delivery, we strongly advise continued collaboration among agencies to construct a plan for improving broadband service in underserved areas, to improve health outcomes, and support elimination of health disparities.

Barriers to Information Sharing

We appreciate the question on information sharing in primary care settings. Information sharing policies and practices between healthcare facilities are inconsistent. One barrier is clinical staffs' limited awareness on the value of and a standardized approach for information sharing.

As an example, small practices and community health centers often focus on clinical issues where the outcome of their care is determined after a patient is transferred to an acute care setting. For example, many community health centers have prenatal care programs for expectant mothers, whose babies are often delivered outside of the community health center, in a hospital setting. Several FQHCs have reported that receiving accurate and actionable birth weight data from large health systems for appropriate follow-up and care coordination can be a challenge. Inconsistent information sharing policies and practices is a barrier to effective care coordination.

Therefore, we advocate for continued healthcare provider training and education on the value of information exchange, while complying with security and privacy policies. We know that information sharing improves patient care, increases productivity and decreases redundancies, making it cost effective. Providers should also be educated on the value of collaborating with state and regional health information exchanges as well as other partners to facilitate information exchange. Finally, HIMSS recommends HHS redouble efforts to educate primary care providers about the [United States Core Data for Interoperability \(USCDI\)](#) as a standardized approach for information sharing moving forward.

One of HIMSS's key priorities is health data interoperability as well as standardization and HIMSS can be a resource for OASH on these issues. HIMSS leads [Integrating the Healthcare Enterprise \(IHE\) USA](#), which works with colleagues from across the globe to deploy IHE integration profiles in real-world care settings across the US and abroad. IHE's internationally established integration profiles are developed and implemented by IHE volunteers to improve patients' and clinician's ability to gain seamless and secure access to health information. The IHE development and deployment methodology is

certified by the International Standards Organization to accelerate the worldwide adoption of standards targeted at achieving interoperability within and between healthcare settings, including primary care. We are committed to ensuring our work in the standards domain continues to support primary care practices and broader data sharing.

As we prepare for the future of health information sharing, HIMSS is partnering with IHE International and HL7 International in the development of the [Global Consortium for e-Health Interoperability](#). The Global Consortium was established in early 2020 to enable national government agencies, health systems, and other stakeholders to leverage emerging interoperability standards and the latest implementation guidance. Our intention is to help governments and organizations achieve better health outcomes by decreasing barriers and accelerating the rapid, coordinated deployment of next-generation, API-based interoperability standards.

Successful Strategies to Engage Communities

Health Literacy and Digital Health Literacy

HIMSS recognizes the need for greater health literacy and digital health literacy especially in underserved communities. Primary care providers are important stewards of care, who ensure patients have access to the information needed to manage or support their own care. Therefore, HHS should continue to create resources for primary care providers and local organizations to distribute to patients and communities. Without this support, government programs may be less utilized and effective.

In addition to HHS continuing to create resources, we propose literacy programs ensure the following: 1) Program communication tools are designed to ensure communities of all education levels can comprehend the program; 2) Notices for programs and policies accommodate multiple languages; 3) There is a means to coordinate various resources related to existing assistance programs so that recipients are not questioning which serves them best; 4) Applications and tools available on multiple platforms with translation services; and 5) Programs account for patients who have limited access to the internet and online services.

Proposed Government Actions

As mentioned above, we propose HHS take the following actions to advance the health of individuals, families, and communities through strengthened primary health care:

1. Primary care settings should address the social determinants of health (SDOH) by collecting, exchanging, and reporting SDOH data;
2. Support for a program that funds personal health navigators to help underserved communities understand and access benefits that will improve their health status as well as overcome SDOH-associated challenges;
3. Ensure availability of and access to health services research tailored to primary care settings;
4. Explore data visualization as a tool in EHR systems for primary care providers, to rapidly identify trends, provide actionable insights into gaps in care, and reduce provider burden;

5. Ensure telehealth and RPM services are available in primary care settings, particularly those in rural and urban settings;
6. Continue collaboration among agencies to construct a plan for improving broadband service in underserved areas;
7. Educate clinical staff on a standardized approach for and the value of information sharing between facilities; and
8. Continue to create resources for primary care providers and local organizations to distribute to patients and communities to improve health literacy and digital health literacy.

Finally, as a global health information and technology thought leader, we have spent a large amount of time working with primary care settings across the world to help identify successful paths to digital health maturity. We offer our digital tools as frameworks for achieving highly successful patient encounters.

1. HIMSS internationally recognized [maturity models](#) evaluate and map a path to digital health transformation in organizations and communities and are a resource for understanding the value of advanced quality and data analytics associated with increased investment in digital healthcare. Our suite of maturity models, led by our flagship model, the Electronic Medical Record Adoption Model (EMRAM), provide prescriptive frameworks to healthcare organizations to build their digital health ecosystems.
2. HIMSS [Digital Health Indicator](#) (DHI) measures progress toward a digital health ecosystem that connects clinicians and provider teams with people, enabling them to manage their health and wellness using digital tools in a secure and private environment whenever and wherever care is needed. Based in the principles and evidence of the HIMSS Digital Health Framework, the DHI measures four dimensions that are proven to help organizations advance digital health transformation: governance and workforce, interoperability, predictive analytics, and person-enabled health.

We welcome the opportunity to discuss these recommendations and our [public policy principles](#) with you and your leadership team. HIMSS would be happy to facilitate discussions between OASH staff and HIMSS staff or members with expertise on these topics. Please feel free to contact Alana Lerer, Government Relations Manager, at Alana.Lerer@himss.org with questions or for more information.

Thank you for your consideration.

Sincerely,



Harold F. Wolf III, FHIMSS
President & CEO