Karen B. DeSalvo, M.D., M.P.H., M.Sc.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue S.W., Suite 729-D
Washington, D.C. 20201

RE: Federal Health IT Strategic Plan 2015-2020

Dear Dr. DeSalvo,

On behalf of the American Network of Community Options and Resources (ANCOR) and our membership of more than 800 private community providers of services to over 400,000 people with disabilities, I write to convey our comments on the draft 2015-2020 Federal Health IT Strategic Plan as published in the December 10, 2014 Federal Register.

We appreciate the ongoing commitment and work of the Office of the National Coordinator (ONC) and other agencies to create a strategic plan aimed at modernizing and advancing our nation's health care and services. We believe strongly that the strategic plan lays out an important and exciting vision for the future and we are supportive of its principles. ANCOR specifically applauds your work on Objective 3C which aims to improve clinical and community services and population health. Our members represent hundreds of private providers for community disability services, and the goals focused on community integration and person-centeredness are well received by our membership. We agree that these accomplishments are not possible without well-coordinated technology systems in place.

We respectfully offer the following comments to four of the plan's objectives. In conjunction with our recommendations, we offer ANCOR member "real world" examples from which these recommendations are derived.

Objective 1A: Increase the adoption and effective use of health IT products, systems, and services

- *ANCOR member example:* Our members strive to expand the capacity of their employees to support the use of health IT and increase the use of mobile technologies. However, without the meaningful use funds available to our medical counterparts, a small community provider with limited state funding may have to make the difficult choice between serving additional individuals or directing funding towards technology advancement. For example, when the technology staff of one of our members was in a group home asking how they could help, the response was centered around replacing a worn rug or getting a new lift system so that the individuals they serve would be safer.

- *Recommendation:* ANCOR recommends that the strategic plan acknowledge the policy hurdles that exist for this important goal, specifically the need for greater state Medicaid funding targeted towards these ends. Goal 1A is an ambitious and necessary goal, with an aggressive but

imperative timeline. However, funding will be needed to achieve this objective. As an unfunded mandate, the stated 6-year outcome will be burdensome to small providers and very difficult to achieve.

Objective 1C: Advance a national communications infrastructure that supports health, safety, and care delivery

- *ANCOR member example:* The typical direct support professional (DSP) employed by an ANCOR member is spending the majority of their time in the community with one or more individuals with disabilities assisting them with home care, transportation, employment, medical and other daily tasks. As payers prioritize lower cost in-home options over higher cost residential service settings, DSPs are spending limited if any time stationary or connected to ground technology. Rather they are using their mobile phones, iPads, laptops and other devices to track their work with individuals and communicate with their employers and clients. In many parts of the country where services are most needed, basic access to mobile connectivity is sometimes not possible or cost prohibitive forcing our members to use paper instead.
- *Recommendation:* Many of ANCOR's members' services are provided in the field and in the community where mobile technology is key. We recommend that Objective 1C be expanded with a more focused and expansive emphasis on access to mobile broadband. Further, we recommend that the Administration on Community Living (ACL) and the Health Resources and Service Administration (HRSA) be identified as key partners in this effort as both have already made successful advances in the area of mobile technology and health and care delivery.

Objective 2B: Identify, prioritize, and advance technical standards to support secure and interoperable health information

- *ANCOR member example:* If an ANCOR member is working with an individual with a disability who commonly reacts in a negative manner to noise or other sensory stimulants, they will want to accurately record the therapies provided and how successful they are. Having access to shared data of effective therapies is key to achieve this end. Furthermore, the individuals ANCOR members serve are often receiving services from multiple providers to receive the most effective care in the most productive settings. The lack of standards for capturing behavioral tracking in these community settings are forcing silos of data with an incomplete picture of any one individuals. This lack of a complete picture is either reducing the potential for improving care or increasing cost to manually bridge these systems..
- *Recommendation:* ANCOR feels that this section is more medical-based and neglects to incorporate the experiences from our field of providing supports to people with intellectual and developmental disabilities. This section primarily focuses on the collection and sharing of clinical data strictly for clinical use, rather than broadening into the realm of health and long term supports and services outside the clinical settings. We recommend the standards be updated to reflect the need to track behavioral and other essential data in these other environments.

Objective 4A: Empower individual, family, and caregiver health management and engagement

- *ANCOR member example:* Direct support professionals employed by ANCOR members range in academic background, with some having acquired General Educational Development certificates and others with more expansive technology expertise. Direct support professionals are often the pipeline for individuals with disabilities and their families to learning about the latest technologies and approaches to health IT and care options. It is therefore essential these professionals have exposure to the education and knowledge building required to take advantage of innovative technology devices and strategies.
- *Recommendation*: ANCOR fully supports the goals of Objective 4A and its focus on individuals and a person-centered vision. Empowering caregivers to take advantage of technological opportunities will require ensuring that those with limited computer and technology skills receive the training they need. ANCOR recommends that advancing provider basic skills training and academic development be explicitly included in this objective. Furthermore, ANCOR recommends including the Department of Labor as a key partner in these goals, aligning their Registered Apprentice program into the objective and advancing it as one opportunity to advocate for additional training.

We appreciate the opportunity to provide these comments and your consideration of them. The strategic plan provides an important blueprint for the future of health information technology in our nation, and we look forward to supporting ONC and other federal agencies in defining and implementing its tactical next steps. If you have any questions about ANCOR's comments, please do not hesitate contact me at your convenience.

Sincerely,

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