April 3, 2020

Don Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Submitted electronically at healthit.gov

Dear Dr. Rucker:

Thank you for the opportunity to provide comments on the 2020-2025 Federal Health IT Strategic Plan.

The Alliance for Nursing Informatics (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 20,000 nurse informaticists and brings together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 4 million nurses in practice today. We have reviewed the Proposed Rules and we offer our comments as nursing stakeholders.

ANI strongly endorses the ONC's overall focus on empowering patients, lowering costs, delivering high-quality care, and improving health for individuals, families, and communities. We offer three overarching recommendations for improvement of the 2020-2025 Federal Health IT Strategic Plan to further promote achievement of its goals:

1. **Broaden the emphasis on health disparities beyond access to technology**

2. **Develop concrete strategies to engage nurses, consumers and other key stakeholders**

3. **Include strategies to address conflicting regulatory systems and technologies**

Our rationale, and more specific comments on sections of the strategic plan, are included below.

1. Broaden the emphasis on health disparities beyond access to technology

ANI fully supports the importance of addressing disparities in access to technology. We encourage ONC to consider the broader implications of health IT in propagating health disparities. While important, strategies to increase access to the technologies necessary to attain, interact with, use and share personal health data and health information are not sufficient. Additional strategies are needed to address disparities in the adoption, adherence and effectiveness of health IT.[1] Strategies for

---

[1] Tiffany C Veinot, Hannah Mitchell, Jessica S Ancker, Good intentions are not enough: how informatics interventions can worsen inequality, Journal of the American Medical Informatics Association, Volume 25, Issue 8, August 2018, Pages 1080–1088, https://doi.org/10.1093/jamia/ocy052

consideration include inclusive language and content in consumer-facing health IT, broad and thoughtful dissemination, increased emphasis on usability testing and implementation science, and sustained evaluation and reporting to identify and address disparities in access, adoption and adherence.[1] Furthermore, strategies are needed to minimize bias within machine learning algorithms that are increasingly used to inform healthcare, as such biases have the potential to substantially amplify health disparities.[2] Strategies might include upstream approaches to ensure that data are captured without bias, increased emphasis on the reliable capture of social determinants of health data, and collaborating with public health community-based organizations, school health services, correctional health and other non-traditional settings to capture data for populations not receiving care in traditional healthcare settings.

ANI urges the use of thoughtful and inclusive language in the Federal Health IT Strategic Plan. With that in mind, we encourage the explicit recognition that disparities among racial and ethnic minorities are not inherent in race or ethnic background; rather, these disparities are related to social and systematic disadvantages, including system-integrated biases and institutionalized racism.[3]

2. Develop concrete strategies to engage nurses, consumers and other key stakeholders

ANI highly endorses the ONC's recognition of the importance of collaborating with the various health IT stakeholders, including individuals, caregivers, informaticians and healthcare providers. As the largest healthcare profession,[4] working on the frontlines of healthcare across the care continuum, nurses play a substantial role in the design, collection, exchange and use of health IT. Nurses, as key stakeholders, are uniquely suited to support the goals and objectives of this strategic plan, including health and wellness promotion, enhanced care delivery, interoperability, research and innovation. Our ANI community represents nurses who serve in a variety of roles and expertise – from clinical practice, education, research and policy across all settings.

However, sustained collaboration and engagement with nurses, nurse informaticians and other key stakeholders requires a strong engagement strategy, which is not presently included in the Federal Health IT Strategic Plan. ANI recommends the development of engagement and collaborative strategies which include strategies to better engage end users, such as community-based participatory research and user-centered design. A clear operationalization of stakeholder engagement is needed, as well as concrete strategies to support and sustain engagement and collaboration necessary to ensure public health surveillance, advance safe and high-quality care and advance the development and use of health IT capabilities. Finally, it is important to include patient-reported outcomes and patient-generated health data in the strategic plan, to enhance understanding of patient experiences and data needs.

3.   Include strategies to address conflicting regulatory systems and technologies

ANI supports ongoing efforts improve health information exchange and reduce regulatory burden. We highly support the inclusion of these considerations in the Federal Health IT Strategic Plan, including Objective 2c: Reduce regulatory and administrative burden on providers. ANI recommends that all strategies for reducing documentation burden be approached from a team-based healthcare

---

[2] Gianfrancesco MA, Tamang S, Yazdany J, Schmajuk G. Potential Biases in Machine Learning Algorithms Using Electronic Health Record Data. JAMA Intern Med. 2018;178(11):1544–1547. doi:10.1001/jamainternmed.2018.3763

[3] Fiscella K, Sanders MR. Racial and ethnic disparities in the quality of health care. Annu Rev Public Health. 2016;37:375–394. doi: 10.1146/annurev-publhealth-032315-021439

[4] Institute of Medicine (US) Roundtable on Evidence-Based Medicine, "Healthcare Professionals," in Leadership Commitments to Improve Value in Healthcare: Finding Common Ground: Workshop Summary (Washington, D.C.: National Academies Press (US), 2009), https://www.ncbi.nlm.nih.gov/books/NBK52843/

perspective, as highlighted in our previous ANI comments on the [draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs](#).

In addition, we encourage strategies to harmonize data collection and regulatory requirements across federal systems. Special considerations are needed for settings that are governed by multiple regulatory systems, such as school-based and occupational health settings. In these settings, health information exchange can be hindered by regulatory complexities (e.g. conflicts between HIPAA and FERPA in the school-based health setting), and data loss that may occur due to gaps in third party consenting processes. Data collection and health information exchange in these settings is of importance, as these settings can capture timely information about healthy people and provide powerful data before acute illness occurs. ANI recommends that the ONC examine ways to leverage the strength of communities (e.g. school health environment). ANI offers professional nursing informatics expertise, including assistance in identifying problem areas for regulatory burdens, as well as exemplars in workflow and process improvements.

ANI appreciates the opportunity to offer our comments on the 2020-2025 Federal Health IT Strategic Plan. We are available and interested in supporting future public responses on health IT strategies and solutions.

Sincerely,

Susan Hull, MSN, RN-BC, NEA-BC, FAMIA   Mary Beth Mitchell, MSN, RN, BC, CPHIMS
ANI Co-chair   ANI Co-chair

The [Alliance for Nursing Informatics](#) (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 20,000 nurse informaticists and brings together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 4 million nurses in practice today. [Contact ANI.](#)