



April 29, 2020

Don Rucker, MD  
National Coordinator  
Office of the National Coordinator for Health Information Technology  
330 C Street, SW  
Washington, DC 20201

**Re: Thank you and Follow-Up on Health IT Strategies to Address COVID-19 Pandemic**

Dear Dr. Rucker,

On behalf of the American College of Physicians (ACP), thank you and your staff for taking the time to meet with ACP physician representatives to listen to the issues our members are facing during the COVID-19 public health emergency and discuss a number of health information technology (IT) strategies to address these issues. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

It is clear the work of the Office of the National Coordinator for Health IT (ONC) over the past decade has laid the foundation to deploy digital health technologies, like telehealth, to assist frontline clinicians in mitigating the effects of the COVID-19 pandemic while allowing them to keep their businesses open. This pandemic has also brought to light a number of areas where health IT and interoperability efforts should focus in both the short- and long-term to help address emergent needs, prepare the U.S. healthcare system for future public health emergencies, and improve patient-centered care delivery moving forward.

ACP recommends ONC focus on the following:

**I. Short-Term Health IT Strategies:**

Patient safety is paramount for both routine patient care and addressing a national public health emergency. Therefore, ONC should prioritize the following strategies:

**a. Interoperability of COVID-19 Test Results**

It is extremely important that physicians are able to easily access accurate and reliable COVID-19 testing results from the various testing sites and labs. These results must contain the appropriate flags for review and should be received in standard formats, ideally within physicians' existing health IT systems. In the absence of reliable COVID-19 testing and interoperability of actionable results, some of the proposed public health surveillance and analytics approaches may not have as much value.

**b. Improving Patient Identification**

Another important element of patient safety is the ability to properly identify and match patients to their health information as they move through the healthcare system. As the sharing of electronic health information increases in routine care, and even more so now during this national public health emergency, patient misidentification continues to be a real and growing safety problem. ONC should continue to prioritize and provide technical assistance to develop a coordinated national strategy to improve patient identification and matching that enhances patient safety while maintaining necessary privacy and security protections.

**II. Short- to Medium-term Health IT Strategies**

As we look toward the next phase of addressing the COVID-19 pandemic, there is a clear need to improve on the existing public health surveillance and analytics infrastructure. These improvements include prioritizing efficient means of reporting and tracking individual COVID-19 cases and population-level needs, while incorporating necessary and transparent privacy and security protections.

**a. COVID-19 eCase Reporting to Public Health Agencies**

As it stands, the current process is time-consuming and duplicative, and EHR functionality to do eCase reporting varies widely across vendors and state public health departments. As efforts move forward to modernize and improve the public health surveillance and analytics infrastructure, ONC should take a leadership role in making sure these programs and health IT standards projects are adopted and implemented consistently across the country.

**b. Hospital-based COVID Reporting**

As with the individual eCase reporting, there is a need to improve hospital-based COVID-19 reporting as well. Hospitals are being asked to report on current capacity, COVID-19 testing, outcomes, among many other data elements, to local, state, and national public health agencies. There are a number of industry efforts (e.g., HL7 SANER FHIR Implementation Guide Project) aiming to improve these reporting aspects, but there is a need for a more coordinated and

collective effort to ensure clarity and uniformity around the reporting measures and definitions needed to track and analyze COVID-19 across the country.

**c. Compliance Requirements for Information Blocking**

ACP appreciates ONC's recent announcement regarding delays in certain technical implementation requirements contained within the 21<sup>st</sup> Century Cures interoperability and information blocking final regulation. While ACP supports ONC's efforts to move this important regulation forward, and understands the importance and need for enhanced health information exchange and patient access to health data during national emergencies, we remain concerned around clinicians' ability to implement new workflows to address the information blocking provisions, and likely downstream burdensome effects on day-to-day practice. The College expressed these concerns prior to the COVID-19 pandemic and believes clinicians will need even more time to assess and implement these provisions once the public health emergency ends.

**III. Long-term Health IT Strategies**

Once the more immediate needs discussed above are addressed, ONC should consider prioritizing the following health IT strategies to improve the country's ability to respond and address future public health emergencies, as well as improve the national health IT infrastructure and care delivery overall.

**a. Broader Coordination of Public Health Surveillance Improvements**

Since the beginning of the COVID-19 national public health emergency, a number of well-intended initiatives, all somewhat varied in their approach, shifted focus to address COVID-19 surveillance and analytics issues. As we look to the future, ONC should consider taking a prominent role in coordinating and streamlining these various efforts. An aspect of ONC's role could include addressing the greater involvement of other digital technologies and the "non-covered entities" in the public health surveillance arena – and promoting the need for standard and transparent privacy and security protections.

**b. Integration of Clinical Guidelines and Health IT**

The ability to incorporate clinical guidelines into existing health IT is an important area of focus, and there are ongoing initiatives to standardize and streamline these efforts. In light of the COVID-19 pandemic, accessing updated clinical guidelines to support clinical decision-making is extremely important and ongoing efforts should coordinate and align as much as possible.

**c. Telehealth Data Standards for Interoperability and Quality Reporting**

Given the recent influx in telehealth deployment due to COVID-19, there is a need for interoperability and data standards to assess which visits were

conducted via telehealth and the ability to exchange that information across health IT systems. Developing these standards will also help address performance measure reporting and analysis and allow for better data quality when assessing the relationship between telehealth visits and patient outcomes.

Thank you again for taking the time to meet with ACP to discuss these important issues. We hope you find our feedback useful and continue to engage with our organization on these important issues. Should you have any questions, please contact Brooke Rockwern, Senior Associate for Health IT Policy and Regulatory Affairs, at [brockwern@acponline.org](mailto:brockwern@acponline.org).

Sincerely,

A handwritten signature in blue ink, appearing to read 'ZAR', with a long horizontal flourish extending to the right.

Zeshan A. Rajput, MD, MS  
Chair, Medical Informatics Committee  
American College of Physicians

CC: Thomas Mason, MD, FACP  
Chief Medical Officer  
Office of the National Coordinator for Health IT