

May 6, 2011

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National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
200 Independent Avenue, S.W.
Suite 729-D
Washington, DC 20201

Re: ONC Federal Health Information Technology Strategic Plan 2011-2015

The National Family Planning & Reproductive Health Association (NFPRHA) appreciates the opportunity to comment on the Federal Health IT Strategic Plan 2011-2014. NFPRHA is a national membership organization representing publicly supported family planning providers throughout the country, serving primarily serving the poor and low-income. Our membership is made up of state and county health departments, private non-profit health centers, Planned Parenthood affiliates, hospitals, and other organizations that provide comprehensive family planning services—contraception, counseling, education and preventive health care—to millions of women and men annually.

As an advocate for providers with expertise in providing preventive health services to underserved communities, we strongly believe that the federal government's investment in health information technology (HIT) and electronic health records (EHR) is necessary to improve health care quality, increase service efficiency and reduce health care costs. Family planning providers are eager to participate in the exchange of patient health information yet face substantial barriers to HIT use.

NFPRHA would like to address two of the five Strategic Plan Goals and suggest areas for consideration as the Office of the National Coordinator moves forward with plan implementation.

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

With more than 8,000 publicly funded family planning centers operating in the United States,¹ many of which serve as the primary or even only, source of health care for millions of Americans, it is critical that family planning providers be able to fully engage in the adoption and meaningful use of HIT and EHRs. NFPRHA suggests the ONC consider a number of ways to improve the ability of family planning providers to participate in the agency's Meaningful Use policy.

The Health Information Technology for Economic and Clinic Health (HITECH) Act and the subsequent regulation implementing the system of HIT incentive payments to eligible entities participating in Medicare and Medicaid programs does not include the full range of safety net providers who provide health care to the poor and low-income. The rule requires that providers serve a minimum of 30 percent Medicaid patient load to qualify for the incentive payments. It is well established that many safety net providers provide health services to millions of low-income uninsured individuals, many of

¹ Guttmacher Institute, "Facts on Publicly Funded Contraceptive Services in the United States."

whom do not meet the Medicaid eligibility criteria for coverage. Six in 10 women who obtain health care from a family planning center consider it to be their usual source of health care.² This is particularly true for family planning providers who primarily care for low-income non-parenting women and men between the ages of 19-26. Medicaid expansions under the Affordable Care Act will certainly increase Medicaid patient volumes for family planning providers, however many safety net providers will continue to provide care to poor patients who cannot or do not enroll in Medicaid due to fluctuating incomes, mental health or substance abuse issues and other challenges experienced in low-income populations.

In addition, under the current design of the Meaningful Use incentive payment program, eligible providers (EPs) can assign their incentive payments to the facility or system at which they work. In the case of family planning providers, especially ones who do not work full-time at only one facility, it is the facility (or health system)—not the individual provider—who will adopt, implement and administer HIT and EHR technology. The Meaningful Use rule, however, does not sufficiently address the fact that the EP's ability to meet the reporting requirements necessary to demonstrate eligibility and meaningful use will be dependent upon the facility at or system for which the provider works. EPs may choose to not assign their incentive payments to every facility or system at which they work, which could be a significant disincentive for the facility or system to help the EP comply with reporting requirements, as well as undermine the facility or system's ability to adopt and meaningfully use HIT and EHR technology at all.

Recommendation: The ONC's strategic plan acknowledges that some providers will be locked out of the incentive payments structure and says the "federal government will be developing technology and policy solutions that build on meaningful use and fit their [providers'] unique needs."³ NFPRHA asks that the ONC examine policy solutions within the agency's authority to increase the ability of family planning providers to be eligible for the incentive payments.

The Strategic Plan states that the ONC is working with other agency officials to coordinate federal health IT investments and aligning programs to support meaningful use.⁴ NFPRHA encourages the ONC to meet with the Office of Population Affairs (OPA) to help in the development of plans designed to improve the number of family planning providers who are meaningful users. According to the Strategic Plan the Office of Personnel Management (OPM) is working to encourage health plans with ties to the Federal Employees Health Benefit Program to support the adoption and meaningful use among their networks. NFPRHA asks that the OPM work with health plans that work with family planning providers to identify ways to increase adoption of HIT in those systems.

² Guttmacher Institute, *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System* (2009). Available online at <http://www.guttmacher.org/pubs/NextSteps.pdf>.

³ Office of the National Coordinator for Health Information Technology, *Federal Health Information Technology Strategic Plan*, 2011-2015, April 2011, p. 10.

⁴ Office of the National Coordinator for Health Information Technology, *Federal Health Information Technology Strategic Plan*, 2011-2015, April 2011, p.13.

Goal III: Inspire Confidence and Trust in Health IT

Privacy and confidentiality must lie at the heart of quality health care. NFPRHA supports the patient security policies outlined in the Plan. The increased enforcement of existing federal privacy and security laws and the enhanced civil penalties for violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will help protect patient privacy. However, NFPRHA would like to offer suggestions for how these protections can be further strengthened.

A key issue for family planning providers and patients is a necessity that services and even the provider visit itself is kept confidential. This is particularly important for minors and vulnerable populations seeking sensitive sexual health services that may be subject to intrusive or coercive relationships.

Recommendation: In addition to increasing efforts to inform patients' of their rights regarding protected health information, NFPRHA asks that as ONC moves forward with its Strategic Plan that minors and women seeking sensitive sexual health services be given options and authority for directing their personal health information. Key questions of who is authorized to access an EHR and who determines authorized users need to be addressed. Further, state and federal protections in place regarding minor confidentiality need to be maintained.

NFPRHA is encouraged to see in the plan that the ONC is working with the Health Resources and Services Administration and the Substance Abuse and Mental Health Services Administration to address policies concerning the unique needs of behavioral health IT adoption and information exchange. According to the Plan that work could result in encouraging new ways to segment data and implement consent management tools for sensitive health services.⁵

Recommendation: The Office of Population Affairs should be included in this work to ensure that family planning services are examined alongside other sensitive health services. Women and adolescents seeking sensitive sexual health services experience many privacy and confidentiality concerns that directly impact their ability to access the care.

NFPRHA appreciates the opportunity to comment on the Federal Health Information Technology Strategic Plan 2011-2015. Should you have any questions, please feel free to contact Dana Thomas at dthomas@nfprha.org or 202-293-3114.

Sincerely,
Dana Thomas
Director of Policy & Advocacy

⁵ Office of the National Coordinator for Health Information Technology, *Federal Health Information Technology Strategic Plan*, 2011-2015, April 2011, p.20-21, 29.