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July 8, 2020

CAPT Paul Reed, M.D.
Deputy Assistant Secretary for Health, Medicine & Science
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 715-G
Washington, D.C. 20201

Submitted electronically to OASHcomments@hhs.gov

Re: Request for Information, Long-Term Monitoring of Health Care System Resilience ([85 FR 34644](#))

Dear CAPT Reed,

On behalf of the [Strategic Health Information Exchange Collaborative \(SHIEC\)](#), which represents more than 80 health information exchanges (HIEs) and health information networks (HINs) across the nation, we are pleased to have the opportunity to provide input to the Office of the Assistant Secretary for Health regarding resilience in the United States health care system. HIEs play a critical role in their states and communities, acting as conduits between providers and hospitals, federal and state public health agencies, and others, often extending their reach beyond the sphere of pure health care players. Given their role at the intersection of so many moving pieces, HIEs have been important assets to communities in crisis. From hurricanes in Houston to wildfires in California, regional and statewide HIEs have supported their communities and health systems under stressful and challenging circumstances.

Below, we provide examples from our 80 member HIEs across the country on supporting health system resilience, then we provide specific responses to select questions from the RFI.



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Examples of HIEs Supporting Health System Resilience:

Natural Disasters

When Hurricane Harvey struck Houston in 2017, many citizens of one of the largest cities in the U.S. lost their homes and possessions, and hospitals were flooded and damaged. SHIEC HIEs like Greater Houston HealthConnect provided back up to deluged health systems, quickly enabling health record access to physicians, patients, pharmacies, and public health officials. SHIEC took the lessons learned in Texas to other states in the South and East Coast in 2018 to help prepare and respond to Hurricanes Michael and Florence. SHIEC's member HIEs serving states in these hurricanes' paths quickly mobilized before the storms even hit to increase connectivity across systems.¹ This planning proved important when people in affected areas of Georgia and North Carolina evacuated to other towns and states.

Fires in California have devastated lives and destroyed homes up and down the state. In recent years, California HIEs like Manifest MedEx and SacValley MedShare have worked with emergency services and emergency departments in their regions to ensure front line responders can quickly and easily access patients' health records.² HIEs are built to facilitate connections across the health care continuum. In the disaster context, when time is of the essence, such connectivity ensures that providers have the tools they need to quickly access patient records no matter the circumstance.

Ransomware

In an increasingly connected and digitized world, systems are under increasing attack from hackers and other online threats. When the Erie County Medical Center (ECMC), a safety net hospital in Buffalo, NY, was attacked with ransomware in 2017, it turned to SHIEC member HEALTHeLINK in western New York for help. HEALTHeLINK was able to offer ECMC clinicians' access to their patients' electronic health record (EHR) and

¹ <https://www.modernhealthcare.com/article/20180914/NEWS/180919917/as-hurricane-florence-hits-health-information-exchanges-fill-in-patient-data-gaps>

² <https://www.fiercehealthcare.com/tech/industry-voices-during-natural-disasters-hies-front-lines-addressing-fragmentation-health-care>



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support patient care until the hospital could back up its records, thereby eliminating the need to pay the ransom.³

Interoperability and Vendor Agnosticism

The lack of interoperability between EHRs and other health IT systems is a pervasive problem in the U.S. health system and is a driving force behind the passage of two final rules from the HHS Office of the National Coordinator for Health IT (ONC) and the Centers for Medicare and Medicaid Services (CMS). Even providers working within the same health system cannot always make their EHRs communicate, which hinders care, contributes to provider burnout and frustrates patients. HIEs are vendor agnostic, meaning they can and do work with any and all EHR systems and are designed to interoperate between health IT systems. Easing provider burden while increasing patient care and satisfaction are critical aspects of health care system resilience.

Patient Centered Data Home

Building upon the interoperability-ready and vendor agnostic nature of HIEs, the Patient Centered Data Home (PCDH) is a SHIEC initiative designed to provide a cost-effective, scalable method of exchanging patient data among HIEs. The PCDH system is based on triggering episode alerts, which notify providers that a care event has occurred outside of the patient's "home" HIE. The PCDH network confirms the availability and the specific location of the clinical data, enabling providers to initiate follow-up data exchange and to access real-time information across state and regional lines and the care continuum. In this model, all clinical data becomes part of the comprehensive longitudinal patient record in the HIE where the patient resides, called the Patient Centered Data Home.

Immunization Tracking and Prescription Drug Monitoring Program (PDMP) Capability

In response to COVID-19, HIEs are not only tracking and enabling the sharing of testing data, but they are also already tracking immunization records, prescriptions, and other key health metrics that will be critical for the future response to the crisis. Every state in

³ <https://healthitsecurity.com/news/how-an-hie-aided-in-recovery-from-a-ransomware-attack>



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the U.S. has been impacted by the opioid crisis, and in 2018 Congress passed major bipartisan legislation in the SUPPORT Act to give states better tools to respond to the crisis. One such tool was funding to encourage integration between HIEs and prescription drug monitoring programs (PDMPs). This funding has allowed states to work directly with HIEs to create and connect to PDMPs. SHIEC member Nebraska Health Information Initiative (NEHII) has been particularly successful in instituting and managing their PDMP, giving providers and pharmacists in the state resources they need to combat opioid addiction.⁴

Barrier and Opportunities for Health System Resilience

1. What have been the most significant barriers to assessing, monitoring, and strengthening health system resilience in the U.S.?

The ability to track and scale SARS-CoV-2 testing data has been a challenge for communities across the U.S. We have seen the Federal Government attempt to intervene using low-tech and unsecure solutions like daily spreadsheets that hospital administrators and providers are required to report manually when they are already struggling with increased burden. State and Federal Governments should work with the HIEs in their communities to track critical information like test results, bed capacity, ventilator availability, and eventually immunization uptake. Leveraging HIEs in these circumstances would shift the burden from providers and allow public health officials to more easily access standardized data about a community or state's health.

HIEs can best support their communities when health information flows bi-directionally to and from their members. Policies that encourage providers to share information with public health departments *and vice versa* are important. Throughout the COVID-19 pandemic, HIEs have struggled when public health departments require public and private laboratories to share data with federal, state, and local health officials but do not require laboratories to share this information back to providers through HIE connections already in place. This monodirectional data flow negatively impacts care, as it limits the information providers and other stakeholders have.

⁴ <https://www.hcinovationgroup.com/interoperability-hie/news/13028882/nebraska-health-department-nehii-taking-steps-to-enhance-state-pdmp>



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Key Indicators & Data Sources of Health System Resilience

1. What is your definition of health system resilience within the context of your organization? Does the definition of resilience need to be defined differently based on geographic region and/or the domain of health care being assessed?

SHIEC's membership includes approximately 80 HIEs across the country, and while each one does the critical work of sharing health data and connecting stakeholders within a given state or community, each HIE differs in important ways. HIEs are purpose-built to meet the unique needs of the communities and states they serve. They operate according to the governance, stakeholders, and laws particular to their localities. Because each HIE is different, they have been well-positioned to support the unique crises their communities face, from hurricanes to wildfires, to the opioid crisis.

Because each HIE serves similar functions, they are also well-positioned to rise to meet a national crisis like COVID-19. It is important to recognize the differing needs and challenges face by the many varied states and communities in the U.S. and invest in solutions to meet those unique needs. At the same time a national strategy that leverages and builds upon existing infrastructure like HIEs can lead to interconnected resilience across the country.

Public/Private Data Sources

1. What data sources does your organization use to assess the resilience of the health system? What demographic populations are covered by these data systems? Do these data systems capture urban-rural and other geographic differences?

HIEs were stood up to connect entities that span the health care continuum and that serve patients across all populations and demographic groups in the states or communities in which they operate. To date, HIEs are continuing the important work of expanding their connections to different players within the health care landscape. For example, the statewide HIE in Arizona has made intentional connections with tribal communities; in Colorado, the HIEs are focusing on expansion to serve rural communities; in Nebraska, the statewide HIE works with local VA providers; a number of HIEs are working with transportation and housing departments to monitor social



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determinants of health; and in response to COVID-19, many HIEs have connected with EMT services that are now on the frontlines of this pandemic. With increased support from the Federal Government, from HHS and CDC among others, HIEs can continue to build out connections, thereby ensuring that providers have the information they need when they need it to serve their patients across all demographics and geographic locations.

2. How are you using these data sources to inform your public health response?

When SHIEC member HIEs receive data – test results, immunization information, and other clinical information – the information is identity managed before it is delivered to the ordering provider or otherwise routed. Patient matching is a core HIE function and is invaluable in assisting public health authorities in SHIEC members’ states and localities, who often receive information that is missing key data. As COVID-19 has disproportionately impacted certain communities – high density living settings, the elderly, communities of color, and tribal communities among others – HIEs are able to enrich the data to include demographic information or other key elements in a way that public health authorities are not equipped to do. By connecting so many different pieces of the health care and social determinants of health landscape, HIEs can assist their public health departments in predicting which communities might experience challenges and require additional resources. This ability is why the SUPPORT Act included state funding to integrate with HIEs as PDMPs.

Public-Private Partnerships

1. Provide ideas of the form and function of a public-private partnership model to continually assess and monitor health system resilience and individual as well as population health outcomes?

The Federal Government should support public-private partnerships to enhance and conduct meaningful public health surveillance. The private sector can drive advancements in technology, but without public sector resources and access, technology alone will not be sufficient to conduct meaningful health surveillance. HIEs have created vendor-agnostic technology that allows them to translate and share information across varied health records and software. HIEs also offer bi-directional



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data sharing, but this only works when public health agencies, and public and private laboratories share their data with HIEs. Throughout the COVID-19 pandemic, several states have directed labs to share information with state and federal health agencies, but not to HIEs. This monodirectional data-sharing creates holes in the surveillance apparatus, leaves providers out of the loop, and creates an incomplete understanding of community health. The public sector could leverage the vendor-agnostic data-sharing technology offered by HIEs and improve it by encouraging bidirectional flow of information.

We appreciate the opportunity to provide our input on this important work on behalf of our member HIEs. For follow-up questions or resources about SHIEC's membership, please contact SHIEC's CEO, Kelly Thompson, at kelly.thompson@strategichie.com.

A handwritten signature in black ink that reads "Kelly Hoover Thompson". The signature is written in a cursive, flowing style.

Kelly Hoover Thompson
CEO