

1111 North Fairfax Street
Alexandria, VA 22314-1488
703 684 2782
703 684 7343 fax
www.apta.org

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Submitted Electronically

Karen Desalvo, M.D. MPH, MSc
National Coordinator for Health Information Technology
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue., S.W.
U.S. Department of Health and Human Services
Washington, DC 20201

RE: The American Physical Therapy Association's Response to the Request for Comments: Federal Health IT Strategic Plan 2015-2020

Dear Dr. Desalvo:

On behalf of our 90,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) appreciates the opportunity to submit comments to the Office of the National Coordinator for Health Information Technology (ONC) in response to the request for comments for the "Federal Health IT Strategic Plan 2015-2020" (Strategic Plan). APTA is committed to advancing the safety and quality of healthcare through health information technology (HIT) innovation and we are eager to work with the ONC on health information technology's evolving role in promoting health and health care reform.

APTA's commitment includes, but is not limited to, expanding the adoption of electronic health records (EHR), implementation and enforcement of privacy and security protections in health IT, interoperability, utilization of electronic health information to support new payment models such as accountable care organizations, fostering health information exchange where it is not currently taking place, strengthening health care delivery through coordinated patient-centered quality care by utilization of electronic health information, and advancing the health and well-being of individuals and communities through research and innovation.

APTA commends the ONC in its vision for and the continued development of the Strategic Plan and fully supports the five goals of the Strategic Plan. We would like to take this opportunity to comment on particular areas of importance to physical therapists (PTs) within these goals.

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GOAL I, “Expand Adoption of Health IT.”

APTA is committed to educating and encouraging its membership to adopt EHRs. However, the cost of implementation and maintenance of EHRs is a barrier to adoption, particularly for small practices. APTA’s members practice in a variety of settings, including physical therapist owned private practices. The Medicare and Medicaid EHR Programs provide incentive payments to physicians, hospitals and critical access hospitals that demonstrate meaningful use of certified EHR technology through 2016. However, physical therapists in private practice, inpatient rehabilitation facilities, home health agencies, and skilled nursing facilities are not eligible for the incentive payment for adoption of EHRs. As expressed in our comments to the 2011 Strategic Plan, APTA continues to urge the ONC to expand incentives to other non-physician providers, such as physical therapists and providers in other long term and post-acute care (LTPAC) settings, who significantly impact patient care on a daily basis. Improving quality of care across the full health care delivery spectrum while also decreasing costs will require participation through the use of EHRs by all providers.

We further emphasize the need for the ONC to develop an on-going value message for implementing EHRs and communicate to all providers – not just those providers eligible for incentives – the benefits and value of utilizing EHRs beyond receiving a monetary incentive (e.g., robust EHRs enable a provider the ability to deliver true patient-centered care.) In order to expand the adoption of EHRs, mHealth, telehealth and other emerging health IT technologies and gain widespread participation in the health information exchange, all providers should be given the tools and information to understand the value in utilizing HIT in their care delivery, particularly if they are providers excluded from receiving incentives. The Strategic Plan states that the ONC will encourage the use of health IT among providers practicing in LTPAC settings through federal payment policies, contracts and public and private program funding. APTA is encouraged by this goal as many PTs practice in LTPAC settings and are important providers in care transitions. We look forward to these funding opportunities and federal payment policy initiatives for this group of providers, as well as PTs in private practice and other settings.

APTA has worked diligently to ensure the involvement of physical therapists in quality improvement programs including Medicare Provider Value-based Purchasing initiatives, accountable care organizations and other innovative models. HIT should allow providers and consumers to report and receive feedback on specific quality measures securely. As the discussion on how to encourage health care providers to adopt and use HIT in a meaningful way has progressed, many of the metrics that have been developed to assess progress are exclusive of non-physician specialties, including physical therapy. Physical therapists are involved in the development of quality measures and the consensus-based process for the endorsement of measures. This effort has been recognized through the incorporation of individual measures via the Physicians Quality Reporting System (PQRS) as well as the ability for physical therapists to report functional measures related to musculoskeletal outcomes and group measures related to the treatment of low back pain.

In an integrated care model of health care delivery, physical therapy and rehabilitation services are commonly a medically necessary service. Exclusion of quality measures related to rehabilitation leaves a huge gap in properly accessing true quality of care on the dynamic health care continuum. As more providers acquire EHR systems, including many non-physician providers, their necessary contribution to patient care should not be absent from the analysis. As stated, physical therapists are not currently eligible to receive monetary incentives. We strongly urge ONC to continue to broaden its perspectives and recognize the vital role of other health care professionals across the continuum of care in the development and implementation of HIT.

APTA has made strides over the last 15 years to promote the use of HIT, and we are continually enhancing our services to advance the delivery of physical therapy and to effectively measure patient outcomes. These efforts include HIT educational tools on the APTA website and collaborating with internal and external stakeholders on HIT issues. Recognition of the need to capture rehabilitative services in the EHR has led to substantial growth in the development of EHR systems in the rehabilitation sector. This data is crucial to the development of a robust Physical Therapy Outcomes Registry. APTA's development of clinical guidelines and other important criteria has been the basis for the attributes of many existing HIT systems serving rehabilitative service providers.

Additionally, APTA commends the ONC for increasing opportunities for the usage of telehealth and other mobile health technologies. Research demonstrates success with tele-rehabilitation and we look forward to discussions with the ONC, CMS and other federal agencies regarding innovative models utilizing physical therapy, telehealth and other health IT technologies. APTA would welcome the opportunity to be a participant in providing input as the government develops this technology and related policy and payment solutions. In addition to burden of costs associated with EHRs, an impediment to EHR adoption is provider confusion in selecting an EHR system. The current threshold for certification has allowed hundreds of systems to gain certification. As in 2011, providers are concerned that a system purchased today deemed "certified" will not have the wherewithal and compatibility as technology advances to maintain certification or that other technologies will take the place of EHRs. Providers are also concerned about bad actors in the vendor industry, for example, there are questions as to whether vendors will survive over the long term resulting in providers incurring excessive costs of total system replacement in the future.

We commend measures such as the National Institute of Standards and Technology's (NIST) development of a set of objective and standard criteria to evaluate and improve the usability of HIT systems as a method which would help to lessen costs should a system replacement/transition be necessary. Other perspectives and input from a variety of providers is crucial in the development of HIT to encompass true integrated care delivery models.

GOAL 2: Advance Secure and Interoperable Health Information

Physical therapists practice in a number of health care settings, are integral members of the health care community, and offer a wealth of expertise that could be valuable to the ONC as

they work to create an interoperable national health information network. Therefore, we support the rapid advancement of interoperability standards to reduce fragmentation and inconsistencies in system development. In the development of criteria in relation to the usability of HIT systems, APTA suggests developing a pilot study with alternative, non-eligible providers, such as physical therapists, for testing and improvement of the usability of EHRs.

APTA commends the ONC's emphasis on stricter standards for privacy and security in health information exchange and encourages federal agencies to be cognizant of the differences in implementation of protocols in an integrated, closed health system such as the VA - where information can be shared freely and monitored closely - versus the disparities in the private market with multiple HIT systems, varying internal policies and procedures, proprietary information, etc. To further improve quality of care, providers across different health care settings and different clinical specialties will need to share information with each other from their EHRs and coordinate their efforts to eliminate duplication of services and increase efficiency, which is a re-emphasis of the need for certain standards uniformity and system interoperability. For example, the information gathered by the acute care hospital during a patient's stay and at discharge is critical in determining the appropriate level and focus of care once the patient is released to a post-acute care setting such as skilled nursing facility, inpatient rehabilitation facility, home health agency, or an outpatient therapy setting. Practitioners need an understanding of the patient's goals, baseline functional status, medical and behavioral health problems, medication, family and support services, and durable medical equipment, prosthetics and orthotics needs. Standardized core content that can be shared through EHRs to inform care delivery is critical and will aid in ensuring effective care transitions. Without this information, service duplications may occur and important aspects of the plan of care may be overlooked. Health information technology should facilitate both process and care measurement to improve patient safety, improve patient health outcomes, and reduce costs. Secure and private interoperability has the potential to greatly streamline care transitions and improve quality of care.

APTA members and patients have experienced the detrimental effects, such as decreased access to care, resulting from disparate federal, state and local policies which hinder accurate and robust health information exchange. Therefore, we support rigorous standards to support interoperability so that data can be securely exchanged and utilized for multiple purposes. However, before this process can move forward in an effective and efficient manner, there must be a mechanism for assurance that policies do not conflict with existing state and federal regulations and there must be an on-going monitoring of the system to identify and immediately check any failures or inconsistencies within the systems. For example, under 42 CFR Part 1007, § 405.370 through § 405.379, the Secretary of the Department of Health and Human Services (HHS) in consultation with the HHS Office of Inspector General (OIG) has authority to suspend payments to providers in instances "based upon possession of reliable information that an overpayment or fraud or willful misrepresentation exists **or that the payments to be made may not be correct,**" although additional evidence may be needed for a determination. APTA fully supports the eradication of fraud and abuse in the delivery of

health care services. However, the threshold of payment suspension has been lowered to a “credible allegation.” Conceivably, this could occur due to system errors which incorrectly reject proper payments. If a system for rapid correction and deployment is not in place, the provider could suffer a substantial loss and perhaps be forced out of business as a result of the length of time involved in resolving the case. In turn, the patients would experience the stress and adverse impacts of having to find another provider.

APTA agrees that attention to the privacy and security of any and all personal information is of paramount importance. Stakeholders have expressed the detrimental impact inappropriate disclosure of this information could have on the level of trust and quality of relationship between the patient - whose personal health information is disclosed - and health care providers. Inappropriate disclosures of health information, such as mental illness or HIV status, could have negative consequences, including discriminatory impact, for the patient.

APTA supports promulgation of appropriate and enforceable federal policies to protect the privacy and security of health information. We urge the ONC to conduct an analysis of overlapping privacy and security regulations among state and federal laws as well as among government agencies which may impose differing criteria than HIPAA followed by educating stakeholders. Inconsistencies or lack of clarification among regulations can result in impediments in accessing health care. For example, in order for rehabilitative services to be accessed under the Children’s Health Insurance Program (CHIP), schools must be compliant with both HIPAA and the Family Educational Rights and Privacy Act (FERPA). This impedes access to appropriate care because of varying regulatory requirements, increases administrative costs and leads to frustration for the beneficiary, their family members and providers of these essential health care services. Although guidance materials have been issued on the interaction of HIPAA and FERPA, additional outreach, education, revision and clarification is needed. APTA supports the development of an interoperable infrastructure to securely exchange health information among providers, patients and public health agencies with appropriate safeguards. We recommend the establishment of a process to align security and privacy requirements and regulations between federal and state agencies.

GOAL 3: Strengthen Health Care Delivery

To improve care through efficiency and reduce costs, clinical decision-making support should be a critical component of HIT. HIT should enable providers to access a patient’s medical history as well as information regarding current interventions and treatments to avoid duplication of efforts, ensure patient safety, and determine - based on evidenced-based practice - the most appropriate interventions specific to the patient’s presentation. This could include electronic documentation of items such as daily treatment or encounter notes, progress reports, and discharge summaries. Additionally, tools that remind the provider of important information and that generate reports about needed upcoming care (such as immunizations) help foster the patient/provider relationship. Information on evidenced-based practice, coverage limitations, specific patient information, and patient care reminders help

providers make appropriate clinical decisions regarding patient care. Some EHR systems currently being utilized in the rehabilitation market include these critical aspects of clinical decision-making.

APTA supports the Strategic Plan's goal of incorporating electronic quality improvement tools and measurements through EHRs to improve and strengthen health care delivery. Capturing the variety of clinical information relevant to both individual patient and health care setting optimizes safety and quality of care. APTA emphasizes that continuity of care and strengthened health care delivery is accomplished through collaboration of all healthcare providers through HIT that ensures accurate, efficient, secure and protected communication. In addition to facilitating continuity of care, APTA believes that HIT should allow health care providers, including physical therapists, to report and receive feedback on quality measures and report and receive relevant health data to assist in disease monitoring and tracking. Inclusion of all providers in the HIT care delivery process is imperative to improving complete patient care, outcomes and reducing costs.

APTA supports the objectives outlined in the Strategic Plan and we continue to encourage the ONC to include a variety of clinical specialties that may be involved in a patient's care, which is a critical link in the collaboration and coordination of care, particularly with the chronically ill. In the development of tools and resources for providers, we encourage the ONC to consider that to truly gather data and information for true "meaningful use" in its vision to expand health IT adoption, systems must be flexible enough to accommodate all providers across the continuum of care without the burden of unnecessary options, standards and costs. Therefore, as the ONC moves forward, we want to emphasize that EHRs be specifically designed for the needs of all patients receiving care from an array of health care professionals as recognized by certifying bodies. This data is also important to track for safety, outcomes and costs reduction in the delivery of care. Failure to track and measure this data now leaves a large data gap of information that is important in measuring quality outcomes.

APTA strongly recommends that physical therapists collaborate with ONC to develop the goals, objectives and measures tools most appropriate for rehabilitation providers within the HIT realm. As soon as reasonably possible, the ONC and other government agencies should provide additional incentives to aid all healthcare providers in HIT implementation. Non-physician providers, such as physical therapists, who also play an important role in improving the quality of care and would greatly benefit from incentives. APTA encourages the ONC to also consider safeguards for those providers who cannot afford to adopt EHRs for several years to allow them to effectively participate and survive in the provider market.

GOAL 4, Advance the Health and Well-Being of Individuals and Communities

APTA appreciates the expansive work of the ONC in its effort to develop a vision for what HIT may achieve. However, we want to ensure that the vision ensures that the developed processes and elements represent all health care providers that use HIT, including physical

therapists. We appreciate that the ONC is cognizant of implementing strategies in the most cost effective and efficient ways, however, we caution the ONC to consider the future burden and costs of provider incentive or funding exclusion as technology evolves. Although many health care professionals are currently excluded from receiving incentives, objectives and measures routinely used by these providers should not be excluded. Failure to account for these data now could be more costly in the future, both economically as well as archiving necessary data essential to population and individual patient care outcomes.

As the ONC progresses with its Strategic Plan, we also agree that the special health care challenges faced by vulnerable populations, such as children, persons with disabilities and individuals of various socio-economic, gender, ethnic, and racial backgrounds, must be an area of priority and also part of the improved access and quality of care goals. We realize the challenges facing the ONC in implementing their plan based on the government's current fiscal condition, however, we emphasize that rehabilitative services - some of which are currently threatened with minimization - are crucial to cost effective care management, particularly in chronic disease management. Especially with these vulnerable populations, elimination or reduction of coverage for rehabilitative services leads to increased emergency department utilization, hospital readmissions and lengths of stay, increased imaging utilization and increased surgeries. For example, a chronic condition such as back pain – which often prevents an individual from working – has been shown to respond as effectively (and sometimes better) with a physical therapy regimen than costly surgery¹.

With ongoing efforts from the Office of the Inspector General (OIG) to combat health care fraud and abuse, states are erring on the side of being overly cautious in administering and/or approving claims for services under Medicare and Medicaid. Although we commend the efforts of the OIG in their successes in combating fraud and abuse, we caution that policy miscommunications between state agencies and federal agencies have resulted in access to care issues. States become fearful of OIG audits and err on the side of underutilization versus overutilization which clearly does not put the patient first, especially those patient populations susceptible to discrimination who often rely on Medicaid and Medicare services. Such policy miscommunications can become indoctrinated in a States' HIT infrastructure and have a trickle down negative effect in automated denials of legitimate payment claims by reviewing entities and auditors. Correcting such vagaries is both costly and burdensome. Therefore, APTA recommends that HIT systems undergo a mandatory continual evaluation process at state and federal levels to correct such mistakes. HIT programs need to be working and errors eliminated before advancing a system in actual use.

Additionally, APTA recognizes the vital importance of patient involvement in their care. Physical therapists evaluate the patient to determine the patient's goals for treatment and community factors, such as the assistance of family and/or friends and home environment, to design appropriate interventions. To foster trust, cooperation, and appropriate decision-

¹ Ann Rheum Dis. 2010 September 1; 69(9): 1643-8; Med Care. 2007 Oct;45(10):973-80; Spine (Phila Pa 1976). 2008 Jul 15;33(16):1800-5.

making on the part of the patient, the consumer should have the ability to learn how personal health information is being utilized and disclosed.

APTA believes that HIT, specifically EHRs if interoperable, will allow for improved patient and public health outcomes by providing access to real-time health information. For example, an EHR would allow a provider to determine what medications the patient is taking. In the instance of physical therapy, this information could aid the therapist in determining the best method of treatment for the patient or understanding changes in the patient's condition that will affect their progress towards their defined goals as indicated in the plan of care. Some medications may affect balance and, therefore, impact the physical therapist's plan of care. In other instances, knowing that a patient is on blood pressure medication(s) would require the physical therapist to monitor the patient's blood pressure and select interventions that minimize/prevent an elevated heart rate.

Furthermore, it may be possible to conduct disease tracking through HIT that could lead to early interventions to prevent or slowdown the spread of disease. Patient advocates have demonstrated the detrimental effect on health that the delay in sharing this information can have on the patient. Patients should be able to contribute to their medical histories and exchange information with their health care providers. One such example would be the exchange from the EHR to the patient health record information relating to lab results, discharge instructions, and other relevant information. Providing this information has the potential to improve health outcomes for patients. For instance, the ability to provide the patient discharge instructions could improve patient compliance and reduce hospital admissions. Therefore, APTA supports the ONC goal of increased consumer access to care information. However, we recommend that mechanisms be in place to ensure that "real time" information is not released to a patient before the provider has the opportunity to review and fully explain the information being released.

With consumer's increased access to their health information, APTA supports increased education mechanisms for the consumer and provider. In educating consumers and providers on utilizing personal health information (PHI) and EHRs, an educational strategy that takes into consideration the varying degrees of familiarity with this health information is necessary. Current use by health care providers should be clearly established so that time and resources are effectively spent in developing appropriate educational material and strategies to help providers understand what is being asked of them. We fully support the ONC in its goal of educating the consumer on the benefits of prevention, early intervention and plan of care compliance towards optimizing health outcomes and improving the individual's quality of life. Health information access and understanding empowers the individual, allows them more control in their health care decisions, and is instrumental in minimizing disability and in achieving optimum functional outcomes.

GOAL 5, Advance Research, Scientific Knowledge, and Innovation

Physical therapists are at the forefront of providing health services that reduce preventable hospitalizations. APTA and our members have gained a unique knowledge base through the development of data collection systems that would be valuable to the development of HIT learning health system. APTA is actively involved in other initiatives that warrant appropriate HIT adoption: examples include: Medicare's Physician Quality Reporting System (PQRS) and Provider Value-Based Purchasing (PVBP) projects that have specific components related to EHRs; working with CMS and its contractors on payment reform for therapy services; preparing our members for the transition to ICD-10 and the implementation of the revised Health Insurance Portability and Accountability Act (HIPAA) provisions. There are currently many projects underway that would benefit from a comprehensive and coordinated HIT system that includes physical therapy and rehabilitation. APTA is in a pilot testing phase during the 2015 year for the Physical Therapy Outcomes Registry. The Physical Therapy Outcomes Registry is an organized system for collecting data to evaluate patient function and other clinically relevant measures for the population of patients receiving physical therapist services. The registry will serve to inform payment for physical therapy services, improve practice, fulfill quality reporting requirements, and promote research. The Physical Therapy Outcomes Registry hopes to drive data standardization in the profession and encourage interoperability with EHR products utilized by physical therapists.

Conclusion

In conclusion, it is vitally important that strategies to expand adoption of HIT and interoperability is approached comprehensively. This means that HIT data analysis and capture should include valid patient assessment tools, clearly identified health outcomes, interventions based on sound science and evidence, and recognition that individuals with the same condition often present differently. Too often discussions about HIT and EHR expansion are centered on physicians and hospitals only. HIT development needs to focus on better performance by the health care provider and improved health outcomes to the consumer, as the Strategic Plan outlines. We strongly urge the ONC to expand the scope and to adopt as part of any strategic plan, the inclusion of all health care providers throughout the full continuum of care. Improving the quality of care, while decreasing costs, will require participation through the use of EHRs by all providers and consumers. We look forward to working with the ONC as it looks for opportunities to assist health care providers in the expansion of health IT. Thank you for your consideration of our comments. If you have any questions, please contact Deborah Crandall, J.D., Senior Regulatory Affairs Specialist, at 703-706-3177 or deborahcrandall@apta.org.

Sincerely,

Paul Rockar Jr.

Paul Rockar, Jr. PT, DPT, MS
President

PR/dc