



October 2, 2020

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation  
Attention: Brenda Destro, Deputy Assistant Secretary, Office of Human Services Policy  
200 Independence Avenue, SW  
Washington, DC 20201

RE: Request for Information on Federal Coordination to Promote Economic Mobility for All Americans

*Submitted electronically via [CouncilTeam@hhs.gov](mailto:CouncilTeam@hhs.gov)*

UnityPoint Health appreciates the opportunity to respond to this Request for Information (RFI) on priority topics that will drive federal interagency strategies to promote economic mobility, recovery and resilience. UnityPoint Health is the nation's 13th largest nonprofit health system and the fourth largest nondenominational health system in America, providing care to both metropolitan and rural communities across Iowa, Illinois and southern Wisconsin. Through 400 clinics, 40 hospitals, 16 home health locations, 7 Community Mental Health Centers and 4 accredited colleges, UnityPoint Health is one of the nation's most integrated health systems. The health system employs more than 32,000 team members who are dedicated to serving the physical and mental health care needs of communities, with over 7.9 million patient visits annually.

**Question 3.6: What kind of federal operational systems – such as data interoperability, grant and contract mechanisms – would make it easier to meet your goals related to economic mobility?**

**Comment:** While challenges for health care organizations and systems have persisted as the volume and complexities of health care data reporting to local, state and federal agencies continue to increase, the COVID-19 pandemic has only amplified this issue. Multiple changes in the cadence and volume of data requests, as well as a lack of data-sharing infrastructure between state and federal agencies, created confusion and inefficiencies specific to duplicative reporting among health care providers. For instance, Iowa hospitals have been required to submit duplicative COVID-19 utilization reporting to both the U.S. Department of Health and Human Services (HHS) through the national TeleTracking system and the Iowa Department of Public Health (IDPH) through the EMResources system. Although UnityPoint Health received notification on August 3, 2020, that the IDPH “has been successfully certified to assume data submission on behalf of all hospitals in Iowa by the ASPR Regional Administrator,” EMResources submissions are more burdensome for providers.

The IDPH requires more data fields, more frequent data submissions, and manual uploads for each hospital (as opposed to multiple, automated uploads).

Implementation of comprehensive data definition standards and a clearly defined data governance structure would support greater efficiencies in health care data reporting while also positioning local, state and federal agencies and organizations for interoperability, advanced decision support and analytics capabilities. Further, an interagency focus on implementation of national standards for data exchange and facilitating engagement in data exchanges among care settings, providers, payors and community-based organizations may help support cross-industry collaboration to address social determinants of health issues that will impact health, quality of life and economic mobility.

**Question 3.9: What federal rules do you wish had more flexibility? What flexibilities do you need to respond to economic crises?**

**Comment:** UnityPoint Health appreciates flexibilities issued by federal agencies, including the U.S. Department of HHS, and the Administration to support health care providers in responding to the COVID-19 Public Health Emergency.

UnityPoint Health supports making permanent current federal flexibilities that support use of telehealth in delivering high-quality care to Americans. These include: allowing care to be delivered through telehealth in locations outside of a hospital, clinic or other health care setting (“originating site”) such as a patient’s home or place of work, with the goal of expanding access to care for Americans with limited resources; ensuring physicians and practitioners are reimbursed for telehealth services at the same rate as in-person services (payment parity); and expanding the types of approved health care services and practitioners that may deliver care through telehealth.

With COVID-19-related federal and state waivers, UnityPoint Health has expanded use of telehealth services, connecting patients to vital health care services at home, in clinics, hospitals, emergency rooms, nursing facilities and more. These waivers and proclamations have afforded physicians and practitioners the ability to care for patients with chronic conditions in their homes and communities while eliminating potential exposure to COVID-19. Patients have responded very favorably to telehealth services, with the average patient satisfaction rating for UnityPoint Health virtual care visits topping 4.85 out of 5 stars. Additionally, the use of telehealth has enabled the ability to provide care to rural residents and communities that would otherwise not have local access to care and services. In 2020 alone, UnityPoint Health has provided care through telehealth to patients residing in 78 percent of Iowa’s rural zip codes.

UnityPoint Health has also made a recent investment in Bright.md, an AI-powered platform that provides a virtual front door through which patients can be triaged and receive care for hundreds of conditions or be routed for in-person care or video visits. These and other innovations are important steps in the health system’s efforts to provide more convenient, personalized care in communities. Furthermore, telehealth provides an important opportunity to help keep patients healthy by providing greater access to high-quality care while driving down overall health care costs. UnityPoint

Health continues to support permanent changes to policies and regulations that will enable the use of telehealth as an additional tool to deliver care to Iowans.

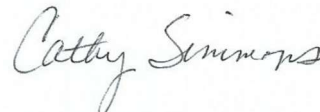
UnityPoint Health appreciates the recognition of out-of-state health care licenses to make available additional providers during the public health emergency. As a multiple state, integrated health system, this flexibility enabled physicians and practitioners to be mobilized where most needed and in response to surges. Likewise, state recognition of Medicaid waivers, similar to Medicare waivers, has also proved vital to permit providers to practice at top of licensure to enable efficiencies and promote timely access to care. Of particular importance has been the ability of nurse practitioners (NP) and physician assistants (PA) to sign home health care plans and orders for Medicaid patients during the public health emergency. Given the shortage of physicians in Iowa, UnityPoint Health recommends that the State revisit advanced practice provider scope of practice to make permanent this flexibility in delivery of home health services and encourages further support from federal agencies and Congress.

UnityPoint Health is pleased to provide comments on this RFI. To discuss comments or for additional information, please contact Cathy Simmons, Government & External Affairs, at [Cathy.Simmons@unitypoint.org](mailto:Cathy.Simmons@unitypoint.org) or (319) 361-2336.

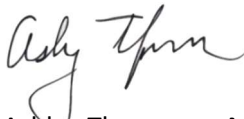
Sincerely,



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