OCHIN

A driving force for health equity

Submitted via email

October 20, 2023

The Honorable Bill Cassidy, M.D.
Ranking Member
Senate Committee on Health, Education, Labor and Pensions (HELP)
455 Dirksen Senate Office Building
Washington, D.C. 20510

Re: *Request for Information on Modernizing the U.S. Centers for Disease Control and Prevention (CDC)*

Dear Ranking Member Cassidy,

On behalf of OCHIN, I appreciate the opportunity to provide comments for the *Request for Information on Modernizing the U.S. Centers for Disease Control and Prevention (CDC)*. OCHIN is a national nonprofit health information technology and research network that offers technology solutions, informatics, evidence-based research, workforce development and training, and data-informed operational insights. OCHIN serves nearly 2,000 sites with 25,000 providers in 40 states, reaching more than 8 million patients. Our members include rural health clinics, federally qualified health centers, critical access hospitals, and local public health agencies. For over two decades, OCHIN has advanced health care solutions by leveraging the strength of our network's unique data set and the practical experience of our members to drive technology innovation for patients and providers in rural and other underserved communities.

Track Record: OCHIN Leading Innovative Real Time Public Health Capabilities

During the COVID-19 public health emergency, OCHIN worked hand in glove with our members to address a broad array of challenges including maintaining access to ongoing health care needs while also building capacity for COVID-19 treatment and vaccinations. OCHIN offered tools and technical and informatics expertise to ensure the continuity of virtual care services, played a key role in developing and testing tools for a national effort to streamline public health reporting electronically, and provided a variety of solutions for patient screening, testing, triage, appointment scheduling, and vaccination outside of conventional health care settings. For example, at the outset of the COVID-19 public health emergency OCHIN offered members a mobile app for screening, testing, and vaccination, and built a new streamlined appointment scheduling, vaccine management, and public health reporting tool.

While the OCHIN network members could "turn-on"[1] certain health IT functionalities and scale new delivery methods because our members had modern health IT capabilities, state public health agencies and many local public health agencies outside of the OCHIN network were not able to do so. Similarly disadvantaged were rural providers and critical access hospitals that have not received targeted funding to support the adoption of 21st Century health IT systems.

[1] Enabling certain technology-based capabilities was critical to rapidly scaling, for example, telehealth in the OCHIN network, but it also required strategic change management, technical assistance, and additional support to address operational, clinical, payment, and patient adoption.

OCHIN RECOMMENDATIONS

In order to improve the CDC, state, and local public health agency sentinel, mitigation, and recovery capabilities, OCHIN offers the following recommendations:

- Ensure congressionally authorized and appropriated public health funding to modernize public health information technology and infrastructure in response to the COVID-19 public health emergency is being invested in modernized health IT systems for local public health agencies as well as rural providers and those in underserved communities. The latter is warranted due to the disparate, adverse impact of public health emergencies, including disasters on rural communities, that also lead to long-term health disparities and economic decline. Far too many rural community providers and local public health agencies continue to use antiquated systems and rely on paper.
- Invest in health IT workforce development and training programs for local public health agencies, rural providers and those in underserved communities leveraging virtual learning modalities and placement opportunities with local public health agencies and community providers to optimize care delivery, establish local career opportunities, and strengthen rural and underserved communities' resiliency when disasters and public health emergencies occur. Public health agencies and community providers need the health IT skills and experience to deploy digital tools to track emerging threats across their patient population, communities, their state, and, ultimately, the nation.
- The Federal Office of Rural Health Policy in the U.S. Department of Health and Human Services' Health Resources & Services Administration should receive substantially increased funding to support critical access hospitals and rural health clinics health IT modernization and technical assistance which will not only expand access to care, but strength public health sentinel capabilities, preparedness, and mitigation measures.
- Ensure additional targeted funding to support ongoing heath IT hardware and software updates, technical assistance, and staff training needed for readiness and mitigation measures to address public health emergencies, mounting cybersecurity challenges and other disaster events (including fires and floods) to which rural and underserved communities have far too few resources to mount effective responses.
- Invest in a virtual specialty network that integrates and coordinates with rural providers and increases access to specialty care to ensure that whole patient care is in rural communities whether at a patient's home or at school while also ensuring a resilient set of public health capabilities where care can be accessed anywhere and creates critical virtual surge capacity.

The Centers for Disease Control and Prevention (CDC), Association of Public Health Laboratories (APHL), the Council of State and Territorial Epidemiologists (CSTE), and other state and local public health agencies along with OCHIN collaborated on new electronic case reporting (eCR Now) functionality. "The largest health centered control network in the country, OCHIN, started using eCR for 22,000 providers at over 1,000 healthcare delivery sites. The result was over 961,000 electronic reports generated, which ultimately translated into a potential 160,000 staff hours and $4.8 million saved over a 12-month period. eCR has allowed OCHIN, which reaches 45 states, to "turn off the fax machines" for COVID-19 reporting in 15 states and for some additional conditions in 5 states." **While OCHIN members utilize eCR Now, many states and public health agencies need immediate resources to upgrade their digital health systems to receive and utilize these eCR notifications**.

- Continue to prioritize investments in broadband expansion to rural areas that do not have access while also prioritizing enhanced speed for rural health care providers in communities that are connected.
- Accelerate efforts to establish digital data framework and uniform, national technical standards to support syntactic and semantic interoperability of laboratory and imaging test results. Currently, the lack of uniformly utilized standards undermines not only delivery of health care services and drives increased cost (with same tests being ordered across provider settings), this also hinders timely care and public health sentinel capabilities.
- Modernize vital statistics reporting. Currently, reporting methods lack uniformity and standardization and are insufficiently granular to ensure accurate reporting. Vital statistics are critical to sentinel capabilities.

OCHIN Recommendation: Fostering Innovation and Collaboration

The CDC currently limits the types of organizations it will enter into collaborative agreements. While OCHIN has significant capabilities given the shared health IT network of members comprised of over 25,000 providers serving over 8 million patients across the nation, the current CDC process and procedure requires OCHIN to partner with one or two organizations that charge intermediary fees and overhead. OCHIN offers a unique opportunity to strengthen sentinel capabilities, conduct research, and test implementation. OCHIN would greatly appreciate the opportunity to partner directly with the CDC.

Thank you for the opportunity to continue this discussion and to advance investment in infrastructure that allow us to modernize critical entities within the public health ecosystem. Please contact me at stollj@ochin.org if we can provide any additional information to support your efforts.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs

Modernizing the Health IT Infrastructure of Local and State Public Health Agencies as well as Critical Access Hospitals and Other Providers Serving Rural and Underserved Communities

The CDC needs to ensure that their modernized health IT for local public health agencies as well as rural and community-based providers that lack resources. Entities cannot exchange data and conduct fentanyl surveillance and generate insights if people are using paper and excel spreadsheets.

The COVID-19 public health emergency (PHE) underscored a challenge in rural communities that persists even after the termination of the PHE: a widespread need to upgrade and regularly fund information technology and digital health capabilities to support health care access, sustainability, public health, and research reflecting the needs of Rural America. While over a decade ago government investments were made in provider health IT systems, in the intervening period several generations of technological revolutions have occurred. Yet, many local public health agencies, Critical Access Hospitals (CAHs) and Rural Health Centers (RHCs) have faced ongoing financial crises and have not received resources needed

to adopt new systems or to upskill or create a pipeline of operational and support staff able to optimize health IT systems. Far too many CAHs and RHCs continue to labor with obsolete systems without sufficient margins or upfront financial reserves needed to migrate off an antiquated system to upgrade to new health IT systems. Even when CAHs have the resources needed to transition to new systems, given their limited funding they may select poorly designed ones that do not support their operational and clinical needs and undermine their financial sustainability (particularly where they have had to rely on the health IT systems of large systems outside of their community). RHCs and CAHs need "right sized" health IT systems that meet their needs, challenges, and that expand their opportunities.

It is important for health care providers to have resources to make ongoing investments in health information technology infrastructure, so they are able to identify and respond to public health emergencies, strengthen disaster preparedness, and improve patient access while enhancing quality and bending the cost curve. Specifically, without investments in health information technology infrastructure, public health departments, hospitals, and community providers will remain overly reliant on brick-and-mortar to deliver care during public health emergencies, natural disasters, and in the face of deepening shortages of health professionals exacerbated by geographic mismatches between patients and their clinicians. Infrastructure modernization in the 21st Century must include health information technology that meets patients where they are and increases the health care system's agility and resiliency needed to address growing challenges.

OCHIN Recommendation: Data and Interoperability

The CDC data sets need to be aligned with USCDI and meet certified health IT requirements. Data collection should include data on particularly adversely impacted health populations during disasters, data on rurality, social drivers of health and demographic data.

OCHIN Recommendation: Health IT Workforce Development and Training for Local and State Public Health Agencies to Optimize 21st Century Tools

Closing the digital divide includes investing in workforce development expansion that emphasizes connections to community-based health clinics and technology training. We need to invest in and rapidly scale a continuum of health IT professional development, upskilling, and training programs for the health care workforce, present and future. Increasing skills and opportunity for those at the lower paid end of the labor market while establishing pipelines within health care for underserved, under employed, and under resourced individuals and communities connects workers to high-quality jobs or entry-level work with clearly defined routes to career advancement and well-paid jobs with benefits.