A driving force for health equity

Submitted via online portal

June 10, 2024

Micky Tripathi, PhD, MPP
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, DC 20201

Re: *Advancing Health Equity by Design and Health Information Technology: Proposed Approach, Invitation for Public Input, and Call to Action*

Dear National Coordinator Tripathi,

On behalf of OCHIN, we appreciate the opportunity to comment on the Office of the National Coordinator for Health Information Technology's (ONC) proposed approach for Health Equity by Design (HEBD concept paper). OCHIN is a national nonprofit health information technology and research network that serves more than 2,000 community health care sites with 33,000 providers in 43 states, reaching more than 6.1 million patients in underserved and rural communities. We applaud ONC's incorporation of HEBD as this has been a longstanding recommendation of OCHIN and strongly support its proposed approach, which prioritizes and integrates health equity in the design, build, and implementation of health IT policies, programs, projects, and workflows. OCHIN urges ONC to ensure Equity by Design recommendations and approaches are embedded in the ONC 2024-2030 Federal Health IT Strategic Framework when it is finalized.

OCHIN: 21ST CENTURY EQUITABLE ACCESS TO HEALTH IT

Health equity is at the core of OCHIN's mission. Since its inception over 24 years ago, the OCHIN collaborative of community providers has focused on expanding access in underserved and rural communities to quality health care services through technology solutions, technical assistance, operational support, informatics, evidence-based research, workforce development and training, and policy. Today, the OCHIN network includes federally qualified health centers (FQHC) (the largest network in the nation), FQHC look-alikes, critical access hospitals (CAHs), rural health clinics, tribal health organizations, and other community health providers and local public health agencies. Over half of our members patients are covered under Medicaid, about 18 percent are uninsured or underinsured, 55 percent live at or below the poverty level and more than 34 percent prefer a language other than English.

OCHIN is committed to improving the integration and delivery of healthcare services across a wide variety of practices, emphasizing clinics and small practices in historically underserved and marginalized communities, public health agencies, as well as critical access and small rural hospitals. With over 510 million clinical summaries securely exchanged since 2010, we believe our "one patient, one record" model will bring us one step closer to health equity by ensuring patients and providers in underinvested communities gain access to advanced health IT tools and services. We ensure all health records flow

seamlessly between patients and their many providers, giving clinicians greater insight into their patients' health and helping to complete the circle of care in rural communities as an essential component of equity by design. Similarly, we also drive interoperability on a national scale through our growing health information network and automated electronic case reporting for public health to advance equitable access and inclusive public health response. OCHIN also manages the ADVANCE Data Warehouse (DW) with data on over 10.6 million patients and is the nation's most comprehensive dataset on care and health outcomes in safety net patients. We provide the clinical insights and tailored technologies needed to expand patient access and connect care teams and improve the health of rural and medically underserved communities.

RECOMMENDATIONS

OCHIN supports ONC's vision of its HEBD approach and goal to achieve (1) health IT, workflows and policies focused on helping eliminate health and care disparities and equitable health outcomes; (2) health IT systems designed to identify, quantify, and target "upstream" causes and avoidable "downstream" health care conditions; and (3) interoperability, health care data standards, certification requirements for health IT, and health IT coordination that improve health equity consistent with the approach. Implementing the HEBD in health IT design, development, and implementation is key to removing barriers for providers and improving health outcomes among patients, especially in rural and underserved communities, while fueling the innovation necessary to ensure they can enjoy stable access for years to come.

We offer the following recommendations and comments related to interoperability, artificial intelligence (AI), workforce, and national, uniform data standards for providers in rural and underserved communities, which should be a focus of the proposed approach HEBD.

Drive investments in hosted certified modernized health IT systems for providers in rural and underserved communities.

- We agree that ONC plays a critical role in bridging the digital dive by supporting national, uniform standards for health data exchange to support rural and underserved communities (as outlined in the next bullet). **However, ONC's role in driving equity does not stop there.** While we recognize that ONC is not funded to finance the widespread expansion of the nation's technology infrastructure, ONC is an important voice in the Administration to drive investments by other agencies that do have funding such as the USDA community connect grant program and the FCC's Rural Health Care Program's Healthcare Connect Fund program. **Too many providers in rural and underserved communities are still forced to use dated, fragmented technologies that hinder consistent and secure access, exchange, and use of standardized, uniform electronic health information**. They have not received their fair share of funding to modernize their health IT system which is essential to achieving interoperability and electronic health information exchange, expanding access to care through telehealth and other virtual services; optimizing operations and financial sustainability through informatics and analytics that support transitions to new payment and delivery models; strengthening cybersecurity; and leveraging the benefits of rapidly developing artificial intelligence (AI) systems. **It is essential that ONC work closely with these other federal departments and agencies outside of HHS (FCC and USDA), to ensure existing programs that directly work to redress the digital divide in health care are easily accessible to providers and members of rural and underserved communities.** ONC can recommend to these agencies that their grant programs should be streamlined, simplified, and clarified so under resourced providers are able to readily use these

programs to adopt hosted and certified health IT as well as software subscriptions (that include regular security patches) which are essential infrastructure.

Align federal and state regulatory frameworks leveraging national uniform digital data and technical standards.

- To achieve equity in health and health care, we need data to help identify disparities and work needed to improve care delivery for better patient accounts. There is a **need for national, standardized, uniform, or, at a minimum, harmonized federal and state regulatory requirements as well as uniform national digital data and technical standards**. A lack of standard approaches causes inconsistencies in data classification and collection, challenges in tracking progress over time, and undermine interoperability and seamless data sharing across organizations and care settings. The cost of harmonizing and implementing different standards is increasingly cost-prohibitive and complicates compliance, increases administrative burden, and drives burn-out while undermining sustainability of providers in underserved communities. We recommend ONC develop a national roadmap driving harmonization of varied federal agency health-related digital data standards and maps out clearly and regularly what is happening at the state level so that policymakers at the federal and state level fully understand the impact of proliferating standards and impact on underserved communities. Reporting requirements must be automated where possible and aligned across all programs for the many providers cross-participating and more substantially burdened. Accelerating the development, testing, and use of these standards should lead with demographic, public, health, and social risk-related data elements and include funding for technical standard testing among providers in rural and underserved communities. Critical funding is necessary to create, and test standardized and validated elements and data collections tools, especially in rural and underserved communities who otherwise would bear the cost burden of testing, a financial challenge they cannot afford to take on.
- With the flurry of state-level regulation around health data privacy, sexual orientation and gender identity, and reproductive health, there is a need for standard data elements, as well as the ability to tag and identify key data elements in the electronic health record that support key workflows that support compliance with the law and protection of the patient. **ONC must lead and coordinate this initiative to help providers identify data fields related to patient safety, security, and legal risk**.

Clearly define terminology and standards related to social services.

- OCHIN applauds how ONC is weaving equity considerations throughout its work; however, there is a gap related to the connection of social services and the collection and exchange of related data. Social services resource locators (SSRLs) and community information exchanges (CIEs) are key components of addressing social drivers of health and as they become increasingly used in the care continuum, they will need to use the same data standards as healthcare organizations. **We recommend ONC lead conversations and make recommendations about scaling the use of standard data between healthcare organizations and community-based organizations.** Data standards must be the same for SSRLs, CIEs, state Medicaid agencies, and human services agencies. ONC must consider how to test this data and ensure any approaches proposed are easy and low-cost so providers in less-resourced settings can still participate in connected services and support.

Ensure the development of health equity-focused AI standards and policies.

- We appreciate ONCs application of HEBD to its adoption of rulemaking policies for the ONC Health IT Certification Program that promote transparency to the quality and performance of certain AI tools in healthcare. **However, we strongly urge ONC to play an expanded role as a convener, coordinator, and communicator of AI related federal and state requirements impacting health care given the rapid proliferation of AI uses in this sector**. With the flurry of regulatory and technical standards from both the federal and state levels creating regulatory complexity along with a lack of inclusive national, uniform health-related data standards, adverse bias can potentially be introduced in AI and cause systemic exclusion. We recommend ONC play a central role in coordinating with other federal agencies to reduce variability in digital and technical standards in health care and communicating with healthcare stakeholders' developments in this area regularly. For example, a regulatory score card of AI related action with HHS (among FDA, CMS, OCR, NIH, and others, for example) as well as similar coordination and communication of health-related impacting activities by other federal agencies (such as the National Institutes of Standards and Technology (within the U.S. Department of Commerce), the Department of Justice, and the Federal Trade Commission). Currently, stakeholders—including the least resourced—are left to piece together rapidly evolving federal agency activities with varied scope and requirements. The foregoing is further complicated by the proliferation of state privacy laws and recent new AI related laws such as the Colorado Consumer Protections for Artificial Intelligence and California's and Utah's AI BOT laws. In addition, ONC should prioritize the development of AI standards enshrined in health equity to avoid further exacerbating discrimination, stereotypes, and disparate impacts on access and outcomes. For example, the developers of AI tools are generally not the ones who use them to provide care leading to potential gaps between tool design/intent and implementation/impact. As such, it is imperative to include the input of end-users, particularly those from rural and underserved communities, through the life cycle of AI innovation to ensure their voices are heard and included. Without their insights, these potential design gaps can unintentionally worsen disparities and cause further inequities in health care. ONC should explore with other HHS and federal agencies existing authorities that can be coordinated to provide a more comprehensive framework of oversight.

Build, develop, and continuously update use cases of data connectivity.

- Given its mandate and its goal to incorporate a HEBD approach in its work, ONC must start drafting a narrative and building use cases that effectively demonstrate the importance of health equity and data connectivity. For example, CDC offers different examples of data modernization in the public health field. **ONC must provide providers and patients with a one-stop shop, such as a dashboard, of what other federal agencies are doing with health IT, related requirements, and impact on patients and providers.** Without ONC's effective communication of use cases, stakeholder uptake of standards will lag.

CONCLUSION

As a learning collaborative and research network, OCHIN knows first-hand the value of health IT designed with health equity in mind in helping providers in rural and underserved communities better care for their patients. We look forward to continued engagement with ONC and supporting its goal of HEBD in health IT. Please contact me at **stollj@ochin.org** should you have any questions

Sincerely,

Jennifer Stoll
Chief External Affairs Officer