



A driving force for health equity

Submitted via regulations.gov

October 7, 2024

Lisa Molyneux
Principal Deputy
U.S. Department of Health and Human Services
Office of the Assistant Secretary of Financial Resources
Room 514-G, Hubert H. Humphrey Building
200 Independence Avenue, AW
Washington, DC 20201

Re: *HHS Acquisition Regulation: Acquisition of Information Technology; Standards for Health Information Technology (HHSAR Case 2023-001)*

Dear Principal Deputy Molyneux,

On behalf of OCHIN, I appreciate the opportunity to comment on the Department of Health and Human Services' (HHS) Office of the Assistant Secretary of Financial Resources proposed *HHS Acquisition Regulation: Acquisition of Information Technology; Standards for Health Information Technology* proposed rule. OCHIN is a [national nonprofit health information technology innovation and research network](#) comprised of over 2,000 community health care sites with more than 34,500 providers serving 6.3 million patients and includes Critical Access Hospitals (CAHs), rural and frontier health clinics as well as federally qualified health centers (FQHCs) and local public health agencies in 40 states. OCHIN applauds the Department's commitment to promoting national uniform health IT and interoperability digital data and technical standards. It is critical that providers in underserved and rural communities around the nation have modernized hosted and maintained certified health IT systems that support the frictionless exchange of standardized data to facilitate coordinated and integrated whole patient care and public health resiliency. This proposed rule is essential by ensuring that all HHS funded activities involving health IT systems require the use of certified health IT as a first step.

OCHIN: 21ST CENTURY EQUITABLE ACCESS TO HEALTH IT

Since its inception in 2000, 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. In the OCHIN network, over half of our members' patients are covered under Medicaid, 18 percent are uninsured, 53.6 percent live at or below the federal poverty level and one in three prefer a language other than English. OCHIN has driven health equity by investing in core infrastructure essential to its achievement including health data interoperability, meaningful patient privacy and consent, and modernized health IT systems for providers and patients in underserved areas. Since 2010, we have securely exchanged more than 554 million clinical summaries in the OCHIN network, one of the largest health-center controlled networks in the country. This improves the quality of care, strengthens public health, and is essential to long-term health care system and provider sustainability.

OCHIN has also partnered with OSIS, another non-profit technology services organization that is a network of health centers, and now collectively supports over 39,000 providers serving more than 9.3 million patients. By collaborating to develop affordable and tailored health information technology and services for providers in systemically underserved communities, our partnership with OSIS builds the resilience of both networks and will help transform care for roughly 30% of the estimated 31.5 million health center patients nationwide. Our partnership will also bring greater community healthcare center (CHC) representation to national health equity research and advocacy by augmenting the OCHIN-led [ADVANCE Clinical Research Network](#) and voluntarily contributing to practice-based research and innovation powered by the largest collection of de-identified community health data in the country.

CERTIFIED, HOSTED, MAINTAINED HEALTH IT

We strongly support the Department's proposal to amend the existing Health and Human Services Acquisition Regulation (HHSAR) to require HHS contractors to use health IT certified or accepted by the Department if the contract involves implementing, acquiring, or upgrading health IT and the certified technology can support work under the contract. HHS' proposal is critical to advancing data interoperability moving us toward using modernized hosted and maintained certified health IT and national uniform, inclusive digital data and technical standards. Promoting interoperability will eliminate silos and reduce inefficiencies, as having accessible, interoperable health data will help improve the quality, safety, and affordability of delivering healthcare as well as identifying and addressing disparities in care. Further, it strengthens our nation's public health monitoring, response, and recovery capabilities. It will inform responses to future pandemics as well as unlock the full potential of data at scale for advanced technologies, such as artificial intelligence.

As HHS continues its efforts to align health IT requirements for entities entering contracts with the Department and its Agencies, we urge HHS to **drive investments in modernized hosted and maintained certified health IT systems for providers in rural and underserved communities**. Many rural and underserved providers have not received their fair share of funding to modernize their health information systems. We urge **HHS to prioritize and direct funding that supports providers' adoption of interoperability health information technology** to allow them to, not only continue working with HHS, but achieve interoperability, expand access to care through telehealth/digital health, optimize operations and financial stability 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.

Furthermore, we also urge HHS to direct ASTP and the Centers for Medicare & Medicaid Services (CMS) to level the playing field between providers and payers and health plans by ensuring the latter have the same timelines, technical standard requirements, and certified health IT requirements as providers. Having both parties use conformant, certified technology and standards is essential to achieving interoperability, care coordination and innovation as well as transitions to new payment and delivery models. The resources of payers to implement and maintain such systems and standards is vastly disproportionate to the capacity that providers in underserved and rural communities have. Currently, the responsibility of ensuring interoperability rests primarily on community health clinics and rural providers, who must ensure their systems can interface with multiple payers. Providers in underserved and rural communities must invest in additional technology and staff training to manage the various workflows as there are different processes for each payer. These additional burdens,

coupled with the complexities of integrating with non-certified systems, will not drive administrative simplification, lower costs, and will undermine the ability to move to new payment and delivery models.

As a learning collaborative and research network, OCHIN knows first-hand that health IT that is certified hosted and maintained has a direct impact on the quality and accessibility of care, particularly for rural and underserved communities. Please contact me at stollj@ochin.org if we can be of further assistance.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Stoll". The signature is written in a cursive, flowing style.

Jennifer Stoll
Chief External Affairs Officer