Submitted via ASTP website (Link)

November 22, 2024

Micky Tripathi, PhD, MPP
Assistant Secretary for Technology Policy/
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: *ASTP Draft Federal FHIR® Action Plan*

Dear Assistant Secretary Tripathi,

On behalf of OCHIN, I appreciate the opportunity to comment on the Assistant Secretary for Technology Policy's (ASTP) 2024 Draft Federal FHIR® Action Plan. 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 and our partner, OSIS, another non-profit technology services organization that is a network of health centers, are responsible for **providing health IT solutions for roughly 30% of the nation's 31.5 million health center patients**. OCHIN commends ASTP for its efforts to enhance healthcare interoperability through the adoption of advanced data exchange standards. While we understand that this plan is intended for other federal agencies and their partners to evaluate how Fast Healthcare Interoperability Resources® (FHIR®) standards and improved data exchange can align with their public policy objectives, **we recommend further refinement to Draft Plan to reflect the current state of FHIR readiness in the healthcare industry and ensure a glidepath to allow providers in rural and underserved areas time to transition to FHIR.**

OCHIN: DRIVING INNOVATION, ACCESS, AND SELF-SUFFICIENCY
Since its inception in 2000, the OCHIN collaborative of community providers has focused on expanding access and public health readiness 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, 53.8 percent of our members' patients are covered under Medicaid, 17.8 percent are uninsured, 54.3 percent live at or below the federal poverty level, and one in three prefer a language other than English.

We have been a national leader in advancing interoperability. For example, OCHIN members have triggered more than 4.62 million electronic case reporting (eCR) messages concerning COVID, Mpox, and Orthopoxvirus events since April 2020. Furthermore, we actively participate in the Trusted Exchange Framework and Common Agreement (TEFCA), with ongoing efforts to onboard our members to TEFCA.

RECOMMENDATIONS

ASTP'S Draft Plan comes at a critical juncture in healthcare digital transformation. While we applaud ASTP for the transparency and foresight demonstrated in this plan, we encourage further consideration to reflect the current state of FHIR readiness in the healthcare industry. The Draft Plan focuses on FHIR; however, **it should also acknowledge that a significant portion of health data exchange today is not FHIR-based. By providing this context, ASTP will better inform federal agencies and partners as they consider the role of various standards in their efforts, facilitating a more seamless and informed transition.**

While FHIR offers significant potential, many providers still rely on HL7 v2 standards, which have been broadly adopted and have demonstrated significant success in many workflows. Mandating FHIR without fully evaluating its suitability relative to these established standards could create unnecessary development and implementation burdens with minimal added value. We echo the content of our comments on the *Proposed Rule on Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2)*, urging ASTP to allow the use of HL7 existing standards for eCR as well as FHIR-based exchanges. While we support efforts to modernize and improve bidirectional public health exchange, health care providers and public health agencies have spent considerable time and effort in the past couple of years implementing the existing HL7 version standards related to eCR.

Both health care providers and public health agencies, especially those in rural and underserved areas, already face resource and financial challenges that inhibit their ability to meet the FHIR specifications. Although we are generally supportive of the movement toward FHIR, immediate requirements to adopt FHIR standards would be cost-prohibitive and would necessitate a diversion of resources away from our existing operations. The transition must be carefully planned to avoid premature implementation that could require reprogramming and significant modifications to systems currently using HL7 standards. To mitigate these challenges, **we recommend an orderly glide path and targeted resources for providers in rural and underserved communities for transitioning to FHIR. This would provide organizations in the least resourced communities the time and resources necessary to implement these changes effectively without compromising ongoing activities.**

Sincerely,

Jennifer Stoll
Chief External Affairs Officer