



A driving force for health equity

Submitted via [online portal](#)

May 23, 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: Comment on *Draft 2024-2030 Federal Health IT Strategic Plan*

Dear National Coordinator Tripathi,

On behalf of OCHIN, we welcome the opportunity to provide feedback on the Office of the National Coordinator of the Health Information Technology's (ONC) *Draft 2024-2030 Federal Health IT Strategic Plan* (the draft Plan). 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 strongly support ONC's efforts to guide federal government efforts to improve electronic health information (EHI) access, exchange, and use emphasizing ethical and equitable design, implementation, and use of health information technology (IT) that serves all populations. This strategic plan is an essential first step to drive coordination and standards across the federal government, but additional provisions should be included that involve regular, structured engagement with states to drive alignment of standard digital data and other technical standards as well as policies and regulations governing health IT enabled data exchange, privacy, and artificial intelligence (AI) governance. Further, we urge you to include recommendations to prioritize funding and resources for providers in rural and underserved communities to support their adoption of hosted certified health IT systems and updated software to improve care delivery and outcomes while also supporting financial sustainability and cybersecurity resiliency.

OCHIN: 21ST CENTURY EQUITABLE ACCESS TO HEALTH IT

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.

Health equity is at the core of our mission. 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 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. We also drive interoperability on a national scale through our growing health information network and automated electronic case reporting for public health. 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 the draft Plan’s core objectives that will: (1) advance interoperability and health information exchange (HIE); (2) ensure the privacy and security of health information; (3) enhance data analytics and artificial intelligence to deliver insights for improving care and creating capacity; (4) promote innovation and emerging technologies; and (5) empower patients and improve access to health information through digital tools. The strategic framework are steps to support our aims of leveraging technology and infrastructure to remove barriers for providers and improve health outcomes among patients while fueling the innovation necessary to ensure rural and medically underserved communities can enjoy stable access to care for years to come.

While OCHIN broadly supports ONC’s draft Plan, we also offer the following recommendations and comments focused on interoperability, cybersecurity, and public health data integration for providers in rural and underserved communities which should be a key focus of the draft Plan.

- **Drive investments in cybersecurity by supporting the adoption and maintenance of modernized hosted certified health IT and software updates in rural and underserved communities.** OCHIN supports ONC’s Goal 4 Objectives B and D, especially as it pertains to keeping individuals’ EHI protected, private, and secure. Cyber threats come in various shapes and sizes. **Cybersecurity starts with modernized hosted certified health IT systems and software updates as essential infrastructure.** Legacy systems with one-time subscriptions for cybersecurity software will not help rural and underserved providers. In addition, healthcare organizations and providers serving underserved communities require targeted funding to implement ongoing organization specific cybersecurity best practices, training and awareness programs for employees and patients. They also need consistent funding to build technical support and assistance programs to enhance and strengthen provider cybersecurity for under-resourced communities and providers.
- **Fund testing of and update cybersecurity standards.** While OCHIN strongly supports establishing minimum cybersecurity standards, such as the Biden administration’s plan to issue minimum cybersecurity requirements for US hospitals, we also would like to emphasize the need for **allocating necessary funding and resources to test cybersecurity standards in the safety net.** We urge policymakers ensure that healthcare organizations and providers serving underserved communities receive targeted funding to implement ongoing organization-specific cybersecurity best practices, training and awareness programs for employees and patients. Offering remote assistance, hotline

services, and online services will help healthcare providers address cybersecurity incidents, implement security measures, and navigate complex technical challenges.

- **Prioritize federal and state efforts to develop cybersecurity standards.** To streamline federal, state, and agency-level efforts recommend continued support for the Health Sector Coordinating Council's (HSCC) effort to establish a consistent, consensus-based healthcare-specific cybersecurity framework and promote scalable best practices for cybersecurity governance across the health sector. The HSCC has identified an unpredictable regulatory landscape with an already complex patchwork of regulatory requirements within the United States as a challenge for health sector organizations, especially as they face increased attention and pressure from regulatory bodies at all levels of government to address risks to patient safety, business resiliency, product security, and artificial intelligence. We urge HHS, ONC, and the Biden administration to continue prioritizing cross-agency alignment and to work with states to develop readily available, uniform, understandable, and feasible cybersecurity requirements.
- **Update ONC's standards for hosted certified health IT.** We also recommend updating ONC's standards for certified health IT required under the ONC Health IT Certification Program as the minimum standards in the 2015 Edition Health IT Certification Criteria, 2015 Edition Base Electronic Health Record Definition, and ONC Health IT Certification Program Modifications Final Rule (2015 Edition Final Rule) are not sufficient to meet today's needs.
- **Align federal and state regulatory frameworks leveraging national uniform digital data and technical standards.** To achieve ONC's second goal of enhancing the delivery and experience of care and fourth goal of connecting the health system with health data, there is a need for harmonized federal and state regulatory requirements, as well as uniform, inclusive digital data, and technical standards. 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. Without critical funding, providers in rural and underserved communities bear the cost burden of testing standards, a financial challenge they often cannot afford to take on. We recommend ONC develop a national roadmap driving harmonization of varied federal agency health-related digital data standards and outreach to states to reduce conflicting standards. Reporting requirements must be automated where possible and aligned across all programs for the many providers cross-participating and are more substantially burdened.
- **Engaging states to address the growing complexity of data accessibility due to state laws governing segmentation and privacy.** As new state-level consumer data privacy laws go into effect, health care organizations face the challenge of navigating complying with both federal and state statutes. While HIPAA preempts certain elements of these recently passed state-level data privacy laws, it does not preclude health care companies, HIPAA-covered entities, and any business associates from compliance. They also face the challenge of balancing state laws with ONC's Information Blocking Final Rule to avoid inadvertently violating information blocking prohibitions while adhering to some states' requirement to segment sensitive data.
- **Ensure the development of health equity-focused AI standards.** We appreciate ONC's consideration of AI in its development of the draft Plan and its objectives to promote transparency, education, and safe and responsible use. However, as the rapid proliferation of AI continues in

healthcare, we encourage ONC to prioritize the development of AI standards enshrined in health equity to avoid further exacerbating discrimination, stereotypes, and disparate impacts on access and outcomes. With the flurry of regulatory and technical standards coming from the federal and state levels creating regulatory complexity as well as the lack of inclusive national, uniform health related digital data and technical standards, there is potential for adverse bias to be introduced in AI potentially causing systemic exclusion. ONC must play a central role in health care that must be harmonized across other federal agencies to reduce variability in digital and technical standards. To better facilitate transparency, we recommend integrating the input of end-users in rural and underserved communities through the life cycle of AI innovation to ensure their voices are heard and included.

CONCLUSION

As a learning collaborative and research network, OCHIN knows first-hand that health IT has a direct impact on the quality and accessibility of care, particularly for underserved or marginalized communities. We appreciate your consideration of our comments. Please contact me at stollj@ochin.org if we can provide any additional information to support your efforts.

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