CIVITAS
Networks for Health

May 28, 2024

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

RE: Public Comment—*2024-2030 Federal Health IT Strategic Plan*

Dear Dr. Tripathi:

Civitas Networks for Health (Civitas) appreciates the opportunity to provide feedback on ONC's recently proposed *2024-2030 Federal Health IT Strategic Plan*. Civitas is a national collaborative comprised of more than 170 health information exchanges (HIEs), regional health improvement collaboratives (RHICs), Quality Improvement Organizations (QIOs), All-Payer Claims Databases (APCDs), and their business, technology, and professional service partners. Many of our members are nonprofits that use data and multistakeholder, cross-sector approaches to improve health for individuals and communities, while educating and influencing both the private sector and policymakers on matters of interoperability, quality, coordination, and cost-effectiveness within the health system.

Civitas members have also become leaders in the development of a new paradigm known as the Health Data Utility Model (HDU). HDUs around the country represent a bottom-up evolution in the structure of federated health information networks and value-added capabilities, combining the multi-directional data transmission infrastructure of incumbent statewide and regional HIEs with a wider array of quality improvement, analytics, community health and social service functions of RHICs, APCDs, and QIOs. Through these frameworks—most of which were seeded by federal investments early in the last decade, and have since expanded and diversified well beyond their original scope–emerging HDUs leverage deep connections to their communities and expertise across use cases, integrating clinical exchange among all types of providers with non-clinical data streams and key functionality for public health authorities, social service agencies, public and private payers, researchers, and community-based organizations. HDUs take advantage of scaling efficiencies across well-defined geographies while remaining response to local needs as platform for data governance and the integration of new technologies.

This is the context for Civitas' reading of the draft *2024-2030 Federal Health IT Strategic Plan*, and we are excited by much of the material that ONC has assembled for public comment. The work of our members is fundamentally and comprehensively aligned with the Strategic Plan's four overarching goals (promote health and wellness, enhance care delivery and experience, accelerate research and innovation, and connect the health system with health data) alongside its six health IT principles (person-centeredness, inclusive design, safety and quality, privacy and security, data-led decision making, health equity, and innovation-competition). Civitas member contributions in each of these topic areas are integral to driving system-wide progress that produces better patient outcomes at lower cost, often under the direct auspices of federal programs. Many members are managing or supporting community care hubs that guide Medicaid

patients to care via longitudinal data collected and shared with their State Medicaid Agencies; integrating new social determinants of health (SDOH) data elements into billing under Section 1115 waivers; enabling enhanced biosurveillance that links the CDC to state and local authorities; and (in some cases) geo-filtering and de-duplicating the high query volumes required for their network partners to participate in QHIN exchange. On the state and local levels, the majority of our state-designated HIEs have long since adopted the HL7 FHIR and USCDI interoperability standards for data exchange, and alongside private industry have set the pace for API functionality across an expanding range of services tailored to specific clinical, payer and population health use cases.

Given the extensive overlap in goals and methods between Civitas' state, regional, and local organizations (including emerging HDUs) and the Strategic Plan, our comments are focused on the need to acknowledge these commonalities even in the general terms that ONC uses for its draft Plan document. The success of federal health IT initiatives in achieving their objectives will continue to depend on effective and mutually-beneficial collaboration between federal and non-federal data infrastructures whether the final Plan recognizes such collaboration or not—but by recognizing it, ONC can help formalize and further standardize cooperation that makes its own job easier and optimizes the use of federal resources.

Accordingly, we recommend that ONC consider the following edits and additions:

- On slide 7 (Goals and Objectives framework graphic), we recommend adding a center element that all four overarching goals intersect with. This element should represent *highly collaborative, multistakeholder governance*, which in practice is the critical ingredient needed to achieve and sustain all the goals and objectives in the Plan, and to build and maintain trust in communities.
- On slide 14 (Goal 1, Objective B), "build on the collection of evidence needed to improve the use of EHI" should recognize the evidence base demonstrated and piloted by non-federal entities, such that "data classes and data elements that improve clinical and social determinants, *and which have been deployed successfully by state and local public health authorities in partnership with local health data organizations and networks*, are standardized and included in *the federal* health and human services system.
- On slide 15 (Goal 1, Objective C), "improve the use of public health data to address community health challenges" would benefit from expanding to match the detail provided in the flow-down deliverable ("public health officials can prepare for…preventable deaths"). A revised version could read "improve the use of public health data to address community health challenges *by leveraging the work of established community organizations and networks, including state-designated health information exchanges, regional health improvement collaboratives, and recognized multi-stakeholder frameworks such as emerging health data utilities."*
- On slide 17 (Goal 2, Objective A), the left-side bolded prompt could be more inclusive of the non-federal progress on interoperability that has been made by changing the wording to something like "advance standardization and interoperability of social determinants of health data *by scaling data elements and best practices from Section 1115 demonstrations and other state-level pilots.*"

- On slide 21 (Goal 2, Objective E), the left-side bolded prompt should recognize that most of the health IT training referenced is provided by non-federal entities, such that the federal government plans to "implement health IT education and training programs *in close collaboration with the private and nonprofit sectors and employers, and by providing resources to support existing health professional certification and health data 'onboarding' initiatives overseen by state agencies.*"
- On slide 23 (Goal 3, Objective A), "streamline the secure access, exchange, and use of linked health and human services datasets" should acknowledge the critical importance of federal agencies as well as state and local public health agencies (and by extension, the state HIEs/emerging HDUs that connect to them) in securely maintaining those datasets and facilitating access. A possible change could be "streamline the secure access, exchange, and use of linked health and human services datasets *derived from both federal and non-federal public health authorities, so as to improve the interoperability of public health information.*"
- On slide 24 (Goal 3, Objective B), "increase the use of health IT capabilities for data integration and research" so that "technology developers can integrate disparate datasets" would be improved by clarifying that many of these capabilities and data sets exist outside the federal purview. A better version would be "increase the use of health IT capabilities for data integration and research *within and beyond the federal government by deepening partnerships with state and local governments as well as nonprofit and private sector health information exchange, evaluation, and quality improvement actors*" so that "technology developers *and health data infrastructure at all levels* can integrate disparate datasets."
- On slide 27 (Goal 4, Objective A), "provide resources to support health IT adoption and use" would benefit from expanding to note the importance of major federal-state resource allocation and incentive programs focused on non-federal health IT infrastructure at CDC (e.g., Data Modernization Initiative) and CMS (Promoting Interoperability Program), among others. New wording might be something like "*leverage existing agency authorities and appropriated resources* to support health IT *modernization*, adoption, and use *at all levels in partnership with state, tribal, local, and territorial health authorities, incumbent health networks, the private sector, and emerging multi-stakeholder frameworks, such as health data utilities*."
- On slide 28 (Goal 4, Objective B), the left-side bolded prompt on TEFCA should include the Cures Act stipulation that TEFCA is voluntary ("advancing a *voluntary* Trusted Exchange Framework and Common Agreement...") and should be matched with a more detailed flow-down deliverable emphasizing the importance of working with non-federal stakeholders and networks to advance QHIN exchange for mutual benefit. One possible arrangement might be "The progress of nationwide interoperability continues, participation in secure interoperable exchange increases *through technical collaboration and education involving all prospective TEFCA participants and sub-participants*, and barriers for low-resource organizations are evaluated and potentially reduced *with federal assistance.*"
- On slide 31 (Goal 4, Objective E), the left-side bolded prompt should reference collaboration between federal agencies and non-federal stakeholders, as well as the significant developmental and implementation work that non-federal stakeholders have contributed in their service areas. Accordingly, this section should read something like "develop, align test, and implement data standards *in concert with state authorities, standards associations, health data infrastructure representatives, and other stakeholders* to increase interoperability across

the public health data systems."

The goals and objectives outlined in the Strategic Plan are ambitious and necessary. Civitas remains supportive of ONC's role in coordinating health IT, health data, and recently, healthcare AI standards, programs, and policy across HHS and other federal agencies, and further encourages HHS to elevate and fund ONC appropriately for this vital role.

Thank you again for the opportunity to comment. Please do not hesitate to reach out to Civitas if we can be a resource as we work together to build a federal health IT enterprise that makes the most of its strengths and resources by building on the capabilities of non-federal, nonprofit data stakeholders to achieve our shared vision—creating an effective, efficient, and accessible health system for all Americans.

Sincerely,

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