

April 3, 2020

The Honorable Donald Rucker, MD,  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C St. SW, Floor 7  
Washington, DC 20201

Submitted electronically via: <http://www.healthit.gov>

RE: *2020-2025 Federal Health IT Strategic Plan*

Dear National Coordinator Rucker,

OCHIN applauds the Office of the National Coordinator (ONC) for their extensive work to improve interoperability and care for rural and underserved communities. We are grateful for the opportunity to supply ONC with thoughtful responses to the 2020-2025 Federal Health IT Strategic Plan for public comment.

Due to the currently unfolding COVID-19 pandemic, we appreciated the short extension, but would like to express our concern with moving forward with this current deadline. Our first hesitation is not incorporating our learnings from this crisis once we have all experienced the full impact. The second is not receiving comments from organizations currently preoccupied while responding to these extraordinary circumstances. COVID-19 is taxing our current systems while clearly displaying the need for a more integrated and interoperable virtual network, more flexibility in reimbursement structures, and the ability to share resources nationally. The true needs of our health care system will not be realized until we have borne the full brunt of this pandemic. Ensuring incorporation of these learnings from all actors in our health system into our HIT Strategy efforts moving forward is critical, therefore we urge extensive delay. However, as the timeline has currently only extended until April 3, we are submitting the following comments.

OCHIN is a 501(c)(3) not-for-profit community-based health information technology (HIT) collaborative, and a national leader in promoting high-quality health care in historically underserved areas across the country. Our extensive experience supporting safety net providers has given us great insight into data security, interoperability, supporting broadband and telehealth deployment in rural communities, and caring for marginalized populations. We support over 500 health centers including public health, corrections, mental health, and youth authority. Our network has rapidly innovated to adopt virtual care tools and workflows to meet this crisis head on. The patients OCHIN members care for face significant challenges to acquiring high quality and easily accessible care while simultaneously presenting the highest levels of complexity of our nation's population. We utilize innovative strategies to expand capacity to ensure underserved and geographically isolated patients can remain in their communities while gaining access to the care they need.

As a diverse organization consistently working to expand care innovations for the least supported population, we believe we can provide insight from our ongoing experience and suggestions as to how the Federal Health IT Plan can work for all providers and patients, regardless of economic status. Our main focus, especially in light of the current circumstances, is telehealth expansion and maintenance.

### Opening Telehealth during COVID-19 will Transform Healthcare Delivery Forever

The true extent of our healthcare system should not require a pandemic to prolong the utilization of productive policy methods for care delivery, but now is the time to change our health care delivery system through virtual care and new technologies. We have now seen that these policy changes only improve health care delivery, so standardizing them and leaving them in place will only result in improved outcomes and patient successes. During this COVID-19 pandemic, both federal and state laws have been changing to improve telehealth delivery to better protect medical workers and to help individuals self-isolate while still receiving the treatment they need. The changes which have occurred must become standard moving forward to continue to deliver successful care, overcome provider burnout, and extend resources to underserved areas. We also believe all agencies across government should be included in the conversation from HHS, FCC, FTC, military, and beyond.

Lack of connectivity to broadband continues to plague the nation and has been vastly amplified during the COVID-19 crisis. Telehealth programs' effectiveness is impacted by broadband availability both at the health center and the home. OCHIN suggests the federal government should look to the states, as many are creating state level broadband offices. These offices are designed to ensure that the federal dollars available for broadband expansion in rural and underserved communities are leveraged and deployed effectively. Many federal agencies touch broadband in some capacity with limited coordination, so creating a centralized federal broadband office could help streamline these efforts and improve effectiveness.

### Support Full EHR Onboarding for Critical Providers Left Out of Meaningful Use

To ensure these policy changes truly improve care for all, it is necessary to extend health information technology in the form of electronic health records (EHRs) to all providers who play a critical part in the system. During this pandemic, we have seen that skilled nursing facilities, state laboratories, public health agencies, and community health centers still need support to acquire 2015 EHR platforms and interoperability to transmit data not only to allow patients to always access safe and informed care, but to help improve the national data on the impacts of COVID-19. State and many hospital labs don't support bi-directional orders or results, and are operating using fax or paper. Without laboratories connected to EHR systems, providers are operating with missing information, making outbreaks such as COVID-19 more difficult to track. Similarly, nursing homes having been a hot spot for outbreaks all over the country. With this level of interoperability, we may have prompted other similar homes lock down knowing they were at a higher risk, and better protected the nation's most vulnerable citizens. For these reasons, we must resolve these gaps within our health care system.

### Establish National Standards for Interoperability and Encourage Connectivity to National HIE Frameworks

To improve coordination of care and response times to pandemics, all EHRs should be interoperable by connecting to existing technology without limitation to their exchange partners and to provide a national data hub for health information exchange. The current public health reporting infrastructure is a patchwork of interfaces, faxing, and inefficient solutions. Ambulatory providers are not required to connect to state or local public health syndromic reporting systems, but hospitals are, which causes gaps in electronic reporting. Further, as we have seen cases of providers being charged fees by

health information exchanges (HIEs), state public health departments look to reduce their costs and use HIEs as a bridge for Syndromic Surveillance. As a rule, no states should be permitted to enter into contracts with HIEs or 3<sup>rd</sup> parties which charge fees to providers for public health reporting activity. These types of arrangements disincentivize participation and result in incomplete data collection from providers.

#### Expedite 42 CFR Part 2 Alignment with HIPAA

Finally, the CARES Act passed an amendment to 42 CFR Part 2 which now allows for substance use disorder (SUD) patients to sign a consent allowing their information to be shared under HIPAA regulations as opposed to having to continually re-sign consents every time information must be shared with a physician. This requires behavioral health providers to be similarly interoperable, so they must also be onboarded to a certified EHR and connected into eHealth Exchange and Carequality. The integration of this change to 42 CFR Part 2 must be expedited, as every day lives are at risk, especially during the COVID-19 outbreak.

Other recommendations to improve the health information technology strategy:

- Continue to support underserved communities to reach federal goals;
  - Funding must be streamlined and expanded to support the underserved;
- Expand broadband
  - Ensure connectivity everywhere through driving and centralizing funding programs while improving their funding and streamlining their application and grant processes;
- Drive standardization and cooperation across agencies for consistency around data collection and analytics;
  - Reporting requirements must be automated where possible and aligned across all programs for the many providers cross-participating who are more substantially burdened;
  - Those who cannot afford the EHR which allows them to participate must be assisted to get on interoperable certified EHRs;
- Ensure telehealth programs are streamlined and financially supported to reach underserved communities; and
- Support public health IT modernization with a national CDC gateway.

We appreciate your consideration of our comments. Please contact Jennifer Stoll at [stollj@ochin.org](mailto:stollj@ochin.org) should you have any questions.

Sincerely,



Jennifer Stoll  
EVP, Government Relations and Public Affairs