Dear Acting Director Young:

On behalf of the Healthcare Information and Management Systems Society (HIMSS) and the Personal Connected Health Alliance (PCHAlliance), we are pleased to provide written comments in response to the Request for Information (RFI) on Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government. HIMSS and PCHAlliance strongly support the call of the recent Executive Orders that have prompted this RFI. We firmly believe in the importance of including equity in any health policy-related dialogue moving forward and guaranteeing health equity across the health ecosystem. It is critically important for equity to be at the forefront of healthcare transformation discussions conducted by the federal government, state governments, or the broader stakeholder community.

HIMSS is a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology. As a mission-driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research, and analytics to advise global leaders, stakeholders, and influencers on best practices in health information and technology. Through our innovation engine, HIMSS delivers key insights, education, and engaging events to healthcare providers, governments, and market suppliers, ensuring they have the right information at the point of decision. Established in 1961, HIMSS serves the global health information and technology communities with focused operations across North America, Europe, the United Kingdom, the Middle East, and Asia Pacific. Our members include more than 105,000 individuals, 480 provider organizations, 470 non-profit partners, and 650 health services organizations.
PCHAlliance, a membership-based HIMSS Innovation Company, accelerates technical, business and social strategies necessary to advance personal connected health and is committed to improving health behaviors and chronic disease management via connected health technologies. PCHAlliance is working to advance patient/consumer-centered health, wellness and disease prevention. The Alliance mobilizes a coalition of stakeholders to realize the full potential of personal connected health. PCHAlliance members are a vibrant ecosystem of technology and life sciences industry icons and innovative, early stage companies along with governments, academic institutions, and associations from around the world.

We offer the following thoughts and recommendations for consideration as the federal government re-assesses, re-evaluates, and creates new policies and programs geared towards advancing equity and support for underserved communities:

**Government Agencies are Making Great Strides to Achieve Goals Concerning Equity**

We applaud the Administration’s efforts to empower the leaders of government agencies with developing methods to assess the current state of policies and actions for levels of equity among currently and historically underserved populations. While we acknowledge this RFI intends to address a broad array of government policies and actions, we would like to take this opportunity to highlight how the health sector is making great strides to achieve goals concerning equity. We are confident there are valuable insights as well as forward-thinking methods of outreach and engagement that other agencies can model to contribute to an increased focus on equity issues.

**Centers for Medicare & Medicaid Services (CMS) Path to Equity**

The CMS Path to Equity is an organizing framework with three core elements: 1) increasing understanding and awareness of disparities, 2) Developing and disseminating solutions to achieve health equity, and 3) Implementing sustainable actions to achieve health equity. According to CMS, it demonstrated progress from 2015-2021 in six high-priority areas related to equity, with one major priority area focused on data collection and analysis of standardized data and breaking down barriers to communication to affected populations. Although a work-in-progress, the work done by CMS to capture this data is exemplary of what other agencies should begin working towards to advance equity.

**Office of the National Coordinator for Health Information Technology (ONC) Health IT Demographic Electronic Health Record (EHR) Certification Requirements**

In May 2021, ONC released its Standards Bulletin 2021-2 to highlight the race and ethnicity standardized terminology and technical capabilities present in ONC-certified health IT. Within the bulletin, ONC acknowledged the critical nature of this data in identifying and eliminating the health disparities to improve overall health outcomes in
underserved populations to address inequity. The ONC demographics certification criterion related to race and ethnicity data, including FAQ, Online Resources and Information, and accompanying references, can also be found in this document. As part of this effort, government agencies should look to ONC’s guidance as they create new regulations to improve the likelihood that data can be compared across programs and services. We stress that data standardization in this context is imperative in order to fully grasp if we are achieving our health equity goals.

Department of Health and Human Services (HHS) Office of the Chief Technology Officer - The State of Data Sharing at the U.S. Department of Health and Human Services
The 2018 report serves both as an initial step of understanding the current landscape of how data is shared across HHS agencies and identifying challenges that will need to be addressed to harmonize and prioritize data governance within HHS. The next steps identified for the Department reinforce the notion that continued collaboration across HHS through data sharing is imperative to be more effective and efficient. Combined with the ONC data collection standardization process mentioned above, we see this effort as an opportunity to determine whether data that is being collected from stakeholders across HHS would be applicable to other parts of the Department. Ultimately, we want all data deployed in such a way that it helps ensure HHS and its agencies are appropriately addressing equity in their programs and services.

More Opportunities for the Federal Government to Lead

HIMSS and PCHAlliance are encouraged by the work underway. In order to expand the national conversation about health equity we believe the conversation must progress to assess whether the underserved and at-risk populations of intended recipients/participants of government programs understand the relevance of existing programs and how to seek benefits. Intended recipients must often have a certain level of health literacy in order to maximize the value of particular programs to them or their families. Questions that we pose would include the following:

- Are programs communicated such that all levels of education can comprehend the inquiry and engagement?
- Are notices for programs and policies available in multiple languages?
- Is there a means to consolidate various resources related to existing assistance programs and policies so that recipients are not left questioning which one serves them best?

The federal government needs to build in education, training, and outreach to underserved and at-risk populations to ensure they understand these programs, if they are eligible, what benefits are available, and how an individual or family would access benefits. Increasing the visibility of new programs and services to underserved
populations is a key step, but federal agencies must ensure that these populations have the information and tools to take advantage of the programs and can in fact access benefits.

Addressing the social determinants of health (SDOH) is an important component that needs to be incorporated into program development and implementation. Improving health literacy as well as digital health literacy are both part of addressing SDOH, so building in programmatic provisions that overcome these conditions and barriers are foundational to any government action to tackle equity issues.

Another foundational issue where there is a real opportunity for the government to lead on equity is focusing on improving trust with underserved communities. Trust is fostered through greater accountability and transparency. Government programs need to demonstrate accountability and transparency to establish trust, and ultimately identify and address equity gaps as well as the translatability of current government programs to all populations.

Building trust, accountability, and transparency across government points us to advocate for the creation of a program that funds personal health navigators to help underserved communities understand and access benefits that will improve their health status as well as overcome SDOH-associated challenges. Given our work in the health information and technology field, we see ONC’s Regional Extension Center (REC) Program as a model to consider implementing for these specific purposes.

The REC Program was enacted as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Public Law 111–5), to select not-for-profit organizations that would commit to support a defined number of providers in a set geographic area to reach “meaningful use.” We envision that an REC-like program could be set up to serve underserved populations, in targeted geographic areas, with resources to better address health equity and help individuals navigate to existing programs and services that should be servicing their health needs. Funding such a program would make great strides in connecting underserved communities with government programs and services where they should have full access.

The Importance of Access to Quality Reliable Broadband in All Advancing Equity Discussions

Broadband availability and access must be addressed for successful, modern, evidence-based health care delivery to be equitably available and provided to Americans no matter where they live or work. HIMSS and PCHAlliance have long worked to highlight and bring attention to the important and valuable role that
broadband-enabled connected care plays in improving access to quality of health care, particularly in underserved communities.

Through discussions across our memberships, we identified several recommendations for broadband proposals that we believe would be essential for delivering successfully connected care. Broadband policy must include:

- Plans for long-term sustainability
- Commitments from community partners, including physicians, hospitals, health systems, and home health/community providers
- Documented commitment from all health care payer(s) or insurers who cover the population likely to receive telehealth services of their willingness to reimburse for telehealth services as well as the proposed clinician time and clinical care delivered as a telehealth service
- Evidence-based or evidence support for the telehealth services to be provided

Need and Role Remote Patient Monitoring (RPM) Can Play
As technology and telehealth assume an increasingly critical role in healthcare delivery, well-designed RPM is more vital than ever to address the health gaps that exist for underserved communities. Today’s standards for appropriate clinical care delivery, as well as best practices for some of our nation’s most prevalent conditions (heart failure, diabetes, chronic obstructive pulmonary disease, and multiple chronic conditions), rely upon provider-patient communication of biophysical data and care management in near synchronous and asynchronous means – RPM of biophysical indicators. RPM is the standard of care for many chronic conditions of high prevalence in many of these communities.

Examples of RPM Creating Value for Patients
CHRISTUS Health System: an integrated health system, is serving many rural communities. CHRISTUS provided post-discharge services of care management enabled by biometric monitoring. Care management enabled by biometric monitoring (RPM) reduced hospitalizations, lowered costs per hospitalization, and showed a return on investment. See a case study utilizing RPM from CHRISTUS Health System [here](#).

Care Beyond Walls: A National Institute of Health (NIH)-funded trial of remote monitoring for the underserved found reduced hospital costs from the use of RPM. The patient population in the pilot lived in remote and underserved areas with a disproportionate number of Native Americans. See the evaluation of the program [here](#).

University of Mississippi: 100 Medicaid rural residents with type 2 diabetes received care
management, and education enabled through remote monitoring technology. Outcomes included improved health and lowered costs. See poster here.

Health gaps could be better addressed if Medicare and Medicaid cover RPM—via the Medicare covered current procedural terminology (CPT) codes—for patients and providers. While there is Medicare coverage in place, more education on its availability and its role in addressing health gaps is needed. For Medicaid, an enhanced federal-state match for remote monitoring would incent states to incorporate this coverage.

**HIMSS Actions to Heighten the Focus on Health Equity**

As expressed in our letter to the Administration in December 2020, HIMSS launched the Global Health Equity Network earlier in 2020 to elevate conversations about access to care and engage in actionable steps displaying the power of health information and technology to improve health equity and support the elimination of health disparities. For example, our work focused on the power of information and technology to support women and families by reducing maternal mortality rates and eliminating associated racial disparities. Further, integrating SDOH into care delivery processes is also integral to any equity discussions and a priority for us in 2021 and beyond.

Looking ahead and determining an actionable path forward, we asked our HIMSS SDOH Task Force members to reflect on the past six months of the current pandemic and comment on how the future role of health IT tools, resources, and concepts can more equitably allocate resources. Our members focused on how technology can serve as both an enabler and a polarizer by cementing differences among communities rather than bridging them.

To avoid replicating existing biases in our social and healthcare systems, our Task Force recommended thoughtfully embracing technology in the effort to mitigate health inequities. As outlined in our observations on the CMS program, we strongly recommend digital health applications and tools be made available on multiple platforms with translation services offered to empower/engage/something a broader number of community members. These tools should be interoperable and clearly outline individuals’ data use and ownership to ensure privacy and compliance. Culturally and linguistically appropriate language should be made widely available in communications, app development and available during care coordination.

We appreciate the opportunity to contribute our ideas on maximizing the role of digital health as the federal government assesses current policies and programs to more directly advance equity and support for underserved communities. We are committed to being a valuable resource to this Administration on equity issues moving forward. Please leverage our organizations, as well as our members and stakeholders in your efforts as your work progresses.
We would welcome the opportunity further to discuss these issues with you and your leadership team. Please feel free to contact Ashley Delosh, Senior Manager of Government Relations, at ashley.delosh@himss.org or Jeff Coughlin, Senior Director of Government Relations, at jeff.coughlin@himss.org, with questions or for more information.

Thank you for your consideration.

Sincerely,

Harold F. Wolf III, FHIMSS
President & CEO