June 29, 2018  
Immediate Office of the Secretary  
Office of the Deputy Secretary  
U.S. Department of Health and Human Services  
Attention: RFI Regarding Healthcare Sector Innovation and Investment Workgroup  
200 Independence Avenue SW  
Washington, DC 20201

Submitted electronically via: http://www.regulations.gov


On the behalf of OCHIN, we appreciate the opportunity to comment on the Facilitation of Public-Private Dialogue to Increase Innovation and Investment in the Healthcare Sector. OCHIN applauds the Department’s efforts to improve communication and collaboration within the healthcare sector.

OCHIN is a 501(c)(3) nonprofit community-based health information technology (HIT) collaborative based in Portland, Oregon. OCHIN receives support from the U.S. Department of Health and Human Services Administration (HRSA), and is a HRSA-designated Health Center-Controlled Network (HCCN). OCHIN’s mission is to pioneer the use of health information technology (HIT) in caring for the medically underserved, touching over 500 clinics across the U.S. As such, OCHIN serves community health centers (CHCs), including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and corrections facilities across the nation. OCHIN’s comments are based on our experiences with the members we serve.

OCHIN strongly supports encouraging communication between the various stakeholders and agencies in the healthcare sector to provide firsthand knowledge of prospective innovations or perceived barriers to healthcare for the benefit of both patients and providers. It is important HHS includes healthcare IT organizations and providers who operate and support the safety net, to ensure those who care for the most vulnerable have a strong voice. OCHIN applauds HHS’s efforts to engage in constructive, high-level dialogue between HHS leadership and those focused on innovating and investing in the healthcare industry.

1. Specific areas of inquiry or focus for the workgroup
   a. OCHIN supports the workgroup’s review of recent developments in health innovation and investing.
   b. OCHIN supports the examination of perceived barriers to innovation and competition in the healthcare industry by the workgroup.
   c. OCHIN supports the workgroup encouraging outside parties to provide HHS with information about how they are affected by HHS programs or regulatory requirements.
   d. OCHIN believes the workgroup should provide a forum for attendees to share their perspectives as to how the department may improve relevant regulations, guidance, or other documents.
i. To facilitate dialogue, recommendations and perspectives should be submitted in writing at least 60 days prior to the meeting. Participants with similar concerns or recommendations which interest HHS could form individual focus groups during the event with a workgroup facilitator.

f. Areas of focus which OCHIN deems pertinent are the Medicaid Reimbursement structure supporting broadband infrastructure, telehealth deployment, and other technologies to bridge the urban rural divide and develop the rural and frontier areas of the nation. Special attention should be paid to issues impacting the most vulnerable population in rural areas as well as provider shortage and burnout, and unique challenges of tribal populations.

2. Workgroup Structure
   a. To reach the highest level of participation, OCHIN suggests structuring the workgroup via both conference and webcast to overcome various travel and timing barriers of the participants. All relevant materials of attendees and HHS to be discussed at the workgroup forum should be supplied to participants in advance to allow advanced preparation to facilitate a thoughtful and informed dialogue.
   b. OCHIN highly recommends including a wide range of safety net perspectives in the form of clinics, public health entities, health data researcher organizations, PCAs, and other networks. OCHIN suggests including a party with a unique health IT perspective of the complexities of safety net support. We also suggest including HRSA and other bureau members for cross-agency collaboration, and at least a single member of the workgroup is part of a HRSA designated control network, as these organizations understand the challenging needs of virtual care and interoperability. To increase diversity at the table to better reflect the population HHS supports, we encourage tribal nations to be included. Provider voices from Indian Health Services, public health entities, governors and governor staff, healthcare control networks working through the safety net, and community and free clinics must also be at the table. Essentially, those serving the most vulnerable patient populations and working closely with government entities.

3. When workgroup meetings are not in session, HHS could create regional or industry comment boards within a portal for workgroup participants to submit thoughts, comments, collaborative ideas, or just generally exchange information.

We thank you for your time and consideration of our comments on the Facilitation of Public-Private Dialogue to Increase Innovation and Investment in the Healthcare Sector. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
VP, Government Affairs and Public Relations