Submission via www.regulations.gov

July 2, 2021

Shalanda Young
Acting Director
Office of Management and Budget
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Acting Director Young,

On behalf of OCHIN, I appreciate the opportunity to offer recommendations in response to the Request for Information on Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government. OCHIN strongly supports the Biden Administration’s goal of dismantling structural inequality and transforming health care to improve health outcomes for all.

OCHIN is a nonprofit health innovation and research network that serves over 500 community health care sites with 21,000 providers in 47 states serving nearly 6 million patients. OCHIN is a national health research network and continuous learning health system collaborative and offers technology solutions, informatics, evidence-based research, and policy insights. For two decades, OCHIN has advanced equitable health care solutions by leveraging the strength of our network’s unique data set and the practical experience of our members to drive technology innovation at scale for patients and providers in underserved communities.

The OCHIN network was built with federal investment and is comprised of community health centers, public health departments, rural hospitals, school-based clinics, correctional facilities, and behavioral health providers that contribute to research and data-driven best practices that reduce cost and improve health outcomes for medically and socially complex patient populations. Among our growing network, 137 unique organizations use OCHIN Epic to serve a national patient population that is 57% women, 7% Asian, 19% Black, and 36% Hispanic/Latinx. In addition, 1 out of 3 patients are best served in a language other than English, half have Medicaid coverage, and another quarter are uninsured. As a learning health system, OCHIN tests and scales innovative policies, while also providing actionable data to facilitate continuous learning on the impact of the Biden Administration’s initiatives.²

I have enclosed appendices with relevant OCHIN partnerships and recommendations concerning: (1) equity assessments and strategies, (2) barrier and burden reduction, (3) procurement and contracting, (4) financial assistance, and (5) stakeholder and community engagement. Please contact me at stollj@ochin.org to work together to achieve the health equity goals of the Biden Administration.

Sincerely,

Jennifer Stoll
Executive Vice President, Government Relations & Public Affairs
Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government

OCHIN appreciates the opportunity to offer recommendations in response to the Office of Management and Budget’s (OMB) Request for Information on Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government. OCHIN strongly supports the priorities that President Biden has outlined to address the unprecedented health challenges that our nation faces while dismantling structural inequality and transforming health care to improve health outcomes for all. This administration’s focus on racial justice and equity provides a historic and unprecedented opportunity to challenge the status quo and lean into policies that will transform health outcomes for minoritized and underserved communities hardest hit by COVID-19 and long-standing structural health inequality.

OMB’s request for feedback in five areas concern how federal agencies should advance equity while managing competing priorities, such as program integrity, privacy protection and resource constraints as well as reducing barriers and burdens on underserved communities. OCHIN’s responses below apply to all five areas including:

1. Equity assessments and strategies
2. Barrier and burden reduction
3. Procurement and contracting
4. Financial assistance including grants
5. Stakeholder and community engagement

Recommendation: Drive Government-wide Utilization of National Standards for Digital Demographic and Social Determinants of Health Terminology and Technical Standards

In order to implement, assess, and continually improve on equity in all five areas, accurate and accessible standardized demographic, as well as social determinants of health (SDH), data are needed. The data is critical to early detection, quantification, and monitoring of structural inequality and to craft policies, programs, procurement, grants, and engagement to remedy it. Consistent with President Biden’s Executive Order (EO) on Advancing Racial Equity and Support for Underserved Communities through the Federal Government, which establishes the Interagency Working Group on Equitable Data (Data Working Group), OCHIN urges OMB to prioritize and accelerate the development (or updating) of national digital data standards (terminology and technical standards) across federal agencies for collecting, reporting, and exchanging data related to:

- race
- ethnicity
- language preference
- sexual orientation and gender identity (SOGI)
- rurality
There remains a need to elevate and deepen coordination among federal agencies, which includes providing a readily accessible public roadmap for a national digital demographic and social determinants of health data framework. In the health care arena, this means concerted, public coordination across all agencies of the U.S. Department of Health & Human Services (HHS) including, at a minimum, the Centers for Disease Control and Prevention (CDC), the Office of the National Coordinator for Health Information (ONC), the Office of Minority Health, the Health Resources and Services Administration (HRSA), the Centers for Medicare & Medicaid Services (CMS), the National Institutes of Health (NIH), the Food and Drug Administration (FDA), Indian Health Services (IHS), the Office of Civil Rights (OCR), and Office of the Inspector General (OIG) working together and bridging over into other federal agencies, including the National Institutes of Standards and Technology (NIST) in the Department of Commerce. Specific attention and priority should be given to the work by ONC to drive national digital health data standards development, testing, and updates through the United States Common Data Initiative and the CDC should align public health data standards with USCDI to ensure clinical data and public health data standards are uniform.

Within HHS and across other departments, demographic data requirements are varied and create significant complexity and cost for individuals and entities in underserved communities. In addition, the different data standards and requirements increase the difficulty of stratifying demographic and SDH information across federal activities, such as public health, research, quality measurement, and medical device and drug sentinel monitoring. Such stratification is essential to identify structural inequality and worse outcomes, as well as approaches that improve outcomes for minoritized populations. **OCHIN does not support short-cut strategies as recently proposed as part of a CMS payment and quality proposed rule**, where the agency acknowledged the limitations of its current data sources for race and ethnicity, yet proposed as “an interim measure” algorithmic imputation for purposes of stratification of quality measures used in the Medicare in-patient hospital payment system. Stop gap measures such as the foregoing will worsen efforts to harmonize standards and would generate synthetic data that could be erroneous and difficult to validate, as well as deviate from generally accepted best practice for capture of personal demographic information.

**Recommendation: Establish an OMB Stakeholder Advisory Group on Social Determinants of Health and Demographic Data**

In the immediate term, **OCHIN strongly urges OMB to convene a SDH and demographic stakeholder advisory body (Advisory Group) or series of meetings and roundtables comprised of key stakeholders including community-based networks and organizations with experience electronically collecting, exchanging, and reporting SDH and demographic data in order to advise OMB, as well as the Interagency Data Working Group.** The Advisory Group would provide recommendations and technical assistance to inform and accelerate implementation of a digital data framework across federal agencies and programs.

---

1 See, for example, OCHIN comments to ONC’s request for comment on U.S. Core Data for Interoperability (USCDI) v2 Draft detailing need to accelerate standards development, testing, and adoption of social determinant of health and public health data elements and classes.

2 See, for example, OCHIN comments to CMS’ Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Proposed Changes to Medicaid Provider Enrollment [CMS–1752–P]
that should increase accuracy and transparency, while reducing cost, complexity, and conflicting requirements. Furthermore, this Advisory Group should also be charged with providing recommendations that ensure data standards facilitate the delivery of culturally and linguistically competent care. Data collection efforts, particularly for SDH, should not exacerbate inequality and place minoritized communities at heightened risk. For example, solutions touted as promoting big technology data aggregation and use can subvert individual interests under the guise of patient empowerment by sidestepping the Health Information Portability and Accountability Act (HIPAA) and eschewing national efforts to modernize consistent application of privacy and consent laws that are extremely important for communities that are stigmatized and subject to prejudice and discrimination. Community-based health care providers and research and innovation networks comprised of such members understand the importance of confidentiality, privacy, and consent to preserve quality clinician-patient communications that are essential for health care delivery, but are also broadly important to minoritized populations across all aspects of their lives given heightened risks of discriminatory use of data gathered as part of a health care visit in other areas, such as employment and education, for example.  

**Recommendation: Target Federal Funding to Support Widespread National Standards Adoption**

Swift and strategic action is hampered by the lack of funding to support standards development for terminology and technical standards adoption and widespread uptake. Specifically, there are few stakeholders with the resources and funding to identify, develop, test, implement, and provide technical support and training to ensure rapid adoption of national standards. The current ONC process for standards development and adoption as part of the United States Common Data Initiative remains too passive and relies too heavily on stakeholder volunteerism to produce standards. There is an urgent need to develop, test, and scale these standards and require additional dedicated federal funding, resources, and clear direction. **OCHIN urges OMB to identify and pool existing funding from across federal agencies to support entities that will accelerate digital data standard development and testing.** Currently, there are a core set of data elements and classes that are needed immediately to address the convergence of several public health crises that are exacerbating health inequities and impact all other aspects of equity in society. OCHIN strongly supports existing efforts of a broad cross-section of stakeholders including, for example, the Gravity Project, and resources are needed to accelerate their work. **OCHIN urges OMB to direct resources and support to organizations developing standards and related initiatives and to organizations scaling national implementation of SDH, public health, demographic terminology, and technical standards.**

**Recommendation: Engage State Government to Align Federal and State Standards**

OCHIN recommends that OMB initiate concerted outreach and engagement with state government agencies to increase consistent digital demographic and SDH data standardization at the state and federal level. Currently, federal, state, and local government agencies impose different standards to collect, report, and transmit demographic and SDH data. Furthermore, some states are already ahead of the federal government. In 2020, the state of Oregon’s legislature passed a law that prescribes how Oregon health care providers must collect information on race, ethnicity, language, and disability (referred to as

---

3 See, for example, OCHIN’s comments in response to HHS OCR’s proposed Modification to the HIPAA Privacy Rule to support, and remove barriers to, coordinated care and individual engagement. OCHIN has urged OCR to address the impact on underserved communities, equity, and meaningful consent of disclosure of personal health information (PHI) to third parties that are not covered by HIPAA. Patients may not understand that their PHI will not be subject to HIPAA and that state and federal privacy and consumer laws may not afford the same level of protection as HIPAA when they authorize release of PHI to third parties.
REALD), while in California, legislation introduced this year proposed development of a methodology for unique patient identification. Differences in state and federal approaches not only undermine the quality of data, but also impose a higher burden and cost on underserved communities, as this increases the potential for errors and diverts limited resources that could be utilized for services or other needed supports to administrative activities. Furthermore, as demonstrated by COVID-19, these differences undermine efforts to implement national public health sentinel capabilities that enable accurate and real-time identification of vulnerable or disparately affected communities during public health emergencies.

Recommendation: Utilize Equity Metrics and Transparency to Increase Accountability in Federal Programs, Contracting, Grants, and Engagement

OCHIN recommends that OMB identify a streamlined and standardized methodology and minimum set of equity-related metrics to increase performance transparency across the five priority areas. Transparency is a powerful means of providing accountability. Similar to standard nutrition labeling, these equity measures should be readily accessible through public portals and reflect agency performance, as well as the performance of entities that are recipients of federal funding whether through contracting, procurement, grants, or other financial arrangements. Furthermore, the measures should be tested to ensure these do not reinforce or reflect structural inequality. In order to provide this level of transparency, federal agencies must use the same or comparable data standards. In the interim, OMB should urge agencies to develop and test internal dashboards assessing metrics that reflect equitable access and impact on minoritized populations.

Recommendation: To Remedy Long-Standing Structural Barriers, Utilize User-Centered Design and Equity by Design Principles in Policies and Program, as well as Part of Procurement and Contracting, Financial Funding (Payments, Reimbursement, and Grants), and Engagement

OCHIN urges OMB to promote equity by design, as well as user-centered design principles among federal agencies so that consideration is given to the overall impact on underserved communities, where resources are limited. The following are examples of how these principles should be applied:

- **Data Standards for Collection, Exchange, and Reporting.** The current federal and state varied data collection are a textbook example of government policies that do not account for user-centered or equity-by-design data reporting. Community-based providers in underserved communities must allocate additional funding, time, and resources to comply with varied reporting, which includes engineering health information technology changes involving the same patients. Further, the intended beneficiaries of the programs must complete numerous requests for the same information when collection with updates, as needed, would be more efficient and less burdensome. National data standards aligned with state requirements to account for the potential compounded burden on end users would advance equity and enhance the accuracy of data.

- **Virtual Health Care Delivery.** The COVID-19 public health emergency has laid bare the limitations of a delivery system built exclusively on in-person visits and revealed how it undermines public health and exacerbates and reinforces structural inequality, for example, for patients who experience housing insecurity, limited transportation options, and speak a language other than English. The flexibilities adopted by Medicare and other government health care programs, along with commercial health insurers, during the COVID-19 public health emergency, has produced an unprecedented amount of evidence demonstrating the value that telehealth offers when
integrated into a continuum of in-person and virtual care among community-based providers for underserved communities. OCHIN recently completed an in-depth analysis of 2020 data from California network members, given the size and diversity of the state. In the California network, 47% of the patients were Latinx/Hispanic and 37% of the patient encounters were conducted using telehealth, the majority of which were in primary care services. Further, of these telehealth visits, 46% of encounters were delivered in a language other than English, with 3 out of 4 patients served in Spanish. Finally, patients who stated they needed housing and transportation support were 14% and 17% more likely to use telehealth, respectively. Telehealth and other virtual modalities are essential tools needed to dismantle structural inequality in health care. OCHIN was able to assess this network data because members conducted social determinant of health screenings and demographic data at the point of care.

- **New Health Care Payment and Delivery Models.** While recently appropriated congressional funding has proven essential to mitigate near-term financial instability for community-based clinics, providers in underserved communities need support for their efforts to develop, design, test, and then fully implement alternative payment by including value-based models that innovatively incorporate equity as a core metric of quality and account and address SDH. OCHIN has urged HHS to elevate federal health program payment and delivery pilots and demonstrations that focus on equity and multi-payor models built on the medical home, which reflect both equity by design and user-centered design principles. Some of the pressing challenges faced by patients in underserved communities include lack of integrated culturally and linguistically appropriate specialty care as part of a continuum of coordinated care. Furthermore, these models must be tested among community-based health care providers to address medical and social complexity with the requisite level of flexibility to address the potential outsized risk. Further, significant latitude is needed to ensure that these providers have the flexibility to test and utilize tools that address structural barriers and SDH.

- **Digital Divide and the Community Workforce.** Closing the digital divide includes deployment of broadband to the highest need communities that lack connectivity first, but it also must include investing in community-based health workforce development expansion that emphasizes connections to community providers and technology training. OCHIN has urged HHS to expand the health care workforce by training individuals from underserved communities in partnership with community-based providers. A core component of these initiatives should include technology training and professional development. This will increase technology literacy in underserved communities and provide community members a professional pathway along the continuum of options from a community health worker to a clinician, health informaticist, or technologist. Investing in community-based workforce development and training at the intersection of health and technology will strengthen community resilience and increase culturally competent care.

- **Digital Divide and Operable Health Information Technology and Equitable Access.** Consistent with developing a national framework and plan for health data and closing the digital divide, OCHIN continues to champion strategic investment in the modernization of public health agencies’ and community providers’ health information technology and technical assistance, as many were not included in the electronic health record modernization initiatives under the Obama Administration. Further, even for community provider recipients of the original funding and incentives, it has been over a decade since they received such investments, meaning that their
now antiquated systems lack sufficient capacity to meet current informatic needs. OCHIN also strongly supports sustained efforts similar to the Federal Communication Commission program that funded digital tools for underserved patients and their providers during the COVID-19 public health emergency.

- **Community-based Organizations Technical Assistance and Training.** In order to support communication and coordination between providers and community-based organizations, OCHIN advocates for technical assistance and training on national standards-based bidirectional digital communication to support community-based provider and social services organizations in the delivery of services that address SDH.

**Recommendation: Collaborate with Organizations and Entities with an Established and Proven Track Record Serving Diverse Communities at Scale**

OCHIN strongly urges federal agencies to prioritize engagement with organizations with an established track record of success of advancing equity and a mission that prioritizes diversity, equity, and inclusion. In order to understand the impact of new policies, the federal government and providers require the capacity to identify where adjustments are needed. OCHIN is able to test and scale innovative policies, while also providing actionable data to HHS that facilitates continuous learning on the impact of the Biden Administration’s initiatives.
ADDENDIX B
Public-Private Partnerships
Office of Management and Budget Request for Information

Public-private partnerships that OCHIN has with federal, state, tribal, territorial, or local governments within the past three years that are relevant to the request for information, which concerns how federal agencies and policies could equitably serve all individuals and communities, including the historically underserved.

OCHIN drives health equity by producing data-driven research and insights and scaling innovation.

<table>
<thead>
<tr>
<th>Research priority areas</th>
<th>Agency / Partner</th>
<th>Brief description including length of partnership and purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health disparities/equity, health policy, practice transformation, social determinants</td>
<td>U.S. Department of Health &amp; Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ)</td>
<td>Funded projects spanning reproductive health policy, social needs screening, chronic conditions, impacts of the Affordable Care Act (ACA) on community health clinic service utilization, adoption of global capitation payment</td>
</tr>
<tr>
<td>Health disparities/equity, health policy, HIV and infectious diseases, SARS-CoV-2</td>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td>Funded projects spanning health care data assets and systems to improve surveillance and management of latent tuberculosis, electronic case reporting, impacts of the Affordable Care Act on diabetes care and complications</td>
</tr>
<tr>
<td>Health disparities/equity</td>
<td>Food and Drug Administration (FDA)</td>
<td>Funded project to improve capabilities in electronic health record (her) network databases, improve representation of people accessing care in community-based health center settings in medical products surveillance</td>
</tr>
</tbody>
</table>
| Health disparities/equity, policy, HIV and infectious diseases, opioids, practice transformation, reproductive and family health, social determinants | National Institutes of Health - NCATS, NCI, NHLBI, NIA, NIDA, NIDDK, NIMH, NIMHD | Funded projects spanning:  
  - Data-only projects studying asthma care, obesity prevention, multimorbidity among aging adults, cardiovascular care, smoking cessation, opioid prescribing, impacts of the ACA on cancer care delivery                                                                                                                                                                                                                                                                                                                                                                                                 |

OCHIN
| Health disparities/equity, reproductive health | HHS Office of Population Affairs | Funded project concerning contraceptive service provision and utilization in community-based health care settings |
| Infrastructure, health disparities/equity, health policy, opioids, SARS-CoV-2, social determinants | Patient-Centered Outcomes Research Institute | Funded data only projects, including the impact of patient complexity on health care performance, using EHR data for public health surveillance, and opioid use. Funded project examining blood pressure control, impact of Medicaid reimbursement changes on opioid prescribing for patients with low back pain, culturally competent care and skill building to improve health of people identifying as sexual and gender minorities. Funded infrastructure projects, including the OCHIN-led ADVANCE (Accelerating Data Value Across a National Community Health Center Network) Clinical Research Network and cross-network collaborations and capacity building for health disparities research. |

**INNOVATION**

<p>| Infrastructure and Resources to Expand Access to Underserved Communities | Agency/Partner | Brief description including length of partnership and purpose |</p>
<table>
<thead>
<tr>
<th>Equity and Infrastructure</th>
<th>OCHIN is an Awardee Health Center Controlled Network (HCCN). OCHIN Received its first HRSA funded award 9/1/2004. OCHIN’s HCCN provides training and technical assistance to participating community health centers to improve outcomes through better utilizing technology. Current Awards: 2019-2022 2021-2023 (+Supplementals)</th>
<th>HHS, Health Resources and Services Agency (HRSA), Bureau of Primary Health Care (BPHC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity and infrastructure</td>
<td>California Telehealth Network (CTN) is an awardee of the Regional (California) Telehealth Resource Center. CTN was first awarded 6/1/2012. CTN became an OCHIN subsidiary in 2017. The California Telehealth Resource Center (CTRC) is a public resource for the state of California to find and utilize resources, tools, and trainings related to telehealth. Current Awards: 2017-2021(+supplements) Application submitted for FY22</td>
<td>HHS, HRSA, Office of Rural Health Policy, Regional Telehealth Resource Center</td>
</tr>
<tr>
<td>Health disparities/equity, SARS-CoV-2, chronic conditions, social determinants, infrastructure</td>
<td>Funded projects in response to the COVID-19 pandemic, including fully subsidizing the costs of connected devices (e.g., laptops, smart phones, remote patient monitoring devices) for medically underserved and low-income patients and community health providers to support adoption of telehealth and other virtual health care options. Piloting a connected care approach to closing the last mile in access to care by partially subsidizing the costs of broadband for low-income patients served by community health providers. The pilot will target chronic and long-term conditions, infectious disease caused by COVID-19, high-risk pregnancy and maternal health conditions.</td>
<td>Federal Communications Commission</td>
</tr>
</tbody>
</table>