October 31, 2022

The Honorable Ami Bera, M.D.
Cannon House Office Building, Room 172
Washington, DC 20515-0507

The Honorable Earl Blumenauer
Longworth House Office Building, Room 1111
Washington, DC 20515-3703

The Honorable Larry Bucshon, M.D.
Rayburn House Office Building, Room 2313
Washington, DC 20515-1408

The Honorable Brad R. Wenstrup, D.P.M
Rayburn House Office Building, Room 2419
Washington, DC 20515-3502

The Honorable Kim Schrier, M.D.
Longworth House Office Building, Room 1123
Washington, DC 20515-4708

The Honorable Bradley Scott Schneider
Cannon House Office Building, Room 300
Washington, DC 20515-1310

The Honorable Michael C. Burgess, M.D.
Rayburn House Office Building, Room 2161
Washington, DC 20515-432

The Honorable Mariannette Miller-Meeks, M.D
Longworth House Office Building, Room 1716
Washington, DC 20515-1502

Re: Feedback on a comprehensive solution that can bring our health care system into the 21st Century

Dear Representatives Bera, Blumenauer, Bucshon, Wenstrup, Schrier, Schneider, Burgess, and Miller-Meeks,

On behalf of OCHIN, we appreciate the opportunity to offer feedback on a comprehensive solution to drive sustainable payment and delivery reform in federal health care programs. OCHIN is a national nonprofit health IT innovation and research network serving more than 1,000 locally controlled community health care sites, reaching more than 6 million patients in 45 states and supporting more than 21,000 providers. Fifty percent of our network’s members’ patients are covered by Medicaid. We applaud your focus on addressing the underlying shortcomings in the current Medicare and Medicaid payment systems that continue to impede practice transformation and do not advance practice sustainability nor improved patient health outcomes. OCHIN respectfully urges you to consider the most socially and medically complex patients when advancing reform models to address sustainability for providers and the health care system.

OCHIN A Driving Force for Innovation and Transformation

OCHIN has matured during its first decade from a technical services provider into a data- and research-informed quality improvement organization, with extensive expertise in primary care and outpatient settings. We provide technical assistance and opportunities to participate in quality improvement and measurement activities, including data analytics and quality reporting services, research, and peer-to-peer learning. OCHIN hosts an electronic health record system (EHR) and other health information technology, telehealth, broadband, professional services (quality improvement, compliance, technology, coaching, workflow engineering, security, business, and operational consultation), workforce development and training, and research and analytics. The OCHIN network is comprised of federally
qualified health centers (FQHCs), rural health clinics, and other community health centers, local public health departments, rural hospitals, school-based clinics, correctional facilities, behavioral health providers, Tribal community providers, and critical access hospitals.

**OCHIN RECOMMENDATIONS**

As you consider new payment and delivery transformations, there are seismic changes underway in the health care workforce as well as demographic shifts that should inform new delivery models including:

- 1 out of 3 physicians intends to reduce clinical work hours in the next year\(^1\)
- 1 out of 5 physicians intend to leave medicine altogether in the next two years\(^\text{ii}\)
- In 8 years, 1 in every 5 residents will be retirement age and seniors will outnumber children for the first time in U.S. history.\(^\text{iii}\)

The foregoing trends will deepen structural barriers to care in rural and underserved communities unless technology is leveraged, and health care delivery reimagined. The following are recommendations to drive payment and delivery reform, particularly among providers in communities serving patients that face structural barriers to access:

1. **Build the 21st Century Workforce with Health Information Technology (HIT)**

   - Persistent shortages of operational and support staff with health IT skills among community clinics undermine their ability to provide access to clinical services, data, and metrics reporting, support public health readiness, and transition to new payment and delivery models such as value-based models that require the availability of digital clinical and operational data.
   - We urge Congress to take immediate steps to target funding to support operational and support staff health IT workforce development and training for community clinics in underserved communities and local public health agencies that serve a high percentage of patients covered by Medicaid and CHIP.

2. **Support Whole Patient Care for Complex Patients in Rural and Underserved Communities**

   - Primary care providers in underserved communities cannot drive improved outcomes and sustainability without access to timely specialty referrals. OCHIN network patients face limited access and delayed referrals to specialists, which drives health disparities in underserved communities and communities of color.
   - We urge Congress to invest in a virtual specialty care network that partners with existing primary care community-based providers serving a high percentage of Medicaid/CHIP covered patients.

3. **Stabilize and Strengthen Primary Care, Particularly in Underserved and Rural Communities**

   - The current Medicare and Medicaid payment methods do not meet the operational costs of providing care to patients who face structural inequality and have higher clinical complexity, including in rural communities. New models and methods must adjust and account for patient social and medical complexity.
   - Leveling the playing to ensure rural providers, such as Critical Access Hospitals (CAH) and their partners, receive funding appropriate to their costs is essential to keeping providers and health
care infrastructure stable in rural communities. Rural providers are and have been at a financial
disadvantage to their urban and suburban counterparts. Due to their lack of patient volume,
payments do not meet the costs of operation, meaning rural providers cannot survive without
new and adaptive payment models that specifically adjust for considerations such as rurality and
patient volume.
• We urge Congress to implement adjustments that ensure rural providers can remain where they
are and provide needed care to their communities.

4. Ensure the Continued Sustainability of the 340 Program for Grantees

• OCHIN has produced an analysis of the significant role that the 340B prescription drug program
(340B) plays in covering current operating costs for eligible entities in the OCHIN network. For the
sampled members, the level of 340B funding is significant, making the difference between
operating at a net gain or loss for the majority.
• As practices by pharmaceutical companies and pharmaceutical benefit managers continue to
reduce this funding, it directly undermines the sustainability of federally qualified health centers
and similar community clinics and rural hospitals that reinvest funds to keep doors open to the
most underserved.
• OCHIN urges Congress to take steps to ensure the continued sustainability of 340B to protect
vulnerable patients and safeguard their access to care.

5. New Medicare and Medicaid Payment and Delivery Models Are Needed that Reduce Administrative
Burdens and Reflect Whole Patient Care While Driving Value.

• The current fee-for-service and value-based models do not adequately account for the clinical
complexity and social determinants of health that impact outcomes of patients.
• These models do not align payment so that interventions are sustainably integrated to produce
improved outcomes that bend the cost curve and begin to dismantle structural barriers in rural
and underserved communities.
• New payment models, particularly for providers in rural and underserved communities, are
needed that reflect social risk in various ways including quality measures, performance
assessments, and benchmarks, for example.

6. Permanently Extend Coverage and Regulatory Flexibilities for Telehealth and other Virtual
Modalities.

• Meeting patients where they are is essential to improving health outcomes, empowering patients,
and driving lower overall health costs. Telehealth (including audio-only services) and other digital
modalities have proven to be essential tools for overcoming structural barriers to access during
the COVID-19 public health emergency (PHE).
• We strongly urge Congress to permanently extend the COVID-19 PHE coverage and
reimbursement parity as well as other flexibilities related to FQHC service areas, authorized
practitioner billing, and prescribing.
• We also urge Congress to address onerous requirements, such as mandated in-person encounters
before or after virtual visits while addressing the cost and burden of credentialing that fall heaviest
on providers in rural and other underserved communities.
7. **Provide Resources for the Rural and Underserved Providers to Implement and Maintain Robust, Resilient Cybersecurity Practices.**

- Our nation’s health care providers face a constant and unrelenting barrage of cybersecurity attacks. Nowhere is this felt more acutely than in rural and underserved settings of care, settings with the fewest resources serving the most medically and socially complex patients.
- Essential and basic security measures require skilled cybersecurity staff who are responsible for complex and evolving defensive architecture, as well as training for those who regularly use such systems in community health clinics. Rural and underserved providers do not have the resources to train existing staff, let alone hire experienced and in-demand cybersecurity professionals.
- OCHIN urges Congress to prioritize funding efforts that target and offer support to rural and underserved communities to develop, build, and bolster cybersecurity defenses. It is not a matter of if, but when, these providers are attacked. We must act now to ensure they and their patients are not left vulnerable.

**CONCLUSION**

We have outlined a range of policies, but there are additional recommendations based on analysis of OCHIN network data that we would welcome sharing with you including the impact of documentation requirements on costs and clinician burnout. Please contact me at stollj@ochin.org to discuss how OCHIN can support your efforts moving forward.

Sincerely,

Jennifer Stoll  
Executive Vice President  
External Affairs

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2. Id.
3. United States Census Bureau Press Release: Older People Projected to Outnumber Children for First Time in U.S. History, March 13, 2018; Release #: CB18-41