



Micky Tripathi, PhD, M.P.P
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services

Dear Dr. Tripathi:

On behalf of the Healthcare Information and Management Systems Society ([HIMSS](#)), we are pleased to provide written feedback to the Office of the National Coordinator's (ONC) white paper [Advancing Health Equity by Design and Health Information Technology: Proposed Approach, Invitation for Public Input, and Call to Action](#).

HIMSS is a global advisor and thought leader and member-based society committed to reforming the global health ecosystem through the power of 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 driven by health equity. 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. 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 125,000 individuals, 480 provider organizations, 470 non-profit partners, and 650 health services organizations. Our global headquarters is in Rotterdam, The Netherlands and our Americas headquarters is in Chicago, Illinois.

We offer the following thoughts and recommendations for consideration as ONC looks to create new approaches, policies and programs geared towards advancing equity and support for underserved communities:

Do you think this draft identifies the core issues and heads in the right direction? Are there changes you recommend based upon your own experiences with health inequities and health equity by design?

HIMSS would like to thank ONC for being proactive in its approach surrounding data equity through federal health IT coordination, the health IT certification program, and its standards development efforts. The draft addresses the core issues overall, and we commend ONC for their comprehensive approach. While we acknowledge these concerted efforts, there could be a more explicit call out of including diverse patients and communities upstream in the design process to ensure unconscious biases and gaps are identified early. Education around technology, particularly the potential implications of those technologies for patients, communities, and industry can be critical to ensuring a common, shared understanding of the challenges to address health equity.

In order for ONC to continue its valuable work, [HIMSS has recommended to Congress](#) to fund ONC at no less than \$86 million.

We would also like to offer some reflections as it relates to our burgeoning work within our HIMSS American Indian or Alaska Native membership. HIMSS recently launched its Native American & Indigenous People's Community, with the intent to gather with fellow Tribal & Indigenous members and ally's; for the purpose to convene, connect and formulate collaborative advocacy initiatives around culturally sound strategies and technology best practices for tribal health. We would like to ensure that tribal considerations are being made whenever ONC will be implementing any health equity design across the I/T/U (Indian Health Service/Tribal facilities/Urban health programs) system. The community acknowledges certain data strategies and policies that did not take into consideration the unique needs of Indian Country. We would implore ONC to promote further interoperability between HHS and I/T/U IT systems. This is to not only uphold the federal government's trust responsibility to protect the interests of Indian Tribes and communities, but to also ensure tribes are not being left out of any core considerations and investments in crafting further equity and interoperability policies and technology.

What ways do you design and integrate health equity in health information technology, exchange, and use, across your work in health care and delivery? What are the exemplars and lessons you would share with ONC in your comments?

We at HIMSS posed this particular response to reflect the collective voice of our [Social Determinants of Health \(SDoH\) Committee](#). The committee's scope of practice in any recommendation always encompasses a healthcare, health services research and a learning health systems frame. HIMSS recommends ONC to think about 'design thinking' in the context of a learning health system frame to maximize equity focused Health IT innovation. From the outset, focus needs to be on the end user, and part of that is getting meaningful end user input when implementing any innovation mechanism. We call for ONC and industry to think about the consumer, patient, and member when designing tools and services. While we absolutely need to improve the speed and efficiency of the delivery of care, we also need to improve access and equity. Design technology should always take groups who may not have equal access and abilities into account. High patient administrative burden more significantly negatively impacts marginalized communities and vulnerable populations. Education, access to digital health and tech-enabled human touch can all help reduce burden for all patients.

HIMSS is currently publishing a paper on the Digital Determinants of Health and Digital Health Equity framework. In that framework, digital inclusion (and data inclusion) is included. Once completed, HIMSS would be pleased to share this framework with ONC as it relates to the Committee's digital inclusion best practices.

HIMSS is helping rural health systems, communities and care providers to measure and understand their path to self-improvement with our [Community Care Outcomes Maturity Model \(C-COMM\)](#). C-COMM gives health systems an in-depth analysis of the secure digital tools used by care providers and patients, across the lifespan, with actionable insights into data management, care delivery, and associated health

outcomes. This model is focused on proactive interventions and prevention mechanisms to strengthen health outcomes for unique population segments.

What are your immediate priorities for health equity by design, and your long-term priorities?

HIMSS is invested in working with stakeholders across the sector to co-design actionable frameworks for industry and providers to incorporate health equity by design. A framework or checklist for entities to measure a project's inclusion of equitable design may support awareness and implementation of these principles. HIMSS would encourage ONC to consider some design thinking approaches for equity-focused problem solving. We reiterate how invaluable it is to listen to diverse perspectives and actively include them in the Health IT design process. Design is a multi-disciplinary team effort; everyone is responsible for speaking on behalf of the customer.

For context, our [HIMSS Social Determinants of Health Committee \(SDoH\)](#) committee uses [Amazon's Working Backwards Process](#) as a key framework for health equity centered design. This process provides an overview of the specific user-centered design methodology used by Amazon. Some questions posed from this work are as follows:

1. Listen; who is the customer and what insights do we have on them?
2. Define; what is the customer problem? What data informed this?
3. Invent; what is proposed solution? Versus other alternatives?
4. Refine; How will we describe end-to-end customer experience? What is the customer benefit?
5. Test/Iterate; how will we define and measure success?

Long term, it is critical that patients have access to available resources and services to address health-related social needs. To achieve this goal, HIMSS will continue advocacy work related to improving health literacy as well as digital health literacy, so building in programmatic provisions that overcome these conditions and barriers are foundational to any government action to tackle equity issues. Increasing the visibility of new programs and services to underserved populations is a key step, but ONC must ensure that these populations have the information and tools to take advantage of the programs and can in fact access benefits.

Lastly, one key overarching issue where there is a real opportunity for ONC to keep as a foundational equity pillar is building trust within these 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. 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 community specific needs.

What are the leading barriers to health equity and health equity by design that you experience in your efforts? How do you think ONC can help?

To ensure compliance and actionable outcomes, the appropriate resources and best practices need to be made available to stakeholders. HIMSS membership has indicated there is a lack of playbooks and systematic frameworks to incorporate health equity in design and implementation of projects. ONC's inclusion of SDoH into USCDI and efforts like Gravity Project are great examples of how ONC has effectively led standardization of these practices. More work and investment can be made into developing actionable frameworks, checklists, and scorecards that make any entity able to incorporate health equity by design into their programs in the early stages of development. To foster more buy in, there must be community and trust at the heart of any approach with health equity design. HIMSS recommends ONC be at the forefront when it comes to community engagement to raise awareness of their initiatives and enhance community engagement strategies.

What additional activities, if any, do you think ONC should undertake to implement Health Equity by Design fully and effectively?

Using ONC's platform to shine a spotlight on success stories will heighten awareness and adoption of best practices. HIMSS recommends ONC work with industry to standardize measurement that can be utilized with low effort and resource by multiple organizations of different sizes and capabilities. (e.g., startups, large companies, etc.)

As much as we emphasize the needs of all patient populations, we also want to call out the need to elevate health systems that work with underserved populations. Federally qualified health centers, community-based organizations, tribal health facilities, non-profits, among other social services should be considered when developing a scalable framework when any health IT standards and systems are under development.

It is important for ONC to address unique challenges posed in the context of Artificial Intelligence to ensure equity and inclusivity. We would like to see actionable and robust guidelines for equitable monitoring of AI systems. This would help combat model drift when models start to ingest and learn from local data, as well as alleviate hallucinations and biases that may creep in during an algorithm's lifetime. Any activity or framework can have embedded biases. Therefore, it is critical that diverse communities, including patients, are involved in the design, development, and monitoring of these tools with sufficient governance. HIMSS is updating its HIMSS Public Policy Principles for the responsible use of Artificial Intelligence and Machine Learning (AI/ML) and would be happy to share these priorities upon publication.

Are there any activities described above that you think are having unintended, adverse effects on health equity by design?

While HIMSS applauds ONC for recognizing and promoting equity through design, we believe there is a critical area left unaddressed by the technology, convening, and measurement approach laid out in the concept paper, which ONC can do more to address.

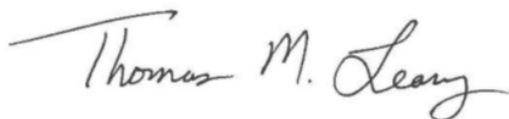
In the for-profit American healthcare system, software vendors design the systems, and healthcare organizations deploy systems to serve the needs of the organizations that pay for them. Increasingly, those payments are made by third-party payers, whether private insurers or federal or state agencies. In 2022 (the latest CMS data available for [National Healthcare Expenditures](#)), patients paid only 11% of total healthcare expenditures out-of-pocket. Considering that traditionally marginalized groups most affected by inequitable systems and design lack resources to a greater extent than others, these populations pay an even smaller share. Populations accounting for less than 11 percent of an organization's income are unlikely ever to have their design needs meaningful considered, despite the equitable considerations of designers and purchasers. Equitable design will remain challenging without fundamental economic changes to the healthcare system or government intervention.

Although ONC's tools are limited, we believe there are three important ways that ONC can help to speed up the inclusiveness of design:

- Incentivize Value-Based Care Models: The Department of Health and Human Services (HHS) via Centers for Medicare and Medicaid Services (CMS) reimbursement for healthcare delivery services can help align financial incentives with patient outcomes, ensuring that equity becomes a central component of healthcare delivery.
- Through use of the National Coordinator's platform, and technical guidance for providers transitioning to accountable models, ONC can speed the country towards a more equitable health system
- Mandate Equity Metrics in the ONC Certification Criteria: ONC should continue to incorporate specific certification requirements enhancing health equity as a component of certifying health IT. This would ensure that systems are designed with equity in mind, driving the industry toward solutions that prioritize and integrate a full spectrum of health equity data. HIMSS would welcome the opportunity to engage ONC with HIMSS members to discuss appropriate metrics, including the HIMSS Public Policy Committee, the HIMSS SDoH Committee, and the HIMSS Quality Task Force.

We look forward to discussing these issues in more depth. Please feel free to contact [Evan Dunne](#) with questions or to request more information.

Sincerely,

A handwritten signature in black ink that reads "Thomas M. Leary". The signature is written in a cursive, flowing style.

Thomas M. Leary, MA, CAE, FHIMSS
Senior Vice President and Head of Government Relations