



CHIME
College of Healthcare
Information Management Executives

Dec. 22, 2020

Dr. Leith States, Chief Medical Officer
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 715-G
Washington, D.C. 20201

Submitted virtually through OASHcomments@hhs.gov

Dear Dr. States,

The College of Healthcare Information Management Executives (CHIME) welcomes the opportunity to submit comments in response to the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH) request for information (RFI) titled *Request for Information – Landscape Analysis to Leverage Novel Technologies for Chronic Disease Management for Aging Underserved Populations*.

CHIME is an executive organization dedicated to serving chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs) and other senior healthcare IT leaders. With nearly 5,000 members, CHIME provides a highly interactive, trusted environment enabling senior professional and industry leaders to collaborate; exchange best practices; address professional development needs; and advocate for the effective use of information management to improve the health and healthcare in the communities they serve.

CHIME thanks OASH for the opportunity to respond to this important RFI and work towards shaping AI and Next Generation (NextGen) Technology for years to come. Healthcare continues to evolve at a rapid rate and is capable of advancements at an incredible pace, as we saw with Operation Warp Speed and the development of COVID-19 vaccines. As part of our response to this RFI we worked with many of our members to identify and gain further insight on how these novel technologies will impact how doctors deliver care, impact the quality of care patients receive and affect how patients pay and how doctors are reimbursed.

Within the RFI, HHS indicates that responses do not need to be limited to discussion on how these novel technologies can impact aging and underserved populations. With that in mind, CHIME chose to take a holistic approach in its response by developing a set of principles for those in the health sector to use as a guidepost in developing and deploying these technologies. Part of the challenge in understanding the impact and applicability of novel technology is that much of the discussion and focus is centered on technologies that are now only a promise or not even developed. With that in mind, it is crucial for policymakers, technology developers and providers to identify early and then follow a set of core principles to ensure these technologies are available to all and not gated behind cost, access or bias barriers.

These are a living set of guidance principles and will continually be updated as the years move forward and technology advances and changes. When appropriate, CHIME will re-examine these principles to ensure they reflect the medical system we are operating within and the technology world that we as a nation live in. In the last 10-15 years, healthcare has continued to evolve dramatically and the introduction of the electronic health record (EHR) into modern medicine – while complex at initial rollout – dramatically

improved the way care was delivered and the quality of care received. We now stand at the precipice of the same slope of innovation that will usher in the next wave of healthcare innovation and it is crucial the nation sets it on the best path for success early, in order to achieve the possibilities within reach.

Please see below for CHIME’s recommended principles to guide the next wave of innovation and the development, implementation and use of NextGen technologies and artificial intelligence (AI):

- **The development, implementation and use of these technologies should maintain a patient-centered approach throughout.**
- **Algorithms used to develop these technologies must be transparent.**
- **Policymakers should work to remove barriers from accessing these technologies, including, but not limited to:**
 - **Cost burden on providers to deploy and then utilize these technologies;**
 - **Lack of infrastructure to utilize these technologies, such as broadband and 5G network access, required for utilizing these technologies;**
 - **Ensuring health workers have the skillset required to deploy and utilize these technologies; and**
 - **Ensuring rural and underserved areas are not left behind, as they often are with other technology advancements.**
- **Patient privacy must be prioritized throughout the development of these technologies and the intersection of data collected via healthcare and non-healthcare uses must be disclosed to patients upfront.**
- **A solution for uniquely identifying patients and accurately matching them to their records at a constant 99.99% rate must be in place in order for this technology to be trusted.**
- **The possibility of inadvertent bias being introduced into AI-based models or solutions must be explicitly assessed. Using a risk-based approach, the clinical benefits and potential for harm should be addressed before being deployed in a clinical setting.**
- **Transparency about the data used to construct and test AI-based models is essential for providers to appropriately and safely apply AI-based solutions in clinical practice.**
- **Expert advice on best practices for safe use of advanced software solutions involving AI should be sought from evidence-based policy organizations.**
- **Learning from the success of aviation safety, HHS should enact policies that ensure the free exchange of information about the safety and effectiveness of AI-based technologies for the purpose of conducting safety and effectiveness research.**
- **Opportunities presented from new technologies is great, and includes, but is not limited to:**
 - **Reducing provider burden through diminishing negative time activities such as patient no-shows;**
 - **Improving the patient/clinician relationship by utilizing virtual scribe technology, limiting the need for a clinician to face a computer screen and away from the patient;**
 - **Reducing payer, provider and patient burden through the use of claims denial management technology; and**
 - **Improving the speed and quality of patient care while reducing the cost.**
- **Cybersecurity must be prioritized throughout the development, implementation and use of these technologies to ensure there is trust in the technology throughout.**
- **Policymakers must work to streamline the multitude of requirements that vary state by state to ensure there is limited burden on providers as they navigate the requirements, such as privacy requirements, that impact this technology.**
- **A robust reimbursement and payment structure should be proposed for providers to understand what the economic impact and return on investment potential this technology will create.**

These principles are not fully exhaustive and only scratch the surface of what is needed from both a health sector and policymaker perspective as healthcare begins to prepare for technology to continue its march

into the doctor's office and patients' lives. Our hope is that these principles create the foundation for which this technology can be built upon. CHIME fully believes nothing will ever replace the patient/provider relationship, but it is clear this technology can enhance medical care, improve quality and help make and keep patients healthy. It is important to view how this technology will function in the real world and plan accordingly so the healthcare community does not repeat the mistakes of the past when implementing new technology. By working together, developers, providers and policymakers can ensure these technologies improve the health outcomes for all and usher in a new era of quality care driven by people, enhanced by technology.

Should you have any questions about these principles or would like to meet to discuss them further, please contact Andrew Tomlinson, Director of Federal Affairs, at atomlinson@chimecentral.org.

Sincerely,



Russell P. Branzell, CHCIO, LCHIME
President and CEO CHIME



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