



March 17, 2021

Micky Tripathi  
National Coordinator  
Office of the National Coordinator for Health Information Technology (ONC)  
330 C St. SW, Floor 7  
Washington, DC 20201

Dear Mr. Tripathi:

The College of Healthcare Information Management Executives (CHIME) would first like to congratulate you on your nomination and installment as National Coordinator. We look forward to the opportunity to work with you and the Office of the National Coordinator for Health Information Technology (ONC) throughout your tenure to unlock health data for patients, lessen the burden on providers and usher our health system into 21<sup>st</sup> century future state many of us envision.

The health system has seen an enormous and rapid change over the last two decades stemming from the digitization of medical records, the introduction of apps capable of consuming and sharing healthcare patient data, emerging technologies such as machine learning, and the projected increased use of broadband. It is these very technologies that have helped our nation navigate the significant challenges confronting frontline clinicians and impacting patient care during the pandemic.

Our members are on the frontier implementing technology needed to support clinical care and data sharing. This includes standing up systems to deliver healthcare remotely through telehealth and remote patient monitoring, implementing vaccine registrations and data reporting, installing and updating clinical decision support, machine learning and connecting patients to their records through third-party applications. They do this all while defending increased national healthcare cybersecurity threats confronted daily.

Despite the significant advances over the last 20 years and the monumental effort that has gone into combatting COVID-19, there are opportunities for further innovation and improvement to patient safety, access to care, privacy of medical records and security of patient data. For example, as states and localities across the country rush to get immunizations in arms, we have found alarming situations involving avoidable patient identification errors that result from

mismatched patient records and inaccurate counts of who has been vaccinated, compromising patient safety and impeding vaccination distribution.

We are eager to work with HHS and ONC to prioritize these opportunities for improvement. To that end, below we offer several ideas to achieve the vision President Biden outlined in his campaign and early policy proposals.

**1. Foster policies that will have the greatest impact on nationwide efforts to achieve interoperability and support a sector still besieged by the pandemic by:**

- a. Reviewing existing and any potential new health IT compliance dates, acknowledging that while the level of crisis has abated, healthcare operations still need time to recover and move back into a more normal mode of operation;
- b. Allowing healthcare providers to continue their unabated efforts to meet the national objective of vaccinating all Americans by focusing resources on this goal and deferring mandatory compliance with information blocking policies, beginning with giving providers 12 months to comply with the information blocking requirements set to take effect on April 5, 2021. This can be accomplished by making April 5, 2021 an effective date for the requirements and committing to April 5, 2022 as the compliance date, with enforcement not to begin until at least 30 days after that date;
- c. Incorporating strategies that address the entire care continuum including post-acute, long-term care and behavioral health settings;
- d. Supporting efforts to reduce total cost of care by encouraging interoperability of all clinical and business stakeholders, which includes payers and public/private partnerships and health information exchanges (HIEs);
- e. Improving coordination across agencies (i.e., Centers for Medicare & Medicaid Services and the Federal Communication Commission (FCC)) to achieve growth in virtual care innovation, including remote patient monitoring and other asynchronous care models; and
- f. Championing funding to support 21<sup>st</sup> century data collection.

**2. Prioritize unique patient identification to improve the current vaccination response and prepare for future pandemics, increase patient safety, reduce disparities, and support data sharing between patients and providers as envisioned under the 21<sup>st</sup> Century Cures Act by:**

- a. Asking Congress to remove the ban prohibiting HHS from establishing a patient identification standard; and
- b. Working with agencies outside of HHS to establish a solution for uniquely identifying patients.

**3. Strengthen the nation and the healthcare sector's cybersecurity posture by:**

- a. Promulgating rulemaking giving providers credit for using cybersecurity best practices like those under Section [405\(d\)](#) of the Cybersecurity Act of 2015 (CSA) as codified under H.R. 7898 (Pub.L. 116-321) as soon as feasible;
- b. Prioritizing cybersecurity resources within HHS including for the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Health Sector Cybersecurity Coordination Center (HC3);
- c. Declassifying more information on active threats; and
- d. Establishing policies that support threat information sharing without fear of reprisal in the form of government-backed penalties.

- 4. Establish policies that support patient privacy and safeguard consumer healthcare information by:**
  - a. Working with Congress to pass a national privacy law;
  - b. Strengthening the Federal Trade Commission's (FTC) oversight of third-party apps;
  - c. Redacting certain policies contained in the Health Insurance Portability & Accountability Act (HIPAA) proposed privacy rule that are confusing and may conflict with information blocking policies mandated under the 21<sup>st</sup> Century Cures Act;
  - d. Investing in consent management use cases and data segmentation standards to best support patient privacy and appropriate information sharing; and
  - e. Moving swiftly to promulgate rulemaking to align Part 2 and HIPAA patient policies as required under Section 3221 of the CARES Act.
- 5. Support access to telehealth and broadband by:**
  - a. Maintaining the public health emergency (PHE) through the end of 2021, as promised to state governors in January;
  - b. Naming a telehealth czar within HHS for better oversight and coordination across multiple agencies within and outside of HHS around telehealth policies;
  - c. Ensuring there is a viable pathway for provider reimbursement to support services delivery following the pandemic;
  - d. Working with Congress to remove the Medicare distant site requirements that limit where telehealth is reimbursable once the PHE has ended and expanding the list of providers eligible to deliver care remotely; and
  - e. Continue policies that support and fund high-speed internet, which is crucial to the success of telehealth and remote patient monitoring as additional avenues to access care, as well as a reduction of disparities.
- 6. Take a more holistic approach to federal health IT policy and bring greater certainty to providers by:**
  - a. Setting realistic compliance deadlines, which will help providers maximize their health IT investments;
  - b. Conducting an assessment of all health IT mandates and other competing priorities to bring greater efficiency to health IT spending; and
  - c. Maintaining a focus on reducing provider burden.

CHIME appreciates the opportunity to share our ideas with you and we look forward to partnering with HHS and ONC. Should you have any questions, please contact Mari Savickis, Vice President, Public Policy at [mari.savickis@chimecentral.org](mailto:mari.savickis@chimecentral.org).

Sincerely,



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



John Kravitz, CHCIO, MHA  
Chair, CHIME Board of Trustees  
Chief Information Officer  
Geisinger Health System