The Honorable Micky Tripathi

National Coordinator for Health Information Technology

Office of the National Coordinator for Health Information Technology (ONC)

U.S. Department of Health and Human Services

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Washington, DC 20201

**Regarding the 2024-2030 Federal Health IT Strategic Plan
Draft for Public Comment**

On behalf of the millions of patients and the 100,000+ providers that use [Zocdoc](#) across all 50 states, thank you for the opportunity to comment on the 2024 - 2030 Federal Health IT Strategic Plan. As a healthcare technology organization, we've spent the last 17 years building the nation's leading patient-centered marketplace that allows users to search, compare, and instantly schedule the care they need with the providers of their choice.

Zocdoc was founded in 2007 with a mission to give power to the patient. In furtherance of this mission, we operate an online marketplace that enables millions of Americans each month to independently find in-network doctors, see their real-time availability, and instantly book appointments online for in-person or telehealth visits. Our user-friendly service is free to patients, available in all 50 states, and facilitates in-network scheduling for 250+ different specialties across 18,000+ different insurance plans and 100,000+ providers.

To enable this connected marketplace, we have become a leader in building the connective tissue of healthcare, as we've [developed more than 175 calendar integrations](#) with EHR and PMS software. These calendar integrations include the most complex healthcare IT software that powers some of the nation's largest hospitals and health systems, as well as the longtail of ultra-specific software used by smaller practices.

Unlike other technology-focused entrants in the space, we are unifiers; we do not try to replace the provider, the payor, or the EHR. Instead, we wrangle all of the underlying complexity that exists between those disparate players to make it easy for patients to find and book in-network care. As a result, Zocdoc users can intuitively research options based on what is most important to them (insurance, reviews,

location, availability, etc.), independently select the provider who best suits their needs, and instantly book an appointment online. Not only do we make this experience more *seamless*, we also make it more *speedy*. The typical appointment booked via Zocdoc takes place within 24 - 72 hours of booking, orders of magnitude faster than when booking via the phone.

In addition to the Zocdoc Marketplace, we have developed several other functionalities that leverage the benefits of interoperability. With the launch of [Zocdoc for Developers](#), Zocdoc's first-ever licensable application program interface (API), healthcare organizations of all kinds can build on top of the same standardized, scalable technology that powers Zocdoc's Marketplace. Through our partnership with [Wellhive](#) and their use of our API, we are supporting VA community network scheduling and bringing the same streamlined, accelerated access to care to America's veterans.

We also offer [Zocdoc Practice Solutions](#): a suite of tools to help providers better manage and engage their full patient panel. These tools include Intake (completing all required paperwork digitally, ahead of the visit), Reminders (reminders of upcoming visits), Online Scheduling solutions (an installable book online button, integrated search engine booking options, and customizable digital front door experiences for health and hospital systems), and Zocdoc Video Service (a free and HIPAA-compliant telehealth service for providers).

All of Zocdoc's offerings, which are designed to equally deliver value for both patients and providers, require deep interconnectivity between our platform and providers' manifold, disparate scheduling systems. That's why we're supportive of the work outlined in the Federal Health IT Strategic Plan.

We believe we are representative of the benefits digital health innovators can bring to America's healthcare system more accessible, more affordable, and more transparent. But these benefits can either be impeded or improved by our nation's interoperability requirements. As such, we applaud the six Federal Health IT Principles that guide the strategic plan. In particular, we want to underscore the critical importance of the following stated Goals and Objectives:

- **Goal 1, Objective A:**
  - *Support individuals in accessing and using their EHI securely, privately, and without special effort*

- ○ *Improve the security and portability of EHI through APIs and other interoperable health IT*
- ○ *Protect individuals' right to share their EHI with third parties, including third-party applications, of their choice*
- **Goal 2, Objective B:**
  - ○ *Use digital engagement technologies beyond portals to connect patients to their health information*
- **Goal 2, Objective C:**
  - ○ *Encourage pro-competitive business practices for the appropriate sharing of EHI*
  - ○ *Make care quality and price information available electronically so individuals can easily access, understand, and use quality and price*
  - ○ *Educate health care consumers on the availability of quality and price information*
  - ○ *Support efforts to merge clinical and administrative data streams, including payment data*
- **Goal 2, Objective D:**
  - ○ *Leverage health IT to standardize data and processes related to electronic prior authorizations to allow for increased automation*
- **Goal 4, Objective B:**
  - ○ *Promote information sharing practices so health information is appropriately exchanged across care settings, and information*

Additionally, we urge the Office of the National Coordinator for Health Information Technology to continue to think broadly about interoperability. **In particular, it is imperative that interoperability requirements <u>explicitly</u> extend to administrative tasks surrounding the appointment** to enable schedule coordination (not just the act of booking, but having systems connect re: the right time slot, provider, location, visit type, and navigating any number of complex, bespoke, ever-changing scheduling rules to make sure the booking fits), paperwork, messaging, pricing, payments, and more.

It is our experience that these critical components of patients' healthcare experiences often 1) fall outside the focus of existing EHI interoperability standards and policies, or 2) there is sufficient gray area for certain participants to claim that they are not required by federal standards to facilitate sharing of this type of information.

As a result, there are manifold barriers when it comes to seamlessly integrating critical components of the healthcare experience that streamline the process for patients and providers alike. For example:

- Appointments booked via third parties can't be seamlessly written into certain scheduling software.
- Last-minute openings in providers' calendars can't automatically populate on third-party booking interfaces.
- Digital paperwork completed by patients via providers' engagement tools are not passed through to the very providers who are requesting it.
- Costs are locked up in walled gardens and not able to be made transparent via consumer-friendly digital health services.

Ultimately, these administrative tasks are key to delivering efficient, effective, accessible, and affordable care, and they must be explicitly included in the strategic plan.

Thank you again for your continued work and leadership, and for the opportunity to provide comments on this strategic plan. This will undoubtedly create a better, more streamlined, more connected healthcare system for innovators, providers, and patients alike. As a company that has a bird's-eye view of the opportunities and challenges that exist when it comes to facilitating coordinated care for America's patients and provider organizations, we remain available as a resource to share our observations, learnings and suggestions.

Sincerely,

Oliver Kharraz, MD
Zocdoc founder & CEO