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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
330 C St SW
Washington, DC 20201

RE: The 2024-2030 Federal Health IT Strategic Plan - Draft for Public Comment

Thank you for the opportunity to comment on the 2024-2030 Federal Health IT Strategic Plan. By way of background, I am a practicing radiologist and I represent Luma Health, a company I founded in 2015 with one simple idea – that healthcare should work better for all patients.

Instead of a disconnected experience, where patients are forced to be their own healthcare advocates, and care teams struggle to reach their patients, every point along the care journey should be simple, seamless, and effective. Luma's Patient Success Platform™ empowers patients and providers to be successful by connecting and orchestrating all of the steps in the consumer/patient journey, including key operational workflows and processes underpinning the healthcare ecosystem.

In 2023 alone, we facilitated **258,295,146 messages between nearly 83 million Americans residing across all 50 States** to provide streamlined access to healthcare, with a heavy emphasis on FQHCs, safety-net, and rural providers. Through our health system partners, our mission to make healthcare work better for patients has needed us to push the envelope of innovation in healthcare IT, often far beyond what is classically possible.

What drives us are the stories of patients who we have been able to service by our platform and we have curated a sample of them for you to read:

- Caring for Family Members
- Navigating Women's Health
- Caring for Oncology Patients
- Recovering from Knee Surgery

This is facilitated via modern tools that we have developed to guide a patient through their entire journey:

- Access: Easy, consumer grade scheduling, waitlist management, referral, and more
- Communication: The ability to message a provider via web, text and phone

- Readiness: Check-in and consent forms, payment, and insurance eligibility and verification

The glue that holds all of this together is an advanced set of integrations that we at Luma have developed. Our story in healthcare IT is “better together”; and, Luma works alongside the EHR to facilitate and streamline patient access, communication, and readiness across numerous EHR’s such as Epic, eClinicalWorks, Oracle Health (fka Cerner), MEDITECH, athenahealth, Veradigm and NextGen.

These operational elements sit on top of the clinical elements to form the foundations to actually deliver care – if patients cannot communicate with, schedule with, or be ready to see their providers, then any other progress we make in healthcare cannot be implemented.

In order to provide this functionality, we must be able to easily interoperate with a provider’s IT system that serves as the gateway for all aspects of the patient journey. We, along with all vendors improving operational access in healthcare, have been stymied by a lack of a standardization and mandated non-clinical interoperability, despite robust rule-making that has been published.

We would like to use this opportunity to highlight the critical importance of the below stated Goals and Objectives in the 2024-2030 Federal Health IT Strategic Plan:

- **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 A:**
  - Promote the use of health IT and other modern technologies in clinical workflows
  - Promote interoperable and secure health information sharing through nationally adopted standards

- **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
  - Foster a safe and secure health application market

- **Goal 2 Objective D:**
  - Leverage health IT to standardize data and processes related to electronic prior authorizations to allow for increased automation
  - Provide education and outreach on applicable regulations and expected business practices related to EHI sharing
  - Promote the safe and responsible use of AI tools

- **Goal 3 Objective A:**
  - Streamline the secure access, exchange, and use of linked health and human services datasets
  - Evaluate common data elements for opportunities to harmonize for improved interoperability

- **Goal 4 Objective A:**
  - Improve portability of EHI and competition in the health IT industry

- **Goal 4 Objective B:**
  - Promote information sharing practices so health information is appropriately exchanged across care settings, and information
  - Advance a Trusted Exchange Framework and Common Agreement (TEFCASM) that creates a universal governance, policy, and technical floor for nationwide interoperability; enables individuals to access their EHI; and simplifies connectivity for organizations to securely exchange information
  - Participate in international collaborations to advance health IT standards, cybersecurity, and EHI sharing
  - Improve interoperable exchange among different health systems, devices, and applications and maintain the ability to exchange and use health information seamlessly

We stress that the Office of the National Coordinator for Health Information Technology should continue to think even more broadly about interoperability:

- ONC has discussed in length that open access across Health IT is absolutely necessary to advance innovation and drive tangible action, and allow patients to actually benefit
- Interoperability is crucial in moving healthcare closer to other industries
- The largest payor in healthcare is the American Government, and as taxpayers we've been subsidizing a system that is more closed than non-taxpayer subsidized software (i.e. Salesforce)

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Current regulations and current “state of the art” have focused on patient data portability but have not focused at all on operational portability - for example; it’s important for me as a patient to be able to get my data - but what comes next? How do I schedule an appointment at another health system? How do I get that referral over somewhere else?

Working off the recently finalized rule to set rigorous standards for APIs, we urge the ONC to ensure that the finalized rules include the following requirements for APIs:

- **Clearly Accessible** – they should not be hidden within a hard to navigate web portal, access to API documentation should not require an NDA, and there should not be different APIs presented once logged in to the portal. In addition, EMR should not make certain APIs available to a subset of external vendors.
- **Follow a standard architecture** – including security standards and information blocking rules
- **Bi-directional** – have push/pull functionality as standard, allowing technology partners to write back data as well as read it across not only clinical data sets but also operational data sets (i.e. appointment slots)
- **Follow a standard for economic terms** to utilize APIs that scale with the health systems underlying economics rather than the EHR vendors desired economics

The finalized rules must be specific enough to drive real world behavior in Healthcare:

- For example when comparing currently available APIs across different EHRs some are read-only, some are read-write, consistency is lacking across the subset of information that is accessible this way. There is no quality nor consistency of API implementations in the wild. We fully accept and understand that APIs will not work exactly the same across two different vendors but we ask that the rulemaking require they work.
- In USCDI/HTI1 regulations there is a lot of focus on clinical data versus operational data, the regulations as promoted only mention the word “appointment” seven times, which is shockingly low for the core method in which ambulatory care happens.
- Further, the regulations fail to really ‘open up’ healthcare as a system, rather, they focus on medicine as a part of healthcare. Healthcare as a system is a complex interconnected apparatus that needs technical standards (e.g. the entire of FHIR R4+) to be implemented and common testing guide that fit to real world examples
    - Vendor scheduling in a target system
    - Two systems scheduling against each other
    - Sending orders between two systems
    - Sending orders to a vendor
    - Sending messages to the EHR native messaging center

We believe that interoperability is key to delivering efficient, effective, accessible, and affordable care, and requirements for **accessibility, architecture, bi-directional access and economic terms** must be explicitly included in the strategic plan.

Thank you once again for the opportunity to provide thoughts and comments on the 2024-2030 Federal Health IT Strategic Plan. We believe this will create a more streamlined, more connected and ultimately better healthcare system for technology partners, providers and most importantly, patients.

Luma Health will always be available as a resource to share our learnings, observations and suggestions in the industry.

Sincerely,

Tashfeen Ekram, MD
Co-Founder & Chief Medical Officer
Luma Health