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VIA ELECTRONIC TRANSMISSION

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Dr. Micky Tripathi, PhD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW
Floor 7
Washington, DC 20201

Dear National Coordinator Tripathi,

CareFirst BlueCross BlueShield (CareFirst) is the BlueCross BlueShield carrier for Maryland, the District of Columbia, and Northern Virginia. Throughout our more than 80-year history, we have dedicated our efforts to providing the communities we serve with access to affordable, high-quality healthcare where and when they need it. As a not-for-profit healthcare company, CareFirst recognizes our opportunity to play a pivotal role in promoting health equity. We believe all people should receive culturally competent, individualized care that helps them achieve their optimal level of health.

CareFirst appreciates the opportunity to provide comments to the Office of the National Coordinator for Health Information Technology (ONC) regarding its proposed approach to "Advancing Health Equity by Design (HEBD) and Health Information Technology." We believe health equity can best be achieved through a modernized technology infrastructure driven by leading industry standards and health information exchange platforms that make health information readily accessible to patients, providers, and payers when needed. Barriers to the exchange of health information prevent providers across health settings from gaining a complete picture of their patient's clinical data; this leads to poor care coordination and perpetuation of underlying disparities. Studies indicate that patient and medication safety, data accuracy, care effectiveness, productivity, and cost savings improve through interoperable health information exchange.

While it is the responsibility of all healthcare industry stakeholders to share actionable data to advance information exchange, ONC is uniquely empowered to promote the adoption of health IT and plays a critical role in improving the healthcare system by advancing standards-based exchange of health information. To deter bad actors from placing barriers to the free flow of health data, and in accordance with the Department of Health and Human Services' (HHS) Health IT Alignment Policy, CareFirst encourages ONC to continue to collaborate with federal partners like the Centers for Medicare & Medicaid Services, Office for Minority Health (OMH), and the National Institutes of Health (NIH) to holistically address information blocking when activities are not reasonable and necessary, and to ensure alignment of interoperability efforts across HHS.

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CareFirst supports the use of standards-based application programming interfaces (APIs) and believes they are foundational to developing an interoperable system that drives health equity and improves health outcomes. The widespread benefits of APIs span beyond streamlined workflows and cost efficiency. Patients, providers, and payers all benefit when providers can access electronic health records in real-time, allowing them to make well-informed decisions and customize treatment plans that lead to improved quality of life. At the touch of a finger, APIs can empower patients of varying ages and abilities to address data access challenges more easily by allowing individuals to aggregate data from multiple sources into a single, easy-to-use web or mobile application of their choice. This is critical as consumers of all demographics increasingly access their health data via patient portals and smartphone apps. Moreover, APIs foster an environment that encourages innovation in healthcare that is scalable for health organizations of varying sizes with unique needs. By preventing the use of proprietary systems that restrict data flow, APIs that adhere to the appropriate standards can safely and securely collect large amounts of data that inform population health trends and operational efficiencies.

Health data that is representative of all communities and backgrounds is central to improving the systems used by healthcare organizations. Access to the right data based on national standards empowers payers and providers to incorporate HEBD by: (1) accurately quantifying existing disparities and addressing them more directly; (2) driving the right interventions for the right people at the right time; (3) actively leaning into new and long-standing relationships with community organizations to address root causes of inequities; and (4) advocating for public policies to improve access to health coverage. CareFirst recognizes and appreciates ONC's role in working to establish a foundational U.S. Core Data for Interoperability (USCDI) v3 data set that enables the consistent adoption of social determinants of health (SDOH) data elements. However, proper adoption of such data elements requires the availability of a scalable Fast Healthcare Interoperability Resources (FHIR)-based API standard and there is still more work to be done to achieve this vision. Additional safeguards are needed around third-party access, as the healthcare industry continues to develop, assess, and deploy effective and secure standard-based APIs. To successfully integrate HEBD and improve consumers' access to the health information most meaningful to them, CareFirst supports standard initiatives like HL7 FHIR Accelerator Projects – DaVinci (value-based care), Gravity (SDOH) and FAST (national scaling of standards), as well as HIPAA alignment of third-party applications used to facilitate consumer access to their information.

Advancing racial and health equity are core to CareFirst's mission and our commitment to promoting the health and wellbeing of the diverse communities we serve. Our approach to advance health equity and reduce health disparities is centered around reducing racial disparities, identifying drivers of inequities, implementing data-driven strategies to advance the health of all our communities, and transforming healthcare delivery through innovation. One of our focus areas is investment in initiatives to reduce disparities and promote equity. We believe algorithms and artificial intelligence (AI), when deployed responsibly, are important tools to help us combat racial disparities and improve the healthcare system. CareFirst has partnered with a first-of-its-kind, enterprise-wide expansion of platform and advisory services that improve CareFirst's ability to identify people with elevated risks due to social factors. Using this platform across job functions and business lines has empowered CareFirst with greater visibility for identifying people who face financial strain, food insecurity, housing instability, transportation barriers, and health literacy challenges. With this increased visibility, CareFirst gains insights necessary to build highly tailored responses to people's specific needs. AI-enabled technologies help support this vision of addressing SDOH and continue to improve by learning from data sets that incorporate communities that are historically underserved and underrepresented.

AI-enabled technologies have the potential to unlock new capabilities and efficiencies, but as with many emerging technologies, they come with new risks that must be addressed. Notably, algorithms can intentionally or unintentionally introduce bias into automated processes. CareFirst encourages ONC to ensure HEBD frameworks aim to reduce bias and advance health equity, while not limiting the ways AI can be utilized to combat systemic inequalities with targeted health interventions. We believe safeguards should exist to protect underserved and minoritized communities, while also protecting the implementation of AI use cases that aim to better serve those communities.

CareFirst appreciates the opportunity to provide input on advancing HEBD and Health IT, and we stand ready to be a resource as ONC addresses these important issues moving forward.

Sincerely,

A handwritten signature in blue ink, reading "David Schwartz". The signature is fluid and cursive, with the first name "David" and last name "Schwartz" clearly legible.

David Schwartz