



March 31, 2022

Stacy Murphy
White House Office of Science and Technology Policy (OSTP)
1600 Pennsylvania Ave NW
Washington, DC 20500

Re: Connected Health RFI
Submitted electronically at: connectedhealth@ostp.eop.gov

Dear Ms. Murphy:

The Alliance for Nursing Informatics (ANI) appreciates the opportunity to contribute as nursing stakeholders to the Request for Information (RFI) on Strengthening Community Health Through Technology (87 FR 492) as part of the Community Connected Health Initiative.

[The Alliance for Nursing Informatics](#) (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy, and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations representing more than 20,000 nurse informaticists and brings together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 4 million nurses in practice today.

Thank you for the opportunity to provide input on the aspects of strengthening community health through digital health technologies. We recognize the profound role that digital health technologies have and will continue to have to support high-priority target areas, including the COVID-19 public health emergency, health equity and support for underserved communities, and the interoperability priorities referenced by the 21st Century Cures Act and in the Future of Nursing 2030 Report¹.

ANI directs comments to six of the topics:

1. Successful models within the U.S.: Nurses are at the frontlines of care and are the largest group of providers in the community and home care setting. Professional nursing organizations, such as ANI, are well positioned to support collaborative efforts to improve care delivery models and quality measures that support interoperability and align with the vision for patient-centered care across the care continuum. We suggest an examination of the Long Term and Post-Acute Care (LTPAC) Health Information Technology (HIT) Collaborative, the PACIO Project (streamlining transitions of care and care coordination through FHIR), and the Gravity Project (data models for the social determinants of health) for their findings related to electronic health information exchange and its role in improving care coordination across the continuum. As a nursing informatics community, we welcome the opportunity to contribute volunteers to this effort.

2. Barriers: There are many barriers to using digital health technologies in community-based settings. Primary language, literacy and digital health literacy, education, and income all play important roles in

1. Wakefield, M., Williams, D. R., & Le Menestrel, S. (2021). The future of nursing 2020-2030: Charting a path to achieve health equity. National Academy of Sciences.

advancing the use of digital health technology. We reiterate our endorsement of Social Determinants of Health (SDOH) as a key data collection and interoperability need, the importance of which has been further amplified during the COVID-19 public health emergency. We also recognize the need to move beyond individual SDOH factors (e.g., housing insecurity) to incorporate complementary neighborhood/community/zip code level factors (e.g., redlining, housing discrimination) contributing to how SDOH are experienced at an individual level. Measures of the social context should be included in patient records in a standardized way to identify systemic and institutionalized forms of discrimination that may affect health and the downstream use of digital health technologies.

3. Trends from the pandemic: ANI is in favor of the continued expansion of telehealth and virtual health care coordination capabilities to provide equitable access to all. However, obtaining patient consent has been a barrier during the pandemic. The need to obtain notarization of the individual's signature, accepting individuals' written requests only in paper form, in person at the covered entity's facility, or through the covered entity's online portal are examples of the observed barriers. To expand the judicious use of telehealth, we believe this is a barrier needing attention.

4. User experience: ANI recommends the development of engagement and collaborative strategies to better engage end-users, such as community-based participatory research and user-centered design. A clear operationalization of stakeholder engagement is needed, and concrete strategies to support and sustain engagement and collaboration, ensure public health surveillance, promote safe and high-quality care, and advance the development and use of health IT capabilities. Finally, it is important to include patient-reported outcomes and patient-generated health data in design and development efforts to enhance understanding of patient experiences and data needs.

5. Proposed government actions: ANI encourages harmonization and alignment of data standards and terms across different regulations, reporting programs, and federal agencies. Special considerations are needed for settings governed by multiple regulatory systems, such as school-based and occupational health settings. In these settings, digital health technology efforts can be hindered by regulatory complexities (e.g., conflicts between HIPAA and FERPA in the school-based health setting) and data loss due to gaps in third-party consenting processes. Data collection and health information exchange for community-based care coordination in these settings is essential, as these settings can capture timely information about healthy people and provide powerful data before acute illness occurs. ANI recommends that the OSTP examine ways to leverage the school-based health environment.

6. Health Equity: ANI fully supports the importance of addressing disparities in access to technology from a community perspective. We encourage OSTP to consider the broader implications of health IT in propagating health disparities. While important, strategies to increase access to the technologies necessary to attain, interact with, use, and share personal health data and health information are insufficient. Additional strategies are needed to address disparities in the adoption, adherence, and effectiveness of health IT.¹ Strategies for consideration include inclusive language and content in consumer-facing health IT, broad and thoughtful dissemination, increased emphasis on usability testing and implementation science, and sustained evaluation to identify and address disparities in access, adoption, and adherence. Furthermore, strategies are needed to minimize bias within machine learning algorithms that are increasingly used to inform healthcare, as such biases have the potential to amplify health disparities substantially.² Strategies might include upstream approaches to ensure that data are captured without bias, increased emphasis on the reliable capture of SDOH data, and collaboration with

1. Tiffany C Veinot, Hannah Mitchell, Jessica S Ancker, Good intentions are not enough: how informatics interventions can worsen inequality, *Journal of the American Medical Informatics Association*, Volume 25, Issue 8, August 2018, Pages 1080–1088.

2. Gianfrancesco MA, Tamang S, Yazdany J, Schmajuk G. Potential Biases in Machine Learning Algorithms Using Electronic Health Record Data. *JAMA Intern Med*. 2018;178(11):1544–1547.

public health community-based organizations, school health services, correctional health, and other non-traditional settings to capture data for populations not receiving care in traditional healthcare settings.

In conclusion, ANI commends OSTP's careful consideration of strengthening community health through digital health technologies and appreciates the opportunity to contribute to this important topic for a safe, high-quality healthcare system that puts patients first. We are available and interested in supporting future public responses on this important healthcare issue.

Sincerely,



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