American College of Physicians
Leading Internal Medicine, Improving Lives

June 10, 2024

Micky Tripathi, PhD, MPP
National Coordinator
Office of the National Coordinator for Health Information Technology
330 C St SW
Floor 7
Washington, DC 20201

Re: Advancing Health Equity by Design and Health Information Technology: Proposed Approach, Invitation for Public Input, and Call to Action

Dear National Coordinator Tripathi:

On behalf of the American College of Physicians (ACP), I am pleased to share our comments on the Office of the National Coordinator for Health Information Technology's (ONC) *Advancing Health Equity by Design and Health Information Technology: Proposed Approach, Invitation for Public Input, and Call to Action* white paper. The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

We support ONC's efforts regarding health information technology (IT) and equity and appreciate the release of this white paper emphasizing the need for health equity to be a primary consideration in the development of health IT, rather than a mere afterthought. The College agrees with ONC about the importance of implementing health IT to identify and mitigate health disparities where applicable while preventing health IT from perpetuating or magnifying existing health inequities. The College applauds ONC for its focus on leveraging a health equity by design (HEBD) approach when delivering its mission, especially as it relates to health IT data standards, health IT certification, electronic data exchange, coordination of health-IT related activities, and measurement and monitoring of health inequities in health-IT related activities. Below is the College's response to ONC's HEBD approach.

ACP is very supportive of ONC's HEBD approach emphasizing the need for health IT data standards in the area of SDOH data, which are currently not collected in a uniform, standardized manner throughout the health care system. The incorporation of SDOH data elements into USCDI v3 was a major step toward enabling the standardization and exchange of this important information. The College previously advocated for the inclusion of SDOH data within USCDI in comments on ONC's *21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program* Notice of Proposed Rulemaking. ACP strongly believes that physicians' awareness of

SDOH information improves whole person, patient-centric care and lowers long-term costs. Because an individual's health is impacted by the sum of various social needs, having the most complete, comprehensive information about an individual is critical to delivering the best care.

The College has long been a proponent of using health IT and electronic health record (EHR) systems as tools for collecting SDOH data. As stated in a 2018 position paper, *Addressing Social Determinants to Improve Patient Care and Promote Health Equity*, ACP "recommends development of best practices for utilizing [EHR] systems as a tool to improve individual and population health without adding to the administrative burden on physicians," and "recommends increased screening and collection of [SDOH] data to aid in health impact assessments and support evidence-driven decision making." The College continued to advocate for the collection of SDOH data in a 2021 position paper, *Understanding and Addressing Disparities and Discrimination Affecting the Health and Health Care of Persons and Populations at Highest Risk*, where it stated, "ACP believes that more research and data collection related to racial and ethnic health disparities are needed to empower policymakers and stakeholders to better understand and address the problem of disparities. Collected data must be granular and inclusive of all personal identities to more accurately identify socioeconomic trends and patterns." Hence, the College recognizes the usefulness of SDOH data for certain purposes and has supported the inclusion of certain SDOH-related data elements in USCDI v3. We wish to emphasize that in addition to the standardization and collection of SDOH data, there is a need to design and implement workflows that enable the effective and efficient use of this data to ensure that any collected data is actually utilized in service to patients.

While the College acknowledges the high value of SDOH data in the provision of whole-person health care, we urge caution and mindfulness among the health IT community of the privacy and health equity implications of the collection, use, and exchange of SDOH data. In March 2023 comments to the National Telecommunications and Information Administration, ACP agreed with the agency's assertion that collection, processing, sharing, and use of personal data can lead to higher risks of discrimination for individuals, especially those in marginalized or disadvantaged communities, in various contexts. In its comments, the College emphasized that there is a great need for SDOH data in health care for identifying and tracking disparities in order to determine their causes or relationships with health outcomes and acknowledged the widespread efforts to collect and use information about race, sex, or other protected characteristics for health care purposes. The College urged caution in these data collection efforts, however, because such information, while very useful for health care delivery and health disparities research, is highly sensitive and its collection in any context increases risks for privacy harms and the use of the information against the patient in discriminatory ways.

One important way to strengthen ONC's HEBD approach would be to support the funding and continuation of federal programs supporting broadband access for rural or underserved populations. Such efforts would help to improve access to care for these populations through enabling telehealth and efficient collection and incorporation of SDOH data from these groups, helping to mitigate the digital divides referenced in the white paper. Federal, programs such as the Federal Communications Commission's recently lapsed Affordable Connectivity Program, are vital in these efforts and we urge ONC to take measures to ensure the continuation of such programs.

Another area of health IT that has important implications for health equity, and where the importance of a HEBD approach cannot be understated, is artificial intelligence technologies. The design, data, development, deployment, and implementation of AI technology can have clinically significant implications for patient care and health equity. The College's policy paper on the use of AI in the provision of health care, *Artificial Intelligence in the Provision of Health Care: An American College of Physicians Policy Position Paper*, emphasizes that clinical safety and effectiveness, as well as health equity, must be a top priority for developers, implementers, researchers, and regulators of AI-enabled medical technology and that the use of AI in the provision of health care should be approached by using a continuous improvement process that includes a feedback mechanism. This necessarily includes end-user testing in diverse real-world clinical contexts, using real patient demographics, and peer-reviewed research.

In this paper, the College also reaffirmed its position that the use of AI and other emerging technologies in health care should reduce rather than exacerbate disparities in health and health care. To facilitate this effort, ACP has urged the need for: (1) AI model development data to include data from diverse populations for which resulting models may be used; (2) Congress, HHS, and other key entities to support and invest in research and analysis of data in AI systems to identify any disparate or discriminatory effects; and (3) multisector collaborations to occur between the federal government, industry, nonprofit organizations, academia, and others that prioritize research and development of ways to mitigate biases in any established or future algorithmic technology.

Finally, we wish to emphasize that HEBD, while an important consideration for the entire health IT community, including health IT implementers such as physicians and other clinicians, can be most effective and its impacts most meaningful when it is a primary and foremost consideration amongst a particular faction of the health IT community—health IT developers and vendors. Upstream considerations of HEBD at the developer stage can most efficiently and effectively affect the downstream impacts of the technologies.

The College thanks ONC for the invitation to submit comments on this white paper and welcomes opportunities for further dialogue about incorporating HEBD throughout health IT. Please contact Nadia Daneshvar, JD, MPH, Health IT Policy Associate, Regulatory Affairs, at ndaneshvar@acponline.org with comments or questions about the content of this letter.

Sincerely,

Ross W. Hilliard, MD, FACP
Chair, Medical Informatics Committee
American College of Physicians