Centers for Medicare & Medicaid Services (CMS)
Assistant Secretary for Technology Policy (ASTP)/
Office of the National Coordinator for Health Information Technology (ONC)
Department of Health and Human Services
Attention: CMS-0042-NC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Health Technology Ecosystem Request for Information (RFI)

Global Alliant, Inc. appreciates the opportunity to comment on the CMS and ASTP/ONC Health Technology Ecosystem Request for Information (RFI). We are a small business recognized for our expertise in a wide range of technology services. Global Alliant focuses on developing innovative, actionable, leading-edge technical solutions based on a deep understanding of healthcare policy, healthcare data, and healthcare business practice, ensuring the right technology is in place to address the specific issue at hand to drive positive change across the healthcare industry.

The healthcare industry has made significant advances toward greater interoperability built on the foundation of the CMS Interoperability and Patient Access Final Rule (CMS-9115-F) and the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) together with the ONC 21st Century Cures Act Final Rule and further advanced through certification efforts supported by the ASTP/ONC Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Final Rule. We have seen a significant Department of Health and Human Services (HHS)-wide push toward the use of HL7 Fast Healthcare Interoperability Resources (FHIR®) standards fostering within and cross-agency initiatives. This has promoted the continued advancement of interoperability, but there is still great opportunity to improve and build.

The current health IT landscape presents a timely opportunity to advance the missions of CMS and ASTP/ONC by addressing persistent barriers to data access and exchange. By building on recent innovations, we can strengthen interoperability, support improved health outcomes, and accelerate the shift toward a patient-centered learning health system. FHIR standards serve as a critical driver of this advancement, offering a consistent, scalable approach to data sharing across the healthcare ecosystem.

II.E. Technology Vendors, Data Providers, and Networks –

1. Ecosystem

TD-1 – How Can CMS Stimulate Developer Interest in Building Digital Health Products: Global Alliant believes that CMS can stimulate developer interest by continuing to push forward with internal CMS use and investment in FHIR solutions for Medicare and Medicaid beneficiaries. This includes continued support for APIs such as Blue Button, Data at the Point of Care (DPC) and the Beneficiary Claims Data API (BCDA). By working to further integrate these APIs into CMS programs, and supporting the use of patient-facing apps that help make these data actionable and useful, CMS will generate developer interest.

In our work with the Center for Medicare and Medicaid Innovation (CMMI), we have supported Innovation Model participants leverage FHIR solutions in a way that supports secure, standardized data exchange with much lower burden. Extending the value of FHIR to patients being served by Innovation Models could not only help models achieve sustainable success, but could immediately benefit patients by giving them access to and control over their data so they can be true partners in their healthcare.

Innovation Models also provide a controlled environment to roll out FHIR solutions with the necessary support to help the implementer community engage meaningfully and successfully. This can support the exchange of more FHIR-enabled data across the healthcare ecosystem, which will support more development engagement in this space. It can also support a growing number of use cases for FHIR. One very valuable use case is quality measures on FHIR. Again, Innovation Models present an excellent opportunity to support increased engagement with FHIR-based measure data collection. This will support higher quality data submission with lower burden over time. And, it will continue to expand the available data on FHIR that will engage developers in this space.

It will also be important to limit barriers to developer engagement – specifically it is critical that CMS and ASTP/ONC ensure developers have access to the needed data to support FHIR-based APIs and apps, as appropriate and necessary for the use cases they are supporting. And, addressing issues around consent will also be important to ensure developers can support the right data moving as needed in support of patient access and improved patient outcomes.

TD-5 – National Provider Directory of FHIR Endpoints: We cannot achieve real interoperability without a national provider directory. Global Alliant feels strong that this should be a federally managed national directory that serves as a central hub that feeds all downstream directories. Leveraging FHIR for this directory would ensure that it is truly open and accessible to all healthcare stakeholders. Development of such a directory is an expense, but consolidating all of the directory resources within CMS today into one central directory could lead to significant savings that could help fund this effort. Also, by leveraging FHIR APIs, stakeholders who are already required to support directory data on FHIR through CMS-9115-F could also support updating and maintaining the central directory. Leveraging standards already in use and consolidating resources currently allocated to directories could help support building and maintaining this vital public utility.

In order to achieve value-based care and to be sure the right data are in the right place for the right patients at the right time, payers and providers need to have accurate endpoint information. But, provider endpoint information is not enough. It is critical that any national directory start with at a minimum information on providers, payers, and their organizational affiliations. In this way, interoperable exchange between providers, and/or the organizations that manage their endpoints, between providers and payers, and among payers could all be supported. This would help support the success of all currently mandated APIs. And, it would serve as a foundation for trusted exchange.

TD-15 – Advantages and Disadvantages of Bulk FHIR APIs: Bulk FHIR APIs are critical to several use cases across the healthcare ecosystem. From clinical quality measures on FHIR to public health data exchange, it is necessary to share data on a panel of patients and Bulk is needed to do this effectively. A challenge that implementers are facing is that EHRs today are not able to support Bulk. Many EHR instances are hosted on prem versus on the cloud and thus have issues with the compute resources needed to support Bulk. CMS and ASTP/ONC should consider supporting non-

EHR technology solutions to support the use of Bulk, particularly within provider organizations. Such technology could work in support of EHRs and help ensure Bulk data exchange can be available and performant.