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May 28, 2024

Office of the National Coordinator for Health Information Technology  
US Dept. of HHS

RE: Public comment on the draft 2024-2030 Federal Health IT Strategic Plan

Dear ONC Friends:

From the early days of ONC and the initial effort for ONC to perhaps birth some kind of NwHIN, the efforts continue and have called in amazing contributions from the agencies, academia, industry, and diverse stakeholders. Bravo! Celebration is well deserved, especially since the macro environment is increasingly yet another “distraction born of disinformation.”

That said, as one who previously donated generously to S&I Framework workgroups and events, as well as some health-related activities under ANSI, but finds if more effective today to focus elsewhere, our choice is to offer a bit of commentary, also at the macro level. These remarks are attached hereto. Please take no offense. This commentary is only offered as a reaction from a sometimes participant in your works, where it was offered, who is also a frontline observer of “how the entire system performs,” both personally, as well as for my surrounding community, as well as some who are greatly disadvantaged and underserved. We assess that there’s more work needed to diffuse strategies to practice.

Briefly, there are still too many gaps and areas where visible underperformance, compared to the Federal Health IT Mission and Vision, seems to call for attention and action. In this scenario, we offer our best commentary, perhaps off the wall, infeasible, or unsuitable, but all from a heart of appreciation and a vision that this work will perform better as we advance together.

Blessings & Thanks,



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**Public Comment – 2024-2030 Federal Health IT Strategic Plan**

<b>Topic</b>	<b>Current State We Find</b>	<b>Possible Remediation</b>
Ubiquitous HIE	HIE not used / trusted at the frontline. Health Systems check a box, but real use is often far too little.	Add select <b>Frontline Use Cases</b> as Metrics for Strat Plan assessment
Claims reform to boost VBC	Plans are happy but claim flow is now less transparent. Too many frontline providers and patients are stumped by what Revenue Cycle (outsourced) departments spew out as “compliant.”	Work with accountants in clinics and hospitals to set Metrics for “useful transparency” (again, <b>“Frontline Use Cases”</b> )
Increase use EHI access	EHI is voluminous and obtuse. (Tally the number of health systems running “their own HIE” to check the box without measurable frontline uptake.)	Sponsor patients & advocates to help create Metrics for “meaningful EHI” (like “meaningful use,” this may take some time!) (another form of <b>“Frontline Use Cases”</b> )
USCDI needs help to boost growth of VBC and esp. diffusion of clinical guidelines all the way to the clinic	ONC, ANSI, HL7 and others envision and release “good stuff” – however, nobody assesses or tracks feasibility of deployment. (e.g. EPIC, Cerner, et al are “capable to deploy NCI cancer guidelines,” yet many sites lack funding to pay attention.	Include some Metrics to help assess “actual Meaningful Deployment to <b>Frontline Use Cases.</b> ” Restrain the profusion of new standards and dataset refinements based on industry’s ability to actually fund, deploy, and go-live at the frontline.
Is industry “deploying in fulfillment of the Federal Mission and Vision” or simply “checking the box?”	Take beat. Assess the exhaustion, personal, professional, and financial, of those who must DEPLOY and SUPPORT what we envision in order for PATIENTS to realize actual BENEFITS. Remember that only Frontline Success can ever tally up to reach “Mission Accomplished.”	Just as Joint Commission visits can be a “diversion to check the boxes”, consider Metrics to help right size the ambitions of the Federal Health IT Strat Plan. Having shown “we can do things,” perhaps it is time to show “we’re smart enough to do this in a more holistic manner, with engagement all the way to the frontline?”