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The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
Office of the National Coordinator for Health Information Technology (ONC)
330 C Street SW
Floor 7
Washington, DC 20201

Re: ONC 2024-2030 Federal Health IT Strategic Plan.

On behalf of the more than 159,000 members of the American Dental Association (ADA) we appreciate the opportunity to comment on the 2024-2030 Federal Health IT Strategic Plan.

In the 2024-2030 Federal Health IT Strategic Plan, the Office of the National Coordinator for Health Information Technology (ONC) has outlined four primary goals: promote health and wellness, enhance the delivery and experience of care, accelerate research and Innovation, and connect the health system with health data. For the dental industry to meet and participate in these goals, we must address the challenges outlined in these comments and we ask that ONC respond to the need for consideration of the oral health care patient population, additional information, targeted opportunities for inclusion, and the promotion and representation of the dental industry in policy and decision-making.

The ADA is committed to improved oral health through science and evidence-based practice. We recognize that the work of the ONC has been vital to the progress that made in achieving health care interoperability and transforming health information access and exchange.

The dental industry has been largely unable to share in the successes of health information technology adoption and innovation in promoting health and wellness. Exclusions and exemptions allowed for the dental software industry have created a technology environment where dental administrative and clinical data is kept in proprietary silos and have created an economy where technology is expensive, complicated, and isolated from the rest of health care.

The ADA and its members are actively pursuing improvements to access e-Prescription Drug Monitoring Program (ePDMP) and Digital Imagin and Communications in Medicine (DICOM) tools via one-click or native implementation in dental practice management tools. Persistent barriers to these and other critical tools directly impact the ONC's goals outlined in the Framework and qualify under PL114-255 Section 3002 (b)(2)(D)(i) "area is so identified for purposes of responding to new circumstances that have arisen in the health information technology community that affect the interoperability, privacy, or security of health information, or affect patient safety;" or as (b)(2)(C)(i) references improving continuity of care (DICOM-based exchange with specialists) or (vi)technology that supports (III) drug safety (ePDMP).

The ADA strongly encourages the ONC, under the authority of PL114-255 Section 3002 (b)(2)(B)(iv) and (b)(2)(D), to convene a special interest workgroup on dental health information technology to determine if dental health should be named as a Temporary Additional Priority Target Area.

We applaud the ONC's efforts to report and share progress toward advancing interoperability. However, public data sets and reports on U.S.-based clinicians are limited or do not include dental practices. As the coordinating entity for health information technology, the ONC can play a vital role in collecting and disseminating information on the state of dental health information technology adoption and advancement in interoperability.

Dental health information technology's inability to provide electronic access to ePHI limits patient access to their health data and burdens continuity of care. Dental information is exchanged via paper, fax, or non-standards-based email extraction. Dentistry depends on imaging and clinical record information, which is kept in proprietary formats or non-conformant structures. The administrative burden of manual information management and exchange on an already strained workforce limits providers' ability to participate in public insurance programs and engage in public health activities, ultimately impacting patient access to essential care.

The ADA asks that the ONC conduct an analysis of the gaps within existing policies and resources to acknowledge the impact on oral healthcare delivery and on experience of care.

Furthermore, the ADA is concerned about growing inequities due to the high cost of adoption of expensive technology and interoperability solutions that are accessible only to large health systems and are not affordable for small and rural health care providers.

As dentistry continues to expand services to patients that have been seen only by a dentist and not by a physician, interoperability is critical for connection within the health care system and to promote health. The need for oncology or cardiology-related medical referrals or consults, transfer of care especially of dental related emergency room visits, diabetes screening, immunizations and opioid prescribing are just a few examples of the need to ensure electronic health information is shared appropriately between health care sectors in the right format, through right channel at the right time.

The ADA has spoken in one voice to request that modern, transparent, and integrated systems allow for safer patient outcomes on commonly utilized processes currently hindered by the lack of software capabilities. Dentistry understands the importance of reference to a Prescription Drug Monitoring Program in some cases, yet prescription services are usually an add on service to software and ePDMP compliance tools in software are not considered an essential element. However, ePDMP compliance tools are considered an essential element for our medical counterparts. Not only does this technology request support drug safety, it improves workflow during a serious workforce crisis and improves access to care. An additional circumstance where ONC can promote safety and the continuity of care is addressing the need for technology to support viewing DICOM images regardless of the vendor or provider.

The ADA encourages the ONC to work with other federal offices, such as the Centers for Medicaid and Medicare (CMS) and the Bureau of Primary Health Care, to develop a roadmap for aligning measures and reporting, which is critical to advancing dental interoperability and data exchange.

The ADA commends the ONC on its commitment to common standards, including USCDI and HL7 FHIR, for the electronic capture and exchange of clinical data. We appreciate ONC representatives' collaboration with the ADA to improve the identification of dental procedures in USCDI. Additionally, we are encouraged by ONC's efforts to expand domain-specific datasets through USCDI+, as these are vital for public health reporting and alignment of quality measures across entities.

Dentistry has been committed to pursuing coordinated, meaningful, and parsimonious measurement through the Dental Quality Alliance (DQA), convened by the ADA at the CMS's request. The DQA is

the only comprehensive multi-stakeholder organization in dentistry that develops dental quality measures through a consensus-based process. Thirty-eight organizations with oral health experience and a public member participate in the DQA. We are eager to partner with the ONC to ensure that data elements from tested measures and datasets developed by the DQA and adopted by CMS are implemented within the USCDI+ program. We reiterated our belief that the adoption of these measures supports the consideration of dental as a Temporary Additional Priority Target Area ((under the 21 Century Cures Act, PL114-255 Section 3002 (b)(2)(C)(i) "The use of health information technology to improve the quality of health care, such as by promoting the coordination of health care and improving continuity of health care among health care providers, reducing medical errors, improving population health, reducing chronic disease, and advancing research and education").

The ADA strives to support the profession and patients with tools such as the ADA Dental Experience and Research Exchange (DERE). However, clinicians wanting to participate have encountered interoperability roadblocks, preventing them from using a tool to apply data to improve patient outcomes. While establishing API connections to DERE, the ADA has worked with clinical sites on several health record systems. In our experience, a system that is accessed via FHIR-based API enabled us to move to a production environment in a matter of weeks. We are well into two or more years of development and mapping with the other vendors who use proprietary APIs.

The lack of implementation of standardized APIs (application programming interfaces) and standards-based data structures is the biggest challenge to dental interoperability. Through the work of the ANSI-accredited ADA Standards Program, the ADA continues to develop national dental standards in a rigorous consensus process. Recently, the ADA Standards program has focused on the development of content standards aimed at identifying necessary data content to be communicated between providers at all treatment locations, and payers of all types (i.e., medical, dental, auto, long term care, etc.,) to facilitate exchange of complete information as it relates to variety of clinical and administrative needs. These are developed to be agnostic to other SDO standards, as it is our goal to inform these organizations of the unique business requirements of the industry, supporting SDOs in closing content gaps and to ensure suitability of APIs. If dental industry vendors were encouraged to develop FHIR-based APIs (application programming interfaces) which incorporate the content identified by ADA Standards, many challenges in accessing administrative and clinical data could be resolved.

The ADA encourages the ONC to conduct and publish an analysis of gaps in the existing policies and resources regarding dental data and participation in health information exchange activities that fall within the ONC's purview.

As it stands, dental vendors have limited obligations or incentives to use FHIR-based standards, and the market has supported a proliferation of proprietary APIs which are creating data silos. This siloing of data is in direct opposition to the stated goals of the 2024-2030 Federal Health IT Strategic Plan.

We also encourage the ONC to review the requirements and promotion of ONC investments, such as the Leading Edge Acceleration Projects (LEAP) in Health Information Technology (Health IT), to ensure that representatives from dental organizations and dental software developers can participate and contribute to these programs.

The ADA asks that the ONC and the HIT Advisory Committee (HITAC) acknowledge the gap in subject matter expertise and work with industry stakeholders to identify opportunities within the nomination and selection process for dental inclusivity.

The ADA also notes that the absence of dental subject matter experts on HITAC has created an advisory environment that fails to consider and address the needs of the dental sector. While no changes to HITAC are proposed here, we believe that the 21st Century Cures Act (P.L. 114-255) section 3002 (d)(2)(b) and (d)(3), under which HITAC was established, clearly intend to ensure inclusivity among all healthcare sectors.

The ADA commends the ONC for its support of health informatics education through the Public Health Informatics and Technology (PHIT) Workforce Development Program.

The ADA asks that the ONC promote and sponsor the development of the dental informatics workforce and the inclusion of dental in ONC HIT Curricula.

Dental informatics is a rapidly emerging field with exponential growth in certification programs at colleges and universities across the United States. In alignment with the pursuit of interdisciplinary education as noted in the ONC's Notice of Funding Opportunity Public Health Informatics & Technology Workforce Development Program (The PHIT Workforce Development Program)[1] we encourage the ONC to revisit the recommended Health IT Curriculum Resources for Educators and to include additional content specific to dentistry, including but not limited to:

- Basics of the oral-systemic link and importance of dental health as overall health;
- Dental terminology: Current Dental Terminology (CDT), Systematized Nomenclature of Dentistry (SNODENT);
- Review of technology standards and standards development for dentistry; and,
- Challenges and opportunities for dental data in health information exchange.

Thank you again for the opportunity to comment on the 2024-2030 Federal Health IT Strategic Plan. The ADA looks forward to continuing to work with HHS and ONC. Should you have any questions, please do not hesitate to contact Corey McGee at 202-789-5175, or at mcgeec@ada.org.

Sincerely,

Linda J. Edgar, D.D.S., M.Ed.
President

Raymond A. Cohlmia, D.D.S.
Executive Director

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[1] https://www.healthit.gov/sites/default/files/page/2021-07/PHIT_Workforce%20ARP%20NOFO_Final-508-071921.pdf