

October 3, 2024

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

Re: Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability

Dear Secretary Becerra:

On behalf of the 159,000 members of the American Dental Association (ADA), we are pleased to provide comments on the Proposed Rule on Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability. We appreciate your continued emphasis on interoperability to facilitate the exchange of information between providers, their patients, and payers, as well as to streamline the often-onerous prior authorization process that frequently delays timely patient care.

The ADA was particularly encouraged by the publication of the United States Core Data for Interoperability (USCDI) Version 5 and the accompanying Office of the National Coordinator for Health Information Technology (ONC) Standards Bulletin for July of 2024, which included the Code on Dental Procedures and Nomenclatures (CDT) in the Corrected Applicable Standard Reference for Procedures. We thank you for ensuring that CDT has parity with other standard terminology in the procedures data element and stand ready to assist ONC with any implementation challenges. We recognize that all stakeholders need time to plan, prepare, and implement and that there may be significant costs involved in the adoption or modification of new data classes and elements. However, delayed implementation will continue to impede national interoperability, and health information software's limited ability to accurately represent dental procedures will continue to have a direct impact on patients, providers, and quality reporting.

The ADA encourages the ASTP/ONC to consider updating the USCDI standard in § 170.213 by adding USCDI v5 implementation instead of the proposed USCDI v4, and by establishing an expiration date of January 1, 2028 for USCDI v3. Furthermore, we ask the agency to consider establishing a regular and predictable cadence for updating the USCDI standard in § 170.213.

The ADA continues to support Assistant Secretary for Technology Policy (ASTP)/ONC certification for dental vendors and to encourage America's dentists to consider obtaining ASTP/ONC-certified health information technology (IT). However, it remains the case that most dental practices use electronic dental records and practice management systems that are unlikely to be ASTP/ONC-certified. Thus, connecting changes in standards to the ASTP/ONC Certification Program would not benefit most dental providers nor would it remove barriers to the exchange of dental clinical or administrative data.

We would like to draw your attention to the following proposals that may impact dental practices that use certified health information technology:

Information Blocking

The ADA supports the proposed new exception, “Requestor Preferences,” in § 171.304.

Significant associations between oral health status and systemic diseases have long been established, therefore, the ADA firmly believes that dentists should be considered part of the health care team and have the required access to health information necessary for safe, timely, and evidence-based care. Most dentists utilize dental health IT tailored to the industry's needs. Most dental software cannot capture and store much of the structured data that may be received from other health information systems. The ability of dental providers to request a limited set of information and for those requests to be honored without concerns about information blocking is a critical step in advancing collaboration between dental systems and the rest of the healthcare industry.

ePrescribing Criteria

The ADA supports the proposal to incorporate the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard version 2023011 in an updated version of the electronic prescribing criterion.

Dentists have persistent barriers to using ePrescribing tools and participation in prescription drug monitoring programs (PDMPs). The ADA is committed to working with state and federal agencies, pharmacies, and technology vendors to develop and implement standards-based solutions for the dental industry. Further, we encourage the ASTP/ONC, CMS, and other federal agencies to develop a roadmap for the interstate exchange of ePrescribing and PDMP reporting.

Digital Imaging

The ADA supports ASTP/ONC’s proposal to update the Certification criteria for Imaging Requirements for Health IT Modules.

Dentists use radiographic imaging to help diagnose and effectively treat dental disease. In collaboration with industry stakeholders and imaging vendors, the ADA developed standards for imaging in dentistry that are universally applicable to any digital imaging system, providing a scientifically validated process from image capture to image display to achieve an optimal balance between image quality and radiation dose. Another standard widely used in dentistry, the Digital Imaging and Communications in Medicine (DICOM), an international standard that the ADA recognizes, provides guidelines for the formatting, storing, and exchanging of digital radiography files to ensure they are interoperable across all types of imaging systems, practice management systems, and health care networks. By conforming to DICOM, dentists can ensure their digital radiography systems continue to be interoperable in the future instead of being tied to an individual vendor or proprietary file format that may become obsolete.

Prior Authorization

We encourage the ASTP/ONC to provide technical support and incentives for the dental industry to pilot and validate the standards named in this rule.

While dentistry generally relies on pre-determination for dental services, the ADA recognizes that certain providers may be required to utilize a prior authorization process by the administrators of benefit programs. Sometimes, a treatment plan has been pre-authorized or pre-approved by the carrier, and the dentist performs the treatment expecting the claim to be paid, but it is subsequently denied payment for those services performed. The reasons for denial vary and lack consistency between payers and even within plans offered by the same insurance carrier. Implementing real-time or near real-time prior authorization via an application programming interface (API) could benefit many patients and providers alike. However, there are significant barriers to implementing standards-based APIs within the dental industry, including:

- Regulation of health information technology (HIT) typically does not apply to dental practice and the dental industry. As a result, CMS incentives are not effective to motivate the market to develop, adopt, and implement standards-based APIs. Unfortunately, there are, instead, other financial advantages for vendors in dental technology who only support proprietary APIs.
- The financial burden this may place on small practices that struggle to afford the required HIT software that would support these functions. ADA urges ASTP/ONC to consider federal incentives that would be specific to the dental industry, and particularly small practices, to offset these costs.

Thank you again for the opportunity to comment on this proposed rule. The ADA appreciates the ASTP/ONC proposals, which enable better and more equitable patient care through systemic improvements in data access, exchange, and use. 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 mcgeec@ada.org.

Sincerely,

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

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

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