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Submitted electronically to connectedhealth@ostp.eop.gov

Dr. Alondra Nelson
Acting Director and Deputy Director of Science and Society
Office of Science and Technology Policy (OSTP)
Executive Office of the President
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1650 Pennsylvania Avenue
Washington, D.C. 20504

Dear Dr. Nelson,

Thank you for your leadership on the Community Connected Health initiative, which seeks to explore and act upon how innovation in science and technology can lower the barriers for all Americans to accessing quality health care and leading healthier lives by meeting people where they are in their communities.

Aligning for Health is an advocacy organization that brings together a broad coalition of members focused on improving health and wellbeing through efforts to address both health and social needs.¹ We support the many steps that the Biden-Harris Administration has taken to prioritize equity for all, including through initiatives to address social determinants of health (SDOH).

There is a significant body of academic work showing that economic and social conditions have a powerful impact on individual and population health outcomes. These non-clinical factors – such as housing, food assistance, income, employment status, education and transportation – have the potential to contribute to health outcomes more than clinical health care. In fact, one widely cited study found that while ten percent of premature deaths in the U.S. are due to clinical health care, social and environmental factors are estimated to account for sixty percent of health outcomes.²

As a coalition, we work to develop and promote actionable policies that create opportunities - and remove challenges - for states and local governments, health care organizations, and non-health care organizations to work together to develop cross-sector, coordinated solutions to address both health and social needs.

Digital health technologies – which the request for information defines as tools that improve health or enable better health care delivery by connecting people with other people, with data or with health information – are critical aspects of successful initiatives to address health and social needs.

Recognizing this, Aligning for Health has worked to energize stakeholders and policymakers around the need for targeted technical assistance and funding to states and communities to help them design high-impact, cross-system, data-driven strategies that achieve better health outcomes for Medicaid beneficiaries, improve program effectiveness, and lower health care costs.³ We have also supported policies that would catalyze the development and expansion of interoperable, integrated community referral and information exchange networks to better connect health and social services providers to improve outcomes for all; that would support efforts to analyze racial and ethnic disparities or other

¹ <https://aligningforhealth.org>

² Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135.

³ <https://aligningforhealth.org/social-determinants-accelerator-act/>

factors that may affect health outcomes for Medicaid enrollees; and to ensure Medicaid and CHIP programs have the tools they need to address social determinants.^{4,5,6}

Below, we provide specific feedback on select questions.

(5) Tool and training needs: *Information about the current technological tools, equipment, and infrastructure needs of community health workers and other community-based health providers. Descriptions about what is needed to train and/or certify community health organizations and workers on the use of digital health technologies for their work are also welcome.*

The siloed way in which health care, public health, and social services are paid for and administered has limited cross-sector coordination and data sharing across organizations in the health and social service sectors. Breaking down the siloes and supporting interoperability and coordination between programs and systems will help to ensure that they are most effective in improving individuals' health and wellbeing.

Over the past few years, CMS and HHS have made strong investments and taken significant steps to promote and require interoperability and exchange of health data. However, social service and community-based organizations (CBOs) have not benefitted from the same level of infrastructure and systems funding, and often experience difficulty in connecting with and sharing information, as appropriate, with health care organizations. Many CBOs do not have the capacity to invest in the tools and functionality required to connect with individual providers or other entities that would allow for seamless closed loop referrals and data exchange.

Technological infrastructure is needed to connect these sectors together and ensure that funding can flow where the referrals are going. These investments to connect health care and social services organizations can help to reimburse CBOs, and facilitate communication, consumer assistance, care coordination, referrals and capacity management, outcomes tracking, electronic resource directories, and other related services. Integrated network models across the country bring together CBOs, private foundations, health care organizations, and technology vendors to provide common points of connection and resources, alleviating the burden of multiple one-off connections and exchanges. Coordinated networks also provide users with greater insight on resource availability and allocation across health and social services providers, helping to target resources where they are needed most.

We recommend OSTP work with HHS to continue to promote, and with Congress to catalyze, further development of interoperable, integrated community networks.^{7,8,9}

(7) Health Equity: *Information about how digital health technologies have been used, or could be used, in community-based settings to drive towards a reduction in health disparities or achieving health equity. This could include any concerns about the health equity impacts of digital health technologies*

Advancing equity will require better understanding of where inequities occur. However, data on race, ethnicity, and language, sexual and gender identity, or social needs are not uniformly identified and captured. We focus here on opportunities to improve screening for and collection of social needs data.

⁴ <https://aligningforhealth.org/linact/>

⁵ <https://www.help.senate.gov/chair/newsroom/press/help-committee-passes-murray-burr-prevent-pandemics-act-in-overwhelming-bipartisan-vote>

⁶ <https://aligningforhealth.org/wp-content/uploads/2021/09/Care-Thats-Fair-Act-Support-Letter.pdf>

⁷ <https://acl.gov/framework>

⁸ <https://www.congress.gov/bill/117th-congress/senate-bill/509?s=1&r=17>

⁹ <https://www.help.senate.gov/chair/newsroom/press/help-committee-passes-murray-burr-prevent-pandemics-act-in-overwhelming-bipartisan-vote>



The conditions or environments that we inhabit, including our communities, our homes, and our access to healthy foods, education, employment and transportation, all impact our health outcomes. Social risk factors and social needs increase the risk of, and exacerbate existing, chronic conditions and lead to poorer health outcomes.¹⁰ Additionally, surveys have found that respondents who self-report poor health and higher health care utilization, and who experience high inpatient or ER utilization, are more likely to report multiple unmet social needs.¹¹

Comprehensively documenting social risk and social needs data and increasing appropriate exchange of such data will ensure payers and providers delivering health and non-health care to individuals have a more comprehensive view of the factors affecting an individuals' wellbeing as well as the disparities contributing to health inequities. This documentation is the foundational first step toward care models that drive better alignment between health and social needs to improve patient outcomes. We believe that the outcome-focused care delivery systems of the future must rest on a data foundation that provides meaningful information about both health and social risks.

However, collecting social needs and risk factor data has proven to be a continuous challenge. Such data is not always routinely or systematically collected across the health care system, and a lack of standardization around how data should be collected makes it difficult to integrate this data into health records and to share, as appropriate, across coordinated entities, or to use for purposes of risk adjustment. For instance, a 2021 report from the Centers for Medicare and Medicaid Services (CMS) found that social needs data had only been collected and reported for 1.59 percent of Medicare beneficiaries, a fraction of the likely population with social needs.¹²

This information is the foundational first step toward cross-sector and more integrated care models that drive better alignment between health and social needs to improve patient outcomes. However, we also believe that screening for health-related social needs is only one piece of the puzzle. Information from screenings should be used to connect beneficiaries to covered services or resources to help meet their needs, if consistent with the beneficiary's goals and preferences. Efforts to screen without ensuring availability and access to resources to support whole person care may unintentionally increase burden and risk patients' trust.

Therefore, we recommend OSTP work with the HHS and CMS, to encourage and incentivize greater identification, documentation, and exchange of social risk and social needs data across its programs by removing barriers and by providing robust education, incentives, and access to tools that can connect individuals to needed resources.

Thank you again for the opportunity to provide comments on this important issue. Please do not hesitate to let us know if you have any questions. I can be reached at mquick@aligningforhealth.org.

Sincerely,

Melissa Quick
Co-Chair, Aligning for Health

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>

¹¹ <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/insights-from-the-mckinsey-2019-consumer-social-determinants-of-health-survey>

¹² <https://www.cms.gov/files/document/z-codes-data-highlight.pdf>