vizient

August 2, 2024

The Honorable Diana DeGette
U.S. House of Representatives
2111 Rayburn House Office Building
Washington, DC 20515

The Honorable Larry Bucshon, M.D.
U.S. House of Representatives
2313 Rayburn House Office Building
Washington, DC 20515

Dear Representatives DeGette and Bucshon,

We appreciate the opportunity to provide feedback on the 21st Century Cures initiative. The 21st Century Cures Act and the policies implemented from the Cures 2.0 proposal have been instrumental in modernizing biomedical research and innovation across the country—and have made data more accessible to patients. Vizient applauds your leadership on this initiative and your willingness to continue the Cures conversation to examine future policies that can improve patient care.

Your RFI asks what elements were missing from past Cures proposals and what additional reforms or support mechanisms are needed. You also ask about policies needed in future legislation to improve the country's research infrastructure and ensure that patients can get access to life changing treatments. As you develop new proposals, Vizient encourages you to ensure that addressing social determinants of health (SDOH) and community health needs are prioritized in your policies.

Specifically, it is essential that Congress supports policies that recognize innovation in social needs indices and ensures the best tools and data are being used by the government to identify the needs of communities. To improve patient care and ensure patients are getting the life-saving treatments that they need, it is critical to understand and support social drivers of health in communities. By identifying, at a hyperlocal level, the healthcare challenges that neighborhoods are facing, providers and policymakers can identify how those challenges are impacting health outcomes and the specific health interventions that are needed for that community. For example, with appropriate social needs indices, policymakers can understand and measure the SDOH (e.g., food deserts, lack of health insurance, economic factors) that lead to a community having a higher prevalence of diabetes. Implementing an intervention, like better access to food, can have a profound, life-saving impact on that community.

Background

Vizient, Inc., the nation's largest provider-driven healthcare performance improvement company, serves more than 65% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 35% of the non-acute market. Vizient provides expertise, analytics, and consulting services, as well as a contract portfolio that represents $140 billion in annual purchasing volume. Solutions and services from Vizient improve the delivery of high-value care by aligning cost, quality, and market performance. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

SDOH Indices to Adequately Assess Community Health Disparities

Many social determinants that impact communities extend beyond the hospital's walls, whether it's lack of housing, transportation, or public safety—knowing exactly what issues affect local residents can give health systems and the government perspective on possible resources or partnerships necessary to better support those specific social needs. Understanding the overall vulnerability and specific social needs of each neighborhood that a hospital serves can provide actionable detail about overall and specific obstacles to health and healthcare, confirmed by the relationship these factors have with life expectancy. As various tools and indices that examine social and community drivers of health are being considered for use by government agencies (particularly for health equity measures, payment adjustment, and quality measurement), Vizient suggests that only indices developed specifically to help address health inequities be considered.

About the Vizient Vulnerability Index
For example, we encourage Congress to examine the capabilities of one such new index, the Vizient® Vulnerability Index™[1] (patent pending), as you consider policies related to health equity data. The Vizient Vulnerability Index was designed to adjust geographically to identify which vulnerabilities, based on social determinants of health domains, exist within a community. As shown in Appendix 1, the Vizient Vulnerability Index aggregates 43 social determinants of health data points into nine critical domain categories at the local (neighborhood), regional, and national levels that impact health outcomes. Each category of data quantifies how specific vulnerabilities impact specific populations. To help users support social drivers of health at the neighborhood level, the Vizient Vulnerability Index is publicly available. The publicly available data provides zip code and census tract-level information across these categories: economic, education, healthcare access, neighborhood conditions, housing, clean environment, social environment, transportation, and public safety.

Figure 1. Vizient Vulnerability Index values for neighborhoods across the nation.
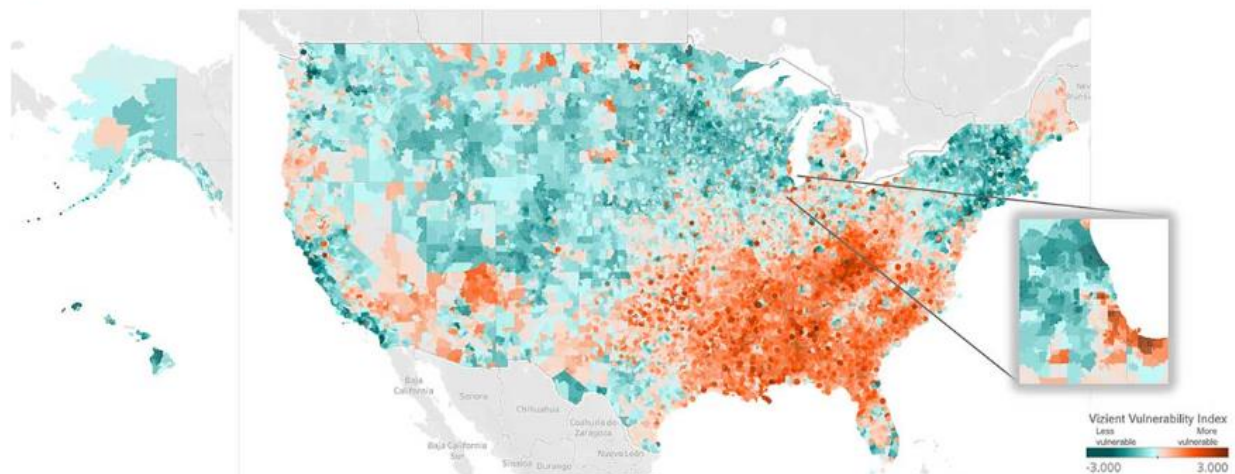
The Vizient Vulnerability Index integrates publicly available SDOH data from various U.S. government agencies, including the Census Bureau, Department of Agriculture, Environmental

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[1] Vizient developed a unique vulnerability index that serves as a singular clinical data index for SDOH at the neighborhood level. High/Medium/Average/Low segments of the Vizient Vulnerability Index (Quantitative assessment of community social determinants of health (SDOH) factors that may influence a person's overall health). Low = overall VVI score < -1; Average = overall VVI score -1 to 1; Medium = overall VVI score >1 to 2; High = overall VVI score > 2

Protection Agency, and Department of Housing and Urban Development, to provide deeper insights regarding community needs. Examples of the public data sources include:

- American Community Survey 2020 (US Census) 5-year estimates survey data
- USDA "food desert" measure of low-income population beyond a half mile (urban) or one mile (rural) from a grocery store
- Environmental Protection Agency (EPA) data on air and water pollution
- The Department of Housing and Urban Development's (HUD) "severe housing cost" measure of housing cost burden over 50% of income

The Importance of Effectively Measuring Vulnerability in Communities
Unlike other indices, the Vizient Vulnerability Index flexes and adapts to ensure the index values are location-appropriate. Other indices have a single index algorithm for the whole country, while the Vizient Vulnerability Index adapts to the local relevance of each domain as it correlates to life expectancy. This allows for variation in the weighting of the domains across different geographic areas depending on what is most important. Alternatively, other indices may only distinguish neighborhoods based on a few measures, such as wealth, and may not consider geographic variation. As a result, factors influencing health outcomes can be overlooked and opportunities to address inequities are missed.

When thinking about the social determinants of health that exist within communities, it's true that economic challenges weigh heavily on social needs. But there are additional access barriers that play an equally critical role—challenges that many indices do not account for. For example, the Area Deprivation Index (ADI), Social Deprivation Index, Social Vulnerability Index, and the Community Resilience Estimates do not include access to healthcare, physical environment, or public safety as social determinant of health domains. Appendix 2 helps distinguish various indices that government agencies may be considering, as related to health equity and quality measurement.

Moreover, Vizient has long-standing concerns with the use of the ADI, as it does not effectively measure social risks but rather reflects income and home values, primarily—and it does not correlate to life expectancy. This is of particular concern because the Centers for Medicare & Medicaid Services (CMS) incorporates the ADI into Innovation Center models (e.g., ACO Realizing Equity, Access, and Community Health (REACH) and Making Care Primary) and the Medicare Shared Savings Programs (MSSP), among others, and CMS continues to consider use of this index for other programs, such as the Hospital Value-Based Purchasing Program. In the context of health disparities and vulnerabilities, if the index used is not calibrated to the specific local community and does not adequately account for the many social determinants of health, then it's likely to result in an inappropriate amount of funding—whether too much or too little—because of overgeneralization.

To further illustrate these concerns, although the ADI includes seventeen different factors related to education, income, employment, housing, and household characteristics, the relationships among the specific variables chosen result in an index that is heavily weighted toward income and home values with very little contribution from the other variables. The estimates provided by this algorithm can underestimate the vulnerability of neighborhoods where housing prices do not reflect broader trends and other specific obstacles to health and health care. In particular, as seen in Figure 2, much of the rural South and rural Midwest are estimated as less vulnerable than their life expectancy would suggest, while the Northeast and parts of the Midwest are estimated as more vulnerable. Additionally, as shown in Figures 3, 4, and 5, cities with extreme housing costs are broadly estimated to be of very low vulnerability

regardless of actual variability in specific neighborhoods. Among these are neighborhoods with some of the lowest life expectancies and highest burden of chronic disease in the nation. This misrepresentation of a community's vulnerability can result in these communities being disadvantaged in Medicare payment policy, among other potential outcomes.
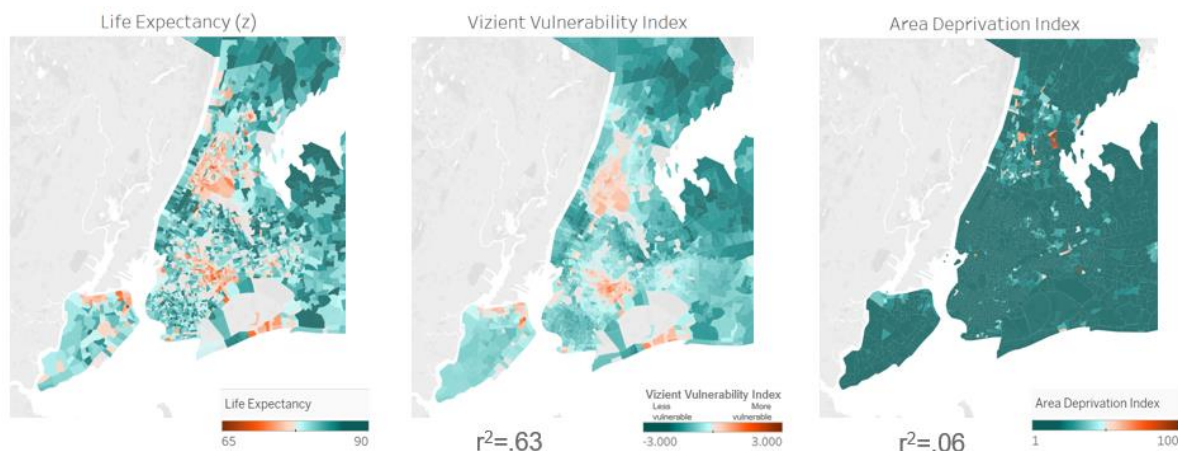
Rural South   Rural Midwest
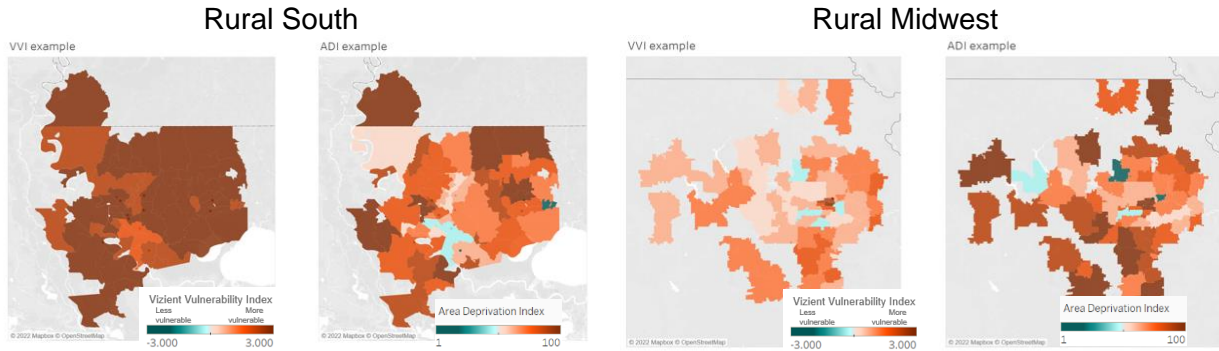
Figure 2. Maps comparing the Vizient Vulnerability Index's insights with the ADI's insights.
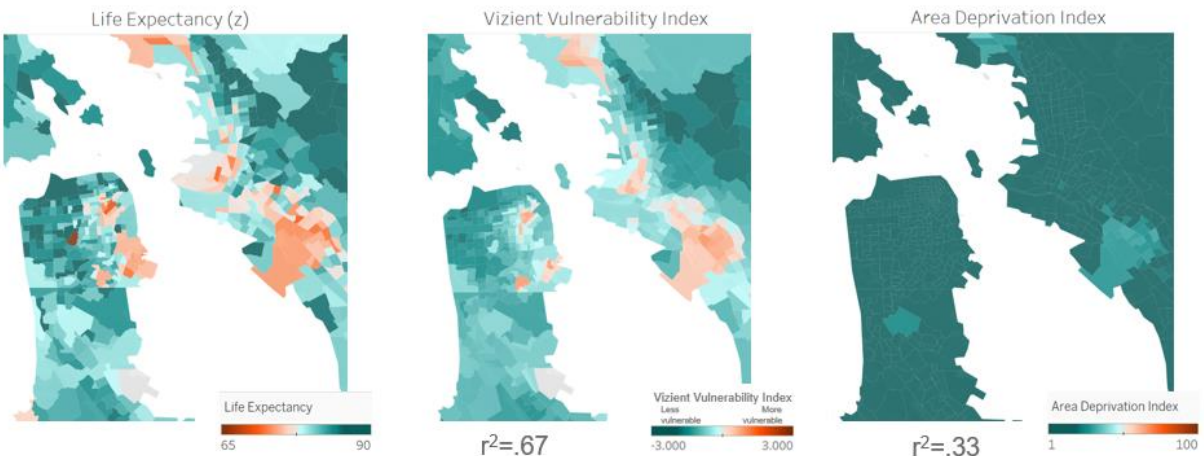
Figure 3. Maps showing San Francisco's life expectancy and insights from the Vizient Vulnerability Index and ADI.
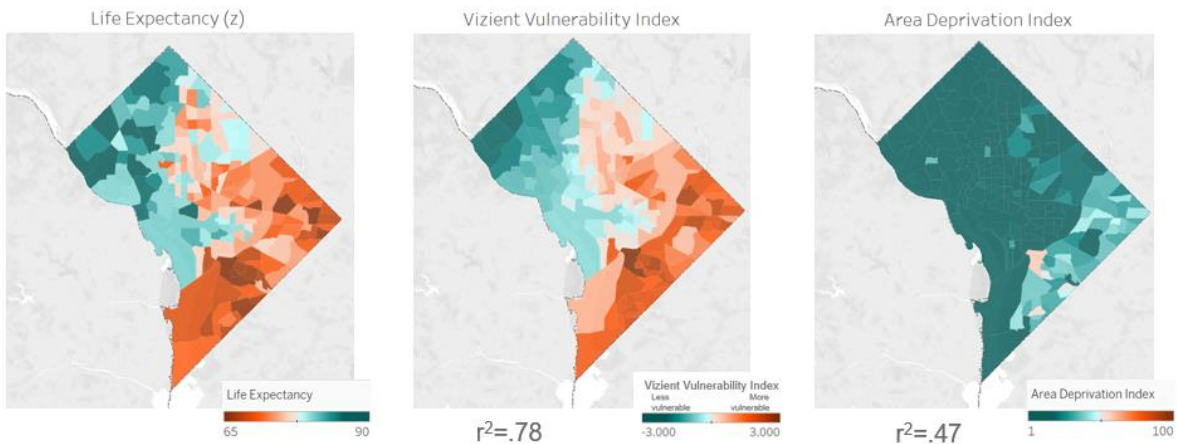
Figure 4. Maps showing Washington, D.C.'s life expectancy and insights from the Vizient Vulnerability Index and ADI.

Figure 5. Maps showing New York City's life expectancy and insights from the Vizient Vulnerability Index and ADI.

Recommendations

As Congress develops policies to address health disparities, it is essential that the best tools and data are being used to inform that work. Given other indices, such as the ADI—which is currently being used by CMS in various policies—can underestimate the vulnerability of neighborhoods, it is critical that Congress craft policies to ensure localized health challenges are being appropriately considered in government programs. As you look toward policy solutions, Vizient urges Congress to ensure tools like the Vizient Vulnerability Index are being utilized by government agencies to understand and identify the social drivers of health in communities. Further, Vizient encourages Congress to consider utilizing the Vizient Vulnerability Index to help identify key challenges different communities face.

When selecting an area-level index to provide context on neighborhood social needs that can distinguish specific, actionable factors that constitute obstacles to health and healthcare for a neighborhood, Vizient encourages Congress to consider the ability of that index to specify relevant social needs, such as transportation obstacles, risk factors for housing insecurity, food deserts, and broadband access. This specificity can identify actionable interventions to which funding may be directed. Additionally, Vizient suggests that a correlation to life expectancy would ensure that the index methodology reflects the factors that influence health in each neighborhood.

In addition, we recommend a study—either through a Government Accountability Office (GAO) report or conducted by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services—of all publicly available indices that account for social needs and vulnerabilities, evaluated against their correlation to life expectancy. The study should also include the number of factors measured in each index, an assessment of whether the index incorporates data at the zip code or census-tract level, and highlight geographic limitations of each evaluated index (e.g., poorly correlated to life expectancy in rural or urban locations). In addition, the report should include an overview of the process to identify evaluated indices, the methodology used to evaluate the indices, and an assessment of the indices' appropriateness for use in various government programs and payment models.

Your RFI asks for feedback on additional, new policies that could further the goals of the 21st Century Cures Act and lead to progress in improving patient care and life-saving treatments. We

believe that use of appropriate social needs indices, like the Vizient Vulnerability Index, can have a profound impact on identifying and implementing life-saving interventions and improving care throughout the country. As such, we ask that you encourage CMS to broaden the scope of indices they are considering for various programs to ensure they are using the best tools available to determine where vulnerabilities exist—especially since use of tools like the ADI risks underestimating the vulnerabilities of neighborhoods where we see the lowest life expectancies and highest burden of chronic disease. As you consider possible incentives to enhance patient care, we also encourage Congress to provide grants to hospitals and healthcare providers to help incorporate the use of social needs indices in clinical care.

Conclusion

By enabling a clear understanding of what is driving health disparities at a hyperlocal level, providers and policymakers can gain a deeper understanding of their neighborhoods and transform the health of their communities. Vizient welcomes the opportunity to further discuss or demonstrate the Vizient Vulnerability Index and potential opportunities to utilize this tool in future policymaking. Please feel free to contact me at shoshana.krilow@vizientinc.com if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,

Shoshana Krilow
Senior Vice President of Public Policy and Government Relations
Vizient, Inc.

Appendix 1 The SDOH data points that are integrated into the Vizient Vulnerability Index.

Vizient Vulnerability Index has 43 variables in 9 domains

Economic
- Individuals below 200% of poverty rate
- Unemployment
- Lower median incom e

Education
- Adults without college degrees
- Lower high school enrollment
- Lower preschool enrollment

Health care access
- Percent uninsured
- Provider shortages (Primary care, dental and mental health)
- Distance to a hospital

Neighborhood resources
- No park access
- Food deserts (USDA data)
- Broadband availability and household broadband subscriptions
- Alcohol sales
- Opioid dispensing

Housing
- Lower rates of homeownership
- Homes with incomplete plumbing
- Crowded housing
- Low-income households, housing expenses >50% income (HUD)

Clean environment
- Air pollution (particulate matter, diesel, traffic proximity)
- Water pollution (EPA health -related violations)
- Hazardous waste and spill risk

Social environment
- Lower rates of voting participation
- Single-parent families, incarceration rates

Transportation
- Households with no access to automobile or public transit

Public Safety
- Violent Crime (FBI Uniform Crime Reports)
- Gun Violence

EPA = United States Environmental Protection Agency ; HUD = United States Department of Housing and Urban Development; FBI = Federal Bureau of Investigation; USDA = United States Department of Agriculture.

Appendix 2 Comparison of the Vizient Vulnerability Index and other community needs indices.

	Area Deprivation Index	Distressed Communities Index	Social Vulnerability Index	Intercity Hardship Index	AHRQ Socioeconomic Status Index	Vizient Vulnerability Index
Data granularity	✖ County ✖ Zip Code ✖ Census Tract ✔ Block Group	✔ County ✔ Zip Code ✖ Census Tract ✖ Block Group	✔ County ● Zip Code possible ✔ Census Tract ● Block Group possible	● County possible ● Zip Code possible ● Census Tract possible ● Block Group possible	✖ County ✖ Zip Code ✖ Census Tract ✔ Block Group	✔ County ✔ Zip Code ✔ Census Tract ✔ Block Group
Social Determinants of Health Domains	✔ Income & Wealth ✔ Employment ✔ Education ✔ Housing ✖ Health Systems ✔ Transportation ✔ Social Environment ✖ Physical Environment ✖ Public Safety	✔ Income & Wealth ✔ Employment ✔ Education ✔ Housing ✖ Health Systems ✖ Transportation ✖ Social Environment ✖ Physical Environment ✖ Public Safety	✔ Income & Wealth ✔ Employment ✔ Education ✔ Housing ✖ Health Systems ✔ Transportation ✔ Social Environment ✖ Physical Environment ✖ Public Safety	✔ Income & Wealth ✔ Employment ✔ Education ✔ Housing ✖ Health Systems ✖ Transportation ✖ Social Environment ✖ Physical Environment ✖ Public Safety	✔ Income & Wealth ✔ Employment ✔ Education ✔ Housing ✖ Health Systems ✖ Transportation ✖ Social Environment ✖ Physical Environment ✖ Public Safety	✔ Income & Wealth ✔ Employment ✔ Education ✔ Housing ✔ Health Systems ✔ Transportation ✔ Social Environment ✔ Physical Environment ✔ Public Safety
Health Care Focus	✔ Life Expectancy / Mortality ✖ Chronic Disease Prevalence ✔ Readmissions ✖ ED utilization ✖ Maternal Health	✖ Life Expectancy/ Mortality ✖ Chronic Disease Prevalence ✖ Readmissions ✖ ED utilization ✖ Maternal Health	✖ Life Expectancy / Mortality ✖ Chronic Disease Prevalence ✖ Readmissions ✖ ED utilization ✖ Maternal Health	✖ Life Expectancy / Mortality ✖ Chronic Disease Prevalence ✖ Readmissions ✖ ED utilization ✖ Maternal Health	✔ Life Expectancy / Mortality ✖ Chronic Disease Prevalence ✔ Readmissions ✖ ED utilization ✖ Maternal Health	✔ Life Expectancy / Mortality ✔ Chronic Disease Prevalence ✔ Readmissions ✔ ED utilization ✔ Maternal Health
Measurement Focus	17 components 2 components account for almost all of the variation (income and housing) Intended to predict mortality, but only a moderate fit to life expectancy (r^2 0.40)	7 components 2 components account for almost all of the variation (income and housing) Intended to describe economic differences; poor fit to life expectancy (r^2 0.31)	14 components in 4 domains, 2 components account for almost all of the variation (income and education) Intended for disaster management planning; poor fit to life expectancy (r^2 0.20)	6 components 2 components account for almost all of the variation (income and education) Intended to describe economic differences; poor fit to life expectancy (r^2 0.14)	7 components no serious issues with partial correlations Intended to describe economic factors related to health care access; poor fit to life expectancy (r^2 = 0.30)	43 components in 9 domains. All are significant in different locations Intended to describe differences in life expectancy (r^2 0.75)
Geospatial Adjustments	Single index algorithm for the whole country	Single index algorithm for the whole country. Small zip codes excluded.	Single index algorithm for the whole country	Single index algorithm for the whole country	Single index algorithm for the whole country	Index adapts to local relevance of each domain as it correlates with life expectancy