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The Honorable Cheri Bustos
1233 Longworth House Office Building
Washington, DC 20515

The Honorable Tom Cole
2207 Rayburn House Office Building
Washington, DC 20515

The Honorable G.K. Butterfield
2080 Rayburn House Office Building
Washington, DC 20515

The Honorable Markwayne Mullin
2421 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Bustos, Butterfield, Cole and Mullin:

On behalf of the hospital members we serve throughout the country, Vizient would like to take this opportunity to thank you for your leadership in launching the new Social Determinants of Health (SDOH) Caucus. Improving the health of our communities and identifying and investing in measures to support public health is a clear need. We applaud you for taking this important step and look forward to working with your offices and the bipartisan SDOH caucus to make meaningful progress toward addressing SDOH.

Vizient is the nation's largest health care performance improvement company. Vizient provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 50% of the nation's acute care providers, which includes 95% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $100 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Vizient is pleased to offer feedback on the Social Determinants of Health Caucus's Request for Information (RFI). While we do not respond to every question, we appreciate the opportunity to engage and continue working with the caucus as policy solutions are developed.

Experience with SDOH Challenges:

What specific SDOH challenges have you seen to have the most impact on health? What areas have changed most during the COVID-19 pandemic?

Social inequities shape the conditions in which people live, work and play and ultimately impact health over the course of a lifetime. While the impacts of SDOH are nearly innumerable, some of the most significant challenges include:

- Poverty, lack of economic opportunity and access to financial resources such as high-paying jobs, credit, and banks
- The availability and access to safe, affordable housing
- Food insecurity
- The availability and access to a high-quality education, and educational attainment
- The availability and access to adequate and affordable transportation infrastructure and transportation resources (i.e., cars)

- A safe and pedestrian-friendly built environment
- The availability and access to a safe natural environment (e.g., clean air, no flooding)
- Access to a high-quality, affordable health care
- Digital literacy and access to technology
- Language barriers and cultural difficulties impeding both initial and ongoing access to care

Broadly, the living conditions of populations that experience chronic unmet social needs, are arguably the most significant challenges to improving health. The pandemic has exacerbated the negative health impacts[1] caused by social inequities[2], especially historically marginalized populations such as black, indigenous, and people of color, low-income and undocumented populations.

What types of gaps in care, programs, and services serve as a main barrier in addressing SDOH in the communities you serve? What approaches have your organization, community, Tribal organization, or state taken to address such challenges?

Across the health care delivery continuum there are gaps in basic access to primary care and specialist services. Those gaps are notably present in underserved communities. For example, a Vizient member hospital (a large Academic Medical Center) reported they had been working with two tribal health centers to find ways in which to provide greater access to specialists and improve care. The model featured oncologists that would staff once-per-week oncology clinics at an Indian Health Service (IHS) facility and was supported by an IHS contract. Since the contract did not fully cover the costs associated with providing the services, the hospital was reluctant to expand and extend services more broadly. Federal or state grants to support and sustain this type of relationship would make it easier for hospitals and medical groups to offer these types of arrangements given the necessary expenses. If resources were provided, not only could such an approach be replicated in otherwise underserved tribal communities, but similar approaches could also be successful through federally qualified health centers serving at-risk communities.

If there was a grant mechanism that would allow hospitals to receive funding to support both virtual and direct interactions with patients and their primary care providers to bring the tertiary/quaternary care expertise to patients, many hospitals and medical groups could conceivably engage more broadly to enhance the health of underserved communities.

Are there other federal policies that present challenges to addressing SDOH?

While it is not necessarily the primary challenge in addressing SDOH, hospitals and other providers continue to remain uncertain about partnerships that could potentially run afoul of Stark and Anti-kickback Statutes (AKS). While regulatory agencies have taken steps to make meaningful improvements to Stark and AKS to support better care coordination and more

[1] Miller, S., Wherry, L.R. & Mazumder, B. (July 2021). Estimated Mortality Increases During the COVID-19 Pandemic By Socioeconomic State, Race, and Ethnicity, *Health Affairs*, 40(8), https://doi.org/10.1377/hlthaff.2021.00414
[2] Center on Budget and Policy Priorities. (September 2021). Tracking the COVID-19 Economy's Effects on Food, Housing, and Employment Hardships, available at: https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-economys-effects-on-food-housing-and last accessed: September 21, 2021.

widespread adoption of value-based care delivery, more could be done to better focus attention and offer clarity around partnerships designed to address SDOH.

In addition to easing concerns around Stark and AKS, Congress could consider taking steps to better incentivize hospital and health system investments in community improvements that address SDOH. For example, there may be opportunities to be more flexible, expansive and inclusive in accounting for hospital investments in SDOH on the IRS Form 990 Schedule H.

Is there a unique role technology can play to alleviate specific challenges (e.g. referrals to community resources, telehealth consultations with community resource partners, etc.)? What are the barriers to using technology in this way?

Technology can help extend care to areas and populations that lack access to care and enable different partners to work together to address social needs. However, there are several barriers to using technology for these purposes. For provider and community-based organization (CBOs) users, the usefulness of technology can be limited when adequate training and support for troubleshooting and customizations are unavailable. Moreover, a concern we have heard from several of our hospital members is that the lack of integration and interoperability between different technologies and vendors can present user challenges, as well as difficulty interpreting data outputs. Technology investments are also very expensive to procure and maintain.

Broadly, the effectiveness of telehealth and other technologies is also limited by digital literacy – in that not every patient, clinician or social engagement entity are fully aware of the benefits or opportunities available through new technologies or recognizes the effectiveness. Additionally, basic infrastructure challenges, such as access to reliable broadband, also creates impediments to the access and use of telehealth in underserved communities.

While the challenges remain, a Vizient member hospital reported that they have expanded virtual access to telehealth during the COVID-19 pandemic and found great potential for providing remote access and specialized care to those in areas where specialty care is underrepresented. Similarly, the ability of patients to access telehealth services from their homes can provide significant patient education and provider education opportunities that support collaborative patient-provider relationships and expand care.

With that said, while advancements have been made in telehealth as a result of the COVID-19 pandemic, the uncertainty around the future of telehealth has hindered further development and adoption of these services.

Improving Alignment:

Where do you see opportunities for better coordination and alignment between community organizations, public health entities, and health organizations? What role can Congress play in facilitating such coordination so that effective social determinant interventions can be developed?

Vizient's hospital members, which range from large integrated health systems and leading academic medical centers, to independent community hospitals and small rural providers, are leaders in continually engaging in partnerships with CBOs, state, local and tribal public health agencies. While those partnerships provide meaningful benefits to the health of those communities, many of today's community health partnerships can feel like temporary band-aids that fail to completely address the roots of poverty, deteriorating public education, and long-standing barriers to access to high quality health care. To be successful and drive

improvements in SDOH, health care organizations, payors, quality advocates, community health agencies and patient groups need to be supported to work collaboratively to address these deeply entrenched socio-economic barriers.

Different stakeholders within communities, towns, and cities have a range of resources and perspectives that can bring value to any SDOH intervention. For example, CBOs often have the best understanding of what the community's priorities are and what obstacles the community faces in reaching their full health potential. Public health entities, such as public health departments, have the basic expertise, data, and frameworks to understand community health disparities and to develop strategies to address those disparities, although additional support would enhance these efforts. Health systems are often better-positioned, relative to other stakeholders, in their relationships with private entities including local suppliers, civic organizations and CBOs, due to their role in the community, purchasing power and mission-driven public health engagements. By working together, stakeholders can maximize their collective impact on community health. Unfortunately, stakeholders too often operate parallel efforts that can be redundant or unnecessary.

While Congress can continue to provide additional incentives for state, regional, and local organizations to collaborate, it is difficult to have a holistic national response to what are unique challenges within each community and even neighborhood. Issues such as addressing high rates of violence and taking steps to improve air and water quality come the closest to being able to be addressed at a national level, but even these vary greatly by community and are typically most effectively addressed at state and local levels. However, often community resources on their own are inadequate, and the most effective federal interventions are often simply targeted federal support that offers state and local officials the resources to address unique local challenges and promote coordination across allied public health and health system entities.

With that said, there are specific, bipartisan legislative opportunities being considered in Congress that would take important steps in making meaningful improvements in SDOH. The Social Determinants Accelerator Act of 2021 and the Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act would provide positive investments to address and appropriately target social determinants of health at a local level. Additional legislation, such as the CONNECT For Health Act, and further support for broadband deployment both in rural areas, as well as underserved urban areas, would also offer important opportunities to further build on advances derived from telehealth. While those would be important legislative options, it is also worth noting the need to address access to affordable broadband services, as availability does not equal access if the individuals do not have the financial stability to afford internet services or technology.

Improving maternal mortality is another area where health equity improvements are needed. Congress has been undertaking meaningful conversations around improving outcomes for minority and rural mothers. Provisions from the Black Maternal Health Momnibus Act and the Rural Maternal and Obstetric Modernization of Services (MOMS) Act could also have an outsized impact on the lives of many minority and rural families.

What potential do you see in pooling funding from different sources to achieve aligned goals in addressing SDOH? How could Congress and federal agencies provide state and communities with more guidance regarding how they can blend or braid funds?

Programs and activities focused on addressing SDOH to improve health are inherently a social benefit. Consequently, the "wrong-pockets problem" where some organizations receive a

disproportionate amount of benefit of a collective investment, presents a challenge to blended and braided funds. The federal government could provide seed funding for blended funds, along with guidelines for potential participants around what that funding can be used for, the types of partners that can be involved, and payout protocols. Ideally reliable federal government support for such funds would be available until a maturation point where the public benefits are realized, where additional support could be contingent on such efforts showing community health improvement and/or the funds become more self-sustaining. For organizations that want to braid funds toward a common goal, the federal government could offer some possible relaxation of reporting requirements for federal funds, as small, local CBOs may be less interested in engaging in such efforts with cumbersome reporting obligations.

What opportunities exist to better collect, understand, leverage, and report SDOH data to link individuals to services to address their health and social needs and to empower communities to improve outcomes?

Many Vizient members have expressed frustration about the lack of consistent national data and definitional standards with respect to SDOH. There are a multitude of measurement instruments evaluating various need and outcome domains (PRAPARE, Health Leads, AHC, WE CARE, Kaiser, NCCN Distress Thermometer, ICD-10-CM). Without consistent measurement, it is difficult to appropriately determine whether specific programmatic investments are producing improved quality outcomes or population health improvements. Congress and health improvement stakeholders could work in conjunction to develop an interagency effort to create national standards and promote interoperable data exchange across the various measurement instruments.

Vizient's experience supporting our member organizations' efforts to better understand and respond to healthcare inequities has led us to a strategy that encompasses both a longitudinal view of a patient's experience across encounters and a thorough and nuanced understanding of the clinical and social contexts in which outcomes are unequal, accounting for socioeconomic differences, prior comorbidities and prior care. This strategy highlights two main opportunities for understanding the social determinants of health.

- First, in understanding disparities it is essential to take an intersectional view of not only race and ethnicity but also age and gender, at the very minimum. If better, more granular and reliable data is available on the differences among patients, we can identify opportunities in cooperation with our members to more effectively target appropriate interventions. Beyond race, ethnicity, age, and gender there are opportunities to improve the collection of data on other demographic categories, such as sexual orientation and gender identity, veteran status, and disability status and evaluate them using a similarly intersectional approach.
- Second, a longitudinal, patient-centric approach is essential to identify the sources of disparities in upstream risks that influence any single outcome. It is not sufficient to identify a higher rate of inpatient mortality for a subset of patients without considering the disparities in access to preventive care and chronic disease management that may vary not only by race, ethnicity, gender and age, but also by factors in the patient's environment and geography such as housing, transportation, and access to healthy food. It is essential to expand the focus beyond inpatient care to fully address the continuum of care, and to consider local social determinants of health that create obstacles to healthcare access and impact health outcomes.

With specific demographic data considered in an intersectional, patient-centered, longitudinal model, we have a much better view of the points where intervention will make a difference in patients' health outcomes.

Best Practices and Opportunities:

Which innovative state, local, and/or private sector programs or practices addressing SDOH should Congress look into further that could potentially be leveraged more widely across other settings? Are there particular models or pilots that seek to address SDOH that could be successful in other areas, particularly rural, tribal or underserved communities?

There are a wide range of models throughout the country that have shown some improvements and potentially scalable opportunities. Healthy People Healthy Carolinas uses a collective impact model among cross-sector collaborators to inform policy and systems change on community's pressing health and social needs. Funding from the Duke Endowment provides a coordinator to convene stakeholders, access to robust technology tools and a mentorship program to share best practices.

Another example is West Side United in Chicago. It is a collaboration between six hospitals, numerous CBOs, and other key stakeholders, focused on reducing the life expectancy gap between the West Side of Chicago and Downtown Chicago in half by 2030. West Side United's impact areas include economic vitality, education, health and healthcare, and neighborhood and physical environment.

While both models have shown significant promise, questions remain about whether these models are sustainable or scalable, as they both target unique local or regional opportunities. That question is particularly pressing in rural areas that lack dedicated funding and other resources to be fully effective in utilizing some of the improvement models that may have been successful elsewhere.

In addressing some of those challenges, electronic health record SDOH modules can be helpful in providing consistent information that could be useful to support meaningful SDOH interventions. Another successful option has been the engagement of collective impact models, where several community stakeholders (i.e. anchor institutions) align their resources and expertise towards achieving a common goal.

Vizient is also continually working with our members to assess the current level of engagement and strategies being deployed by member hospitals to improve SDOH in their communities, address racial disparities and improve health equity. Some of these engagements include:

- Conducting a SDOH benchmarking study to assess how participating members are currently investing in SDOH and what approaches have been effective. The benchmarking study revealed that hospital actions are not always aligned with their scope of ambition. While many of the hospitals in the study connect with community partners and use their Community Health Needs Assessments to inform interventions, many do not measure the direct impact of interventions or co-create interventions with community partners.
- Creating a framework to assist those hospitals in "finding their fit" with respect to how to address SDOH in their communities. This framework includes Addressing the clinical manifestations of SDOH to avoid utilization of high-acuity health care (such as missed

appointments); Aligning to mitigate adverse conditions and unmet needs of individuals; and Anchoring community initiatives that improve community conditions.
- Launching an Improving Health Equity collaborative, whereby groups of our members volunteer to work together to share effective approaches and best practices to improve health equity.
- Utilizing data and analytic solutions to help our members quantify the impact of SDOH, helping them to align resources for targeted community intervention.

Transformative Actions

What are the main barriers to programs addressing SDOH and promoting in the communities you serve? What should Congress consider when developing legislative solutions to address these challenges?

The lack of a consistent and stable stream of funding for organizations, commonly CBOs engaging in this work, is the most significant barrier to the adoption and sustainability of SDOH programs. CBOs are often funded through several, often inconsistent, funding streams, with different spending limitations and reporting requirements. Legislative solutions should consider which organizations are best equipped to address social needs versus SDOH and what types of funding they require to effectively execute their work.

Another major challenge is closed loop referral management and data sharing. Complex processes, multiple suppliers with variability between products and inconsistent ability to share data can limit the effectiveness of SDOH interventions for providers, CBOs and patients. Congress can provide incentives to health systems, health plans and CBOs to share data related to social needs screening and referrals.

CBOs are also often challenged with claims-based processes. Incentivizing the development of webhooks, APIs and shared privacy standards, could provide opportunities to better integrate multiple platforms, and could help multiple stakeholders work together more efficiently and boost accountability.

Conclusion

Thank you again for your leadership in striving to address social determinants of health. This effort is multifaceted, complex and will require resources and creativity to make significant improvements. We are pleased to continue to support your effort and would appreciate working with you to help the SDOH Caucus find success in making improvements to health care access and outcomes in our country.

Please do not hesitate to contact me at shoshana.krilow@vizientinc.com or 202-354-2607 if you have any questions about Vizient or if there is any way we can be of assistance as you work to identify meaningful solutions.

Sincerely,

Shoshana Krilow
Senior Vice President, Public Policy & Government Relations