



February 28, 2022

TO: The Office of Science and Technology Policy (OSTP), White House
FROM: The National Alliance to Impact the Social Determinants of Health
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SUBJECT: NASDOH Response to the OSTP RFI on Strengthening Community Health Through Technology

The National Alliance to Impact the Social Determinants of Health (NASDOH) is pleased to respond to the White House Office of Science and Technology Policy (OSTP) request for information (RFI) on “Strengthening Community Health Through Technology” [FR Doc # 2021-28193](#). NASDOH appreciates the administration’s focus on innovation in science and technology to lower barriers for Americans to access quality health care by meeting people where they are in their communities, and on community-based health settings and populations traditionally underserved by health care.

NASDOH believes this RFI can yield important input from community-based health settings into how federal policies and actions can leverage digital health technologies to advance community health. As showcased by the COVID-19 pandemic, digital technologies can be instrumental in improving access to health care services; however, barriers persist that prevent some community-based organizations from developing and adopting digital health technologies. We offer our input from perspectives representing health care providers and payers, consumers, public health, social service, and community-based organizations.

ABOUT NASDOH

NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships, advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health.

NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, digital health capabilities, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts. NASDOH’s members have experienced firsthand the disparate ability of organizations across communities to adopt and implement digital health technologies for the purposes of community health, particularly for community-based organizations which lack the resources or capacity to partake in digital health technologies and public health data systems.

TERMINOLOGY: DIGITAL HEALTH TECHNOLOGIES

OSTP suggests the term ‘digital health technologies’ to be interpreted broadly as any tool or set of tools that improve health or enable better health care delivery by connecting people with other people, with data, or with health information. Given the broad application this term may have, NASDOH calls attention to several elements in particular. We emphasize that technology used to capture data encompass both information generated by the health care sector (i.e., the collection of social needs and clinical data of populations

served by a health system), as well as information generated by the community (i.e., surveys and questionnaire responses that highlight community priorities and needs). It is critical in developing digital health technologies for the benefit of the community that data from both traditional health care entities and stakeholders representing community-based entities be taken into consideration. The data points collected from each type of entity are informative in serving the community effectively. Additionally, NASDOH underscores that both qualitative and quantitative data serve valuable purposes to connect accurate and appropriate health services with individuals.

SUCCESSFUL MODELS

NASDOH's members represent a wide array of entities that contribute to community health. Due to their wide array of experiences as well as keen insight on levers and opportunities that exist on the ground, NASDOH members offer a range of innovative examples and models of how community health providers have successfully used digital health technologies to deliver health care, enable healthier lifestyles, and reduce health disparities. In its 2020 SDOH interoperability [concept paper](#), NASDOH outlined opportunities and key features to enable an interoperable data ecosystem where social needs information is shared seamlessly, privately, securely, and with consent to improve individual and community health. In addition to this concept paper, members offer several examples of successful models, including:

- **The [Connect Us network in Utah](#):** The multi-county collaboration of medical, behavioral health, and community-based organizations digitally connected on a closed-loop social care referral platform. It arose from the [Alliance for Determinants of Health](#) demonstration project that was funded by a charitable contribution from Intermountain Healthcare and formed to improve health outcomes, health care affordability, and coordinated care across sectors involved in addressing SDOH. Integrations between stakeholder systems and the platform has begun.
- **Vaccine Equity Planner:** Google supported the development of the [Vaccine Equity Planner](#), helping to identify geographies in the U.S. that may lack easy access to vaccination sites. The tool draws from a variety of public data sources for potential vaccination sites, general population characteristics, and area-based measures, as well as pediatric practice locations identified by HealthLandscape. The tool has been used by local and state policymakers across the U.S., [supporting targeting](#) of pop-up vaccination locations and informing [pediatric vaccine](#) efforts.
- **Searching for Food Access:** Food insecurity is a key health equity issue; Black, Latinx, and Indigenous households in the US are disproportionately affected by food insecurity compared to their white peers. And while solving this issue will require work from government, businesses, nonprofits and individuals working together, Google is [playing a role](#) in giving people easy digital access to the information they need, when they need it - including finding food pantries and accessing benefits like SNAP.
- **healthAlign's Digital Platform:** [healthAlign](#) has built a platform that brings a diverse range of community-based providers (home care, meals, rides, home modification, pest control, errands, etc.) into a single environment so that the payer can standardize credentialing and quality; monitor real-time fulfillment; score provider performance; manage payments to providers; and offer program-wide reporting in a single window.
- **[Camden Coalition's My Resource Pal](#):** Since 2016, the Camden Coalition has partnered with Findhelp (formerly Aunt Bertha) to power [My Resource Pal](#), a customized community resource referral platform for Camden and South Jersey. Community members and providers use My Resource Pal to find information about and connect with over 7,000 programs throughout New Jersey that provide resources for housing, food, transportation, and more. My Resource Pal is also used by the Coalition's Accountable Health Communities screeners and navigators to connect patients to resources that address their social needs.

BARRIERS

As detailed in our [January 2022 letter](#) to the administration, NASDOH emphasizes the need for infrastructure and interoperable systems, particularly incorporating community-based organizations and social service organizations, to enable the collection, sharing, and handling of data and information. NASDOH has a keen understanding that social service organizations tend to lag health care organizations in the level of sophistication and functionality of systems to share health-related data and information. They also tend to lack financial support needed to enable investment and reimbursement mechanisms for to participate in digital health technologies. Notwithstanding broader financial constraints, NASDOH members offer specific descriptions of the current barriers faced by individuals or organizations to the use of digital health technologies in community-based settings, including:

- **Standards development:** Despite significant efforts in this area, a lot of work remains to define standards for social care-related data sharing that must occur before interoperability can happen at scale.
- **Disconnected systems preventing optimal interoperability:** Some CBOs in Utah, including at least one local mental health authority, operate on home-grown electronic health record and care management systems. Other CBOs, including federally qualified health centers (FQHCs), operate on smaller-scale, non-web-based, locally installed vended solutions and are on different versions of those solutions. This makes designing and implementing interoperable capabilities quite challenging because these organizations, and their technology partners, may not have the resources, technical capabilities, or bandwidth to prioritize developing interoperable capabilities with community information exchanges (CIEs) or large-scale vended solutions. Furthermore, CIEs or large platform vendors may not prioritize integrations with home-grown or small-scale solutions.
- **Privacy and consent:** HIPAA-covered entities that are involved in making electronic referrals to community-based organizations may face challenges complying with HIPAA privacy and consent regulations when sharing protected health information from electronic health records. NASDOH encourages policymakers to support the identification and removal of barriers to social care coordination.
- **Service delivery:** Bringing CBO provided services into the home is complex and there are a range of administrative, data visibility and fulfillment challenges to do it successfully. For example, providers may not be familiar with third-party payers or with credentialing and claims processes. All have their own systems for data collection and visit documentation which often results in valuable data lost with unconnected end-point providers.

TRENDS FROM THE PANDEMIC:

NASDOH [has advocated](#) for the use of COVID-19 related flexibilities to develop and strengthen data and tech systems to meet the needs and capacity limitations of community-based organizations and promote information sharing across health care, public health, and social services to improve community health. During the COVID-19 pandemic, NASDOH members have appreciated and made use of flexibilities that have facilitated the use of digital health technologies and the exchange of health information across health care, public health, and social service organizations and improved access and delivery of health care services. Flexibilities such as those around the provision and billing of telehealth services have allowed health and social service providers greater opportunity to offer and deliver services using modes that meet the needs of individuals. For example, Intermountain Healthcare increased telehealth capabilities and now has the ability to offer 24/7 care management services for patients at high health risk. This level of service would be unattainable without telehealth.