

# Health Equity:

## How Social Determinants of Health Influence Patient Outcomes and How Clinicians Can Help

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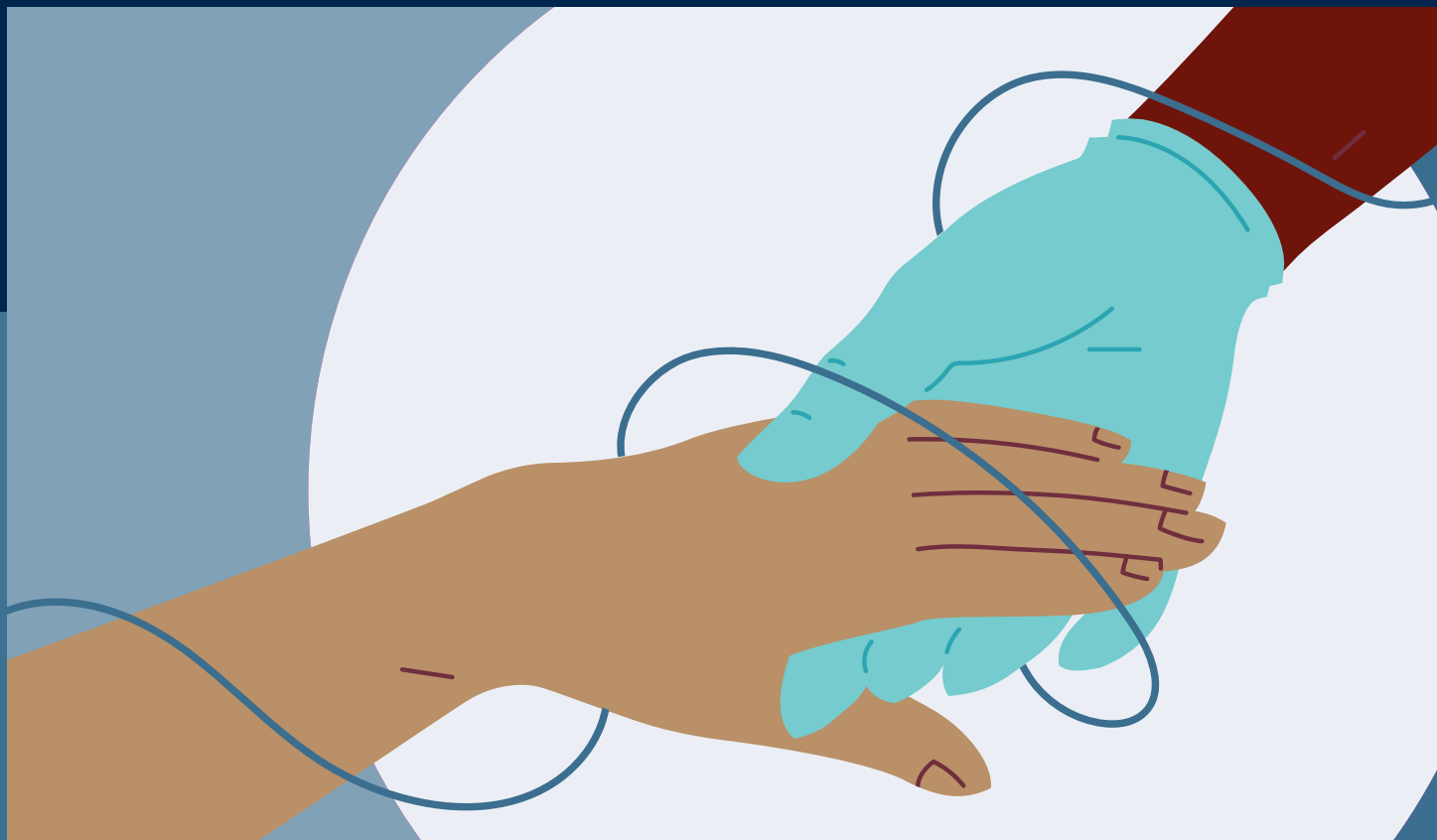
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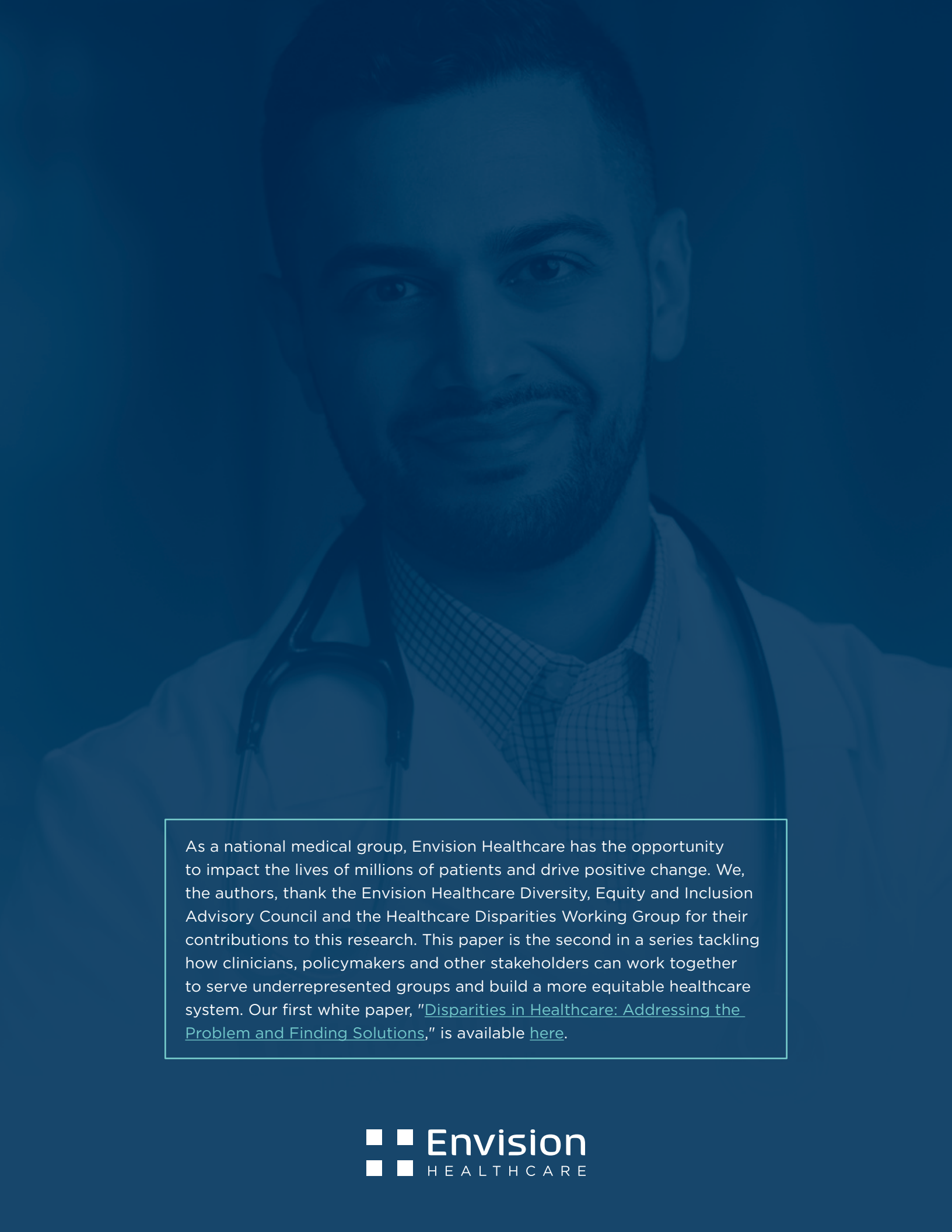
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**CLINICAL CENTER  
OF EXCELLENCE**

**Envision**  
HEALTHCARE



As a national medical group, Envision Healthcare has the opportunity to impact the lives of millions of patients and drive positive change. We, the authors, thank the Envision Healthcare Diversity, Equity and Inclusion Advisory Council and the Healthcare Disparities Working Group for their contributions to this research. This paper is the second in a series tackling how clinicians, policymakers and other stakeholders can work together to serve underrepresented groups and build a more equitable healthcare system. Our first white paper, "[Disparities in Healthcare: Addressing the Problem and Finding Solutions](#)," is available [here](#).



## About Envision Healthcare

**Envision Healthcare is one of the nation's leading medical groups**, delivering care when and where it's needed most. Operating in more than 650 facilities, Envision provides care mainly in the areas of emergency medicine, hospital medicine, anesthesiology, radiology, trauma surgery and neonatology. Through AMSURG, its ambulatory surgery unit, Envision operates and holds ownership in more than 250 ambulatory surgery centers in 34 states and the District of Columbia, with medical specialties ranging from gastroenterology to ophthalmology and orthopedics.

Envision Healthcare is a national medical group comprised of thousands of clinicians and the preferred health solutions partner for practices around the country. Its nearly 25,000 clinicians, which include physicians, physician assistants and certified registered nurse anesthetists, care for more than 30 million patients annually.

## A Commitment to Providing Care When and Where It's Needed Most

The U.S. Department of Health and Human Services (HHS) defines health equity as the "attainment of the highest level of health for all people."<sup>1</sup> Health equity is fundamental to living a good, quality life and building a vibrant society. Economic and social conditions like income, access to housing and structural racism influence health outcomes and hamper health equity. As a leading national medical group, we are dedicated to educating stakeholders about these factors and their impact on health equity. This paper discusses and defines what we mean by social determinants of health (SDOH), provides real-world examples of their impact and illustrates the costs — to individuals, families and communities — of inaction.

Envision is committed to establishing best practices, implementing innovative approaches to care and advocating for reforms that will help attain the highest level of health for all people. Embedded within the explanations of each domain of SDOH are examples of how we can work together now to address the social, cultural, economic and political factors that help or hinder individuals' health.

<sup>1</sup> Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, *Healthy People 2030*. Retrieved from <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030#:~:text=Health%20equity%20is%20the%20attainment,of%20health%20for%20all%20people>.

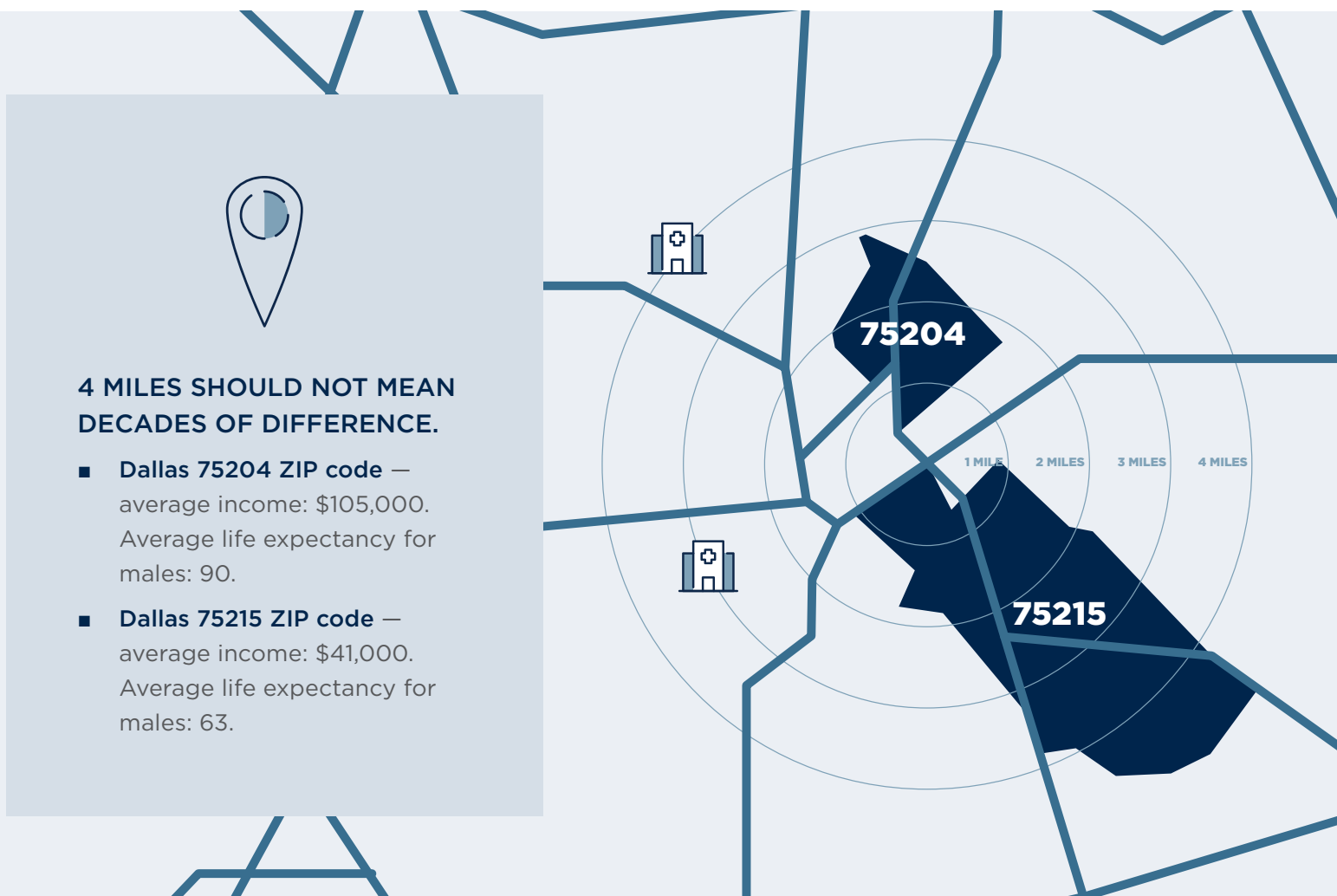
## What Are Social Determinants of Health and Why Do They Matter?

Failing to understand and address how social determinants influence health outcomes will have serious, lifelong implications for individuals, their communities, the economy and society as a whole. To illustrate the tremendous impact on quality of life and well-being, consider the example of two children growing up in the same city just miles apart:

A 2014 report on residents in Dallas County, Texas, found a distance of just four miles could reduce life expectancy by nearly three decades.

Specifically, the study found males born in the 75204 ZIP code, where the typical household income was \$105,000, on average lived to the age of 90. Males born close by in the 75215 ZIP code, where the average household income was \$41,000, had a life expectancy of 63 years.<sup>2</sup>

These disparities do not only impact the individuals who experience them: **SDOH drive as much as 80 percent of health outcomes,<sup>3</sup> and health disparities impact every American.**





For example, a 2018 study by the W.K. Kellogg Foundation found that health disparities reduce U.S. productivity by \$42 billion and result in \$93 billion in excess medical costs yearly.<sup>4</sup> Disparities in access to care and quality of care account for at least a portion of these costs. That study also concluded the U.S. economy "could be \$8 trillion larger by 2050 if the country eliminated racial disparities in health, education, incarceration and employment."<sup>5</sup>

The U.S. Chamber of Commerce Foundation (USCCF) has estimated productivity losses from health disparities might be even higher. In a 2018 article, USCCF said absenteeism costs associated with hypertension, diabetes, smoking, physical inactivity and obesity are greater than \$2 billion per condition per year. It estimated productivity losses from employees who miss work cost more than \$225 billion each year. The USCCF concluded, "Businesses that invest in the health and well-being of the community cultivate a healthy, more productive workforce to fuel future economic growth; attract more talented employees and a healthier customer base; benefit their reputations; and encourage consumer and employee loyalty."<sup>6</sup>

## What Are Social Determinants of Health?

Maintaining good physical and mental health is commonly thought of as a set of best practices to prevent injury or disease and increase longevity. For example, if people do not smoke, they are much less likely to develop lung cancer. If people eat a well-balanced diet and exercise regularly, they are more likely to avoid heart disease. For many people in the U.S., however, external factors have as great of an influence on their health and mental well-being as any actionable guidelines for healthy living.

Social determinants of health are the economic, political and/or cultural forces that influence the health of people and the communities in which they live. These factors affect every person in every society, and their impact can be positive or negative.

According to the Kaiser Family Foundation (KFF), while the Affordable Care Act led to large gains in health insurance coverage across groups, today, people of color remain at increased risk of being uninsured.<sup>7</sup> This factor alone is a significant barrier to living a healthy life. Still, as economic, political and cultural forces intersect, they can further erode a person's ability to find and sustain employment, raise a family and live a long and fulfilled life. As noted previously, according to one estimate, SDOH drive as much as 80 percent of health outcomes.<sup>8</sup>

<sup>2</sup> Pruitt S., Nehme E., O'Neil M., Oppenheimer D., Heitjan D., Ge Z., Hughes A., Xiong D., Elerian N., and Lakey D. (2019), "Life Expectancy at Birth in Communities Across Texas: 2005-2014, Data Summary and Technical Report." Retrieved from <https://www.texashealthmaps.com/Life-expectancy-in-Texas-2005-2014.pdf>.

<sup>3</sup> Robert Wood Johnson Foundation (February 1, 2019), "Medicaid's Role In Addressing Social Determinants Of Health." Retrieved from <https://www.rwif.org/en/library/research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html>.

<sup>4</sup> Health Disparities Overview, National Conference of State Legislatures. Retrieved from <https://www.ncsl.org/research/health/health-disparities-overview.aspx>.

<sup>5</sup> Turner, A. (April 24, 2018), "The Business Case For Racial Equity: A Strategy For Growth." Retrieved from <https://altarum.org/RacialEquity2018>.

<sup>6</sup> Bruno, K. (June 29, 2018), U.S. Chamber of Commerce Foundation, "Why Companies Should Make Health Disparities Their Business." Retrieved from <https://www.uschamberfoundation.org/blog/post/why-companies-should-make-health-disparities-their-business>.

<sup>7</sup> Nambi Ndugga N. and Artiga S. (May 11, 2021), Kaiser Family Foundation, "Disparities in Health and Health Care: 5 Key Questions and Answers." Retrieved from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.

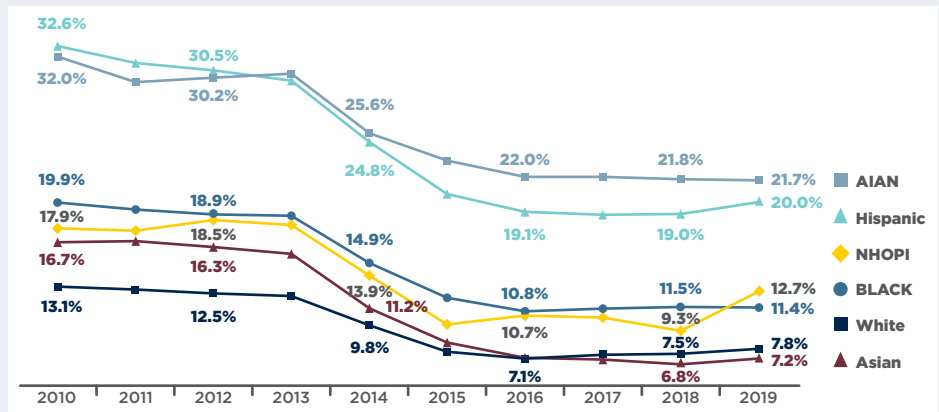
<sup>8</sup> Robert Wood Johnson Foundation (February 1, 2019), "Medicaid's Role in Addressing Social Determinants of Health." Retrieved from <https://www.rwif.org/en/library/research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html>.



## PEOPLE OF COLOR FACE LONGSTANDING DISPARITIES IN HEALTH COVERAGE.

### Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010–2019

NOTE: Includes individuals ages 0 to 64. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. SOURCE: KFF Analysis of the 2010–2019 American Community Survey.



## COVID-19 Brought Social Determinants of Health to the Forefront

In 2020, as the world faced the COVID-19 pandemic, the ways in which economic, political and cultural forces intersect to impact health became overtly evident. **According to KFF, U.S. premature excess deaths per 100,000 people in 2020 were three times higher for Black, Hispanic, American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander people than for White or Asian people.** KFF said:



“The higher rates of illness and death among people of color reflect increased risk of exposure to the virus due to living, working, and transportation situations, increased risk of experiencing serious illness if infected due to higher rates of underlying health conditions, and increased barriers to testing and treatment due to existing disparities in access to health care.”<sup>9</sup>

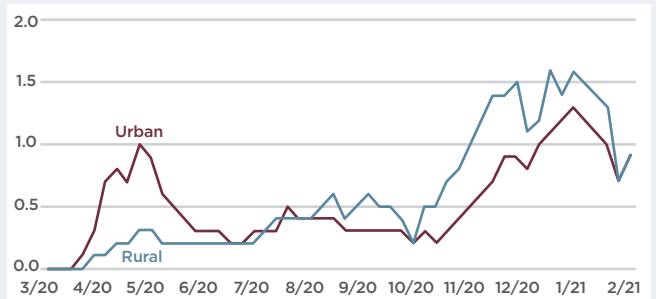
## COVID-19 ALSO DISPROPORTIONATELY IMPACTED PATIENTS IN RURAL COMMUNITIES.

The consulting group McKinsey found that while residents living in rural communities accounted for only 14 percent of the total U.S. population, they were 16 percent of all new COVID-19 deaths through February 2021. In that same period, rural communities experienced 175 deaths per 100,000 residents compared with 151 deaths per 100,000 residents for urban communities.<sup>10</sup>

The situation in rural areas continued to erode through the summer of 2021. As the Delta variant

## DEATHS FROM COVID-19 ROSE SHARPLY IN RURAL AREAS.

Daily COVID-19 deaths, by geography (per 100,000 residents)



Source: USAFacts, as of February 2021

<sup>9</sup> Nambi Ndugga N. and Artiga S. (May 11, 2021), Kaiser Family Foundation, “Disparities in Health and Health Care: 5 Key Questions and Answers.” Retrieved from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.

spread, the number of COVID-19-related deaths in the rural U.S. grew by nearly 70 percent. Additionally, new infections spread more quickly in rural counties than in metropolitan ones, resulting in a rural infection rate that was 25 percent higher than rates in urban centers.<sup>11</sup> In October 2021, the University of Iowa's Rural Policy Research Institute published data<sup>12</sup> that showed rural Americans were twice as likely to die from COVID-19.

**ACCORDING TO KAISER HEALTH NEWS MIDWEST CORRESPONDENT LAUREN WEBER:**

**"[T]he high incidence of cases and low vaccination rates don't fully capture why mortality rates are so much higher in rural areas than elsewhere. Academics and officials alike describe rural Americans' greater rates of poor health and their limited options for medical care as a deadly combination. The pressures of the pandemic have compounded the problem by deepening staffing shortages at hospitals, creating a cycle of worsening access to care."<sup>13</sup>**

## How Can We Work Together to Improve Health Equity?

### BEST PRACTICES TO ADDRESS THE FIVE DOMAINS OF SDOH.

The Centers for Disease Control and Prevention (CDC)<sup>14</sup> lists several SDOH ranging from early childhood development to residential segregation to household income. The U.S. Department of Health and Human Services' (HHS) Office of Disease Prevention and Health Promotion (ODPHP) has organized these factors into five domains:

The sections below explore these domains in greater depth. They also feature case studies that illustrate how healthcare stakeholders like Envision are working to address the SDOH within each domain.



<sup>10</sup> Bradford J., Coe E., Enomoto K. and White M. (March 10, 2021), McKinsey, "COVID-19 and Rural Communities: Protecting Rural Lives and Health." Retrieved from [https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/covid-19-and-rural-communities-protecting-rural-lives-and-health?cid=other-pso-lkn-mip-mck-oth-2103&i\\_fat\\_id=6d025292-c578-4b6e-83a5-9b52625a1722](https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/covid-19-and-rural-communities-protecting-rural-lives-and-health?cid=other-pso-lkn-mip-mck-oth-2103&i_fat_id=6d025292-c578-4b6e-83a5-9b52625a1722).

<sup>11</sup> Murphy T. and Marema T. (August 26, 2021), *The Daily Yonder*, "Rate of New COVID Infections Climbs by 18% in Rural Counties." Retrieved from <https://dailyyonder.com/rate-of-new-covid-infections-climbs-by-18-in-rural-counties-number-of-deaths-grows-by-70/2021/08/26/>.

<sup>12</sup> Ullrich F. and Mueller K. (October 2021), University of Iowa Rural Policy Research Institute, "COVID-19 Cases and Deaths, Metropolitan and Nonmetropolitan Counties Over Time." Retrieved from <https://rupri-public-health.uiowa.edu/publications/policybriefs/2020/COVID%20Longitudinal%20Data.pdf>.

<sup>13</sup> Weber L. (September 30, 2021), *Kaiser Health News*, "Covid Is Killing Rural Americans at Twice the Rate of Urbanites." Retrieved from <https://khn.org/news/article/covid-death-rate-rural-america/>.

<sup>14</sup> Centers for Disease Control and Prevention. "NCHHSTP Social Determinants of Health." Retrieved from <https://www.cdc.gov/nchhstp/socialdeterminants/faq.html>.

## DOMAIN 1: HEALTH AND HEALTHCARE

According to HHS' Office of Disease Prevention and Health Promotion (ODPHP), inadequate health insurance coverage "is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health." **The inability to access affordable care leads individuals to delay or forgo care, particularly preventative care.** Children without health insurance are less likely to receive appropriate treatment for conditions like asthma, and they are less likely to receive dental care and be current on their immunizations and well-child visits.<sup>15</sup>



**HEALTH AND HEALTHCARE  
RELATE TO ACCESS  
TO HEALTHCARE.**

There also are glaring disparities when it comes to access to technology. As a May 2021 Harvard Business Review article noted, even today, "many promising health information technology (HIT) solutions are not adopted and used by Medicaid patients and other vulnerable populations or implemented in the care settings where a high proportion of these patients receive care."<sup>16</sup>

### How the Healthcare Community Can Help: Envision Case Study

Envision is committed to providing quality care to patients. As noted above, disparities in access to care, especially access to cutting-edge technologies, are an important social determinant of health. One way Envision is expanding access is by leveraging artificial intelligence (AI) to enhance clinical evaluations. AI software can assist radiologists with disease detection, case prioritization and diagnosis by helping to detect three common and consequential medical emergencies: intracranial hemorrhage, pulmonary embolism and cervical spine fracture. The AI platform can also assist with diagnostic accuracy and prioritization of acute cases, allowing patients to receive more timely treatment based on their condition and acuity level.

Envision's team of radiologists conducts more than 9 million reads a year. In 2021, our average radiology to emergency department time was 26 minutes, which was below the national "progressive" benchmark of 30 minutes. For example, strokes are one of the most time-sensitive diagnoses. When a patient has a stroke, a quicker turnaround enables faster cross-specialty clinical decision making, such as administering thrombolytics (clot busters), which can improve a patient's recovery.

The ability to arrive at a diagnosis more quickly could help individuals in poverty the most. A 2005 study conducted in Austria found stroke patients with lower incomes had a 60 to 70 percent higher death rate than stroke patients in the highest income group. Study author Jasmin Arrich, MD, told Emergency Medicine News, "Occupation was similarly linked to mortality, with skilled and unskilled blue-collar workers having a significantly higher mortality than white-collar workers." Compared with white-collar workers, unskilled laborers had an 87 percent higher risk for death after stroke, while skilled blue-collar workers had a 61 percent higher death rate after stroke.<sup>17</sup>

<sup>15</sup> Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. Healthy People 2030. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion, "Access to Health Services."

Retrieved from <https://health.gov/healthyypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>.

<sup>16</sup> Sarkar U., Lisker L., and Lyles C. (May 6, 2021), *Harvard Business Review*, "How to Narrow the Digital Divide in U.S. Health Care."

Retrieved from <https://hbr.org/2021/05/how-to-narrow-the-digital-divide-in-u-s-health-care>.

<sup>17</sup> *Emergency Medicine News* (February 2005), "Low Income, Blue-Collar Job Linked With Higher Stroke Mortality."

Retrieved from [https://journals.lww.com/em-news/fulltext/2005/02000/low\\_income\\_blue\\_collar\\_job\\_linked\\_with\\_higher.24.aspx](https://journals.lww.com/em-news/fulltext/2005/02000/low_income_blue_collar_job_linked_with_higher.24.aspx).



## DOMAIN 2: EDUCATION

Access to early childhood education programs helps raise a student's future learning and earning potential. In addition, research has shown that programs for children up to third grade provide healthcare and social services that "sustain and bolster early developmental and academic gains."<sup>18</sup>

Attending and completing high school is closely tied to adult health and well-being. Dropping out of high school is linked to a variety of negative factors later in life, including limited employment prospects and lower wages, which can impact the ability to afford insurance and care, ultimately impacting access to healthcare. Mortality rates among adults with a high school education and those with less than a high school education are 2.3 and 2.7 times higher, respectively, than rates among those with at least some college education.<sup>19</sup> Additionally, people with low literacy are 1.5 to 3 times more likely to experience an adverse health outcome.<sup>20</sup>



**EDUCATION RELATES TO LANGUAGE AND LITERACY, SCHOOL COMPLETION, EARLY CHILDHOOD LEARNING AND HEALTHCARE LITERACY.**



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No matter income or education level, as the CDC has pointed out,<sup>21</sup> all people struggle with health literacy, especially when they are not familiar with medical terms, how their bodies work or have to interpret complex statistics and evaluate how certain behaviors might affect their health and safety.

### How the Healthcare Community Can Help: Envision Case Study

The healthcare community has an important role in improving health literacy in all communities. Patient advocacy is especially important in communities where social determinants of health can negatively impact the quality and longevity of life.

Disparities in screening rates and the incidence and mortality of colorectal cancer (CRC) continue to persist between White patients and patients of color. For example, Black patients have a 40 percent higher CRC mortality rate than White patients. However, in patients aged 50 and older, only 60 percent of Black patients have had a screening colonoscopy, while 63 percent of White patients have had one. Colonoscopy rates are even lower for other communities of color. In the same 50 and older age group, only 47 percent of Asian American patients have had a colonoscopy and 52 percent of Hispanic American patients have

<sup>18</sup> Office of Disease Prevention and Health Promotion, "Early Childhood Development and Education." Retrieved from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/early-childhood-development-and-education>.

<sup>19</sup> Woolf S., Johnson R., Phillips R., and Philipsen M. (April 2007), *American Journal of Public Health*, "Giving Everyone the Health of the Educated: An Examination of Whether Social Change Would Save More Lives Than Medical Advances." Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1829331/pdf/0970679.pdf>.

<sup>20</sup> DeWalt D., Berkman N., Sheridan S., Lohr K., and Pignone M. (December 2004), *Journal of General Internal Medicine*, "Literacy and Health Outcomes." Retrieved from <https://link.springer.com/article/10.1111/j.1525-1497.2004.40153.x>.

<sup>21</sup> Centers for Disease Control and Prevention, "Understanding Health Literacy." Retrieved from <https://www.cdc.gov/healthliteracy/learn/Understanding.html>.



had one. Importantly, low-income people, including Medicare patients, are less likely to undergo diagnostic evaluations because such procedures imply out-of-pocket expenses.<sup>22</sup>

This is unfortunate because CRC is one of the most preventable cancers, and when detected early, patients generally have better outcomes. Still, many people do not begin screening for CRC at age 45 as recommended by the American Cancer Society. Until recently, patients undergoing their initial screening colonoscopy at AMSURG facilities averaged age 58.

AMSURG, a division of Envision Healthcare and a national leader in outpatient care, is committed to educating all patients about the importance of CRC screening, especially routine colonoscopies. While there are other screening modalities, a colonoscopy is the only test that enables physicians to detect and remove polyps before they become cancerous.

AMSURG partners with more than 1,000 gastroenterologists and colorectal surgeons caring for patients at its centers to perform about 900,000 colonoscopies a year, helping save countless lives. More than 120 AMSURG ambulatory surgery centers (ASC) track quality data through the GI Quality Improvement Consortium (GIQuIC), a quality benchmarking tool recognized by CMS as a Qualified Clinical Data Registry (QCDR). In line with recommendations by the American Cancer Society and the U.S. Preventative Services Task Force (USPSTF) to lower the screening age from 50 to 45, AMSURG has been executing a broad public campaign to educate Americans about the importance of timely screening and knowing the factors that put them at a higher risk for CRC. In February 2020, AMSURG joined a national initiative with the Colorectal Cancer Roundtable to increase awareness of CRC and encourage at least 80 percent of adults to take advantage of potentially lifesaving CRC screenings. In addition to raising awareness among patients, AMSURG has been creating and distributing specific materials to educate clinicians about racial disparities in CRC screening. Our educational efforts are yielding dividends, as we are starting to see a reduction in the average age for initial screening colonoscopy at our centers.

<sup>22</sup> American Cancer Society, "Colorectal Cancer Facts & Figures 2020-2022." Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>.

## DOMAIN 3: NEIGHBORHOOD, REGION AND BUILT ENVIRONMENT

According to the American Hospital Association (AHA), 3.6 million people in the U.S.<sup>23</sup> do not obtain medical care because they do not have a vehicle, cannot afford transit fees, infrastructure is inadequate or it simply takes too long to get to needed services. These challenges impact both urban and rural residents. In rural areas, residents may have to drive hours on unpaved or substandard roads to find care. In cities, public transit often does not stop near healthcare facilities. Urban transit stops sometimes lack safety barriers for people while they wait for a bus or train, which can hasten disease spread and injury.

Regional clinician shortages and hospital closures impact healthcare access as well. According to the Association of American Medical Colleges (AAMC), the U.S. will face a shortage of between 54,100 and 139,000 physicians by 2033.<sup>24</sup> There also will be a total of 175,900 unfilled openings for registered nurses every year until 2029.<sup>25</sup> These shortages are particularly acute in rural areas. According to the 2020 National Study of the Emergency Physician Workforce, the nation's rural emergency physician shortage is expected to worsen in the coming years.<sup>26</sup>



NEIGHBORHOOD AND BUILT ENVIRONMENT RELATE TO ACCESS TO QUALITY HOUSING AND HEALTHY FOODS, ALONG WITH SAFETY AND ENVIRONMENTAL CONDITIONS.



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Compounding these challenges are the facts that rural facilities have closed and clinicians, particularly specialists, are in short supply. Approximately 60 million Americans<sup>27</sup> depend on their hospital as a vital source of care. More than 180 rural hospitals<sup>28</sup> have closed in the last 15 years, and hundreds more are vulnerable. When rural facilities close, death rates in surrounding communities increase by nearly 6 percent.<sup>29</sup> Resource-constrained hospitals, whether rural or urban, also struggle to provide patients with access to specialty care, including mental and behavioral health services.

<sup>23</sup> American Hospital Association (November 15, 2017), "Social Determinants of Health Series: Transportation." Retrieved from <http://www.hpoe.org/resources/ahahret-guides/3078>.

<sup>24</sup> Boyle P. (June 26, 2020), American Association of Medical Colleges, "U.S. Physician Shortage Growing." Retrieved from <https://www.aamc.org/news-insights/us-physician-shortage-growing>.

<sup>25</sup> *Healthline* (August 11, 2021), "Understanding the American Nursing Shortage." Retrieved from <https://www.healthline.com/health/nursing-shortage#takeaway>.

<sup>26</sup> *Annals of Emergency Medicine* (July 31, 2020), "National Study of the Emergency Physician Workforce, 2020." Retrieved from [https://www.annemergmed.com/article/S0196-0644\(20\)30501-1/fulltext#secsectitle0100](https://www.annemergmed.com/article/S0196-0644(20)30501-1/fulltext#secsectitle0100).

<sup>27</sup> Pollack R. (June 25, 2021), American Hospital Association, "Perspective: Supporting Our Rural Hospitals and Communities." Retrieved from <https://www.aha.org/news/chairpersions-file/2021-06-25-perspectivesupporting-our-rural-hospitals-and-communities>.

<sup>28</sup> Cecil G. Sheps Center for Health Services Research University of North Carolina, "183 Rural Hospital Closures Since January 2005." Retrieved from <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>.

<sup>29</sup> Gujral K. and Basu A. (June 2020), National Bureau of Economic Research, "Impact of Rural and Urban Hospital Closures on Inpatient Mortality." Retrieved from <https://www.nber.org/papers/w26182>.

<sup>30</sup> Elrod, J. and Fortenberry, J. (December 13, 2017) BMC Health Services Research, "The Hub-and-Spoke Organization Design Revisited: A Lifeline for Rural Hospitals." Retrieved from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2755-5>.



Collaboration with suburban and urban health institutions offers an avenue for rural hospitals to continue providing care in their communities.

For example, a hospital system in Louisiana partnered with a local rural hospital<sup>30</sup> through the hub-and-spoke model as a satellite hospital and, as a result, helped improve care in the community. Investments enabled the rural facility to bring on additional clinicians to provide an array of services the hospital could not offer previously. The partners also implemented programs that educate residents about the importance of having health insurance. In cases where complex medical interventions are needed, patients are transferred to the system's hub for assessment and treatment. The main hub's transportation division includes air and ground services that facilitate quick access. The main hub also provides linkages to other rural hospitals, enabling facilities to communicate and consult with one another.

An individual's physical location can impact health in several other ways. These factors include lack of access to high-speed internet, which can affect an individual's health by reducing access to virtual care opportunities, and environmental conditions like air quality and sustainability.

## How the Healthcare Community Can Help: Envision Case Study

### ENVISION IS COMMITTED TO PROVIDING CARE WHEN AND WHERE IT'S NEEDED MOST.

In rural communities, routine healthcare services, such as annual physicals and preventative screenings, can be more difficult to obtain. This deficit can increase the number of non-emergency patients who rely on emergency medical services (EMS) to fill gaps in care.<sup>31</sup> A recently implemented Centers for Medicare & Medicaid Services' (CMS) initiative — Emergency Triage, Treat and Transport (ET3) — provides rural patients with a better chance to receive the right care at the right time and in the right place. Using its virtual healthcare platform, Envision has been working alongside public and private EMS systems to care for patients through the ET3 program. Envision has a network of skilled emergency physicians, many of whom serve as EMS medical directors in their communities. With their on-the-ground partners, Envision's emergency physicians can effectively triage patients, treat patients in place for emergent, low acuity conditions and recommend when patients can be transported to alternative care destinations, such as an urgent care center. Envision's partnership with Community Paramedicine programs across the U.S. also enables the dispatch of specially trained clinicians following 911 calls to address patients' primary and preventative care needs.



<sup>31</sup> Jones, J. (2020). *Capstone Experience*. "Non-Emergency Utilization of EMS: Contributing Factors and Strategies to Promote Effective Care With Appropriate Resources." Retrieved from [https://digitalcommons.unmc.edu/coph\\_slce/128/](https://digitalcommons.unmc.edu/coph_slce/128/).



In August 2021, Hurricane Ida, a deadly and destructive Category 4 hurricane, became the second-most damaging hurricane to strike Louisiana on record. In advance of the hurricane's landfall, Envision emergency medicine clinicians traveled to Alexandria, Louisiana, to help set up a mega-shelter and, ultimately, provided medical oversight for more than 2,000 evacuees. The Envision team stayed there 24/7 for a month until all evacuees were able to return home or find alternative housing and secure the ongoing medical care they needed.

As Envision noted in comments submitted to CMS in September 2021,<sup>32</sup> we also believe Critical Access Hospitals (CAH) can address the social needs arising in rural areas from challenging SDOH by collecting and reporting social determinant data to better address the unique needs of each community. Envision regularly shares expertise with hospitals and helps them use the most appropriate tools and technologies to manage patients with complex needs. We also help them implement care coordination and management programs to better address care needs in rural areas.

Climate change is increasing the number and severity of natural disasters around the world. Envision's Disaster Assistance Response Team (DART) answers the call when a disaster strikes, whether it is a hurricane, wildfire or global pandemic. Clinicians provide quality care and comfort to patients — wherever and whenever they need it — while a core group of disaster response experts coordinates every aspect of Envision's humanitarian response. Many Envision clinicians are experienced in helping their communities prepare for and respond to disasters, and Envision has deployed multiple clinicians at a time for different disaster relief efforts nationwide.

<sup>32</sup> Envision Healthcare (September 13, 2021) Comments Submitted To The Honorable Chiquita Brooks-Lasure, Administrator Centers For Medicare And Medicaid Services, Department Of Health And Human Services. Retrieved from <https://www.regulations.gov/document/CMS-2021-0119-0053/comment?filter=Envision>.



## DOMAIN 4: ECONOMIC STABILITY

Adults who are food insecure may be at increased risk for a variety of negative health outcomes and health disparities, including chronic disease. Children who are food insecure face a higher risk of developmental problems.<sup>33</sup> According to Altarum, a nonprofit research organization that serves government health insurers, health foundations and other nonprofit clients, food insecurity impacts people at all income levels because it "is influenced heavily by local area conditions such as high housing costs, high unemployment rates, residential instability and high tax burdens." Food insecurity impacts 11 percent of U.S. households.<sup>34</sup>



**ECONOMIC STABILITY  
RELATES TO FOOD,  
HOUSING, JOB AND  
INCOME SECURITY.**

Americans spend about 90 percent of their time indoors, and much of that time is in their homes. A person with unsuitable housing is at increased risk of exposure to health hazards that could cause or contribute to preventable injuries and conditions, such as respiratory, nervous system and cardiovascular diseases and cancer.<sup>35</sup> People without shelter have higher rates of illness and die on average 12 years sooner than the general U.S. population.<sup>36</sup>



**Food insecurity impacts 11 percent of U.S. households.<sup>34</sup>**

**People without shelter have higher rates of illness and die on average 12 years sooner than the general U.S. population.<sup>36</sup>**

Nearly half of U.S. residents depend on an employer for their health insurance.<sup>37</sup> Individuals without health insurance are less likely to seek preventive care and receive these services on a timely basis.<sup>38</sup> Employer-paid sick leave allows people to seek medical care without losing income.

Employment also impacts mental health. According to science writer Stephanie Pappas, unemployed people see mental health gains when they secure new jobs. Additionally, countries with high wealth inequality and weak unemployment protections had worse mental health outcomes among the unemployed."<sup>39</sup>

<sup>33</sup> Office of Disease Prevention and Health Promotion, "Food Insecurity." Retrieved from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>.

<sup>34</sup> Altarum (June 2020), "Social Determinants of Health: Food Insecurity in the United States." Retrieved from <https://www.healthcarevaluehub.org/advocate-resources/publications/social-determinants-health-food-insecurity-united-states>.

<sup>35</sup> *MedicalNewsToday* (September 7, 2020), "How Can Housing Influence Health?" Retrieved from <https://www.medicalnewstoday.com/articles/housing-and-health>.

<sup>36</sup> National Health Care for the Homeless Council (February 2019), "Homelessness and Health: What's the Connection?" Retrieved from <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>.

<sup>37</sup> Himber V. (October 20, 2022), *eHealth*, "Employer-Sponsored Health Insurance Statistics: What the Data Tells Us." Retrieved from <https://www.ehealthinsurance.com/resources/small-business/how-many-americans-get-health-insurance-from-their-employer>.

<sup>38</sup> Institute of Medicine Committee on the Consequences of Uninsurance (2002), "Care Without Coverage: Too Little, Too Late." Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK220636/>.

<sup>39</sup> Pappas S. (October 1, 2020), American Psychological Association, "The Toll of Job Loss." Retrieved from <https://www.apa.org/monitor/2020/10/toll-job-loss>.





## **How the Healthcare Community Can Help: Envision Case Study**

### **ENVISION IS COMMITTED TO PROVIDING CARE IN COMMUNITIES FACING FOOD, HOUSING AND ECONOMIC INSECURITY.**

A virtual health partnership in Alabama helped provide more immediate care to mothers and babies in underserved communities. Previously, the distance parents needed to travel was costly and difficult, leading to poor compliance and the loss of antepartum care, early deliveries and the need for neonatal intensive care at the facility. Envision recognized that virtual health could be a solution and worked with local partners and health insurers to provide maternal and fetal telemedicine care.

## DOMAIN 5: SOCIAL AND COMMUNITY CONTEXT

Civic participation improves health by helping individuals build the "networks, norms and social trust that facilitate coordination and cooperation for mutual benefit." Studies have found that members of civic groups are more likely to be physically active and that engaging in meaningful civic activities can help individuals develop a sense of purpose. Additionally, a study of 44 countries, including the U.S., found voter participation was associated with better self-reported health.<sup>40</sup>

Human trafficking and physical, emotional and sexual abuse impact foreign nationals and citizens, adults and children and men and women across all socio-economic, religious and cultural backgrounds.<sup>41</sup> People who have experienced this trauma are at increased risk of poor health outcomes. They often do not have routine access to healthcare and may only present to a provider when facing serious illness. When they receive care, it is possible that their abusers are waiting right outside the facility doors, trying to impede care.



**SOCIAL AND COMMUNITY CONTEXT RELATES TO FACTORS RANGING FROM SOCIAL COHESION AND CIVIC PARTICIPATION TO GENDER AND SEXUALITY, PERSONAL SAFETY AND HISTORY OF INCARCERATION.**



**Transgender and LGBTQ+ (lesbian, gay, bisexual, transgender and questioning) individuals, in particular, face high levels of social stigma that lead to devastating health outcomes. A study released in *The Lancet* in September 2021 found transgender people are twice as likely to die as cisgender men and women from a variety of causes, including cardiovascular disease, HIV, lung cancer and suicide.<sup>42</sup> Additionally, according to HHS' OHDHP,**

- **LGBTQ+ youth are more likely to be homeless,**
- **Lesbians are less likely to get preventive services for cancer,**
- **Gay men are at higher risk of contracting HIV and sexually transmitted diseases, particularly in communities of color, and**
- **LGBTQ+ populations have the highest rates of tobacco, alcohol and other drug use.<sup>43</sup>**

<sup>40</sup> Office of Disease Prevention and Health Promotion, "Civic Participation." Retrieved from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/civic-participation>.

<sup>41</sup> U.S. Department of Health and Human Services' Office of the Administration for Children and Families (January 11, 2016), "The Power of Framing Human Trafficking as a Public Health Issue." Retrieved from <https://www.acf.hhs.gov/otip/report/resource/publichealthlens>.

<sup>42</sup> de Blok C., Wiepjes C., van Velzen D., Staphorsius A., Nota N., Gooren L. (September 2, 2021), *The Lancet*, "Mortality Trends Over Five Decades in Adult Transgender People Receiving Hormone Treatment: A Report From the Amsterdam Cohort of Gender Dysphoria." Retrieved from [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(21\)00185-6/fulltext?utm\\_source=STAT+Newsletters&utm\\_campaign=e76899bab0-MR\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_8cab1d7961-e76899bab0-151073561](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(21)00185-6/fulltext?utm_source=STAT+Newsletters&utm_campaign=e76899bab0-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-e76899bab0-151073561).

<sup>43</sup> Office of Disease Prevention and Health Promotion, "Lesbian, Gay, Bisexual, and Transgender Health." Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/lgbt>.



## How the Healthcare Community Can Help: Envision Case Studies

As a leading national medical group, Envision has an opportunity to build awareness about the impact of discrimination and bias — explicit or implicit — on health outcomes.

We are committed to educating our clinicians about biases by developing and identifying resources that root out harmful assumptions to improve the quality of care among communities. Specifically, we have developed a series of diversity, equity and inclusion materials that clinicians can access for continuing education. We also are leveraging our clinical quality committees to communicate best practices to clinicians.

We are also committed to studying de-identified patient demographic data to identify areas of opportunity and track improvement. We plan to use this data to determine communities of need and dispatch resources, working closely with community leaders to improve access to care and eliminate inequality gaps.

### WHAT IS IMPLICIT BIAS AND HOW DOES IT IMPACT HEALTH?

Social determinants of health are the conditions into which people are born and grow up. They also are aspects of our society — discrimination, civic participation and income inequality — that can lead to a lack of opportunity and resources to protect, maintain and improve health.

Human beings form biases based on income, race, gender, education, sexuality and even perceived social status. While we are hopeful that, as a society, we are getting better at addressing explicit biases, like SDOH, no person is immune from implicit bias. Artists, educators, business leaders and even healthcare professionals make assumptions about people. As a 2018 article in *Scientific American* explained:



**"When's the last time a stereotype popped into your mind? If you are like most people ... it happens all the time. That doesn't make you a racist, sexist or whatever-ist. It means your brain is noticing patterns and making generalizations... This tendency for stereotype-confirming thoughts to pass spontaneously through our minds is what psychologists call implicit bias. It sets people up to overgeneralize, sometimes leading to discrimination even when people feel they are being fair."<sup>44</sup>**

Studies have found biases form early. In medical school, for example, students absorb certain beliefs not from what they read in their anatomy or physiology classes but over time by simple observation. Understanding how bias impacts patients can help healthcare professionals understand the importance of addressing it.<sup>45</sup>

<sup>44</sup> Payne K., Niemi L., and Doris J. (March 27, 2018), *Scientific American*, "How to Think About 'Implicit Bias.'" Retrieved from <https://www.scientificamerican.com/article/how-to-think-about-implicit-bias/>.


<sup>45</sup> Envision Healthcare (August 6, 2020), "From the Frontlines: A Conversation on Racism in the Institution of Medicine." Retrieved from <https://www.envisionhealth.com/news/2020/from-the-front-lines-a-conversation-on-racism>.

Bias harms health. Multiple studies have confirmed that experiencing discrimination adversely relates to physical and mental health, including disease, utilization of care and adherence to medical regimens. We also know that a patient's concern about how a clinician perceives them can erode a clinician's ability to provide quality care. A 2018 study by University of Utah researchers found up to 80 percent of patients have lied to their doctor about information, including diet and exercise, that could impact their health. Why? Because patients "wanted to avoid being judged."<sup>46</sup> This demonstrates that patients may not always have the psychological safety they need to be their authentic selves. More recently, a study published in the *Journal of American Medicine* found clinicians' attitudes toward patients when documenting in their medical records could potentially transmit bias and impact the quality of care patients receive.<sup>47</sup>



**A 2018 study by University of Utah researchers found up to 80 percent of patients have lied to their doctor about information, including diet and exercise, that could impact their health. Why? Because patients "wanted to avoid being judged."<sup>46</sup>**

The impact of implicit bias is evident in the historical mistreatment of patients with sickle cell disease. A 2016 article in *The Clinical Journal of Pain* described the stigma patients face:

 People living with sickle cell disease (SCD) experience severe episodic and chronic pain and psychosocial sequelae associated with the disease. Although they report high levels of daily pain that is frequently managed at home, the experience of severe pain often leads to frequent engagement with the health-care system. Unfortunately, despite the availability of SCD pain treatment guidelines, individuals with SCD report undertreatment of pain and poor interpersonal treatment in health-care settings. SCD patients are often perceived as 'difficult patients,' and may be disproportionately exposed to biased and discriminatory treatment in health-care settings because of a number of historical, cultural, and social factors. Although SCD affects people from various ethnic backgrounds worldwide, in the United States it is largely associated with, and perceived to only affect, African Americans."<sup>48</sup>

As a result, sickle cell patients wait about 60 percent longer to get pain medication than patients who reported less severe pain and were triaged into a less serious category.<sup>49</sup>

Addressing implicit bias must start in our colleges, universities and medical schools, and it must continue throughout clinicians' careers. Envision is developing a continuing medical education curriculum that will help clinicians better understand social determinants of health and the consequences of implicit bias and that will offer the broader healthcare community tools to identify and address bias.

<sup>46</sup> University of Utah Health (November 30, 2018), *Science Daily*, "Why Patients Lie to Their Doctors: Fear of Being Judged and Embarrassed Are Among the Reasons." Retrieved from <https://www.sciencedaily.com/releases/2018/11/181130111608.htm>.

<sup>47</sup> Park J., Somnath S. and Chee B. (July 14, 2021), *Journal of American Medicine*, "Physician Use of Stigmatizing Language in Patient Medical Records." Retrieved from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2781937>.

<sup>48</sup> Mathur V., Kiley K., Haywood C., Bediako S., Lanzkron, S., Carroll C., Buenaver L., Pejsa M., Edwards R., Haythornthwaite J., Campbell, C. (December 2016), *The Clinical Journal of Pain*, "Multiple Levels of Suffering." Retrieved from [https://journals.lww.com/clinicalpain/fulltext/2016/12000/multiple\\_levels\\_of\\_suffering\\_discrimination\\_in.8.aspx](https://journals.lww.com/clinicalpain/fulltext/2016/12000/multiple_levels_of_suffering_discrimination_in.8.aspx).

<sup>49</sup> Begley S. (September 18, 2017), *STAT News*, "'Every Time It's A Battle': In Excruciating Pain, Sickle Cell Patients Are Shunted Aside." Retrieved from <https://www.statnews.com/2017/09/18/sickle-cell-pain-treatment/>.

## Using Public Policy to Address Social Determinants of Health

As a leading national medical group, Envision is committed to advocating for local, state and federal policy changes that address SDOH. This includes supporting the following:



1. The development of and access to health equity measures



2. The efforts to provide additional resources and facilitate stakeholder coordination



3. Improving access to virtual health



4. The transition to value-based care

### ENVISION SUPPORTS THE DEVELOPMENT OF AND ACCESS TO HEALTH EQUITY MEASURES

CMS has initiated efforts to measure and address health inequities. As we noted in comments submitted to CMS in September 2021,<sup>50</sup> Envision supports these efforts and believes that cross-specialty and subspecialty measures will work to build more equity for patients. We also support the development of more specialty-specific health equity measures, given the different patient populations treated by different specialties; for example, the disparities seen in prenatal care would be difficult to measure in other specialties.

When developing these measures, it will be critical to ensure clinicians have access to the data needed to report on these measures, the ability to compare measures to national data and the ability to make performance improvements. Reimbursement tied to these measures should not take effect until there are clear, accessible data collection and reporting processes.

Envision also shares CMS' belief that addressing these disparities must begin with bringing the nature of the disparities and the groups at risk for those disparities to light by collecting healthcare quality information stratified by different social determinants of health. Gathering this data can be challenging, and a simple solution is to include permission to obtain de-identified demographic data in contracts. Envision encourages hospitals to augment their patient intake protocols to enable the gathering of helpful patient information that can result in more optimal, equitable care.

In the absence of self-reported demographic data, we are supportive of CMS utilizing population-based proxy data to enhance administrative data quality for race and ethnicity, such as metro data and ZIP code, in the short term. However, there needs to be a long-term strategy to truly drive improvements. We have urged CMS to provide resources to help providers access health equity data and achieve better health outcomes for underserved populations.

<sup>50</sup> Envision Healthcare (September 13, 2021) Comments Submitted To The Honorable Chiquita Brooks-Lasure, Administrator Centers For Medicare And Medicaid Services, Department Of Health And Human Services. Retrieved from <https://www.regulations.gov/document/CMS-2021-0119-0053/comment?filter=Envision>.

## ENVISION SUPPORTS EFFORTS TO PROVIDE ADDITIONAL RESOURCES AND FACILITATE STAKEHOLDER COORDINATION

According to a study<sup>51</sup> of health data from 2002 to 2016 by the Institute for Health Metrics and Evaluation, healthcare spending per person during 2016 was \$8,141 for White patients, \$7,361 for Black patients, \$6,025 for Hispanic patients and \$4,692, for Asian, Native Hawaiian and Pacific Islander patients. Envision supports efforts at the state and federal levels to address this disparity.

To address these gaps, HHS' Office of Minority Health outlined three priorities for the fiscal year 2020 and 2021, including

- Supporting states, territories and tribes in identifying and sustaining health equity-promoting policies, programs and practices;
- Expanding the utilization of community health workers to address health and social service needs within communities of color; and
- Strengthening cultural competence among healthcare providers throughout the country.<sup>52</sup>

Facilitating coordination among social services and healthcare providers is another important priority that federal and state lawmakers are beginning to address.

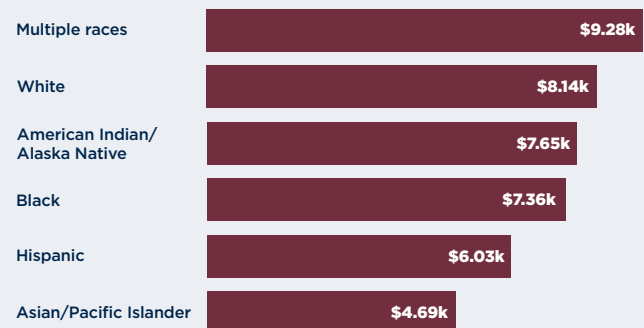
As scholars at the Brookings Institution have noted, "[T]he healthcare system and the social services sector still tend to operate in siloes [sic]. The result, often, is that overburdened primary health care providers try to address both medical needs and social barriers to care without having the tools or time needed to coordinate with or follow up with social service organizations."<sup>53</sup>

In July 2021, a bipartisan group of U.S. House lawmakers launched the [Congressional Social Determinants of Health Caucus](#) to "highlight opportunities to coordinate federal investments in health and social drivers of health, such as food, housing and transportation."<sup>54</sup> The caucus' primary priority for the 117th Congress is H.R.2503, the Social Determinants Accelerator Act,<sup>55</sup> which would:

- Provide planning grants and technical assistance to communities to develop and design approaches to coordinate health and social services;

### ANNUAL HEALTHCARE SPENDING PER PERSON

Age-standardization, by race as of 2016



Date: Dieleman, et al., 2021, "US Health Care Spending by Race and Ethnicity, 2002-2016"; Chart: Axios Visuals

<sup>51</sup> Dieleman J., Chen C., Crosby S., (August 17, 2021), *Journal of American Medicine*, "US Health Care Spending by Race and Ethnicity, 2002-2016." Retrieved from <https://jamanetwork.com/journals/jama/article-abstract/2783068> and <https://www.axios.com/2021/08/18/us-disparities-emerge-in-health-spending-figures>.

<sup>52</sup> Ndugga N. and Artiga S. (May 11, 2021), Kaiser Family Foundation, "Disparities in Health and Health Care: 5 Key Questions and Answers." Retrieved from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.

<sup>53</sup> Butler S. and Sheriff N. (April 1, 2021), Brookings Institution, "How the LINC to Address Social Needs Act Can Improve Coordination of Health Care and Social Services." Retrieved from <https://www.brookings.edu/blog/up-front/2021/04/01/how-the-linc-to-address-social-needs-act-can-improve-coordination-of-health-care-and-social-services/>.

<sup>54</sup> American Hospital Association (July 21, 2021), "Congressional Social Determinants Of Health Caucus Launched." Retrieved from <https://www.aha.org/news/news/2021-07-21-congressional-social-determinants-health-caucus-launched>.

<sup>55</sup> H.R.2503 - 117th Congress (2021-2022): *Social Determinants ...* (n.d.). Retrieved December 13, 2021, from <https://www.congress.gov/bill/117th-congress/house-bill/2503>.



- Encourage improvements in cross-sector information exchange; and
- Create a federal inter-agency technical advisory council to facilitate a national dialogue around barriers to success and identify key learnings and best practices.

Rep. Nanette Diaz Barragán has introduced H.R.379, Improving Social Determinants of Health Act,<sup>56</sup> a bill that would:

- Coordinate across the U.S. Centers for Disease Control and Prevention to ensure programs consider and incorporate SDOH in grants and activities;
- Award grants to state, local, territorial and Tribal health agencies and organizations to address SDOH in target communities;
- Award grants to nonprofit organizations and institutions of higher education to conduct research on SDOH best practices;
- Coordinate, support and align SDOH activities at federal agencies; and
- Collect and analyze data related to SDOH activities.

In the U.S. Senate, Sens. Sullivan and Murphy have introduced S.509, the Leveraging Integrated Networks in Communities to Address Social Needs Act,<sup>57</sup> which would provide funding to states to:

- Create a support framework for food, housing, job training and other social needs by connecting both the healthcare system and social service sector;
- Establish or enhance technology platforms to enable coordination of public and private social service providers and healthcare providers across the state; and
- Improve data sharing between community organizations and healthcare providers to measure needs and prioritize resource allocation through data evaluation.<sup>58</sup>

Lawmakers in several U.S. states also are committed to advancing legislation to improve health equity by providing funding to better understand healthcare disparities, barriers to access and social determinants of health.<sup>59</sup>

<sup>56</sup> H.R.379 - 117th Congress (2021-2022): *Improving social ...* (n.d.). Retrieved December 13, 2021, from <https://www.congress.gov/bill/117th-congress/house-bill/379>.

<sup>57</sup> S.509 - 117th Congress (2021-2022): *Linc to address ...* (n.d.). Retrieved December 13, 2021, from <https://www.congress.gov/bill/117th-congress/senate-bill/509/text?q=%7B%22search%22%3A%5B%22s.+509%22%5D%7D&r=1&s=1>.

<sup>58</sup> Butler S. and Sheriff N. (April 1, 2021), Brookings Institution, "How the LINC to Address Social Needs Act Can Improve Coordination of Health Care and Social Services." Retrieved from <https://www.brookings.edu/blog/up-front/2021/04/01/how-the-linc-to-address-social-needs-act-can-improve-coordination-of-health-care-and-social-services/>.

<sup>59</sup> National Conference of State Legislatures, "Health Disparities Legislation." Retrieved from <https://www.ncsl.org/research/health/health-disparities-laws.aspx>.

## IMPROVING ACCESS TO VIRTUAL HEALTH

The digital divide can inhibit efforts to address social determinants of health and improve health equity. A March 2021 study published in the *Journal of American Medicine* found people living in areas with limited social resources were less likely to use virtual health services. Specifically, in the most socially advantaged neighborhoods, 27.4 percent of consults were conducted virtually compared to 19.9 percent in disadvantaged neighborhoods. The urban-rural divide was even more significant. While nearly a quarter of appointments, 24 percent, were conducted virtually in urban areas, only 14 percent were conducted in rural areas.<sup>60</sup>

The American Hospital Association (AHA) has advised that "continued funding is needed for programs to offset infrastructure costs related to telecommunications services, information services, and devices necessary to provide" virtual health programs to patients. The AHA also has advised that it "is crucial that all rural hospitals, regardless of ownership status, be eligible for funding to support telehealth in their communities."<sup>61</sup>

Envision has advocated for regulatory changes that improve access to virtual healthcare.<sup>62</sup>

With the majority of Americans under strict stay-at-home orders in April 2020 as a result of the COVID-19 pandemic, policymakers began to relax virtual health rules for their constituents. They took the following actions:

- CMS loosened restrictions on virtual health in Medicare by allowing beneficiaries from any geographic location to access services from home.
- HHS exercised enforcement discretion of certain provisions of the Health Insurance Portability and Accountability Act in order to facilitate the good-faith provision of remote care.
- The DEA relaxed e-prescribing of controlled substances.

In addition, state policymakers have:

- Expanded the use of virtual health in Medicaid programs,
- Relaxed licensing laws and regulations regarding online prescribing and written consent and
- Required private insurance plans to provide coverage and reimbursement parity regardless of where a service was rendered.

These changes helped U.S. clinicians and their patients embrace virtual health tools.<sup>63</sup>

Federal lawmakers have recognized the value of using virtual health to serve disadvantaged communities, particularly in moments of crisis. As a result, in the 117th Congress, there are at least three bipartisan pieces of legislation to expand access to virtual health services permanently. H.R.366, The Protecting Access to

<sup>60</sup> Weiner J., Bandeian S., and Hafez E., (March 23, 2021), *Journal of American Medicine*, "In-Person and Telehealth Ambulatory Contacts and Costs in a Large US Insured Cohort Before and During the COVID-19 Pandemic." Retrieved from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777779>.

<sup>61</sup> American Hospital Association, "Fact Sheet: Infrastructure Investments Needed to Support Access to Care in Rural America." Retrieved from <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-infrastructure-investments-needed-support-access-care-rural>.

<sup>62</sup> Bush M., Brown N.A., Acharya M., Baker M., Bollimpalli S., and Smith D. (Summer 2020), Envision Physician Services, "The Future of Virtual Health." Retrieved from <https://www.envisionphysicianservices.com/view-resources/white-papers/the-future-of-virtual-health/evps-virtual-health-white-paper-final.pdf>.

<sup>63</sup> Viguers S. and Zebley K. (August 5, 2021), Healio, "Q&A: Congress Must Act Before US Falls Off 'Telehealth Cliff,' Expert Says." Retrieved from <https://www.healio.com/news/pri-ary-care/20210805/qa-congress-must-act-before-us-falls-off-telehealth-cliff-expert-says>.

Post-COVID-19 Telehealth Act; S.368, the Telehealth Modernization Act; and S.1512, the CONNECT for Health Act, seek to make the flexibilities that were implemented during the COVID-19 pandemic permanent so all Medicare beneficiaries continue to have access to virtual healthcare even when the public health crisis ends.<sup>64</sup>

While changes at the state level have significantly expanded the availability of care and helped prevent the spread of the virus during the pandemic, in the summer of 2021, some states started to move backward. In fact, by August 2021, only 17 states still had waivers in place.<sup>65</sup>

## ENVISION SUPPORTS THE TRANSITION TO VALUE-BASED CARE

Value-based care is a healthcare delivery model that determines pay — for hospitals, physicians and other providers — based on patient outcomes. It allows healthcare providers to develop strategies for partnering with Medicaid health plan managers to provide access to community-based services for medical and nonmedical needs. Clinical care managers also can work with participant care managers to ensure safe and effective discharges for patients, at times addressing non-clinical needs to improve quality of care outcomes. Such social support systems turn the focus to the “whole person” while relying strongly on the social support of managed care programs.

Value-based care helps clinicians provide better care in their communities. Patients are more satisfied and their costs are lower. Value-based care also improves healthcare access and can help reduce the healthcare disparities that have kept millions of people from living longer, more fulfilled lives.

Envision is committed to expanding value-based care where it exists and creating it where it does not.

A shift to value-based care will encourage the elimination of healthcare disparities and boost health outcomes across the board. As Duke Margolis Center for Health Policy scholars have said, “Health care value-based payment reforms that fail to address these nonmedical needs may be less effective in improving population health, advancing health equity and lowering health care costs.”<sup>66</sup>

Healthcare stakeholders must work together to break down barriers to value-based care.



**“THE MOVEMENT TOWARD VALUE-BASED CARE PROVIDES A SIGNIFICANT OPPORTUNITY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH) WHILE IMPROVING VALUE AND QUALITY OF CARE.”**

– Duke Margolis Center for Health Policy,  
February 2021

<sup>64</sup> Viguers S. and Zebley K. (August 5, 2021), *Healio*, “Q&A: Congress Must Act Before US Falls Off ‘Telehealth Cliff,’ Expert Says.” Retrieved from <https://www.healio.com/news/pri-ary-care/20210805/qa-congress-must-act-before-us-falls-off-telehealth-cliff-expert-says>.

<sup>65</sup> Appleby J. (August 31, 2021), Kaiser Health News, “Telehealth’s Limits: Battle Over State Lines and Licensing Threatens Patients’ Options.” Retrieved from <https://khn.org/news/article/state-medical-licensing-rules-threatens-telehealth-patient-options/>.

<sup>66</sup> Crook H., Zheng J., Bleser W., Whitaker R., Masand J., and Saunders R. (February 4, 2021), Duke Margolis Center for Health Policy, “How Are Payment Reforms Addressing Social Determinants of Health? Policy Implications and Next Steps.” Retrieved from <https://www.milbank.org/publications/how-are-payment-reforms-addressing-social-determi-nants-of-health-policy-implications-and-next-steps/>.

In January 2021, CMS issued a roadmap for U.S. states to accelerate "the industry's shift away from traditional fee-for-service payment models to value-based models that hold clinicians accountable for cost and quality." CMS also has issued guidance to state Medicaid directors to encourage the incorporation of value-based strategies across their healthcare systems. The guidance noted that "the adoption of value-based care arrangements could better provide opportunities for states to address SDOH as well as disparities across the health care system."<sup>67</sup>

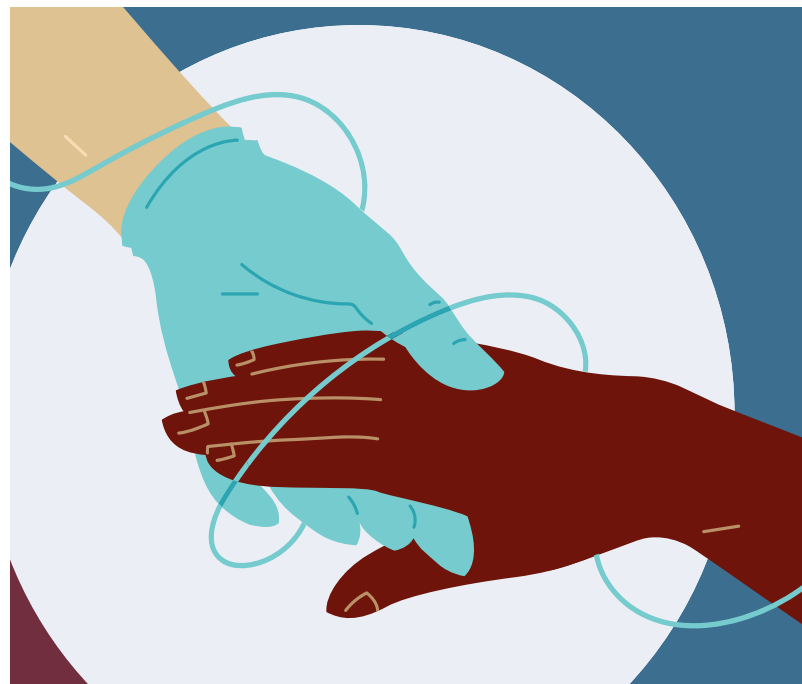
According to the Robert Wood Johnson Foundation, states are integrating strategies to address SDOH in healthcare delivery efforts by integrating social supports into Health Plan Care Management. For example, "If they operate a Medicaid managed care program, states can require Medicaid Managed Care Organizations (MCOs) to connect beneficiaries to social supports as part of their care management obligations. Twenty-four states now require MCOs to screen beneficiaries for unmet social needs and help them to address those needs."<sup>68</sup>

When reimbursement and hospital profits are tied to better healthcare outcomes, the nation's healthcare professionals will be able to improve outcomes and efficiencies so that every person will be able to better access and receive the same high-quality care.

## Conclusion

Social determinants of health impact every community and every American. Working together, healthcare organizations, individual clinicians, payers, government officials and community stakeholders can effectively address the harshest consequences of SDOH. Doing so will result in a more productive workforce, more affordable and improved access to healthcare, a healthier society and a better future for all individuals and families — especially those in neighborhoods and communities that have been neglected for far too long.

As a leading national medical group, Envision is committed to educating stakeholders about these factors and their impact on health equity. We also are devoted to establishing clinical excellence, implementing innovations and advocating for reforms that will help attain the highest level of health for all people.



<sup>67</sup> Press Release (January 7, 2021), Centers for Medicare and Medicaid Services, "CMS Issues New Roadmap for States to Address the Social Determinants of Health to Improve Outcomes, Lower Costs, Support State Value-Based Care Strategies." Retrieved from <https://www.cms.gov/newsroom/press-releases/cms-issues-new-roadmap-states-address-social-determinants-health-improve-outcomes-lower-costs>.

<sup>68</sup> Robert Wood Johnson Foundation (February 1, 2019), "Medicaid's Role in Addressing Social Determinants of Health." Retrieved from <https://www.rwjf.org/en/library/research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html>.