October 8, 2024

Xavier Becerra, Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20201

RE: HHS Acquisition Regulation: Acquisition of Information Technology; Standards for Health Information Technology (HHSAR Case 2023-001)

Dear Secretary Becerra:

USAging is the national association representing and supporting the network of Area Agencies on Aging (AAAs) and advocating for Title VI Native American Aging Programs (Title VI programs) that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. Through the Older Americans Act (OAA), the cornerstone of the nation's non-Medicaid home and community-based services (HCBS), our members provide nearly 11 million older Americans annually with the critical support services they need. Our members are the local leaders that develop, coordinate and deliver a wide range of HCBS, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, long-term care ombudsman programs and more to millions of Americans each year. In addition to their OAA foundational programs and services, **45 percent of AAAs also provide HCBS through contracts with health care, such as Medicaid managed care organizations, Medicare Advantage plans and others**.

USAging is also the home of the Aging and Disability Business Institute, which has been a leader in the building of business capacity for health care contracting of AAAs, Centers for Independent Living, Community Care Hubs (CCHs) and other aging and disability community-based organizations

(CBOs). Funded by the Administration for Community Living (ACL) and CDC, USAging also houses the Center of Excellence to Align Health and Social Care, which funds and provides technical assistance to Community Care Hubs and the networks of CBOs that they lead which screen, assess and address health-related social needs (HRSNs) for older adults, people with disabilities, caregivers and other complex care populations.

As HHS proposes to amend and update its HHSAR, social care needs to be integrated into the IT solutions and acknowledged in procurement requirements. Social care workflows are unique and differ from those of health care workflows; the capacity to utilize IT is significantly limited in social care and this limitation is often not considered in the development of IT solutions. As interoperability efforts continue, social care must have additional funding and resources to manage the burden of high-volume referrals anticipated from the HHSAR update. The following are USAging's recommendations for the final rule to ensure IT procurement requirements align with new social care regulations and expand interoperability between the health care and social care sectors.

Ensuring IT Solutions Procurement Requirements Align with New Social Care Regulations

Multiple initiatives are underway to define and build the human and technical infrastructure to support cross-sector care. These efforts range from development of terminology and specification of data exchange standards to the continued expansion of business acumen among CBOs to partner with health care, and the efforts of multiple state and federal agencies to integrate HRSNs into their policy recommendations and guidance. Despite these efforts, local, scalable implementation of solutions remains a challenge.

In many health care and social care partnerships, social care organizations are required to enter data into electronic portals or clinical-facing IT systems. In some communities, social care practitioners must enter data into multiple systems employing unfamiliar medical terminologies and coding systems. This requirement may become more common as new clinical codes to support payment for social care activities (e.g., Community Health Integration codes in the 2024 CMS Medicare Physician Fee Schedule) are

introduced. This approach to support data exchange between health care and social care practitioners unfortunately does not accommodate the use cases of highest importance to social care organizations.

USAging strongly suggests that social care requirements to accommodate data, workflows and appropriate information exchange for integration with health care be reflected in IT solutions and considered in this procurement policy. Emerging HL7 and Direct Trust standards for social care are being integrated into regulatory requirements and in order to adequately align efforts, these standards should be considered in procurement scopes.

Currently, the Direct Trust Social Care Domain Requirements: Basic Principles and RFFA Use Case addresses the central issue of ensuring that a person is adequately screened and assessed for HRSN risks so that effective care coordination and service provision can be provided. There is a pressing need for health and social care to develop a shared approach to whole-person care, aligning languages, approaches to consumers/patients/clients, standards-based practice, and acceptable outcomes of care. The standardization of IT solutions must consider the needs of professionals who will use the systems and align system designs with CMS regulations that promote and accelerate health-social care integration.

Current social care standards development efforts (e.g., Gravity SDOH, Direct Trust) are considering key factors when defining their development roadmap:

- Legacy systems and funders control the social care data, information exchange and IT solutions landscape.
- Social care lacks resources to modernize IT solutions, data and information exchange capacities.
- Social care's role in data capture and information exchange is negatively impacted when IT solutions are not adequately developed.

Sharing care, through high-quality data and information exchange between health and social care providers, is the gateway to understanding the effectiveness of our health and social care systems and its related expense. Unfortunately, the existing disconnected health and social care IT environment will not yield quality data that provides an accurate picture of

care and health outcomes for at-risk and complex care populations. The current health care IT approach hopes for advancement, but still sustains the existing data and information exchange silos between health and social care.

Solutions to Barriers Preventing Social Care Organizations from Adopting FHIR-Enabled Systems

While health care IT has advanced significantly since the HITECH Act, social care continues to struggle with outdated systems. Limited resources hinder social care's ability to align data, exchange information and achieve interoperability with other stakeholders. This lack of capacity prevents many social care entities from adopting FHIR-enabled systems. Direct Secure Messaging, a secure communication mechanism for sensitive information over the open internet, offers a more practical, cost-effective, and accessible solution for most CBOs to exchange information between health and social care clinicians.

The limited and overly health care–centric model of health clinicians identifying HRSNs and making referrals negates the critical role of social care assessments, care plans and care coordination. As a result, most IT solutions do not recognize social care clinicians as significant stakeholders —whether just generally accessing information or providing important workflow contributions—in their solutions. Including social care workflow standards in the IT solution’s certification would accelerate the true integration of health and social care.

Integrating social care workflows into IT solution standards and procurement practices is essential for bridging health and social care and facilitating care sharing. Social care needs to catch up with health care, and we advocate for the incremental criteria necessary to integrate these workflows and practices. Developing standardized-use cases can support early social care integration certification requirements for IT solutions and help break down silos hindering information exchange between health and social care.

USAging encourages ASTP to work collaboratively with standards bodies and social care entities to adopt appropriate thresholds that

align with social care's capacity and recognize solutions embracing social care workflow standards and practices.

Interoperability Expansion Between Health and Social Care Requires Alignment of Incentives for Social Care

With the enabling of interoperability to support expanded standards, careful consideration must be taken into resourcing and capacity management of social care. Since the onset of the CMS inpatient hospital screening rule, AAAs have reported an increase in referrals ranging from 40 percent to 200 percent between 2023 and 2024, however, most of these referrals are coming from outside funded contracts and do not follow a paid-for service provision.

In addition to the increase in the volume of referrals without compensation, the lack of automated referrals from non-FHIR-enabled agencies poses a significant challenge. Many referrals are delivered via fax, email or even by phone. AAAs also note that most of these new referrals are mid or low quality, forcing their case management staff to track down information and spend significant time collecting the required details to conduct proper intake, assessment and care management for these clients.

Advancing the capacity of IT systems to be truly interoperable requires recognition that social care is underfunded, and until properly resourced, social care will struggle to manage the burden. Each additional referral for social care increases administrative and care management burden to the existing underfunded system. Regardless of where a referral initiated from, it is ultimately sent to a social care entity for the provision of the service. However, due to most referrals *not* originating from a health care entity that has contracted with the social care expert, CBOs are left to provide services for the referred clients, without payment.

Many social care entities currently operate with waiting lists and regularly experience cycles of diminished or delayed funding. Without appropriate planning and resourcing, interoperability and the increased referrals have the capacity to overwhelm social care. True capacity to share care to support health and well-being requires thoughtful integration of health and social

care, and the provision of appropriate resources to ensure we can serve those needing care.

Conclusion

By not acknowledging the critical work each care clinician provides, we are continuing to exacerbate the siloed environment that limits the capacity to be as effective as possible with all care strategies that can improve a person's outcomes and lower health care costs. As we move forward with increasing interoperability in health care and delivery, social care must always be considered and included in future systems and models.

We welcome future conversations and collaboration to advance health care and social care integration to ensure better care and health outcomes for older adults and individuals with disabilities. If you or your staff have any questions about our comments, please feel free to contact Amy Gotwals, Chief, Public Policy and External Affairs, agotwals@usaging.org and Olivia Umoren, Director, Public Policy and Advocacy, oumoren@usaging.org.

Sincerely,

Sandy Markwood
Chief Executive Officer