AAMC

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Office of Science and Technology Policy
Executive Office of the President
Eisenhower Executive Office Building
1650 Pennsylvania Avenue NW
Washington, DC 20504

Re: Request for Information on Strengthening Community Health Through Technology

The Association of American Medical Colleges (AAMC) [1] and the AAMC Center for Health Justice (AAMC CHJ) [2] appreciate the opportunity to comment on the Office of Science and Technology Policy's (OSTP) request for information on *Strengthening Community Health Through Technology* and commends the OSTP on its interest in the use of digital technology to improve community health, individual wellness, and health and health care equity. The digital health ecosystem is rapidly evolving, and the COVID-19 pandemic has reinforced the need for digital technologies to support health care. While the proliferation of technology has transformed health care, these advancements have also amplified the disparate impacts of technology on certain communities. [3]

We are pleased that the OSTP is taking steps to better understand how technological innovation can minimize barriers to quality health care and recognize these topics are substantial both in scope and impact. We are hopeful this comment opportunity (with a limitation of 3 pages to address all referenced topics) represents only one avenue for the OSTP to get direct feedback from impacted communities as many local groups are unaware of comment opportunities proffered via the Federal Register. We encourage additional outreach from the OSTP to receive feedback on these issues through working groups, stakeholder calls, additional RFIs, or by working directly with local organizations to gather on-the-ground wisdom and perspective.

I. Incorporation of Community Feedback
The AAMC agrees that the eight issues the OSTP has identified in the RFI are of great importance, and recommends the inclusion of ongoing bi-directional community feedback and clear evaluation mechanisms to inform related policies and future activities. One area where the OSTP should take *immediate* action is through the OSTP *Community Connected Health Initiative*, established to explore the impact of technological innovations on access to health care utilizing feedback from this RFI. We recommend the creation of a permanent role for "Community Anchors," trusted individuals or organizations from a specific community that would help build meaningful relationships between the Federal Government and community partners. Notably, the Initiative intends to fulfill its objectives by "meeting people where they are in their communities." Establishing a role for Community Anchors ensures this goal is achieved in an ethical, equitable, and efficient manner, as "meeting people where they are" means going where they are.

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[1] The AAMC is a nonprofit association dedicated to transforming health through medical education health care, medical research, and community collaborations. AAMC members are all 155 accredited U.S. and 17 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals employed across academic medicine, including more than 186,000 full-time faculty members, 94,000 medical students, 145,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Additional information about the AAMC is available at www.aamc.org.

[2] The AAMC CHJ was founded in 2021 with the primary goal for all communities to have an equitable opportunity to thrive — a goal that reaches well beyond medical care AAMC Center for Health Justice partners with public health and community-based organizations, government and health care entities, the private sector, community leaders, and community members to build a case for health justice through research, analysis, and expertise. Additional information about the Center for Health Justice is available at www.aamc.org/healthjustice.

[3] See, National Academies of Sciences, Engineering, and Medicine, *COVID-19 and the Digital Divide: Implications for Policy and Equity*, https://www.nationalacademies.org/event/03-03-2022/covid-19-and-the-digital-divide-implications-for-policy-and-equity#sectionEventMaterials (last visited, March 15, 2022).

"Meeting people where they are" also requires cultural humility in addition to a holistic understanding of the shared values and experiences that shape community beliefs and practices. The AAMC Center for Health Justice, in partnership with diverse community stakeholders, developed the *Principles of Trustworthiness* and a corresponding toolkit to help organizations and government entities equitably partner with communities and assess their own trustworthiness in those communities.[4] These Principles could buttress any community engagement strategy, and the AAMC would be happy to provide guidance on how they could be incorporated into the *Community Connected Health Initiative*. The Center for Health Justice also has well established multi-sector relationships with organizations and community leaders,[5] many of whom would be eager to serve as a Community Anchor.[6] Efforts to mitigate systemic racism, classism, and misogyny in digital health technology requires the inclusion of all groups facing inequities.[7]

II. Key Priority Areas
The OSTP is well positioned to conceptualize a solutions-based strategy to enhance the use of digital technology and deliver precise interventions to close inequities. In this approach, there are several issues we believe deserve priority attention:

Telehealth and Digital Access
Teaching hospitals, faculty physicians, and other providers have responded to the public health emergency (PHE) and the related waivers and flexibilities provided by Congress by rapidly implementing telehealth in order to provide continued access to medical care for their patients. For March and April 2020, faculty practices on average were providing approximately 50% of their ambulatory visits via telehealth, a dramatic increase from the use of telehealth prior to the pandemic.[8] Although the use of telehealth has declined from its peak in March and April 2020, the use of telehealth services remains high at roughly 20% of ambulatory visits.

Throughout the PHE, the expansion of telehealth has afforded patients access to care without risking potential exposure to COVID-19. Telehealth services have also improved access to care for those in vulnerable populations who, because of their job, lack of others to help care for their dependents, transportation issues and other limitations, are not able to attend an in-person visit. Critically, telehealth has also improved access to care for those in racial and ethnic minority groups that have been historically disadvantaged by health systems. Audio-only visits have improved access to virtual care for patients who do not have access to the devices or broadband for audiovisual calls, are not comfortable with digital technology, or do not have someone available to assist them. Patients in rural areas or those with lower socioeconomic status are more likely to have limited broadband access and may not have access to the technology needed for two-way audio-visual communication.

The AAMC believes that in order to ensure patients continue to receive the increased access to care through telehealth, the patient location restrictions and rural site requirements imposed by Medicare must be removed to allow patients to receive telehealth in any geographic location, including in their home. Improvements must also be made to broadband technology in order to sustain telehealth usage throughout

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[4] AAMC Center for Health Justice, https://www.aamc.org/healthjustice; Also see, *AAMC Principles of Trustworthiness*, https://www.aamc.org/trustworthiness; *Principles of Trustworthiness Toolkit*, https://www.aamc.org/trustworthiness#toolkit; (last visited February 28, 2022).
[5] See AAMC Collaborative for Health Equity: Act, Research, Generate Evidence (CHARGE); CHARGE cultivates the health equity community by advancing collaborative research, policy, and programmatic solutions to health and health care inequities. https://www.aamchealthjustice.org/get-involved/aamc-charge (last visited February 28, 2022).
[6] Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health. *NAM Perspectives.* Commentary, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/202202c (February 14, 2022).
[7] AAMC Comments to OSTP and NSF on *Implementation Plan for a National Artificial Intelligence Research Resource* (September, 2021) 86 FR 39081; https://www.aamc.org/media/56226/download?attachment
[8] The Clinical Practice Solutions Center (CPSC), owned by the Association of American Medical Colleges and Vizient, is the result of a partnership that works with member practice plans to collect data on provider practice patterns and performance. This analysis included data from 65 faculty practices.

the country. Payment for audio-only services must continue for patients who do not yet have access to quality broadband or do not have the ability to use video platforms. State licensing laws have been a significant barrier to the expansion of telehealth. Telehealth should be permitted across state lines, with appropriate safeguards, to address workforce shortage issues and increase patient access to providers. Finally, telehealth must continue to be reimbursed at the same level as an in-person visit to support the infrastructure needed to provide this level of telehealth services.

Algorithmic Bias and the Digital Divide

The AAMC is deeply concerned about the disproportionate impact of structural bias in machine learning algorithms, often developed from flawed, incomplete, or homogenous data.[9] We strongly recommend the OSTP take a unified inter-agency approach to tackling this issue, leveraging feedback from communities closest to injustice and inequity. Executive Order 13985, *Advancing Racial Equity and Support for Underserved Communities Through Federal Government* requires the establishment of an *Interagency Working Group on Equitable Data* (Data Working Group), tasked with developing shared practices and identifying inadequacies in federal data collection programs. In the AAMC's comments to the Office of Management and Budget on implementation considerations for EO 13985, we supported the establishment of the Data Working Group, recommending coordination with the White House Domestic Policy Council to ensure interagency coordination.[10] The work of the Data Working group is quickly progressing[11] and we recommend the OSTP's participation in these efforts. This could include sharing feedback from this RFI and aligning the work of the Community Connected Health Initiative and other agencies working on health technology issues (e.g., ONC, NSF, FCC, HHS/SACHRP).

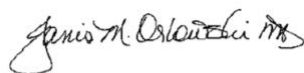*Additional Issues for Consideration*

The AAMC recently attended two meetings hosted by The National Coordinator for Health IT and the OSTP's Innovation Community Roundtable on the use of digital health technologies in community-based settings. There was notable overlap in the topics discussed and issues that deserve attention, including: EHR interoperability and standardization of data elements across systems; increased funding for community-based organizations; and the incorporation of the "patient experience" in the design and development of health technology (e.g., increase ease of usability across populations).[12]

The AAMC would appreciate the opportunity to work with the OSTP in furtherance of any issues discussed in our letter, including potential opportunities for inclusion of the AAMC Center for Health Justice Principles of Trustworthiness in the OSTP's Community Connected Health Initiative. For questions, please contact our colleagues Philip Alberti (palberti@aamc.org), Daria Grayer (dgrayer@aamc.org), or Gayle Lee (galee@aamc.org).

Sincerely,

Ross McKinney, Jr., MD
Chief Scientific Officer

Janis M. Orlowski, MD, MACP
Chief Health Care Officer

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[9] The AAMC has commented extensively on equitable data collection and use of racial and ethnic data across Federal agencies to ensure the validity and utility of the information captured. *See*, AAMC Comments to OMB on *Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity*, Docket No. 2016-23672 (October, 2016) https://www.aamc.org/media/11646/download.
[10] AAMC Comments to the OMB: *Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government*, OMB-2021-0005 (July, 2021).
[11] White House Press Release, *An Update from the Equitable Data Working Group* (July 27, 2021).
[12] The use of technology to improve maternal health and minimize inequities was discussed at both meetings. Maternal health equity is a current priority for the AAMC Center for Health Justice; See: Maternal Health, https://www.aamchealthjustice.org/our-work/maternal-health-equity; *Maternal Health Incubator* May 2022 meeting, https://www.aamchealthjustice.org/our-work/maternal-health-equity/incubator (last visited February 28, 2022).