



Over the past decade, end-users have found that new and [compounding](#)



Achieving equity in health and healthcare is a shared priority of the healthcare field that includes the collection of needed data to identify disparities and work towards improving care delivery for better patient health outcomes. Federal health programs are increasingly incorporating policies that encourage or require screening and the collection of demographic and social determinants of health (SDOH) data. The Alliance supports SDOH programs when needed data are collected and used appropriately. However, standardization and increased uniform collection and reporting of relevant data are necessary to limit burden and ensure that only needed data are collected. This can best be accomplished with more resources for providers to offset the costs of training staff, updating systems, and developing systems to leverage these data to improve care.

Throughout all goals in the draft Plan, the Alliance is pleased to see objectives related to advancing the collection and use of standardized SDOH data; ensuring data collection involves appropriate consent for and understanding of secure sharing and use of this information; and encouraging equity, safety, and user-centered design principles in the development and use of health IT. While flexibility in screening tools and processes can allow providers to best collect these data within existing workflows and environments, the lack of standard approaches can lead to inconsistent data classifications and collection, struggles to track progress over time, and the inability to share this data across organizations and care settings to efficiently coordinate care. We stress that, without appropriate data sharing guardrails (both technical and policy-driven), patients may lose trust in data protection and may refrain from open and honest communication with their providers—impacting care and negating the usefulness of health IT.

Improved collection and use of relevant demographic and social factor data to identify and guide efforts to address disparities can positively impact healthcare delivery and operations. Collecting duplicative data for the sake of collecting data or reporting it to government programs without realistic opportunities to connect the data to care improvements only increases burden and may be seen by patients as overly intrusive. The Alliance's [Data to Support Equity Consensus Statement](#) references several principles to guide efforts to ensure the collection of this data is used optimally and appropriately, is actionable, and remains purpose-driven:<sup>6</sup>

- Prioritize continued development of standardized and validated SDOH data elements to be collected in a consistent, comparable fashion for priority domains.

- Align selected domains across federal and state healthcare programs and reporting requirements, and by commercial health plans.

- Develop consensus on validated instruments to be used for data collection.

- Recognize the shared obligation across providers, public programs, payers, and community-based organizations to collect and appropriately share SDOH data, with appropriate compensation for data collection and management of health-related social needs, as well as ensuring the availability of data for providers to support clinical and social care delivery.

- Keep the primary focus on collecting demographic and SDOH data to meet patient needs.

- Federal, state, and local governments and health plans should actively provide funding, technical resources, and infrastructure to support training, implementation, and care coordination.

- Continue and expand research to improve SDOH data collection to optimize improved equity.

The Alliance also appreciates the objective to harmonize common data elements for improved interoperability. We support efforts to standardize and increase uniform collection and reporting of relevant data, but more needs to be done to support end-users. In addition to standardization, end-users need training in how best to collect sensitive data, the tools and workflows best equipped to collect and

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<sup>6</sup>Health IT End Users Consensus Statement on Data to Support Equity. Available at: [https://hitenduser.org/wp-content/uploads/2023/05/HIT-Template4\\_5.15.23.pdf](https://hitenduser.org/wp-content/uploads/2023/05/HIT-Template4_5.15.23.pdf).

share it effectively, and how to avoid redundant or inaccurate data collection. Federal policies must also reflect the realities end-users face, including the limitations of certified health IT to protect sensitive health information.

The Alliance recommends ONC continue working with CMS to support the development of standardized data elements, including the US Core Data for Interoperability (USCDI). Tools to collect and share SDOH data should undergo real-world testing with input from end-users to increase the likelihood that these technical approaches will succeed. Lastly, providing resources, tools, and training will widen the opportunity for end-users to be able to collect this information and work with community organizations to implement closed referral loops to monitor impacts and interventions on health disparities and health outcomes.

### **Artificial Intelligence and Decision Support Interventions**

The rapid proliferation and advancement of artificial intelligence (AI) and decision support interventions (DSIs) in healthcare is transforming the industry. AI and DSI technologies are being used to improve patient care, reduce costs, and streamline workflows. However, the rapid pace of innovation has also led to concerns about data privacy, security, and bias. The Alliance recommends that ONC and CMS work together to develop a framework for the responsible use of AI and DSI in healthcare. This framework should address the following key areas: