



HARNESSING DATA TO ADVANCE HEALTH OUTCOMES FOR ALL



Health IT Leadership Roundtable
DECEMBER 2021

Executive Summary

The health care landscape has dramatically changed in recent years and especially in the wake of the COVID-19 pandemic. This has brought renewed attention to broad and longstanding challenges in the U.S. health care system, particularly in health IT systems.

As a result, there has been a renewed opportunity for health care stakeholders to think boldly about their shared health care goals. Stakeholders from across the health ecosystem have called for significant health IT changes to improve health outcomes for all and to be better prepared for future pandemics.

In October 2020, a group of organizations representing clinicians, hospitals, payers, technology companies, and consumer advocates came together to jointly host a *Roundtable for the Future of Health IT*.¹ Roundtable participants discussed how the health care community can harness data and health IT infrastructure to achieve its shared health outcomes and goals.

The Roundtable focused on two key goals: advancing health equity and modernizing our public health system. Speakers and participants discussed how foundational health IT policies – such as data access, data standardization, interoperability, and privacy and security – are needed to successfully advance these goals. Participants also spoke about the importance of community-engagement strategies.

Introduction

COVID-19 emerged two years ago, spreading rapidly across the U.S. and the world, impacting lives and communities, and requiring wholesale coordination and rethinking of how we approach public health and health care.

The resulting COVID-19 pandemic exposed many longstanding shortcomings in our systems – uncovering disparities and inequities; highlighting the limitations of our public health system and its ability to generate a response at scale; and showcasing the difficulties in coordinating between public, private, and community-based organizations to improve health.

The pandemic also occurred as largescale changes to health care data and technology systems were already underway. Recent laws and regulations required new connections and interoperability, while the proliferation of value-based care drove coordination across entities and sectors. The compounding pressures of the pandemic led to rethinking of our health care and public health IT systems, requiring new data collections, reporting, connections, and partnership.

Additionally, the private sector has long played a leadership role in developing innovative and patient-focused solutions that improve health and outcomes. Physicians, hospitals, plans, health information exchanges, and technology organizations took initiative over the course of the pandemic to build rmat

The COVID-19 pandemic highlighted in real time how such systemic factors and barriers drive disparate health outcomes. Over the course of the pandemic, Black, Hispanic, and American Indian individuals have had substantially higher rates of infection, hospitalization, and death, as compared with White individuals.^{1,2} Individuals in these groups are at increased risk for hospitalization and complications, because of a higher prevalence of

play a role in raising awareness of the importance of collecting data and on educating stakeholders and patients and consumers as to why the data is being collected and how it will be used.⁷

It can be challenging to build the trust necessary to collect data from individuals regarding their race and ethnicity, or the presence of housing or food access needs. Partnering with trusted community voices and organizations

Finally, the

Public/Private Partnerships and Collaborations

The private sector has been crucial to supporting federal, state, and local governments in their public health response to COVID-19, especially with respect to leveraging data collection and exchange to improve monitoring and surveillance, to better target communications and outreach, and to identify and mitigate gaps and disparities.

Coordination among public, private and community stakeholders can help to ensure that outreach and resources are targeted to high-need areas. Many states have partnered with clinicians through state health information exchanges (HIEs) and health care consortia to augment state immunization data with data contained in electronic health records (EHRs) and insurance claims.

To support community-based efforts, Data Across Sectors for Health (DASH), funded by RWJF, is building local capacity for multi-sector data-sharing, specifically the capacity, the movement and the evidence base to inform equity and lifting up disadvantaged and underserved communities.⁵¹ DASH is focusing on bringing communities and states together on data sharing collaboratives to advance community data sharing and data integration efforts. DASH's latest partnership will grant awardees funding to support local or state governments – in collaboration with community partnerships – to advance the use of COVID-19 relief funds to support data-sharing and data-integration efforts that aim to improve health, equity, and well-being in local communities.⁵²

As highlighted throughout the Roundtable, Congress and the Biden Administration, as well as the private sector, should utilize the lessons learned during the pandemic and build upon partnership opportunities to set up the ideal public health system of the future.

Key Ongoing Challenges and Needed Steps

The COVID-19 pandemic made evident many of the shortcomings of our nation's public health system and highlighted the need for an enhanced, interoperable infrastructure that can seamlessly coordinate with other sectors. Pre-existing weaknesses in the accurate collection and timely sharing of standardized data between federal, state, and local public health departments and across public health and health care systems and organizations hampered insights and limited our ability to fight the spread of COVID-19. Furthermore, persistent funding gaps at the federal, state and local levels, and siloed approaches to funding, may have contributed vastly to our inability to track, prepare for and respond to COVID-19.

While federal, state, and local governments, and the private sector have already made significant strides in bolstering the public health system for the future, additional investments and improvements in health data and data infrastructure are needed to ensure a seamless, interconnected and interoperable system.

Successful public-private partnerships, as well as partnerships with community-based organizations, can reach their full potential and drive improved health for all when they are equipped with faster and more informed data insights that can be shared across sectors. Data infrastructure must be sufficient to support all aspects of public health including surveillance and reporting, clinical outcomes, social determinants of health, and connectivity between health care clinicians and social needs supports. Together, public health data insights and subsequent responses may be more connected, sustainable and more equitably distributed across our nation.

⁵¹ Data Across Sectors for Health. Available [here](#).

⁵² Data Across Sectors for Health, "Learning and Action in Policy and Partnerships (LAPP)." Available [here](#).

Key Takeaways and Recommendations

Advancing Health Equity Through Health Data and Infrastructure

- *Enable the collection of standardized race, ethnicity, and language (REL) data across programs by supporting ongoing development and wide adoption of uniform industry standards.* Industry standards will enable organizations and programs to improve the collection of race and ethnicity data, and stratify data by race, ethnicity, and other demographics where feasible in reports. Federal incentives and funding can help to support greater adoption.
- *Enable the collection of standardized social needs data as appropriate by supporting ongoing adoption.*

