July 6, 2021

The Honorable Shalanda Young
Acting Director, Office of Management and Budget
Executive Office of the President
725 17th St NW, Washington, DC 20503

RE: **FR Doc. 2021–09109 Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government**

Dear Acting Director Young:

On behalf of the undersigned organizations, we are pleased to submit the following comments regarding the Office of Management and Budget's (OMB) Request for Information (RFI) on advancing health equity in America. The pharmacy organizations who have signed onto this letter are committed to improving medication use and the health of the communities served by their members. Access and utilization of the numerous patient care services provided by pharmacists is a critical element to attaining health equity across impacted communities.

Our comments are divided into three sections:

1. Area 1: Equity Assessments and Strategies
2. Area 2: Barrier and Burden Reduction
3. Area 5: Stakeholder and Community Engagement

Equity Assessments and Strategies

The pharmacy organizations recognize that health disparities are the result of numerous determinants of health, including biological factors, the environment, health behaviors, sociocultural factors, and the way health care systems interact. We support the American Public Health Association and Public Health Institute in their development of Health in All Policies: A Guide for State and Local Governments.[1] Health in All Policies (HiAP) advance equity through incorporating health, equity, and sustainability into specific policies, programs, and processes, as well as government decision-making processes. The guide also encourages the use of root cause mapping as an analytical tool to understand the fundamental causes of community health problems. Root cause mapping identifies specific policy or programmatic changes that address complex social determinants of health.

Given the complexities and intersectionality of the social determinants of health, developing robust models for measuring health equity can be difficult. Traditionally, health equity has been measured in terms of life expectancy and quality-adjusted life years (QALYs), but these terms fail to appropriately quantify the challenges or reflect the personal reality of patients. While imperfect, the following three measures and systems have been leveraged with success to better understand health inequities. We recommend the utilization of these models, databases, and/or metrics, or their components in developing robust tools to measure health equity over time, geography, and various demographic groups.

The pharmacy organizations support the data analytics and public health informatics efforts by the Association of State and Territorial Health Officials (ASTHO) for their use of data to inform equitable public policy strategies. ASTHO's Center for Population Health Strategies works with public health agencies, public health professional associations, electronic health record (EHR) vendors, and healthcare providers to achieve interoperability between public health and healthcare.[2] In doing so, ASTHO developed a robust stream of data to capture the determinants of health disparities and risk factors that may lead to additional health risk factors and poor health outcomes through the health informatics field.

We also support the approaches and methods of the World Health Organization (WHO) in their holistic developments of the Health Equity Assessment Toolkit (HEAT Plus), which is a software application that facilitates and measures within-country health inequalities.[3] The HEAT and HEAT Plus software allows innovative and interactive data visualization that gives users and hospitals the capability to analyze and communicate health inequalities and inform evidence-based decision-making. By gaining concrete and tangible data on the various measured health inequalities, organizations can better assess areas of inequality.

Finally, we recommend utilization of the Health Equity Index[4] developed by and for Sutter Health, a large-scale health care system serving patients in Northern California. The Sutter index compares individuals living with the same disease based on numerous factors including age, gender, and race/ethnicity. The model could be adapted to establish a local, regional, and national baselines for expected encounters based on the demographic with the best health outcomes - traditionally educated, heterosexual white males earning an upper middle income or higher. This novel index allows for real-time measures of health equity that are geographically specific and allows for the rapid development of specialized, highly targeted programs to address these disparities with greater precision.

Barrier and Burden Reduction

A viable method to remedy barriers, burden, and inequities in public service delivery and access is to recognize pharmacists as health care providers, in statute and practice. Pharmacists are an integral part of the interdisciplinary health care team; they are trained and well-equipped to address many common health concerns that underserved populations face. Further, pharmacists are among the most accessible health care professionals, especially for rural and underserved communities. In fact, nearly 90% of Americans live within 5 miles of a pharmacy.[5] By recognizing pharmacists as providers, it allows them to provide the same level of care to Medicare beneficiaries that they provide to the rest of the population, as specified in their state scope of practice laws. It is essential that the Medicare program allow pharmacists to practice at the top of their licenses to care for our nation's most vulnerable population, consistent with the Biden administration's recent Executive Order 13890. In addition, Medicare can serve as a benchmark and/or facilitator for other public and private payers in addressing coverage and payment barriers.

In rural and underserved communities and in areas experiencing physician shortages, pharmacists may be the only healthcare provider that is immediately accessible to patients. COVID-19 highlights that we need pharmacists to be available as providers on the frontlines of care, particularly those who are at the greatest risk of mortality from COVID-19. Many states are recognizing the patient care pharmacists can and are providing, and are taking action to rapidly expand pharmacist services, but lack of reimbursement continues to be a barrier for many individuals in communities of need to receive care from pharmacists. With pharmacists as recognized and authorized health care providers, people in rural and underserved communities would have greater access to public services like basic health care needs.

Stakeholder and Community Engagement

As discussed above, pharmacists are the most accessible health care providers to the vast majority of Americans. The services provided in traditional community and other pharmacies throughout the U.S. assist people in managing their medications to improve their quality and quantity of life.

Addressing our nation's long-lingering health disparities and inequalities will take regular and consistent engagement with health care providers, particularly pharmacists - the most accessible providers. Given the nature of pharmacy, pharmacists engage regularly with patients, often on a monthly or more frequent basis. The knowledge gained from these conversations gives pharmacists a more robust picture of the challenges, barriers, hurdles and opportunities facing patients and communities. Combining this access with patient trust and the ability of pharmacists to collaborate and coordinate with other healthcare team members can lead to optimal health outcomes for individuals and communities.

We recommend the inclusion of pharmacists in all forthcoming advisory committees, working groups, and expert panels related to ending health inequalities and advancing health equity. Given the unique expertise and community reach within pharmacy, many pharmacists have on the ability to address the special needs of certain patient groups including children, seniors, women, and individuals with disabilities and/or complex medical conditions.

Additionally, everyone understands that advancing health equity will take hard work, time, and consistent engagement. As our government works toward achieving this shared goal, pharmacists and pharmacy organizations stand ready to assist. Our pharmacy professional organizations meet on a regular basis to address and advance issues of shared interest to pharmacists and the broader pharmacy community. The most recent meeting of this group was focused on diversity and inclusion in our profession because a more reflective community of health care providers will yield greater health equity and outcomes for American families. As a profession, we would welcome regular engagement with the Department of Health and Human Services (HHS) and its affiliated and subsidiary agencies on efforts to end health disparities and achieve health equity.

Conclusion

We appreciate the opportunity to comment on this important RFI. We are ready and able to serve as a resource on these issues and others related to supporting health equity and access, especially from the perspective of pharmacists, the most accessible healthcare providers in America.

Thank you for considering our comments. Please contact James Lewis at jlewis@ascp.com with questions or for additional information. We stand ready to assist OMB and HHS with our experience and expertise.

Sincerely,

American Society of Consultant Pharmacists (ASCP)
American Pharmacists Association (APhA)

[1] Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in all policies: a guide for state and local governments. *American Public Health Association and Public Health Institute.* https://www.apha.org/-/media/Files/PDF/factsheets/Health_inAll_Policies_Guide_169pages.ashx

[2] Association of State and Territorial Health Officials. (2021). *Clinical to Community Connections*. https://www.astho.org/programs/clinical-to-community/

[3] Hosseinpoor, A.R., Nambiar, D., Schlotheuber, A. et al. (2016). Health equity assessment toolkit (HEAT): software for exploring and comparing health inequalities in countries. *BMC Med Res Methodol*,16 (141), DOI: 10.1186/s12874-016-0229-9.

[4] Pressman A., Lockhart S., Petersen J., Robinson S., Moreno M., Azar K.M.J. (2019). Measuring health equity for ambulatory care sensitive conditions in a large integrated health care system: the development of an index. *Health Equity*, 3(1), 92–8, DOI: 10.1089/heq.2018.0092.

[5] National Association of Chain Drug Stores (NACDS) Foundation. *Face-to-Face with Community Pharmacies*. https://www.nacds.org/pdfs/about/rximpact-leavebehind.pdf.