October 27, 2017

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue SW, Room 415F
Washington, DC 20201

Re: HHS Strategic Plan

To the Assistant Secretary for Planning and Evaluation:

On behalf of the Society of General Internal Medicine (SGIM), we appreciate the opportunity to provide comments on the proposed strategic plan for the Department of Health and Human Services (HHS). SGIM is a national medical society representing over 3,000 general internal medicine faculty from medical schools and teaching hospitals throughout the country. Our members teach medical students, residents, and fellows how to care for adult patients, and they conduct research that improves health care, including both primary care and hospital medicine. SGIM members are closely aligned with the stated mission of HHS to "enhance the health and well-being of Americans, by providing for effective health and human services and by fostering sound sustained advances in the sciences underlying medicine, public health, and social services." Our membership embraces the five goals outlined in the strategic plan. Furthermore, our membership includes leaders in these efforts across the nation, at local and national levels, and indeed in many of the agencies within the HHS.

While our society supports the mission and shares the stated goals of HHS, such statements are meaningless without the human and financial resources needed to pursue those goals. The document is silent on the issue of the federal budget yet the currently proposed federal budget reductions in many of the agencies of HHS, including the National Institutes of Health (NIH), are in direct opposition to the goals articulated here. Budget policy has to reflect the strategic plan or the plan is meaningless.

Strategic Goal 1 – Reform, Strengthen, and Modernize the Nation's Health Care System

Our society strongly endorses this goal and agrees with the four objectives the plan has identified to support this goal. We have the following comments and suggestions regarding some of the strategies identified to support these objectives.

We support each of the strategies outlined under Objective 1.1: "Promote affordable health care, while balancing spending on premiums, deductibles, and out-of-pocket

costs," particularly the strategic focus on the importance of preventive care and improving access to affordable healthcare.

Increasing access to high quality and comprehensive primary care services is one of the best ways to improve quality and reduce the costs of care. A robust and accessible system of primary care is essential to facilitate access to the preventive services, counseling and screening needed to reduce the overall burden of disease, and promote long and healthy lives. While increasing consumer insurance options and price transparency are important goals, we must recognize that consumers do not always make wise lifestyle or healthcare choices. Having access to a primary care provider to offer information, advice and guidance with these important decisions will help consumers make choices that better meet their needs and life goals. We recommend addition of the following language:

> **"Support expansion, maintenance of, and access to a robust primary care workforce equipped to provide the preventive services, counseling and screening needed to reduce the overall burden of disease, and promote long and healthy lives."**

We endorse the strategies identified for Objective 1.2: "Expand safe, high-quality healthcare options, and encourage innovation and competition." We particularly support expanding research on identifying and addressing quality and safety gaps, health disparities, how to better promote wide-scale implementation and adoption of evidence, how to recognize variation in performance due to circumstances outside the control of the provider, and to strengthen evidence-based recommendations. We also agree with the importance of aligning incentives to promote the use of evidence-based guidelines.

We support the development of innovative models to incentivize high quality, high value care. However, to be effective, payment incentives should be timely, easy to understand and implement, and not introduce excessive administrative burdens. Providers need to be able to accurately identify the patients they are responsible for, and they should not be held accountable for outcomes that are beyond their control or influence. To preserve access to care, it is essential that risk adjustment models be developed to accurately measure the impact of illness burden on outcome measures. HHS can, and should, be a leader in developing attribution methods and risk adjustment models that will help ensure that innovative payment models will not penalize providers who care for patients at highest risk due to illness burden, poverty and social determinants of health. We suggest addition of the following language to this objective:

> **"Develop payment models and incentives to encourage high value, high quality care that are timely, easy to understand and simple to implement, while avoiding additional administrative burden."**

"Develop innovations and payment incentives to encourage high value, high quality care, that take into account illness burden and baseline population risk, to preserve patient access to care and avoid punitive effects on providers serving high risk populations."

We endorse many but not all of the strategies identified in Objective 1.3: "Improve Americans' access to health care and expand choices of care and service options." We especially support improving access of dual Medicare-Medicaid beneficiaries to integrated physical and behavioral care options and efforts to ensure effective implementation of mental health parity, particularly for those with substance use disorders and serious mental illness.

We strongly believe insurance plans should continue to be required to provide access to essential health benefits both for purposes of maintaining health and lowering costs through access to preventive and urgent care. We are concerned that the two strategies listed below could promote lower quality plans that reduce access to essential benefits and therefore suggest they be deleted:

~~"Support consumer choice and transparency by promoting the availability of a range of individual health insurance plans and other health care payment options, including faith- based options, with different benefit and cost-sharing structures"~~

~~"Allow consumers the opportunity to purchase customizable health insurance plans, with cost-sharing and out-of-pocket costs commensurate with benefits chosen"~~

We further recommend the following changes to language in this section in order to avoid favoring specific religious organizations and their moral convictions over others:

"Vigorously enforce laws, regulations, and other authorities~~, especially Executive Order 13798 of May 4, 2017, Promoting Free Speech and Religious Liberty, to reduce burdens on the exercise of religious and moral convictions,~~ promote equal and nondiscriminatory participation by **community** ~~faith-based~~ organizations in HHS-funded or conducted activities, and remove barriers to the full and active engagement of **community** ~~faith-based~~ organizations in the work of HHS through ~~targeted~~ outreach, education, and capacity building.

"Implement Executive Order 13798 of May 4, 2017, Promoting Free Speech and Religious Liberty, and identify and remove barriers to, or burdens imposed on, the exercise of ~~religious beliefs and/or~~ moral convictions by persons or organizations partnering with, or served by HHS, and affirmatively accommodate such convictions, to ensure full and active engagement of persons of ~~faith or~~ moral conviction and of **community** ~~faith-based~~ organizations in the work of HHS"

"Promote equal and nondiscriminatory participation by ~~persons of faith or moral conviction~~ **individuals** and by **community** ~~faith-based~~ organizations in HHS-funded,

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HHS -regulated, and/or HHS-conducted activities, including through targeted outreach, education, and capacity building"

We endorse the strategies identified for Strategic Goal 1, Objective 1.4: "Strengthen and expand the healthcare workforce to meet America's diverse needs." We especially support efforts to strengthen and expand the healthcare workforce to meet America's diverse needs, and efforts to increase workforce diversity.

We support the goal to develop methods to analyze and monitor healthcare workforce needs, and to use this data to target resources to help address them. Regarding the physician workforce, there needs to be a better appreciation of where the gaps are, and will be in the future, regarding physician specialties as well as geographic distribution. The Graduate Medical Education system is a vital tool for addressing future physician workforce needs. We support readjustment of graduate medical education (GME) training positions to better reflect workforce requirements, expansion of training programs to meet the healthcare needs of an aging population, and an increase in training opportunities in community-based settings. We also support more fairly spreading the burden of GME funding beyond Medicare to include other payors as well.

In developing strategies to meet workforce needs, HHS should consider the influence of the current resource-based relative value system (RBRVS) for physician payment on career choice by physicians and other providers. The current RBRVS system, which even under alternative payment models and incentive programs continues to serve as the core physician payment system, has discouraged many physicians from pursuing careers in primary care. The RBRVS has evolved into a payment system that rewards highly technical and expensive invasive procedures, while devaluing and discouraging the counseling and preventive services that could prevent or forestall the need for such procedures. Reforming the RBRVS system to more fairly reimburse cognitive medical services could help in our efforts to build a more robust primary care system, reduce the cost of care, and give us better health outcomes. Therefore, we recommend these additions to Objective 1.4:

"Encourage and support research to review the effectiveness and consequences of physician payment models, and to develop more accurate methods to measure, value, and reimburse physician services."

"Encourage and support research to measure the impact of physician reimbursement and incentive programs on career choices by physicians and other healthcare providers, and analyze the effects these have on the healthcare workforce."

We support full participation in the healthcare workforce by individuals with religious beliefs or moral convictions and by community organizations, provided this participation is consistent with the generally accepted principles of medical ethics (autonomy, non-

maleficence, beneficence, and justice) and provided such participation does not reduce access to essential health benefits. We therefore propose the following changes to this language:

> "Remove any barriers to, and promote, full participation in the healthcare workforce by persons ~~and/or organizations~~ with religious beliefs or moral convictions and/or community organizations, **provided such participation does not impede participation of other groups, is in accord with generally accepted principles of medical ethics, and does not reduce access to essential health benefits.**"

Strategic Goal 2 – Protect the Health of Americans Where They Learn, Work, and Play

Our society strongly embraces this goal and calling out specifically the critical work needed in "health promotion, communicable and chronic disease, mental and substance use disorders, and public health emergencies." We strongly endorse the strategy of inclusivity and cross-sector partnership to achieve these ends. As noted above, we consider "community organizations" to be inclusive of faith-based organizations and recommend using that term exclusively throughout this document in describing efforts to increase and improve local partnerships. We also consider "non-governmental entities" to be synonymous with "the private sector" and would recommend omitting that redundancy throughout this section and the remainder of the document.

We support each of the strategies outlined under Objective 2.1: "Empowering people to make informed choices for healthier living." We agree with the emphasis on improving education and health literacy, promoting better nutrition and physical fitness, reducing tobacco related illness and death, expanding access to healthier living supports, and promoting health care access and reducing health disparities. We recommend the following changes in language:

> "HHS seeks to achieve this objective, in part, by removing barriers to, and promoting, participation in HHS conducted, regulated, and funded programs by persons and organizations ~~with religious beliefs or moral convictions and other community organizations~~ – who have historically been the primary funders and deliverers of health care and human services in the United States."

We note that one of the strongest evidence-based strategies for reducing morbidity and mortality from tobacco is omitted from this strategic plan: increasing taxes on tobacco products. We endorse the inclusion of tobacco taxes as part of this comprehensive strategic plan.

We strongly endorse Objective 2.2: "Prevent, treat, and control communicable diseases and chronic conditions." We agree with and support each of the strategies and agree with the emphasis and focus as outlined.

We strongly endorse Objective 2.3: "Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support. Our society recognizes the tremendous impact of mental health disorders and substance use disorders on the health of individuals and communities. We applaud the emphasis on these critical issues and we support each of the strategies outlined for reaching this objective.

We strongly endorse Objective 2.4: "Prepare for and respond to public health emergencies." In comprehensively addressing threats to the health and well-being of Americans, we find a glaring omission: gun violence. We strongly endorse including the ongoing epidemic of gun violence as one of the public health emergencies to which HHS intends to respond. On average, 100,000 Americans are injured annually by firearms, resulting in over 37,000 deaths each year, which is a level of harm equal to or exceeding many of the health threats addressed in this document. Internationally, America is clearly an outlier in the degree to which public health is compromised by gun violence. We strongly urge HHS to support and fund the ongoing research that will allow us to better understand and address gun violence in the scientific and evidence-based way we address all other threats to public health.

Strategic Goal 3 - Strengthen the Economic and Social Well-Being of Americans across the Lifespan

Our society strongly supports the goal to strengthen the economic and social well-being of Americans. We support the focus on efforts to improve outcomes for children and families, older adults, people with disabilities, and people with limited English proficiency. We also support the HHS divisions that are working to achieve this goal.

Our society believes, however, that statements referencing conception as when life begins are not based in medical scientific fact, remain controversial, and are not appropriate for this document. Similarly, references to the controversial issues of how life ends, including the unclear phrase "natural death" should be removed from this document. We recommend the following language to describe this core component of the HHS mission:

> "A core component of the HHS mission is our dedication to serve all Americans ~~from conception to natural death,~~ but especially those individuals and populations facing or at high risk for economic and social well-being challenges, through effective human services."

Our society supports the primary purpose of Objective 3.1, to eliminate barriers to economic opportunity. We are concerned that language about personal responsibility includes implicit value judgements that are outside the scope of this document and inconsistent with our clinical experience with the described individuals. Our experience

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and the available evidence indicate that the root causes of many behaviors and choices that are labeled as failures of personal responsibility are poverty and a lack of opportunity. We therefore favor language that emphasizes removing barriers and providing opportunities. We also believe, as stated in prior goals, that community organizations include faith-based organizations, so they need not be explicitly highlighted in this text.

We recommend the following changes in language:

> Objective 3.1: ~~Encourage self-sufficiency and personal responsibility, and e~~**E**liminate barriers to economic opportunity.
>
> "HHS invests in safety net programs as well as programs that seek to assist specific populations who are, or who are at risk of, being unemployed or underemployed – such as youth, people with disabilities, and formerly incarcerated individuals – in preparing for, acquiring, and sustaining employment. HHS implements strategies to strengthen self-sufficiency and independence ~~through personal responsibility and economic opportunity~~."
>
> "Increase access to comprehensive services (i.e., health, behavioral health, student loans, public assistance, and public housing) through ~~short-term,~~ transitional public welfare services and partnerships with other federal agencies ~~and faith-based~~ and community organizations, help formerly incarcerated individuals ~~develop habits of personal responsibility, including~~ obtain~~ing~~ and maintain~~ing~~ employment, **connect with their community** and families ~~reconnecting with their children and families, paying child support,~~ and avoid~~ing~~ recidivism."
>
> "Support youth to transition to adulthood by strengthening ~~personal responsibility~~, relationship and employability skills, and by increasing knowledge to help youth establish and maintain positive, healthy relationships—including connections with caring adults—through evidence-based ~~or evidence-informed healthy marriage and~~ relationship education."

Change:

> "~~Increase the number of employed people with disabilities by encouraging and assisting integration into the greater community's workforce~~"

To:

> **"Encourage and assist integration of disabled persons into the greater community through outreach, volunteer, and employment opportunities."**

Our society strongly supports Objective 3.2 and each of the strategies outlined to "Safeguard the public against preventable injuries and violence." We agree with the focus and emphasis, but we feel the absence of acknowledgement, objectives, or

strategies for reduction of gun violence injuries and deaths, despite gun violence leading to more injuries and deaths than every other listed cause, is a glaring absence requiring correction.

We recommend the following additions to the language of Objective 3.2:

> **"Invest in rigorous research and evaluation to identify effective gun violence and injury prevention strategies, and support the adoption of evidence-based practices to address these issues in collaboration with community stakeholders.**"
>
> "Disseminate evidence-based strategies to keep children and youth safe from violence and injuries – including **gun violence,** child maltreatment, unintentional poisoning, drowning, fires and burns, and infant suffocation."

Our society supports Objective 3.3: "Prepare children and youth for healthy productive lives." Our society believes that controversial issues such as the definition of families and marriage should not be part of this document, and that, while education on healthy relationships is within the scope of HHS, marriage definition and promotion is outside the scope of HHS. Our society supports working for healthy, productive lives of children, independent of the family structure they experience.

The medical term for "unborn child" is fetus or embryo depending on stage of growth/development, and we recommend correct medical terminology in place of "unborn children" in all parts of the document if reference to fetus/embryo is appropriate.

Because of the controversial and personal nature of pregnancy, childbearing, and parenting, we have, in our practices, witnessed extensive harm to women and their children from value-based, rather than evidence-based, recommendations on these topics. It is essential that language from HHS remains free of judgement and focused on evidence-based health promotion whenever possible.

We recommend the following changes in language to Objective 3.3:

> "Objective 3.3: ~~Support strong families and healthy marriage, and~~ **P**repare children and youth for healthy, productive lives." or "Support strong, **healthy relationships** and prepare children and youth for healthy, productive lives."
>
> "Protect pregnant women ~~and their unborn children~~ from harm and harmful exposures during pregnancy, and promote ~~recommended~~ **evidence-based** protective prenatal and postpartum behaviors to promote child health, including encouragement of breast-feeding when ~~possible~~ **appropriate.**"
>
> "Working with partners, ~~including faith-based and community organizations~~, support successful youth transitions to adulthood by strengthening relationship and employability skills, and by increasing knowledge to help youth establish and

maintain positive, healthy relationships, including connections with caring adults, through evidence-based or evidence-informed ~~healthy marriage and~~ relationship education~~ including those programs provided by faith-based and community organizations.~~"

"~~Support faith-based and community organizations to p~~**P**romote strong, healthy family formation and maintenance through programs that combine ~~marriage and~~ relationship education services with efforts to address participation barriers, economic stability, and needs of their participants."

We recommend further research on factors contributing to success of individuals, as epidemiologic research shows that individual factors associated with success are at very high risk of simply being markers for economic hardship rather than causative factors. There is evidence of association between the success sequence and prosperity, but the lack of evidence of effectiveness of interventions could be attributable to the relationship being associative rather than causative, or economic prosperity allowing/causing the increase in the success sequence. Inappropriate conclusions about causality may attribute individual blame in the absence of evidence. Therefore, we recommend these changes in language:

"Develop and implement local and national dissemination strategies to communicate**, in a non-stigmatizing, non-judgmental manner,** the value of healthy marriages and relationships, and of the **association between economic prosperity and the** success sequence, which **includes** ~~recommends~~ completing education, obtaining employment, and getting married before a first or subsequent child~~ across all socioeconomic demographics~~"

Our Society supports Objective 3.4: "Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers."

Strategic Goal 4 - Foster Sound, Sustained Advances in Science

Our society strongly supports the goal to "Foster Sound, Sustained Advances in Science." SGIM members include many physician scientists, and advancement of science is one of the main values of our society. As addressed above in Strategic Goal 3 comments, the definition of birth and natural death is not scientifically supported and is best removed from the document. We recommend removing the following language:

"~~The research pursued under this strategic goal is to be conducted consistent with the understanding that human subjects protection applies to all human beings from conception to natural death"~~

We support the goals outlined in Objective 4.1: "Improve surveillance, epidemiology, and laboratory services," including promoting laboratory quality and safety, strengthening surveillance and epidemiology, facilitating information sharing, and

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enhancing and standardizing public health data collection and reporting. We support each of the strategies outlined and recommend the following changes in language:

> "Strengthen surveillance and epidemiology to protect health security and improve health outcomes: **Use evidence about causes of mortality in the U.S. to prioritize surveillance, prevention, and treatments efforts.**"
>
> "Improve health and behavioral health outcomes for children, ~~and~~ their parents**, and adults without children** by building epidemiological capacity in states and counties to identify high need issues and particular areas of risk using surveillance data and then responding with appropriate evidence-based interventions and policy development."

We support the goals of Objective 4.2: "Expand the capacity of the scientific workforce and infrastructure to support innovative research." We are particularly supportive of efforts to train early career scientists, as this is an important priority for our membership as well.

We support the objective of protecting human subjects, but recommend these changes in language of the strategy:

> "Improve human subjects' protection, and enforcement of human subjects' protection regulations and other laws governing research, ~~especially with respect to research involving human embryos or embryonic stem cells/tissue, fetal tissue, genetic engineering and manipulation of the germ cell, and the creation of chimeras"~~

We support Objective 4.3: "Advance basic science knowledge and conduct applied prevention and treatment research to improve health and development." We applaud the attention to disparities and to the social determinants of health, and the focus on the development of generic pharmaceuticals. We agree with the listed areas of support for basic applied research funding and recommend the addition of the following language to the list:

> **"Support development of evidence-based guidelines to identify and improve causes of premature morbidity and mortality."**

We also recommend the following change in language as per our explanation above:

> "Support a broad and diverse portfolio of biomedical research by supporting a range of scientific disciplines, including basic and translational research, to augment scientific opportunities and innovation for public health needs, consistent with human subject protections, ~~which protect all persons from conception on,~~ and bioethics"

We strongly support Objective 4.4: "Leverage translational research, dissemination, and implementation science, and evaluation investments to support the adoption of

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evidence-informed practices." We agree with and support each of the strategies and agree with the emphasis and focus as outlined. We support the need to study health system performance, particularly for those who experience poor outcomes.

Strategic Goal 5: Promote effective and efficient management and stewardship

Our society supports Objective 5.1: "Ensure responsible financial management and the commitment to reducing administrative burden." However, health policy is nuanced and complicated, and we are wary of formulaic approaches to reducing regulatory burden. There are situations where several new regulations may be required to clarify one outdated or confusing single regulation. We would encourage the Department to be more flexible in its laudable efforts to reduce regulatory and administrative burden. We therefore recommend removal of the following passage:

> ~~"Manage the costs associated with governmental imposition of private expenditures through implementation of Executive Order 13771 of January 30, 2017, Reducing Regulation and Controlling Regulatory Costs, by ensuring that, consistent with the Administrative Procedure Act and as informed by the terms of the Executive Order and associated guidance, for every one new regulation issued, at least two prior regulations are identified for elimination, and the cost of planned regulations are managed through a budgeting process"~~

Our society supports Objective 5.2: "Manage human capital to achieve the HHS mission," and giving priority to having a highly-trained and well-supported HHS workforce. We believe that personnel should be selected from among qualified applicants with appropriate consideration given to efforts to achieve reasonable representation of the full cultural/ethnic/racial/gender diversity of the populations served.

Our society supports Objective 5.3: "Optimize information technology investments to improve process efficiency and enable innovation to advance program mission goals," and Objective 5.4: "Protect the safety and integrity of our human, physical, and digital assets." We strongly support departmental efforts to enhance the user experience of health information technology for all Americans. We encourage the department to develop continuous quality improvement strategies to optimize these experiences by incorporating consumer feedback with regularity and consistency. SGIM also recommends that HHS follow transparent policies for making decisions about information technology investments so that decisions are based on the best available evidence about technological options and are not influenced by inappropriate conflicts of interest.

We also recommend adding language regarding environmental stewardship, both in reference to local/regional environmental health hazards, and the larger threat of ongoing climate change. Climate change already impacts population health of Americans and scientific evidence overwhelmingly shows this impact will continue to grow. Our

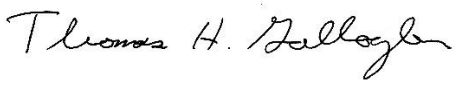
members see individual effects of poor environmental stewardship in patients with lead poisoning in places like Flint, Michigan, asthma hospitalizations and deaths due to forest fires or neighborhood hazardous chemical exposures, and in the expanding geography of infectious diseases as tropical weather creeps northward. We recommend adding language in Strategic Goal 5 in the form of Objective 5.5:

> **"Promote sound environmental stewardship at the local, regional, national, and international level to provide a healthy living environment for Americans across the lifespan."**

SGIM recognizes the critical importance of community organizations and institutions – faith-based and secular - in enhancing the health and well-being of Americans. We find the term "community organizations" to be adequately inclusive of all of these organizations and recommend using that language throughout the document. We believe that in partnering with and funding organizations working to enhance the health and well-being of Americans, HHS should fairly evaluate these organizations based on their likelihood of success and not on whether or not they have a faith-based orientation. We recommend removing that stated preference from the document in all places where it appears.

In summary, SGIM is grateful for the opportunity to comment on this strategic plan. Our members are closely aligned with the mission of HHS and indeed will be integral to the department's success in achieving the goals and objectives outlined in this document. We look forward to working constructively with the department in improving the health and well-being of our nation!

Sincerely,



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