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July 6, 2021

Shalanda Young
Acting Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

SUBMITTED ELECTRONICALLY VIA http://www.regulations.gov

RE: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government [OMB-2021-0005-0001]

Dear Ms. Young:

The Society of General Internal Medicine (SGIM) appreciates the opportunity to respond to the Office of Management and Budget's (OMB) request for information (RFI) on Methods for Leading Practices for Advancing Equity and Support for Underserved Communities Through Government.

SGIM is a member-based medical association of more than 3,300 of the world's leading academic general internists, who are dedicated to improving the access to care for all populations, eliminating health care disparities, and enhancing medical education. Our members are committed to delivering high quality care and ensuring patients have access to a well-trained physician workforce. Additionally, our members practice in both inpatient and outpatient settings, serve as the primary internal medicine faculty of every medical school and major teaching hospital in the United States, and are actively involved in all aspects of health services research. SGIM is committed to identifying and addressing system-based disparities of health care delivery. All of our efforts are directed toward equitable and affordable access to the highest quality of care possible.

As an organization, our members have expertise in how to increase equitable access to services, how to reduce barriers to accessing services, particularly health care services, and how funding and grants can advance equity in a variety of ways. The comments that follow are focused on these areas of expertise.

1) The federal government must measure and capture data on who is accessing health care services and compare differences in access to assess where disparities exist and develop efforts to reduce disparities and move towards greater equity. These need to be rigorous, accurate measures of strata along which disparities are known to or likely exist: race, ethnicity, gender, language proficiency, socioeconomic status, sexual minority status, among others. As an example, language and the need for an interpreter is rarely indicated or accurately indicated in electronic medical records and federal programs should provide incentives for organizations to do so.

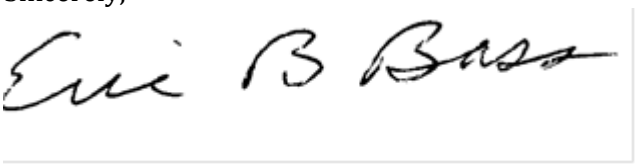
2) Structural racism must be dismantled within federal policy and organizations to reduce burdens on populations experiencing disparities and increase equitable access to care. An example would be Medicaid policies within the Centers for Medicare & Medicaid Services (CMS) that require excessive documentation, meetings, and/or employment or employment seeking to qualify. This type of policy is based on the assumption that those in need of the services are looking for a "hand out" rather than being truly in need, which is based in racism and other stereotyping.
3) Stakeholder and community engagement is critical to dismantling structural barriers because the individuals impacted can open the eyes of the privileged to knowing where they exist, how they function, and to dismantle them. We recommend having stakeholder and community engagement groups that represent communities that experience disparities with representation across geographic region as there are regional differences in the experience of and contributors to disparities. The Patient Centered Outcomes Research Institute has developed guidance and expertise on stakeholder and community engagement and could serve as a resource
4) Diversifying the professionals who work in the health and social service sector is also critical to reducing disparities. This brings in another stakeholder and community perspective into the workplace, every day, and increases trust and engagement among the populations that experience disparities. The Health Resources and Services Administration (HRSA) has experience in increasing diversity in professional training programs and could also serve as a resource in this area. HRSA's Title VII health professions workforce development program aims to improve the supply, distribution, and diversity of the primary care workforce and train the next generation of health professionals to meet our nation's demanding health care needs. Programs like this should be replicated where appropriate and given the support necessary for them to function.
5) For health care, specifically, it is important to reduce the imbalance between specialists who treat disease and primary care providers who work to prevent disease and are able to treat the whole person. A greater investment needs to be made in expanding and increasing access to primary care through expansion of the primary care workforce and government coverage of access to primary care, preventive care, and medications.
6) Invest in agencies that focus on reducing disparities including the Centers for Disease Control and Prevention, HRSA, and the Agency for Healthcare Research and Quality (AHRQ). Of note, for the 17th year in a row, AHRQ has reported on health care quality and disparities. The National Healthcare Quality and Disparities Report presents trends for measures related to access to care, affordable care, care coordination, effective treatment, healthy living, patient safety, and person-centered care. The report presents, in chart form, the latest available findings on quality of

and access to healthcare, as well as disparities related to race and ethnicity, income, and other social determinants of health.[1]

7) Funding health services research through greater support of AHRQ and increasing this work in the National Institute of Health's (NIH) portfolio is essential to
8) improving health care delivery in an equitable way. We need to study what works and what does not in order to advance health equity and how best to disseminate and implement effective health equity interventions.
9) The OMB should convene a group with expertise in reaching populations that face high levels of distrust to build on efforts to build trust in these communities. These populations experience increased health disparities and there is a strong need for authentic, honest, trustworthy communication and outreach within these communities. Federal agencies need the guidance of experts to overcome the important trust hurdle.

Thank you for the opportunity to provide comments on this RFI. If you have any questions or require additional information on any of our comments, please contact Erika Miller at emiller@dc-crd.com.

Sincerely,



Eric B. Bass, MD, MPH, FACP
Chief Executive Officer

[1] https://www.ahrq.gov/research/findings/nhqrdr/index.html

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