February 28, 2022

White House Office of Science and Technology Policy (OSTP)
7 G Street, NW
Suite A-734
Washington DC 20401

RE: Connected Health RFI: Technology methods to improve community health centers, health equity, and lowering barriers to health care access

Submitted via email to *connectedhealth@ostp.eop.gov*

Fenway Health is a community health center in Boston, Massachusetts that serves over 30,000 patients, about half of whom are LGBT, and about 4500 identify as transgender or non-binary. Fenway Health serves 2,200 patients living with HIV and over 5,000 who are connected to PrEP. The Fenway Institute is an interdisciplinary center for research, education, training and policy development with a pioneering history of community and academic collaborations. Our integration with clinical services has enabled technology and health information innovation as well as real-time clinical interventions with key populations.

Fenway Health and the Fenway Institute support the collection and inclusion of sexual orientation and gender identity (SOGI) data, as well as data on Social Determinants of Health (SDOH) to address the disparities that people who identify as LGBTQIA+ experience. We see the effects of these disparities compounded when identities intersect with other vulnerable populations. Combined with race/ethnicity and other demographic data, SOGI and SDOH data can enable population health management, inform strategies to close these health equity gaps, better address patient needs, and respond with specific solutions.

Social Determinants of Health (SDOH) and Telehealth

Assessing and responding to Social Determinants of Health (SDOH) among our patient population is a critical tool in addressing health equity. Our SDOH screening tool was established as an add-on resource in our health equity efforts. Ideally, electronic health records and patient facing technology such as patient portals would already include more comprehensive collection of patient data. The gaps that exist within electronic health records and patient facing technology such as patient portals, highlight the need for more comprehensive digital health technologies. Platforms that use automated workflows to send messages to patients lead to improved health outcomes and enhanced patient engagement.

SDOH screening helps enable us to reach populations traditionally underserved by healthcare. Fenway has been able to use electronic patient reported outcomes (ePRO) technology to assist in establishing culturally tailored health interventions. Using digital screeners that are patient-friendly and convenient allow us to collect data directly from our patients. By identifying SDOH needs we can adopt an upstream approach to program design. The SDOH data we collect is used to help address individual patient needs but we can take this a step further to close the loop and use this data to drive our programming design within telehealth, specifically. For example, for a

particularly prevalent SDOH result, such as housing insecurity, and how it may affect a patient's access to and use of telehealth, we can evaluate patients' needs and supports in addressing them. One solution is increased access points to participate in telehealth visits for those patients who do not have digital technologies (i.e., smartphones, laptops). We can ensure that all our sites have a private, secure, reliable telehealth space that patients can access for their visits. Harnessing health information technology such as ePRO questionnaires and telehealth programs, we can better reach and engage traditionally hard to reach populations by understanding barriers to care that impact health equity.

Data Visualization Needs and the Health Equity Task Force

EHR vendors often have independently-developed or third-party population health management tools that allow organizations to monitor health equity among their patient populations. These tools typically aggregate performance by various demographic metrics, but generally only one or two at a time (I.e. by cross-tabulating race and sex). For many organizations, these population health tools are their primary resources for analyzing population health data, but unfortunately these analyses neglect to provide relevant intersectional analyses. At Fenway Health we leveraged our internal Data Analytics team to create data visualizations that cross-tabulate health metrics by multiple demographic variables at a time, most notably by race, ethnicity, sexual orientation, and gender, to adequately analyze health equity among our patient population.

Investigating health disparities at the intersections of race, ethnicity, sexual orientation, and gender are critical to achieving health equity within our own patient population. For example, as an organization with a longstanding history of caring for LGBTQIA+ patients in Boston, we are aware that Black and Latinx queer cisgender men and transgender women are disproportionately impacted by HIV; that transgender and nonbinary people are less likely to receive cervical cancer screening than cisgender women; and that LGBTQIA+ people experience anxiety and depression at higher rates than cisgender/heterosexual people. Our third-party population health management product allowed us to look at our performance on these critical services by race, but we needed to utilize other data visualization tools to allow us to understand the disparities we were seeing at more granular levels such as between transgender patients of color compared to White transgender patients and compared to cisgender patients of color. These analyses allowed our organization to charter a Health Equity Task Force to review the health disparities data analyses, research culturally relevant interventions, and begin to implement those interventions to address the disparities. To allow other community health providers the opportunities to address inequities at this level, technologies should at minimum provide cross tabulations of data with multiple demographic factors at once rather than one-by-one.

Patient facing technologies

Implementing an online scheduling and appointment reminder system has been a useful tool for improving the patient experience from an equity standpoint. Currently, there is still work to be done for our institution. We have language limitations for both services: our online scheduling tool is in English only; our appointment reminder system is in English and Spanish only. We recognize this is not representative of the language diversity in our community.

However, there have been some improvements. From a staff perspective, implementation of online scheduling reduces the volume of the following tasks:

- Answering appointment scheduling calls
- Calling patients with appointment reminders
- Convenience and removing barriers by enabling them to schedule at any time of the day

This means that staff will have more time to be attentive to patients who present in person. This includes but is not limited to greeting patients, disseminating and collecting registration documents, answering questions, administrative tasks, etc. Returning some of the staff's time by reducing calls increases efficiency, ultimately improving the service that patients receive face-to-face at the front desk.

From the patients' perspective, the need to address access gaps became apparent to us through receiving patient feedback about our patient portal. Our current portal product does not have a versatile integrated online scheduling system, the solution was to implement two third party products, Clearwave (Online Scheduling) and ProviderTech (Patient Messaging). Using these products, we can offer various appointment types to new and established patients. Our current available appointment types are the following:

Flu Vaccine, Virtual Office Visits (PrEP, Sick, Follow-Up, STI), In-Person Office Visits (PrEP, Sick, Follow-Up, STI), Annual Physicals, COVID-19 Vaccines, Mammogram, Gender Affirming Care/Hormone Therapy (GAHT), and Comprehensive Eye Exam. In addition to these appointment types, patients also receive appointment reminders via text for the previously stated appointment types and more. There are several factors that have shown an improvement in equity since the inception of these services:

- Patients can schedule visits at any time of day
- Patients have the choice to be discreet while scheduling
- Patients can receive appointment reminders
- Patients can cancel appointments online/via text

Previously, patients would only be able to schedule during Fenway Health office hours. They can now schedule at any time if they have access to Wi-Fi/internet, public or private. For patients that experience varying levels of social barriers, online scheduling is an alternative option, this may allow opportunities for those who would otherwise struggle to schedule. Appointment reminders texts are one of the most useful tools, particularly because they give patients the opportunity to cancel at a moment's notice. This means increasing access for other patients to schedule without the involvement of staff.

Ultimately, we've received positive feedback from our patients after we implemented these systems. We plan to continue to improve upon them.

Fenway Health strives to serve vulnerable communities and marginalized populations, we operate with the belief that healthcare is a right not a privilege. This mission has led to new

methods and policies that have strengthened community health through digital health technologies:

- Social determinates of health (SDOH) screening tools that enable access to healthcare for historically underserved populations
- Data analysis methods that allow for cross-comparison of multiple demographic variables, inform a health equity assessment, and assist providers to addresses inequities
- Improved patient access tools through our online portal that incorporate feedback from our patients

Thank you for the opportunity to share our practices.

Chris Grasso
Associate Vice President for Informatics and Data Services
The Fenway Institute

Danielle Funk
Director of Data Analytics
The Fenway Institute

Emily Phillips
Telehealth Project Manager
The Fenway Institute

Nia McDonald
Clinical Applications Manager
The Fenway Institute