

Submitted electronically via Rural_Urban@mail.house.gov

December 6, 2019

Rural and Underserved Communities Health Task Force
House Ways & Means Committee
102 Longworth House Office Building
Washington D.C. 20515

Dear Representatives Danny Davis, Terri Sewell, Brad Wenstrup, and Jodey Arrington,

Thank you for the opportunity to provide feedback on the Request for Information (RFI) from the Rural and Underserved Communities Health Task Force. With more than 10,000 locations nationwide, CVS Health serves as a front door to health care for more than four million patients every day.

At CVS Pharmacy and MinuteClinic, trusted health care professionals answer questions and provide information to help patients manage their care every day. Furthermore, by coupling the community footprint of CVS Health with Aetna's health data, we can engage patients on a more personal level. Through this combination, we can be there more frequently to provide patients with the support they need.

Today, CVS Health pharmacists are moving from behind the counter to engage with patients at a deeper level. Our 30,000 pharmacists provide a human touch to health care locally, whether counseling patients on their medications or administering preventive health services like health screenings and immunizations.

Below is our response to the first two questions in the Task Force's RFI.

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence healthcare outcomes?

At CVS Health, we believe that health care truly begins at the community level, and it is more than simply visiting a health care professional or taking a prescription. In fact, data show that 60 percent of patients' overall health and well-being is driven by behavioral and social factors.

Many of these so-called 'social determinants of health' (SDoH) are particularly impactful for individuals in rural and urban underserved areas where needs are often greater but the health and social safety net is stretched. Patients in rural areas, for example, are more likely to be older, have higher rates of chronic disease, homelessness and poverty, and face significant transportation challenges.

CVS Health and Aetna have a strong legacy of investing in communities to improve public health. This year, we announced several new initiatives that build on this legacy, including Building Healthier Communities, a five-year, \$100 million commitment to not-for-profit programs across the country to expand access to screenings, tackle key public health challenges, and address social and economic factors at the community-level. We also announced the new

Destination: Health platform, which is in collaboration with Unite Us, the leading social care coordination platform, to help some of Aetna's most vulnerable Medicaid and Dual eligible members more easily access social services within their communities. These initiatives are just two examples of a larger shift and to better account for community factors that influence healthcare outcomes.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

We recommend that the Task Force consider opportunities to incentivize and enable more innovative local partnerships, strengthen capacity for cross-sector work, and share best practices and approaches for all communities to learn from.

One example of a successful model with demonstrable, positive impact is SMART (School Health Model for Academics Reaching All and Transforming Lives), which CVS Health is now operating across eight schools in Chicago and Alabama. Six years ago, CVS Health entered into a public/private partnership to promote the development of SMART, ensuring the wellness of every student in an educational setting. The SMART model deploys social workers and psychologists alongside physicians, nurse practitioners, and administrators to continuously and proactively reach out to and build relationships with students. This "whole child" lens addresses not only the physical health, but also the mental health and emotional well-being of students.

Another example is the Pediatric Mental Health Telephone Access Line Program in West Virginia, which provides the state's pediatric health providers with easier access to child and adolescent mental health resources. The American Academy of Child and Adolescent Psychiatry recommends at least 47 practicing child and adolescent psychiatrists per 100,000 children and adolescents. Despite these guidelines, West Virginia claims only nine practicing psychiatrists per 100,000 children and adolescents, with only 32 total practicing child and adolescent psychiatrists in the state.

To address the gap, West Virginia University School of Medicine started the Pediatric Mental Health Telephone Access Line Program, thanks in part to a grant from Aetna Better Health of West Virginia. This new resource improves access to pediatric mental health resources by connecting family medicine practitioners and school health providers to children and adolescent psychiatrists by phone for informal consultation, advice and guidance.

Another program CVS Health has developed, through our Aetna Medicare Advantage plans, aims to address the negative health outcomes associated with loneliness and social isolation. Aetna developed a Social Isolation Index to estimate each member's risk of social isolation. The Index, which is based on claims data and multi-dimensional information on social determinants of health, will help to identify high-risk Medicare beneficiaries. The beneficiaries will receive proactive outreach from specially-trained consultants within our Resources for Living program. Program consultants work directly with members to understand their needs and identify local resources, such as clubs, support groups, home visitor programs, transportation, caregiver

support, and many other resources. The program serves as an early point of intervention for the many non-medical issues that impact members' health.

Two recent bills, the Social Determinants Accelerator Act (H.R. 4004), and the CARING for Social Determinants Act (H.R. 4621) seek to drive these types of models. CVS Health also recommends that the Task Force consider legislation to help fill in rural provider shortages by allowing telehealth to be considered for network adequacy purposes.

Furthermore, as health care costs continue to rise and the demand for primary and specialized care providers outpaces supply, pharmacists have an important role to play as trusted providers beyond the prescriptions they fill. Pharmacists advise millions of people on their health care needs and deliver crucial interventions. Increasingly, use their clinical skills, offering their expertise to help improve outcomes and manage overall health care costs. They assist patients in becoming more adherent to their medication regimens and in closing gaps in care. Utilizing pharmacists on the primary care team to prevent and manage disease, and provide patient care services, has been one of the most evidence-based, proven, and time-tested strategies. In that regard, we support pharmacists being given provider status in Medicare for rural and other underserved areas.

If you have any questions, feel free to call or email me at 202-772-3501 or at melissa.schulman@cvshealth.com. Thank you for the opportunity to provide feedback to the Task Force on the RFI.

Sincerely,

A handwritten signature in black ink, reading "Melissa A. Schulman".

Melissa Schulman
Senior Vice President, Government & Public Affairs
CVS Health