

FEBRUARY 26, 2024

# COLLABORATIVE SHORT-TERM ACTION TO ADVANCE AMERICA'S HEALTH

## Issue Brief



NATIONAL  
ACADEMY  
of MEDICINE

Duke

MARGOLIS INSTITUTE *for*  
Health Policy

## INTRODUCTION

Progress on America's health has been [challenging](#), despite access to better tools and capabilities to improve health than ever before. The United States has world-leading diagnostic tests, treatments, and vaccines; increasingly rich and interoperable electronic health data to help patients stay healthier; and many innovative efforts by health care organizations to strengthen primary and preventive care, including care provided at home. Yet, American life [expectancy has declined](#) and many [health disparities have widened](#) in recent years, alongside [rising health care spending](#) with growing challenges in affordability and access. Health care workers are also [reporting more burnout](#) and [attrition](#) than ever before.

It is time for a more collaborative path forward on improving the nation's health. In this issue brief preview of a new initiative on Collaborative Action for America's Health—supported by the National Academy of Medicine (NAM) and the Duke-Margolis Institute for Health Policy (DM), in collaboration with the Centers for Disease Control and Prevention (CDC)—we outline a set of feasible, meaningful collaborative action steps across health care, public health, and community supports to improve our nation's capacity to help Americans stay healthy. These action steps, expanded upon in a forthcoming NAM Perspectives commentary, advance the longer-term goal of bringing together public, private, and community organizations with health care systems and public health agencies to strengthen the nation's public health capabilities.

We focus on two specific areas of short-term action: (1) strengthening protections for individuals and communities from the complications and disruptions of respiratory infections and (2) preventing overdose deaths and other complications of opioid use disorder (OUD). We outline how federal agencies can collaborate to support evidence-based, short-term actions by health care, public health, and community organizations across the nation, largely with existing authorities. Our goal is measurable progress toward improving the nation's health within the next 18 months and providing a foundation for further progress.

## CROSS-CUTTING FOUNDATIONAL ELEMENTS FOR ENABLING PROGRESS ON POPULATION HEALTH

The cross-cutting action areas described below can be applied to improve collaborative responses to existing and emerging infectious diseases, chronic diseases and their underlying risk factors, and other important contributors to gaps in population health and health equity.

**Improving use of electronic data to inform public health threat awareness and action through systems standards and integration.** Electronic data standards and supporting data infrastructure are enabling enhanced electronic data sharing and analysis to improve care, with the opportunity to provide increased situational awareness and coordinated responses to local public health threats. Federal data standards and standard data-sharing arrangements, supported by

aligned regulatory incentives, can reduce reporting burdens for health care organizations and result in more complete and reliable dashboards and forecasts on community health risks to inform local and national responses.

**Leveraging health care payment and delivery reforms to increase health care capabilities to improve population health.** With unprecedented biomedical capabilities to prevent, detect, and manage disease threats through better diagnostic tests, treatments, and vaccines, health care organizations can do more than ever to help address these threats. The Centers for Medicaid & Medicare Services (CMS) can expand innovative payment models and performance measures tied to improved access to preventive care, diagnostics, and treatment for important public health risks, including serious respiratory infections and OUD, with the goal of making it easier for stretched health care organizations and their community and public health partners to support and sustain delivery system reforms that support prevention, harm reduction and health promotion.

**Strengthening effective and accountable community health collaborations across public health, health systems, social services, and community organizations.** A wide range of federal programs and requirements help support local community efforts to plan for and address public health threats. Federal public health, social service, and health care programs can take further action to align supports for programs, such as [community care hubs](#), [community health needs assessments](#), [public-private coordination in preparedness and response planning](#), modernized

information sharing, and technical guidance and information on best practices for these collaborations to address public health threats, such as high-burden respiratory conditions and OUD.

**Helping trusted health care and community organizations provide timely and accurate information that individuals, families, businesses, and community organizations can use to make decisions about their health.** Diverse population groups within a community rely on different trusted sources of information to guide their own decisions about their health and the health of those around them. As such, states and [other entities](#) are implementing strategies to help inform and empower these public health communicators. In collaboration with public and private partners, CDC can support these efforts by identifying best practices, and by providing timely information updates targeted to these communicators.

## EXAMPLE ACTION STEPS FOR ADDRESSING RESPIRATORY VIRUSES AND OUD

The forthcoming commentary expands upon these cross-cutting action areas in respiratory virus and OUD response by putting forward specific, near-term steps for realizing progress. Here, we outline several leading examples in each area.

### **Improving use of electronic data**

For better response to seasonal respiratory viruses, CMS, CDC, and the Office of the National Coordinator for Health Information (ONC) should provide a

clear pathway for implementing common electronic data standards across health care and public health, including aligned financial incentives for standard electronic case reports and the adoption of Fast Healthcare Interoperability Resources (FHIR) standards, for health care and public health organizations to share key data. This pathway should include a “notice and comment” process for CMS and ONC to obtain broad stakeholder input to support effective implementation, and financial incentives through CDC supports for state and local public health data infrastructure to adopt the same standards.

For OUD response, similar CMS, CDC, and ONC collaboration could provide the financial and technical alignment needed for health care and public health organizations to share key data related to OUD and other overdose trends and emerging risks, while protecting patient privacy.

### ***Leveraging health care payment and delivery reforms***

For respiratory viruses, CMS should use its rulemaking process—with stakeholder guidance—to implement a clear pathway and timeline for the further development and adoption of Medicare and Medicaid performance measures and accountable care reforms for awareness of and access to respiratory immunizations for high-risk groups (e.g., flu and RSV vaccines, +/- Covid boosters for older patients, RSV vaccines for pregnant women, monoclonal antibodies (mAbs) for RSV protection in newborns), with voluntary pilot programs in the near term to guide national implementation.

Similarly, in OUD, CMS could support further steps to advance the use of standard Medicaid performance measures and aligned payment incentives to promote evidence-based care models with medication-assisted therapy (MAT) as well as incentives for hospitals and clinics to distribute Naloxone—with collaborations to extend to commercial payment models.

### ***Strengthening effective and accountable community health collaborations***

For respiratory viruses, state and local leaders should support expansion of successful community models of health care-public health collaborations to address social barriers in order to prevent respiratory complications for those at high risk, with aligned federal support through community health collaboration funding (e.g., Administration for Community Living), Medicare payment reforms, and CMS guidance to states for health care screening and referral to address key social needs in Medicaid programs.

In OUD, state and local leaders should identify promising examples and accelerate the adoption of community health needs assessments that include explicit measures of OUD risk and action steps to reduce it, with support from Federal guidance and the use of Federal OUD-related funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), CDC, the Health Resources & Service Administration (HRSA), and other public health agencies, as well as temporary opioid settlement funds that can help set up these sustainable programs.

## Helping trusted health care and community organizations provide timely and accurate information

For both respiratory viruses and OUD, public-private collaborations should leverage the support of CDC and community health forecasting and analysis resources to use the improving data described above to develop “heat maps” and forecasts of viral and OUD risks or outbreaks—providing actionable information back to both community-level leaders and public health authorities.

These and other action steps are the subject of the forthcoming full-length NAM Perspectives commentary on Collaborative Short-Term Action to Advance America’s Health.

## TIME FOR ACTION

We have focused on two public health challenges—viral respiratory infections and OUD—that have ongoing, serious consequences for the nation’s health, health equity, and health care systems. In both cases, there are unprecedented opportunities to bring together health care capabilities, social and community resources, and public health supports to better understand and address these threats. Similarly, there is [unprecedented interest](#) in ways in which health care and public health organizations can use new technologies and innovative collaborations to act. The specific action steps identified here, and expanded upon in the forthcoming commentary, reflect themes that are more widely applicable to strengthening public health and health care, including improving electronic data

sharing to inform and support community action; leveraging CMS, state, and employer actions to implement value-based, longitudinal care models; expanding successful local collaborations that engage and support community organizations and social service programs; and helping trusted health care and community organizations provide timely and accurate information to help individuals and families reduce their risk. These actions build on promising steps already underway in the public and private sectors. It is time for action.

Planning Group: **Fred Cerise**, Parkland Health & Hospital System; **Dave Chokshi**, City College of New York; **Bechara Choucair**, Kaiser Permanente; **Carlos del Rio**, Emory University; **Karen DeSalvo**, Google; **Victor J. Dzau**, National Academy of Medicine; **Marc Harrison**, General Catalyst; **Melissa Harvey**, HCA; **Mark B. McClellan**, Duke-Margolis Institute; **J. Michael McGinnis**, National Academy of Medicine; **Rhonda Medows**, formerly Providence; **Megan Ranney**, Yale School of Public Health; **Anne Zink**, Alaska Department of Health & Association of State and Territorial Health Officials

---

### Suggested citation:

National Academy of Medicine and Duke-Margolis Institute, 2024. “Collaborative Short-Term Action to Advance America’s Health” National Academy of Medicine. <https://nam.edu/event/collaborative-action-for-americas-health-short-and-long-term-strategies-across-public-health-health-systems-and-social-services/>