

October 15, 2023

To: The House of Representatives Committee on the Budget
RE: Request for Information (RFI) on improving health outcomes and reducing costs
FROM: National Patient Advocate Foundation

The National Patient Advocate Foundation (NPAF) is pleased to submit comments to the House of Representatives Committee on the Budget's Request for Information (RFI) regarding actions Congress could take to improve patient outcomes while lowering healthcare spending.

We appreciate the Committee's request to identify efforts that promote and incorporate innovation into public programs that are evidence-based and can reduce long-term health costs while enhancing care.

NPAF advocates for inclusive policies that elevate and integrate patient and caregiver perspectives as key pillars of evidence-based healthcare reform. Advancing comprehensive and affordable healthcare is the core of our person-centered agenda, in which financial and social stability are essential components of quality healthcare.

Our direct patient services counterpart, Patient Advocate Foundation (PAF), has delivered skilled needs navigation services specifically supporting social and financial well-being for thousands of limited-resourced patients and families over its 26 years.

The Patient Insight Institute <https://www.patientinsightinstitute.org> further advances our work.

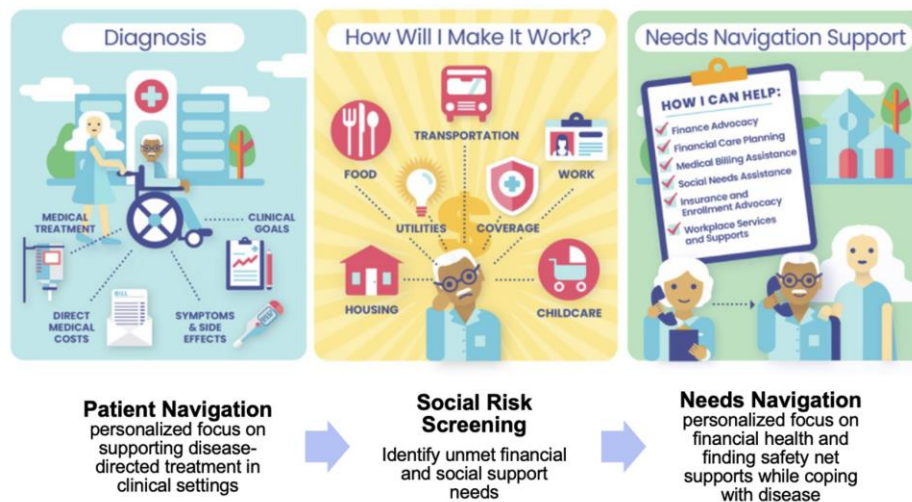
Built on PAF's history of service, experience, and data, the Patient Insight Institute conducts research and initiatives to:

- *Identify and prioritize patient and caregiver needs and outcomes;*
- *Advance the next generation of person-centered and patient/caregiver-engaged health services research; and*
- *Generate evidence to support policy and advocacy initiatives addressing social needs and social determinants of health (SDOH).*

Informed by the history of PAF and the research of Patient Insight Institute, NPAF's core principle is that improved access to needs navigation services is key to revitalizing our system of care.

Needs Navigation – as detailed in [this NPAF issue brief](#) – is a dynamic intervention provided by people skilled in person-centered communication and resource coordination who serve as the primary contact in helping find relief for patients and families experiencing distressing financial and social burdens because of their medical conditions. This personalized approach helps people navigate complexities embedded in the health care system that *affect their daily lives outside the hospital or clinic where patients spend the majority of their time* – the “how will I make it work” worries about making ends meet and carrying on with daily life in the context of coping with their health conditions. The accompanying figure shows how needs navigation can be integrated seamlessly to support efficiencies in the health system.

Continuity of Care from Clinic to Community



A majority of over 2,800 patients (63 percent) surveyed by PAF in internal research done in 2019 reported financial distress as a top concern surpassing even the possibility of dying. Household material hardships such as food, energy, and housing insecurity are frequent sources of concern contributing to dire circumstances and disparate health outcomes among people coping with complex chronic conditions.

Needs navigation helps overcome health system shortfalls by identifying and striving to address the constellation of patients’ unmet social and financial needs. These are particularly prevalent in underserved and rural communities. PAF’s 2021 program evaluation data show that after navigation was provided, 77 percent of patients reported reduced distress and 100 percent reported a better understanding of healthcare costs and awareness of community resources that can help them. This knowledge of where to go for financial and social support can help reduce the strains on the healthcare system and can potentially streamline services, avoid duplication, and reduce costs.

Additionally, patients report that because of unmet financial and social needs, they will resort to limiting or avoiding prescribed care for sustained periods of time. This often leads to avoidable negative health outcomes that require additional services, complicating the already challenged and complex healthcare

system. Access to needs navigation leads to better coordination of care, and fewer emergency room visits which could result in improved patient outcomes and reduced costs.

Finally, NPAF appreciates the Committee's interest in insights that can inform the Congressional budget process. NPAF has been advised that the Congressional Budget Office (CBO) generally does not assume that preventative measures to improve health outcomes will reduce federal spending. It's our understanding that CBO's models suggest that if these measures are widely available, a "woodwork" effect will occur resulting in increased federal spending. Recognizing these concerns, NPAF and the Patient Insight Institute are committed to designing research and analysis that can demonstrate how needs navigation services can reduce costs while improving care efficiencies and patient outcomes.

Bottomline is that a key strategy to improve our healthcare system is improved access to needs navigation services. We are happy to share lessons learned and welcome the opportunity to meet directly with committee staff to discuss these comments and opportunities to scale needs navigation as part of efforts to improve patient outcomes and reduce long-term costs.

Please contact me at Rebecca.kirch@npaf.org if NPAF can provide further details.

Respectfully submitted,

A handwritten signature in black ink that reads "Rebecca A. Kirch". The signature is written in a cursive, flowing style.

Rebecca A. Kirch
Executive Vice President, Policy and Programs