**Proposal Title:** Evaluating the Effects of Hospital HIT Investments and ACO’s IT-enabled Collaborative Networks on Community Healthcare: A Policy Efficacy Study

**Context and Problem:**

As of 2023, U.S. healthcare expenditures exceeded $4.5 trillion, accounting for nearly 18% of GDP, yet substantial disparities in community health outcomes persist. Even with major federal initiatives—such as the HITECH Act—designed to accelerate Health Information Technology (HIT) adoption in hospitals, the U.S. continues to face persistently high healthcare costs and inequities in community health outcomes. The introduction of Accountable Care Organizations (ACOs) and value-based care models has further expanded the role of IT by promoting care coordination, data sharing, and population health management. These IT-enabled interactions, both within and across ACOs, may hold the key to unlocking broader community benefits, but their full impact remains unclear.

Although hospital HIT adoption and ACO participation have expanded substantially in recent years, their combined impact on community health outcomes remains poorly understood. In particular, the spillover effects of hospital HIT investments and IT-enabled collaboration among ACOs on social determinants of health—such as access to quality care and economic stability—have not been systematically examined. As a result, the broader efficacy of federal HIT and value-based care policies in driving meaningful community-level improvements is still largely unproven.

**Purpose and Importance of the Study:**

This research project aims to rigorously examine whether and how hospital-level HIT advancements contribute to improvements in SDOH across communities. By linking HIT adoption and its implications on ACOs, this study will assess the indirect, long-term value of federal HIT policies. Findings from this research will inform policymakers and healthcare administrators about the broader social returns on HIT advancements and guide future regulatory and funding strategies.

**Expected Outcomes:**

* Empirical evidence on the spillover effects of hospital HIT on key SDOH metrics
* A policy evaluation framework for assessing the long-term efficacy of federal HIT initiatives
* Actionable recommendations for optimizing HIT-related policies to generate both clinical and social value

**Seed Grant Impact and Scalability:**

This initial seed grant will serve as a foundational step in establishing the pilot framework, identifying key data sources, developing analytical models and validating early hypotheses with pilot data. Specifically, the funding will support:

* Data acquisition and linkage between hospital HIT investment metrics and community-level SDOH indicators
* Developing preliminary analytical modeling and exploratory analysis
* Formation of a multidisciplinary research team bridging health policy, bioinformatics, and management science to prepare competitive NIH and NSF grant proposals.

Results and insights gained from this seed-funded work will be used to craft a compelling, evidence-based proposal for a large-scale NIH or NSF grant. This scaling strategy will allow us to expand the research to a national level, incorporate longitudinal analysis, and engage with policymakers and hospital systems in a more sustained and impactful manner.

**Conclusion**:

Given the growing need to align healthcare investments with broader community well-being, this project addresses a critical, underexplored area. With seed funding support, we will lay the groundwork for a transformative research program that not only assesses the efficacy of past federal HIT initiatives but also shapes the future of evidence-based health policy.