



**TO: Centers for Medicare and Medicaid Services, Department of Health and Human Services**

**FROM: Melinda Abrams, Executive Vice President for Programs, and Rachel Nuzum, Senior Vice President for Policy – The Commonwealth Fund**

**DATE: August 31, 2022**

**RE: Public Comment on “Revisions to Payment Policies under the Medicare Physician Fee Schedule Quality Payment Program and Other Revisions to Part B for CY 2023”**

The COVID-19 pandemic exposed longstanding racial and economic injustices embedded in our health care system. This has led to a renewed commitment to improve health equity and address the [drivers of health](#) (DoH), which account for 80 percent of health outcomes and underlie many racial inequities in health and health care.

Despite the well-documented impact of DoH on health outcomes and costs, there has, until recently, been an absence of standard DoH data or measurement in federal health care quality or payment programs. Recognizing that advancing health equity and addressing DoH will require changing [how and what we measure](#) in health care, we congratulate the Centers for Medicare & Medicaid Services’ (CMS) on its adopting the first-ever DoH measures for the Hospital Inpatient Quality Reporting Program (HIQR, see p. 1210 [IPPS Rule](#))

Measurement matters, because it equips providers with data to identify and address unmet needs and allows policymakers and payers to account for DoH in payment models. Without measurement, the social factors promoting or harming health are invisible, with particularly negative consequences for communities of color who are affected by structural racism and the inequities it creates. Without measurement, communities are also hamstrung in their efforts to mobilize resources for building the necessary workforce and partnerships to address DoH. In short, measuring DoH is foundational to [investing in health](#).

In August 2021, the incoming leadership of the Centers for Medicare and Medicaid Services (CMS) cited the need for “[patient-level demographic data and standardized social needs data](#)” as a key element in its commitment to embedding equity in all health care payment models and demonstrations. Further, CMS’s new [health equity strategic pillar](#) cites these proposed DoH measures as essential to its commitment to “health equity-focused measures in all care settings.” Providers have [joined the call](#) for standardized, patient-level data collection, citing their impact on patients, health care costs, and [physician burnout](#).

To address DoH needs through and advance standardized DoH data and measurement, we have identified three critical steps that CMS could take through the Medicare Physician Fee Schedule:

- 1) **Include the “Screening for Social Drivers of Health” and “Screen Positive Rate for Social Drivers of Health” in the Alternative Payment Model (APM) Performance Pathway measure set so they can be incorporated into the Medicare Shared Savings Program (MSSP).** Derived from the Center for Medicare and Medicaid Innovation’s [Accountable Health Communities](#) (AHC) model, these measures have been field-tested with [nearly 1 million patients](#) across 644 clinical sites in 21 states for five years and subjected to [rigorous and independent validation](#). CMS has also recently adopted for these measures for the HIQR, increasing consistency in data collection and reporting, which is important to providers. Incorporating such measures into the permanent MSSP program, which has [demonstrated improvements](#) in quality and produced savings to Medicare, could further enable the success of these Accountable Care Organizations (ACOs).

As with the Hospital Inpatient Prospective Payment System (IPPS) rule (p. 1216), we recommend that CMS initially allow for flexibility in the DOH screening tools used by providers but, over time, require the use of a set of reliable and commonly used tools. We do not recommended that CMS penalizing, or rewarding, providers for their screen positive rate, as doing so would place a greater burden on providers serving disadvantaged communities.

- 2) **Apply to the Merit-Based Incentive Payment System (MIPS) the same “Screening for Social Drivers of Health” and “Screen Positive Rate for Social Drivers of Health” measures that the HIQR program has adopted**, for the reasons stated above, including the outsize impact DoH have on health. Including the screen positive rate would help CMS achieve its stated goal (pp. 45941) of fostering “meaningful collaboration among clinicians and community-based organizations” by highlighting ways for local providers, agencies, and organizations to fill unmet needs and connect patients to needed services. Again, consistency and alignment across various Medicare incentive efforts (MIPS, MSSP, and HIQR) would increase uptake and reduce administrative burden on providers.
- 3) **Implement the proposed Advanced Investment Payments to better enable health care practices to partner with communities and act on patients’ identified DOH needs** (p. 46098). In the AHC pilot evaluation, 74 percent of eligible beneficiaries screened with the aforementioned DoH measures requested navigation to resources — nearly twice the projected estimate of 40 percent. Common barriers to [successfully addressing DoH needs](#) were insufficient resources in the community, difficulty in maintaining and updating inventories of resources, and large caseloads. As demonstrated by the [success of the ACO Investment Model](#), providing upfront financial resources can enable health care providers to overcome these barriers and partner with community-based organizations to provide social services.

CMS’s enactment of these measures and related supports would build on recent momentum with the finalized CY2023 IPPS rule and further advance standardized federal measures that assess patients’ social needs. Most important, when stratified by race and ethnicity and combined with broader [data collection improvement efforts](#), the DoH measures would make often invisible social factors visible, particularly for communities of color. Only when these factors are brought to light and measured in a standardized way will we be able to align our collective resources and take action to achieve equitable health outcomes for all.

Thank you for your consideration and your commitment to advancing the health of all Americans.

Sincerely,



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