The Commonwealth Fund

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Public Comment on Proposed Drivers of Health Measures &
Request for Information on Social Determinants of Health Diagnosis Codes

The COVID-19 pandemic exposed long-standing 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) that account for 80 percent of health outcomes and have a disproportionate impact on communities of color.

Advancing health equity and addressing DoH will require changing how and what we measure in health care. 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.

Despite the well-documented impact of DoH on health outcomes and costs and their impact on people of color, there are still no approved, standardized DoH measures in any CMS programs. Without measurement, the social factors promoting or inhibiting health are invisible, which can have particularly negative consequences for communities of color. Providers are left on their own to identify and address unmet needs, policymakers and payers are unable to develop models that create financial incentives to address the root causes of poor health, and communities are hamstrung in efforts to mobilize the resources needed to build the necessary workforce and partnerships. In short, DoH measures are foundational to the changes needed to invest in health.

Recognizing the absence of DoH data as an issue, incoming CMS leadership in August 2021 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 models and demonstrations. Further, CMS's new health equity strategic pillar update 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.

These two proposed SDOH measures signal that CMS has begun to recognize and address the significant impact that DoH have on health disparities, outcomes, and costs. These measures – derived from the Center for Medicare and Medicaid Innovation's Accountable Health Communities (AHC) model – have been field-tested for five years with nearly 1 million patients across 644 clinical sites in 21 states and have been subject to rigorous and independent validation. The data collected from these measures will also enable improved understanding of how these factors influence healthcare costs more broadly and impact the solvency of the Medicare Trust Fund.

Evidence shows the value of comprehensive screening for *all five* of the domains listed in the proposed rule: food insecurity, housing instability, inadequate transportation, interpersonal safety, and difficulties paying for electricity and other utilities. CMS should clarify the requirement to screen for *all five* of the SDOH domains for the reasons that CMS states in the proposed rule.

As CMS notes in its proposed rule, these measures are the only patient-level health equity measures under consideration by CMS this cycle and are important to (1) *advance health equity* by addressing the health disparities that underlie the country's health system; (2) *make visible* to the healthcare system the impact of DoH on patients – including fueling health disparities; (3) support hospitals and health systems in *actualizing their commitment to address disparities* and implement associated equity measures to track progress; (4) encourage meaningful *collaboration between healthcare providers and community-based organizations* to connect patients to the resources they need to be healthy; and (5) *guide future public and private resource allocation* to promote collaboration between hospitals and health systems and invest in leveraging assets and addressing capacity and other gaps in the community resource landscape.

Further, CMS's introduction of these first-ever DoH measures is critical to avoid fragmentation and enable alignment across public and private quality and payment programs. In particular, we note the opportunity for alignment of these

proposed measures and CMS's CY2023 Medicare Advantage and Part D rule (providing that SNPs must complete enrollee health risk assessments including SDOH) and its ACO REACH Model (requiring patient-level SDOH data collection). These measures also lay the foundation for comparable measures for the Medicaid Adult and Child Core Measure Set and guidance for states in their efforts to standardize DoH data.

The SDOH data collected via these measures will ensure alignment with other elements of this proposed rule, including CMS's Hospital Commitment to Health Equity Measure and its RFIs relative to SDOH Diagnosis Codes and Inclusion of Health Equity Performance in the Hospital Admissions Reduction program.

CMS's enactment of these measures would represent a crucial milestone as the first standardized federal measures to assess social needs in the history of the U.S. health care system. Most important, when stratified by race and ethnicity and in combination with broader efforts to improve data collection, the DoH measures would make visible the social factors driving or inhibiting health, 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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