VIEWPOINTS

Social Drivers of Health

Improving America's Health Care System: Recognize the Realities of Patients' Lives and Invest in Addressing Social Drivers of Health

THE PHYSICIANS FOUNDATION
Empowering Physicians Improving Healthcare

Physicians have long experienced the impact of the social drivers of health (SDOH). They see that the conditions in which people are born, grow, live, work and age have a major influence on patient health, care outcomes, costs, physician burden and the physician-patient relationship. This includes factors like socioeconomic status, education, neighborhood and physical environment, employment, nutrition/food security, access to health care and social support networks, all of which have a major influence on individuals' health and therefore, the cost of health care in America.

Indeed, in The Physicians Foundation's 2020 Survey of America's Physicians, 73% of physicians indicate that SDOH, such as access to healthy food and safe housing, will drive demand of health care services in 2021.

For more than a decade – and long before most stakeholders in the health care system – The Physicians Foundation has been on the vanguard of recognizing and acting on these challenges.

A Decade of Commitment

2010-2017

Invested in Health Leads to revolutionize the first-ever system that enabled physicians to screen their patients and automatically connect them with the social resources they need.

2016

Supported the publication of Richard (Buz) Cooper, MD's book, Poverty and the Myths of Health Care Reform, which argued that poverty, rather than overutilization, waste and physician inefficiency, are the drivers of runaway health care costs.

2017

Called on the Center for Medicare & Medicaid Innovation (CMMI) to recognize the impact of health-related social needs, reduce regulatory burdens and support state-level innovation.

2018

Provided information and physician insights to CMS on the direct provider contracting (DPC) model to enhance the physician-payer relationship.

2019

Equipped the North Carolina Medical Society to lead on health by integrating SDOH into the state's approach to health care.

2020-2021

Studied, published and convened experts on the association between patient social risk and physician performance scores in the Merit-based Incentive Payment System (MIPS).

2020-2021

Responded to the Medicare Program CY 2021 Quality Payment Program Proposed Rule and was referenced by CMS in the issued rule changes.

2021

Published landmark study showing that 37.7% of variation in price-adjusted Medicare per beneficiary spending between highest and lowest spending counties is associated with SDOH.

2021

Secured CMS's approval of the first ever SDOH measures on the Measures Under Consideration (MUC) list in history of U.S. health care.

Continuing the Momentum

The health care sector is increasingly recognizing that America cannot improve health outcomes or reduce health care costs without addressing SDOH. This awareness is important, but it must be built upon with action.

Through four key principles, we can address SDOH in how we pay for and deliver care to improve health, while reducing costs and easing administrative burdens on physicians.

1 Address SDOH in combatting COVID-19

COVID-19 has caused enormous suffering for Americans while shaking the foundations of our health care delivery system. The Physicians Foundation recognizes the imperative to incentivize and invest in addressing the social drivers of health as a key facet of tackling the pandemic and its aftermath, for both physicians and their patients.

2 Integrate SDOH into payment policy for physicians

Federal and state policymakers and private insurance companies have increasingly held physicians responsible for patients' health through quality measures and financial rewards and penalties that focus almost entirely on clinical care. Recognizing that SDOH drive 70% of health outcomes, it is imperative that there is a move toward re-balancing quality measures to focus on SDOH and creating financial incentives and risk models to account for the realities of patients' lives that contribute to worse health outcomes and increased costs.

3 Create new standards for SDOH quality, utilization and outcome measurement

CMS has identified the development and implementation of "measures that reflect social and economic drivers" as a key measurement gap to be addressed in Meaningful Measures 2.0. Standard SDOH measures are critical to address and quantify the impact these factors have on health outcomes, costs and disparities; understand barriers to effective care; more accurately risk adjust payment models and establish cost benchmarks; and quantify latent financial risk in the health care system.

4 Make SDOH central to CMMI & States' Innovation Agenda

As CMS's learning hub, CMMI has field-tested addressing SDOH via its Accountable Health Communities model, which has screened ~1 million patients for social needs, and its Comprehensive Primary Care Plus (CPC+) model, in which 93% of practices are now screening for SDOH. A number of states have also integrated SDOH into care delivery, as part of their commitment to investing in health, not just health care. Building on this experience and data, CMMI has a crucial opportunity to spur further action across CMS programs, states and commercial payors to address SDOH.

Policy Education Agenda

Addressing SDOH will require a holistic approach, including comprehensive coordination among individual physicians, medical societies, health systems, social services systems and policymakers. But ultimately, specific, pragmatic policy reforms are needed for Medicare, Medicaid and the CMMI to result in meaningful change.

Together, we must learn about and advocate for the following policy recommendations that address these social factors and improve health outcomes for all people.

Policy Education Agenda (continued)

#	Specific Policy Recommendations	Policy Priorities: Address SDOH in Combatting COVID-19	Integrate SDOH into Payment Policy for Physicians	Create New Standards for SDOH Quality, Utilization & Outcome Measurement	Make SDOH Central to CMMI & States' Innovation Agenda
	Cross-Cutting Recommendations				
1	Consistent with CMS's "meaningful measures" initiative, for every SDOH measure adopted, retire 3+ other process and/or efficiency measures to re-balance the national measure set to align with what matters to patients and reduce physician burden and burnout.	X	X	X	X
2	Deploy Provider Relief Funds allocated to the HRSA-administered "uninsured fund" to support physicians serving uninsured and vulnerable patients who are more likely to struggle with SDOH.	X			
3	Fund efforts to address SDOH-related barriers to patient vaccination, isolation and quarantine (including ensuring that vaccines are available for physicians' patients).	X			
4	Fund Medicare and Medicaid eligibility and enrollment specialists based in practices or in the community.	X	X		
5	Commission ASPE or MedPAC to research link between SDOH & physician burnout to develop a standard national data set that informs health policy decisions.			X	
6	Build SDOH into standardized CMS risk scoring and risk adjustment methods and use this data to establish cost benchmarks for shared savings for physician practices.		X		
7	Update medical loss ratio (MLR) calculation requirements across Medicare/Medicaid to account for DOH investments.	X	X		
	Medicare Recommendations				
8	Broaden Medicare Advantage reimbursement of SDOH services and ability to target benefits to individuals based on social need.		X		
9	Pay for SDOH screening and navigation to community resources by Medicare providers (beyond Medicare reimbursement for psychosocial elements of chronic care management).		X		

Policy Education Agenda (continued)

#	Specific Policy Recommendations	Policy Priorities			
		Address SDOH in Combatting COVID-19	Integrate SDOH into Payment Policy for Physicians	Create New Standards for SDOH Quality, Utilization & Outcome Measurement	Make SDOH Central to CMMI & States' Innovation Agenda
10	Revise MIPS Value Pathways (MVP) Guidelines to address SDOH and their impact on physician practice.			X	
11	Create first MIPS quality measure tied SDOH (ex. food insecurity screening, using screening question in CMS's Accountable Health Communities Pilot).			X	
12	Encourage physicians' use of ICD-10 Z codes for potential socioeconomic and psychosocial circumstances (Z55-Z65) and in calculating the complex patient bonus.	X	X		
	Medicaid Recommendations				
13	Increase Medicaid reimbursement to at least Medicare levels (and promote increased Medicaid primary care reimbursement linked to the expansion of Medicaid eligibility).		X		
14	Encourage states to include SDOH interventions as Medicaid covered services.		X		X
	CMMI Recommendations				
15	Update medical loss ratio (MLR) calculation requirements across Medicare/Medicaid to account for DOH investments.	X			X
16	Integrate the Accountable Health Communities Model SDOH related components (ex. screening and navigation) into existing models and new CMMI payment models.	X	X		X
17	Support state-level innovation that incorporates prospective financing and health-related social needs into payment and care delivery models (e.g., State Innovation Model).		X		X

For more information on The Physicians Foundation's work addressing SDOH, visit www.physiciansfoundation.org/social-drivers-of-health/.