



www.physiciansfoundation.org



info@physiciansfoundation.org

December 7, 2021

National Quality Forum
Measure Applications Partnership
MAPCoordinatingCommittee@qualityforum.org

Re: Public Statement on 2021 CMS Measures Under Consideration (MUC): Drivers of Health

Dear Measure Applications Partnership (MAP):

In submitting these comments, the Physicians Foundation does so not only as the measure developer for MUC2021-134 (Screen Positive Rate for Social Drivers of Health) and MUC2021-134 (Screening for Social Drivers of Health), but also at the direction of physicians from 21 state and county medical societies across the country.

As practicing physicians, we know that what our health care system measures and pays for—via diagnosis and billing codes, "allowable services" and myriad quality measures—is a reflection of both what and who it values. Further, we on the front lines of health care know that reducing total cost of care and achieving health equity are only achievable by addressing the social drivers of health—critical comorbidities such as food insecurity and housing instability.

Yet, this is not how our system operates. Under federal payment and quality frameworks, the health care system codes, screens, measures and risk-adjusts for diabetes, but not for food insecurity—even though diabetics who are food insecure have worse health outcomes and cost on average \$4,500 more per year than those with access to healthy food. A system that does not collect and act on food insecurity data cannot address rising health care costs or reduce racial disparities, especially given that Black Americans face the highest rates of both food insecurity and diabetes.

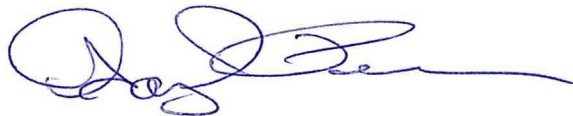
The benefits of these SDOH measures certainly outweigh the burden of data collection or reporting. It is well-documented that the social drivers lead to physician burnout and effectively penalize physicians caring for affected patients via lower MIPS scores. A recent study found that SDOH were associated with 37.7% of variation in price-adjusted Medicare per beneficiary spending between counties in the highest and lowest quintiles of spending in 2017. Yet even with an ongoing pandemic that has painfully brought these issues to the fore, SDOH are still not included in any geographic adjustment or cost benchmarks.

On behalf of physicians across the country, we strongly urge the MAP to recommend these measures consistent with CMS's stated commitment to identify new measures that are meaningful to patients and providers. These measures are well tested, including through the Accountable Health Communities model, which has screened nearly a million beneficiaries for SDOH in over 600 clinical practices. Further, the measures reflect the imperative to re-balance quality measures to focus on SDOH—which drive 70% of health outcomes and

associated costs—and to bridge the realities of patients' lives and physician practice and the regulatory machinery of our health care system.

With an Administration committed to operationalizing equity; a pandemic that has exacerbated rates of food insecurity, housing instability and other social drivers of health and the clinical disease burden linked to these factors; and the Medicare Trust Fund projected to be insolvent in five years, now is the moment to insist that these SDOH comorbidities be recognized and acted upon.

Respectfully submitted,



Gary Price, MD, President



Robert Seligson, Chief Executive Officer

Citations:

<https://physiciansfoundation.org/physician-and-patient-surveys/the-physicians-foundation-2020-physician-survey-part-3/>

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