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April 12, 2022

United States Department of Health and Human Services
Centers for Medicare & Medicaid Services

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

Dear Secretary Becerra and Administrator Brooks-LaSure:

In response to CMS's stated commitment to equity and public request for measures that address the gap in social and economic determinants, we urge CMS to seize this opportunity to move forward the [first-ever social drivers of health \(SDOH\) measures](#) in federal quality and payment programs in the history of U.S. healthcare. These measures have secured the [conditional support](#) of the NQF Measures Application Partnership Coordinating Committee and now are in CMS's hands.

We write not only as board members of the [Physicians Foundation](#) – the developer of these measures – but also as the physician leaders and chief executives of many of the state and county medical societies that direct the Foundation's activities. Our [conviction regarding the importance and timeliness](#) of these measures is rooted in the perspective of the practicing primary care and specialist physicians across the country who our societies represent.

Every day, physicians encounter patients in their practices who show the physical toll of skipping meals to feed their children. Who have made impossible tradeoffs between refilling their heart medicine or buying food. At the same time, the physicians who care for them bear the economic and psychic risk associated with these unaddressed SDOH. It is well-documented that these factors lead to [physician burnout](#) and effectively [penalize physicians](#) caring for affected patients via lower MIPS scores. A recent [study in JAMA](#) 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, there are *no* SDOH measures in any of the federal quality and payment programs and these factors are still not accounted for in geographic risk-adjustment or cost benchmarks. Consistent with its commitment to identify new measures that are meaningful to patients and providers, reduce the number of Medicare quality measures and ease the burden on users, CMS recently declared a priority to "develop and implement measures that reflect [social and economic drivers](#)."

In response, the Physicians Foundation put forward these two first-ever SDOH measures (and the only patient-level equity measures under review this cycle) because it is untenable – to patients and their physicians – for these challenges to be much-discussed in articles, speeches,

and white papers, yet functionally invisible in our healthcare system's quality and payment frameworks.

If we truly are going to move the needle to improve health outcomes for our most vulnerable citizens, then we must act now. A 2019 (pre-COVID) [JAMA study](#) found that 92% of hospitals and 66% of physician practices are screening for at least one of 5 domains specified in the proposed SDOH measures. It is important that, at last, those clinical practices that opt to collect and report on these SDOH measures have these efforts recognized through the MIPS program. It is not surprising that these SDOH measures have drawn [media](#) attention, spurred a record-breaking [number \(85+\) of public comments](#), and [galvanized stakeholders](#) across the sector.

Many stakeholders have emphasized the particular importance of the SDOH *screen positive rate measure*. The Physicians Foundation has been clear that the rate itself should not be rewarded or penalized, recognizing that it would be influenced by the practice's community context and patient population. That said, we recognize that this data is imperative for a number of reasons, including supporting quality improvement activities, making visible and addressing factors that contribute to health disparities, and enabling CMS to finally account for SDOH in risk-adjustment/scoring.

We expect that, over time, these SDOH measures can and will be improved with the benefit of the input of physicians across the country and the data generated by these measures. We also recognize, however, that given the profound challenges that COVID has wreaked on patients, physicians, and our healthcare system writ large – and the commitment to equity and the reduction in health disparities that CMS and healthcare institutions across the country have declared – that time is of the essence in enacting these first-ever SDOH measures.

On behalf of physicians across the country, we appreciate your consideration of these historic measures – and the opportunity they present to make visible and actionable the impact of SDOH on health outcomes, costs, and disparities for patients and on physician practice.

Sincerely,

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