The National Alliance to Impact the Social Determinants of Health

AN ALLIANCE CONVENED BY LEAVITT PARTNERS

May 30, 2019

Mr. Adam Boehler
Director, Center for Medicare and Medicaid Innovation
Centers for Medicare & Medicaid Services
Department of Health and Human Services

Re: Geographic PBP RFI

Dear Director Boehler:

On behalf of the National Alliance to Impact the Social Determinants of Health (NASDOH), we commend the Centers for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) for your efforts to improve the quality of care and health outcomes for Medicare beneficiaries. In this letter, we provide a multi-sectoral perspective and response specifically to Question One of the "Questions Related to General Model Design" in the Request for Information (RFI) on Direct Contracting in the proposed Geographic Population-Based Payment (Geographic PBP) Model Option.

NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships within the national system of health, advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts.

Overall, NASDOH is encouraged by the inclusion of social determinants of health in the Geographic PBP model, which provides direct contract entities (DCEs) the opportunity to assume total cost of care (TCOC) risk for Medicare fee-for-service beneficiaries in a specific geographic area. As with other value-based payment models tied to quality and outcomes, the Geographic PBP model has the potential to increase incentives for investing in addressing the non-medical drivers of health including through community-based primary prevention programs.

NASDOH members have identified the following elements that should be taken into consideration as part of the development of the Geographic PBP model option. We also encourage CMMI to provide implementation guides and technical assistance to help DCE's and community partners work together to accomplish the goals of the Geographic PBP model.

Unified Screening Approach. Foundational to any effort to address beneficiaries' social determinants of health is the identification of social risk through screening tools. Better understanding a person's needs at a broad level is integral to identifying the presence of important social factors or conditions, such as food insecurity, that can

have a significant impact on health outcomes. Identification, within the clinical environment, of social factors that relate to health risk is an essential first step toward fulfilling unmet social needs and improving health by linking people with the social care and public health systems. The systematic assessment of the social determinant risk status of individuals is an area of active development and varied application, with the use of disparate data sets and screening tools. In order to promote accountability and evaluation across different components of the community, we recommend that CMMI support the development and use of a minimum set of common screening elements within the Geographic PBP Model. These common elements could be further developed into an item bank where communities can access validated questions that can be used to assess social risk and guide accountability payments in a manner that allows for comparison across different efforts in the community. Please see the attached NASDOH issue brief "Identifying Social Risk and Needs In Health Care; Promising Approaches to Screening for Social Determinants of Health & Recommendations for Continued Exploration."

Development of Quality Measures. Those working in the social determinants of health are increasingly in need of clear measures to assess efforts to mitigate the negative impacts of SDOH across settings ranging from research interventions, to community projects, to payment demonstrations and to accountability expectations such as quality outcomes. To understand the most effective interventions and establish best practices for addressing SDOH, those engaged in this field must work collaboratively to establish a common measurement approach and agree upon a core set of measures that will drive collaboration and lead to shared accountability by all sectors involved. We recommend that CMMI support the development and use of a common measurement approach within the Geographic PBP. In addition, we would recommend that CMMI support the following SDOH Measurement Principles which can provide the foundation for measurement alignment across sectors and efforts:

1. The Social Determinants of Health field should prospectively align on a core set measures, harmonized across sectors to catalyze shared accountability for success.
2. Collection of data to inform SDOH measures should, whenever possible, draw from existing data sources to minimize additional burden to all involved sectors, individuals and the community.
3. To encourage shared accountability and collaboration, measuring the impact of social determinants of health interventions should balance the goals and interests of all involved sectors including business, public health, social and human services, medicine, the individual and the community.
4. Measurement frameworks that are developed should be created in partnership with the community and reflect the perspectives and aspirations of the individual and of the community.
5. Measures should allow multiple sectors to assess progress through leading and lagging indicators in health and well-being.
6. Identification of social risk and need should allow efforts to strategically identify people and communities with the greatest need, risk and/or potential for improvement, not only support risk adjustment.

Community Collaboration. The success of efforts to address the social determinants of health relies heavily on community-wide collaboration to address the needs of patients and an involved public health infrastructure. To ensure such collaboration, CMMI should require DCEs to partner with local governmental public health officials, state Medicaid agencies, state and local social service directors, where appropriate in planning, execution and/or evaluation.

Shared Savings. To further enhance community level investment and participation, DCEs should be allowed to share savings with non-health care providers, including community-based organizations (CBOs) and other entities who provide social and other services to beneficiaries. DCE's should be encouraged to establish or invest in

community backbone structures that can pool funds from private and public sources, finance community level interventions, and collect shared savings from such interventions.

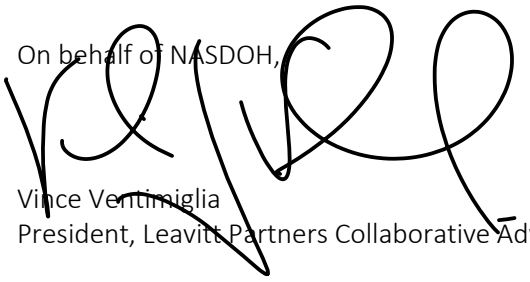
Leverage Savings. Recently the national emphasis on moving to a value-based health care system has driven the private and public sectors to look at how interventions addressing upstream social and environmental factors can improve health and decrease the need for costly care and procedures. This approach is expected to reduce long-term spending on health care while simultaneously improving health and well-being. Moving forward, success and sustainability of efforts addressing the social determinants of health will require shifting the balance of investments and the re-investment of health care savings to investments that address health related social needs and change the context in which people live, learn, work, pray, and play. We recommend that CMMI require savings within the Geographic PBP, derived from investments to address the social determinants of health, be re-invested in community efforts to address health-related social needs when feasible.

Program Alignment. CMMI should provide the flexibility for DCEs to work with other federal programs like the Supplemental Nutrition Assistance Program (SNAP) to align program elements such as eligibility determination in a manner that supports a holistic population health agenda.

We encourage CMMI to take these elements into consideration as it further develops the Geographic PBP model option.

We look forward to the opportunity this model affords to develop a community-wide perspective on addressing the needs of patients and the potential to incentivize the public health sector to become more involved in collaborative efforts with the health care sector.

On behalf of NASDOH,



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