



STARFIELD SUMMIT

...where primary care research inspires policy and practice

## STARFIELD HEALTH EQUITY SUMMIT ISSUE BRIEF

### Theme: Economics & Policy

#### Title of IGNITE Presentation Topic:

How Social and Environmental Determinants of Health Can Be Used to Pay Differently for Health Care

#### Why This Is an Important Topic to Address (brief description):

The 2014 Improving Medicare Post-Acute Care Transformation (IMPACT) Act required the Office of the Assistant Secretary for Planning and Evaluation (ASPE) to review the evidence linking social risk factors with performance under existing federal payment systems — and to suggest strategies to remedy any deficits they found. ASPE commissioned the National Academies of Sciences, Engineering, and Medicine to convene an ad hoc committee to identify social risk factors that affect health outcomes of Medicare beneficiaries and methods to account for these factors in Medicare payment programs. The Committee on Accounting for Socioeconomic Status in Medicare Payment Programs has produced 5 brief consensus reports and ASPE released a concluding report in December of 2016. Despite pointing to a lack of sufficient data, the signal is increasing that payment may be adjusted for social determinants. The UK and New Zealand both have decades of experience with ecologic data adjusting payments for healthcare and social services. The PRIME Registry will soon have the capacity to provide social determinant data and to facilitate practices' case for payment adjustment.

#### What We Think We Know (Bulleted evidence + Seminal references):

Ecologic data are sufficiently tied to outcomes that they are a good starting place  
New Zealand and the UK have demonstrated improvements associated with weighted payments  
The National Quality Forum believes that quality measures should also be weighted  
Community Vital Signs can also be constructed at the patient level to identify patients in greatest need of social services

PHAsT aims to help practices enter this fray

1. Phillips RL, Liaw W, Crampton P, et al. How Other Countries Use Deprivation Indices—And Why the United States Desperately Needs One. *Health Affairs*. 2016;35(11):1991-1998.
2. Butler DC, Petterson S, Phillips RL, Bazemore AW. Measures of Social Deprivation That Predict Health Care Access and Need within a Rational Area of Primary Care Service Delivery. *Health Services Research*. 2012;48(2pt1):539-559.
3. Salmond CE, Crampton P. Development of New Zealand's Deprivation Index (NZDep) and Its Uptake as a National Policy Tool. *Canadian Journal of Public Health*. 2012;103(8):S7-S11.
4. Fiscella K, Burstin HR, Nerenz DR. Quality measures and sociodemographic risk factors: To adjust or not to adjust. *JAMA*. 2014;312(24):2615-2616.
5. Hughes LS, Phillips RL, DeVoe JE, Bazemore AW. Community Vital Signs: Taking the Pulse of the Community While Caring for Patients. *The Journal of the American Board of Family Medicine*. 2016;29(3):419-422.

6. Bazemore AW, Cottrell EK, Gold R, et al. "Community Vital Signs": Incorporating geocoded social determinants into electronic records to promote patient and population health. 2015.
7. Joynt KE, De Lew N, Sheingold SH, Conway PH, Goodrich K, Epstein AM. Should Medicare Value-Based Purchasing Take Social Risk into Account? New England Journal of Medicine. 2017;376(6):510-513.
8. Phillips R, Kennedy J, Jaén C, Stelter K, Puffer J. Transforming physician certification to support physician self-motivation and capacity to improve quality and safety. Journal of Enterprise Transformation. 2016;6(3-4):162-169.

### **Questions for Group Discussion**

Questions to Address in Group Discussion:

Are ecologic data sufficient for payment adjustment?  
What data should be collected from patients?  
How (much) should payments be adjusted?  
What should practices do with enhanced payments?  
How do we prepare or support practices in partnering with communities?

Implications for Action (In Research, Education, Policy, Practice and Organizational and Community Action):

Practice: Direction for more resources to practices caring for underserved communities, potential to help practices understand patient risks and avoid penalties for poor quality that is related to patient circumstances

Community Action: Helps make practices a community agent of information and for partnership to solve social determinant-related problems

Research: Much needed to do it right, to study effects, to guide interventions, and to evaluate outcomes