

Challenges in Measuring Value

- Health care is complex – could be thousands of relevant concepts and measures
- “Proximal” vs. “distal” outcomes – what are providers responsible for?
- Low correlations between process and outcome measures
- Does evidence from clinical trials really translate easily to comparative performance measures?



Long History of Research on Social Factors and Treatment and Outcome Disparities

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DIFFERENCES IN THE USE OF PROCEDURES BETWEEN WOMEN AND MEN HOSPITALIZED FOR CORONARY HEART DISEASE

JOHN Z. AYANIAN, M.D., M.P.P., AND ARNOLD M. EPSTEIN, M.D., M.A.

Policies Against Adjustment of Performance Measures for Social and Economic Factors

- National Quality Forum – formal prohibition up to 2014
- CMS, AHRQ, MedPAC – formal written statements against the concept of “social” risk adjustment
- Rationale – Don’t “mask disparities”; don’t establish lower standards of quality for plans or providers serving “vulnerable” populations.

Readmission Penalties and Safety-Net Hospitals

Characteristics of Hospitals Receiving Penalties
Under the Hospital Readmissions
Reduction Program

Karen E. Joynt, MD, MPH
Ashish K. Jha, MD, MPH

Table. Hospital Characteristics by Penalty Group^a

	High Penalties (n = 1097) ^b			Low Penalties (n = 1092) ^c			No Penalties, Unadjusted Rates, No. (%) (n = 1093) ^d
	Unadjusted Rates, No. (%)	Multivariate- Adjusted OR (95% CI)	P Value	Unadjusted Rates, No. (%)	Multivariate- Adjusted OR (95% CI)	P Value	
Size of hospital							
Large (≥ 400 beds)	178 (40)	1.98 (1.44-2.74)	<.001	158 (36)	2.07 (1.50-2.87)	<.001	108 (24)
Medium (200-399 beds)	622 (35)	2.09 (1.73-2.53)	<.001	659 (37)	2.43 (2.01-2.94)	<.001	482 (27)
Small (<200 beds)	296 (28)	1 [Reference]		275 (26)	1 [Reference]		503 (47)
Teaching hospital							
Major	118 (44)	1.56 (1.04-2.32)	.03	102 (38)	1.46 (0.98-2.19)	.07	50 (19)
Not major	979 (33)	1 [Reference]		990 (33)	1 [Reference]		1043 (35)
Safety-net hospital							
Yes	337 (44)	2.38 (1.91-2.96)	<.001	275 (36)	1.83 (1.46-2.29)	<.001	157 (20)
No	760 (30)	1 [Reference]		817 (33)	1 [Reference]		936 (37)

Abbreviation: OR, odds ratio.

^aThe unadjusted mean (SD) payment penalty for hospitals with high penalties is 0.72% (0.23%); low penalties, 0.15% (0.10%); and no penalties, 0. The unadjusted mean (SD) number of admissions for hospitals with high penalties is 945.7 (790.1); low penalties, 791.3 (654.5); and no penalties, 623.8 (743.6). The number of admissions includes the following types of diagnoses: acute myocardial infarction, congestive heart failure, and pneumonia, which are the 3 conditions assessed under the Hospital Readmissions Reduction Program.

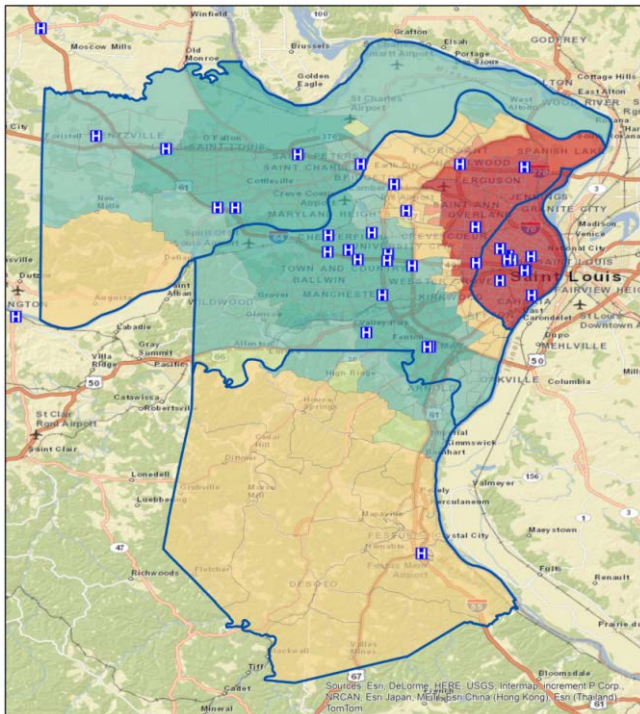
^bMade up of hospitals that will receive above-average penalties under the Hospital Readmissions Reduction Program.

^cMade up of hospitals that will receive below-average penalties.

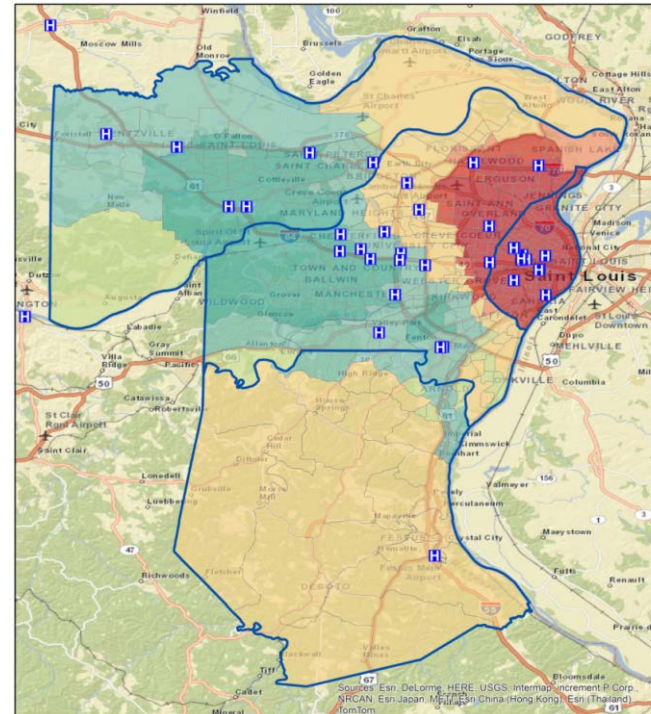
^dMade up of hospitals that will not be penalized.

Poverty and Readmission Rates in St. Louis

Poverty Rate Hot Spots by
Census Tract in the St. Louis Metro-Area: 2014 (Nielsen-
Claritas)



Readmission Rate Hot Spots by Census Tract in the St.
Louis Metro-Area:
2009 – 2013 (HIDI)



CMS Star Ratings by the Socioeconomic Wellbeing of U.S. Hospitals' Home ZIP Code (n = 4,336)



Source: CMS-supplied July 2016 Hospital Overall Quality Star Rating SAS Packs and 2015 Nielsen-Claritas PopFacts Premier.

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

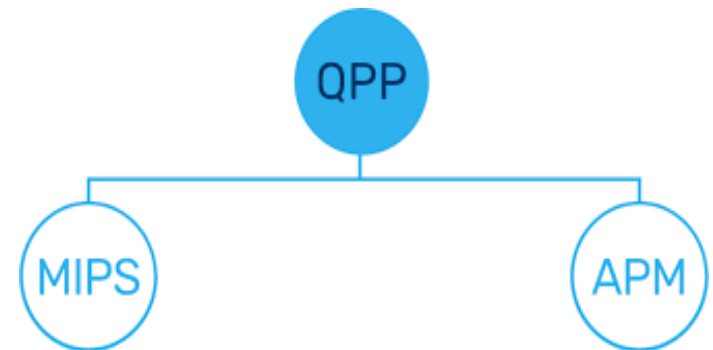
NEJM
Catalyst

Mat Reidhead, MA , Herb B. Kuhn
& Janis M. Orlowski, MD, MACP

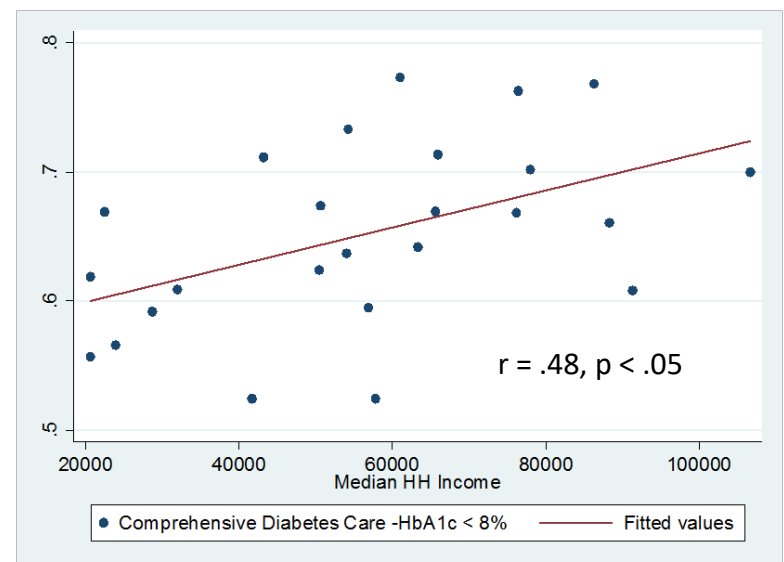
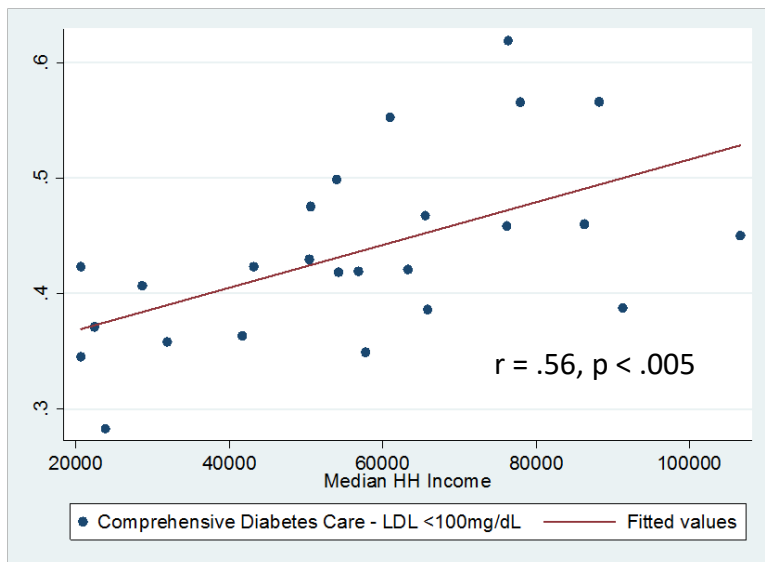
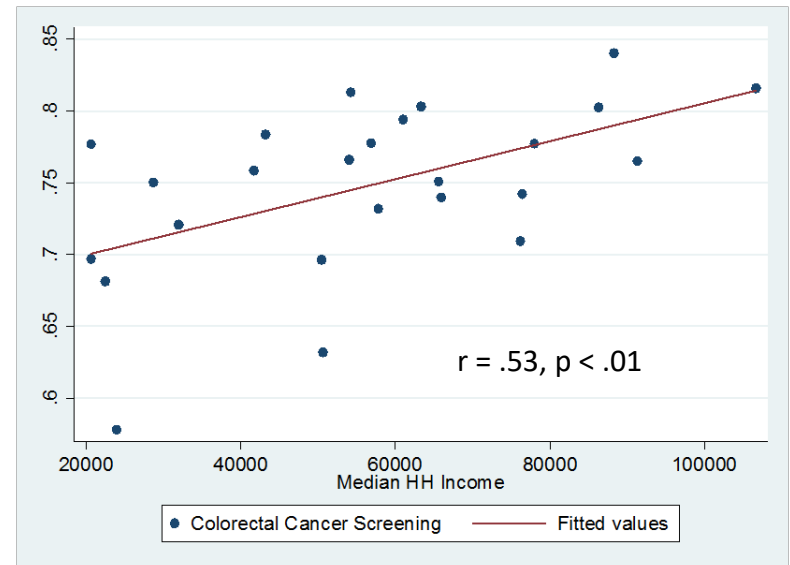
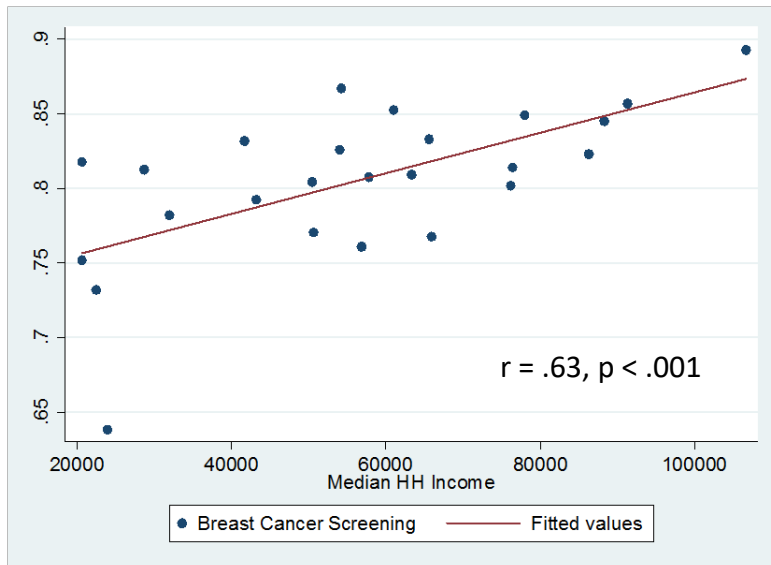
Blog Post · October 24, 2016

How This Affects Physicians and Physician Groups

- Physician fee schedule payments in Medicare linked to quality measure performance
- Most MIPS Measures are not currently adjusted for social or demographic factors



SES and HEDIS – Clinic-level



Process and Outcome Measures

Article

Associations Between Community Sociodemographics and Performance in HEDIS Quality Measures: A Study of 22 Medical Centers in a Primary Care Network

Jianhui Hu, PhD¹, Michelle Schreiber, MD¹, Jack Jordan, MS¹, Diane L. George, DO², and David Nerenz, PhD¹

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Medical Quality

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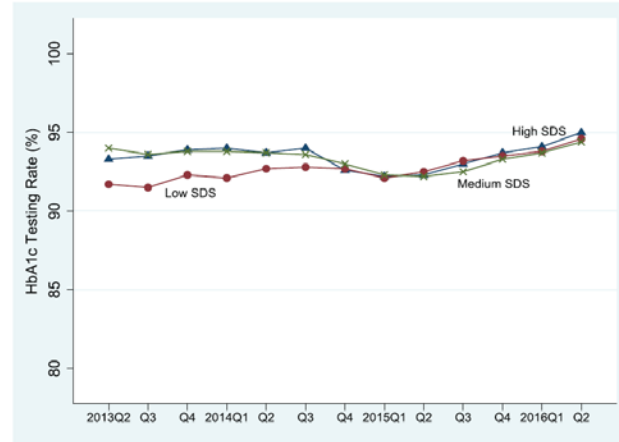


Figure 1. Quarterly HbA1c testing rates by low-, medium-, and high-SDS sites, April 2013 to June 2016. Abbreviations: HbA1c, hemoglobin A1c; Q, quarter; SDS, sociodemographic status.

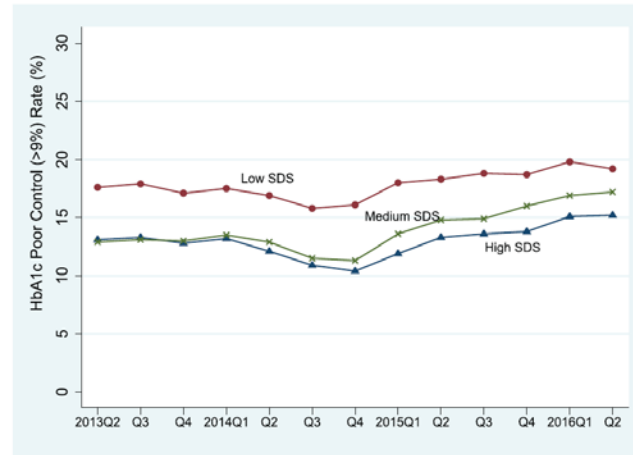


Figure 2. Quarterly HbA1c poor control (>9%) rates by low-, medium-, and high-SDS sites, April 2013 to June 2016. Abbreviations: HbA1c, hemoglobin A1c; Q, quarter; SDS, sociodemographic status.

Concern – Reduced Access

- Absent adjustment, providers and plans will be less willing to serve “vulnerable” patients and communities because:
 - fewer resources available because of penalties or absence of rewards;
 - serving “vulnerable” populations will lead to identification in public reporting programs as being a “poor performer”
 - Individual patients and public and private payors using publicly reported information to make decisions will avoid plans and providers serving those communities

NQF Expert Panel Report

Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors

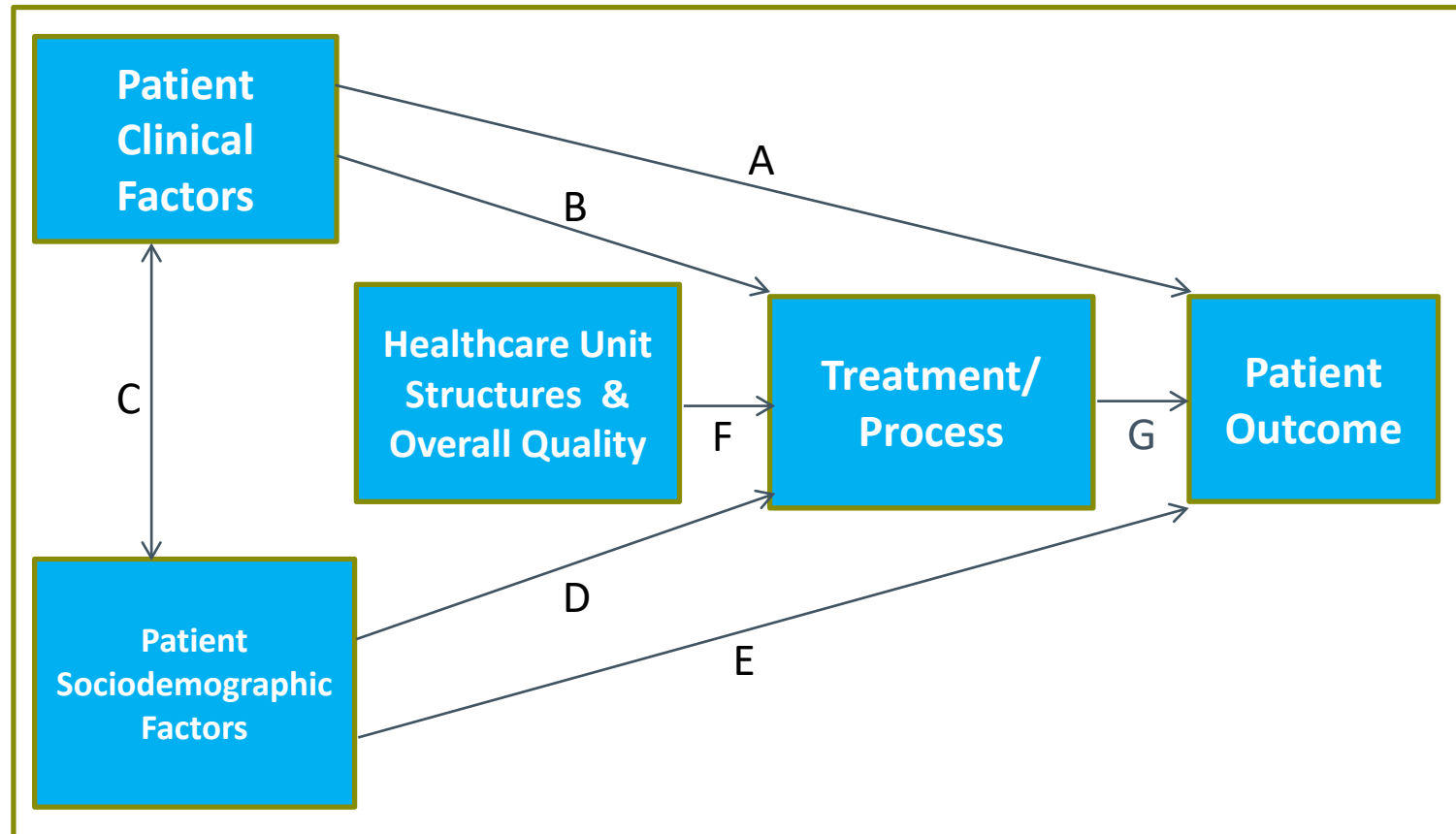
TECHNICAL REPORT

August 15, 2014



NATIONAL
QUALITY FORUM

Causal Paths



Tide Turning in Favor of SES Adjustment

An Ounce of Evidence | Health Policy

The blog of Ashish Jha — physician, health policy researcher, and advocate for the notion that an ounce of data is worth a thousand pounds of opinion.



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Changing my mind on SES Risk Adjustment

Similar Views by Others

HealthAffairs **Blog**

CMS' Hospital Quality Star Ratings Fail To Pass The Common Sense Test

Susan Xu and Atul Grover

November 14, 2016

Annals of Internal Medicine®

IDEAS AND OPINIONS | 21 OCTOBER 2014

The Risks of Not Adjusting Performance Measures for Sociodemographic Factors

Steven H. Lipstein, MHA; W. Claiborne Dunagan, MD, MS

NEJM **Catalyst**

Before Penalizing Hospitals, Account for the Social Determinants of Health

Article · October 24, 2016

Mat Reidhead, MA & Herb B. Kuhn

Hospital Industry Data Institute
Missouri Hospital Association

If Measures are Going to be Adjusted for Social Factors, Where Will the Data Come From?

HealthExec

Using social data to help value-based care begins with ICD-10 codes

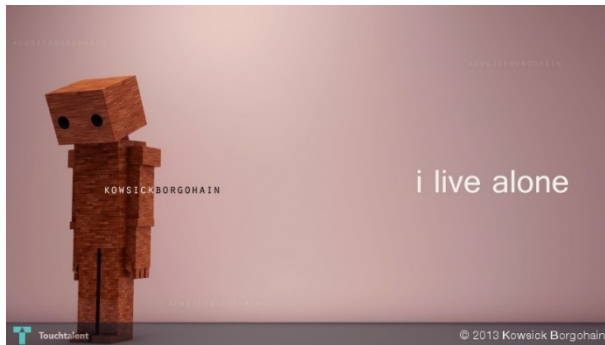


November 14, 2016 | John Gregory

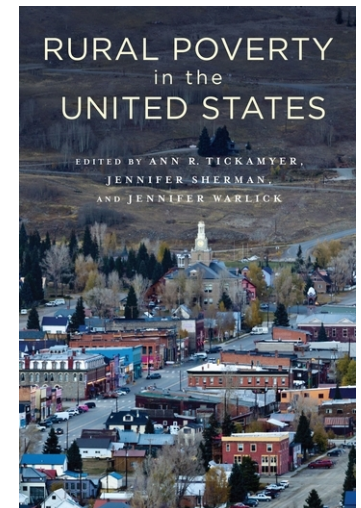
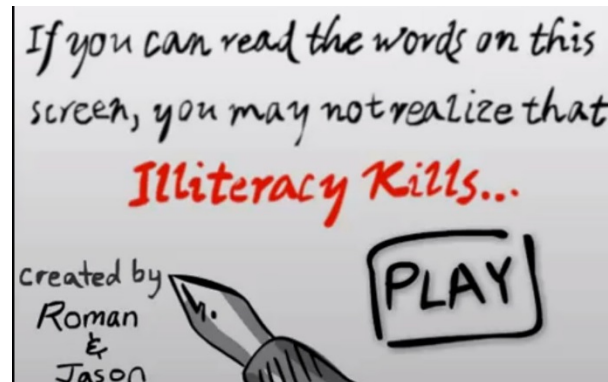


ICD-10-CM Coding for
Social Determinants of Health

Coding for Social Determinants of Health



LIMITED ENGLISH PROFICIENCY



An Extensive Set of Codes Exists in ICD-10



SOCIAL DETERMINANTS OF HEALTH ICD-10 CODE LIST EXHIBIT 4-1

Revision Dates: 2/9/2018

Social Determinants of Health ICD-10 Code List

Beginning on March 1st, 2018, the following ICD-10 diagnosis codes will be defined as **Social Determinants of Health** codes.

Please note that Social Determinants of Health codes may be added to or updated on a quarterly basis. Providers should remain current in their thorough utilization of these codes.

Examples of Z Codes

ICD-Code	Description
Z550	Illiteracy and low-level literacy
Z551	Schooling unavailable and unattainable
Z552	Failed school examinations
Z553	Underachievement in school
Z554	Educational maladjustment and discord with teachers and classmates
Z558	Other problems related to education and literacy
Z559	Problems related to education and literacy, unspecified
Z560	Unemployment, unspecified
Z561	Change of job
Z562	Threat of job loss

In the ICD-10 classification scheme, Z Codes are found in Chapter 21, “[Factors influencing health status and contact with health services \(Z00-Z99\)](#).” Among these new “Z” codes is the following series related to potential hazards due to family and social circumstances impacting health status:
Z55-Z65 – Persons with potential health hazards related to socioeconomic and psychosocial circumstances¹

Z593	Problems related to living in residential institution
Z594	Lack of adequate food and safe drinking water
Z595	Extreme poverty
Z596	Low income
Z597	Insufficient social insurance and welfare support
Z598	Other problems related to housing and economic circumstances
Z599	Problem related to housing and economic circumstances, unspecified
Z600	Problems of adjustment to life-cycle transitions
Z602	Problems related to living alone

Recent National Academy Report on Social Determinants of Health

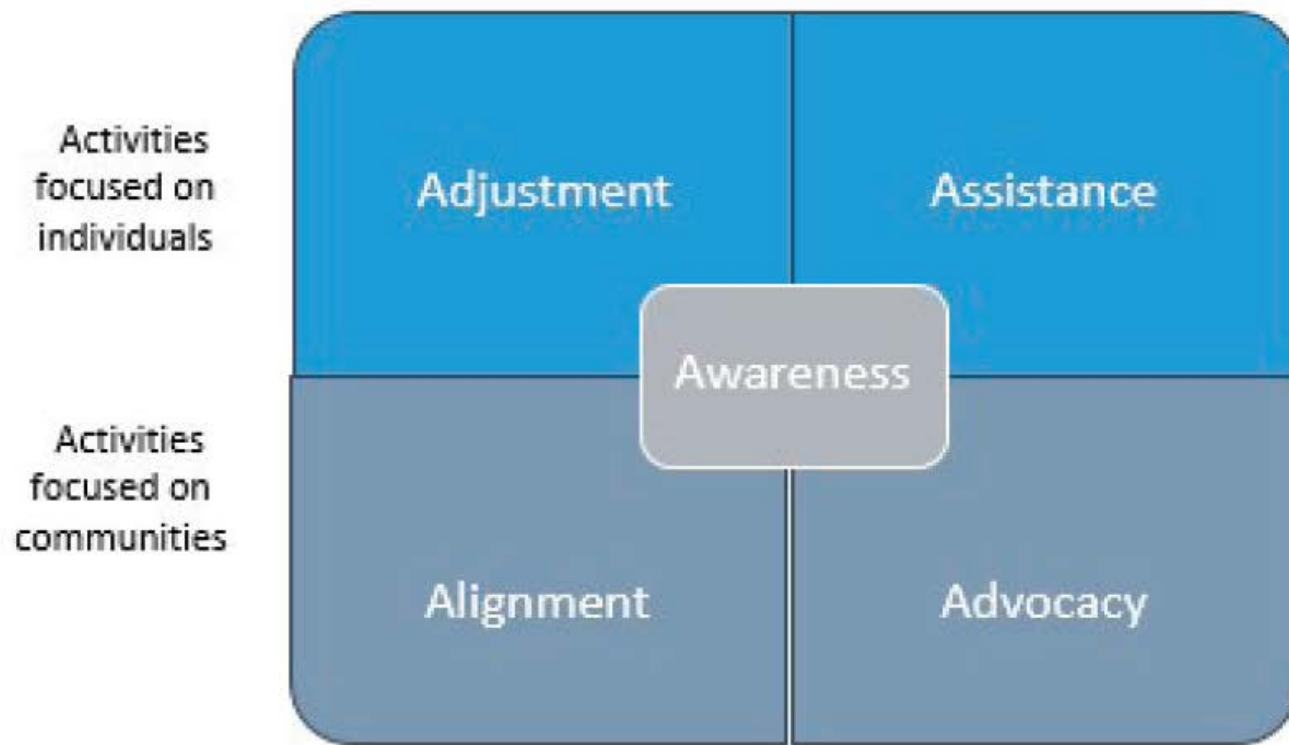


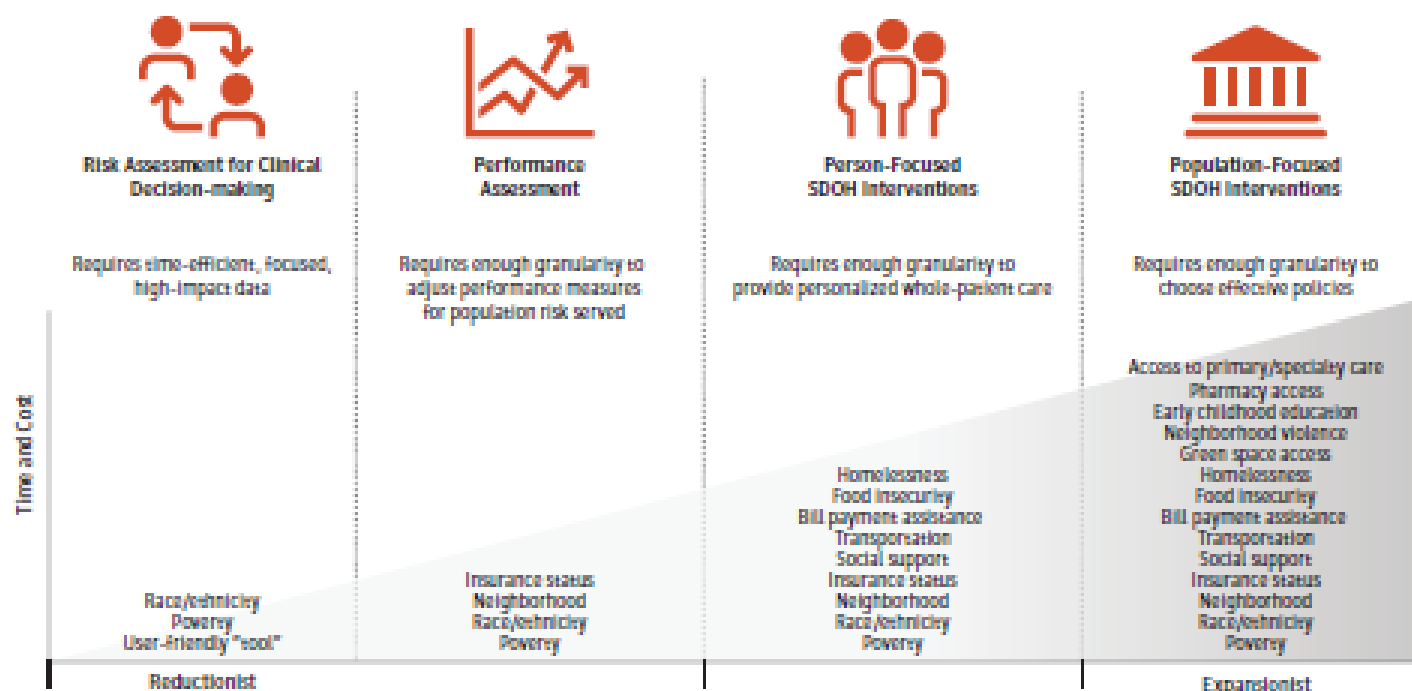
FIGURE S-1 Health care system activities that strengthen social care integration.

Proposed Conceptual Framework for SDOH Data

Figure. Proposed Schematic for Social Determinants of Health (SDOH) Data

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VIEWPOINT

A Theoretical Framework for Clinical Implementation of Social Determinants of Health

Key Distinction

- Social Determinants of Health – Community Level
- Health-Related Social Needs – Individual Patient Level

HEALTH AFFAIRS BLOG

RELATED TOPICS:

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When Talking About Social Determinants, Precision Matters

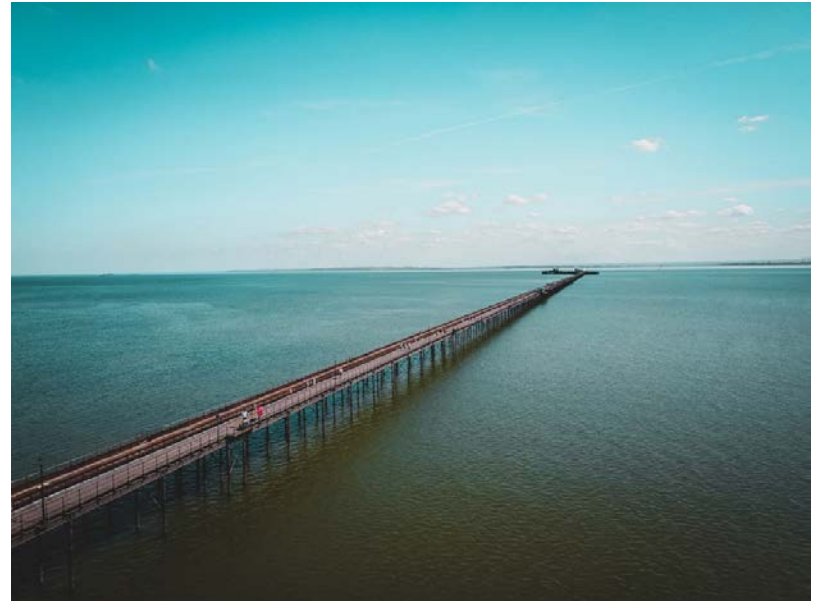
Katie Green, Megan Zook

OCTOBER 29, 2019

10.1377/hblog20191025.776011

Final Thoughts

- In the near term, and until the payment streams and formal expectations of providers include dealing with social needs, adjust performance measures so as not to unfairly penalize those who care for underserved patients and communities
- In the longer term, examine ways in which providers can address either health-related social needs (patient level) or social determinants of health (community level)



Addressing Social Needs of Community

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SVP Community Health & Equity
Chief Wellness & Diversity Officer
Henry Ford Health System*

American Medical Association
Integrated Physician Practice Section

November 15, 2019

BRAND EVOLUTION



Hardwiring the Safety Net

COHORT ONE:

WIN Network: Detroit, 2012-15

- 326 babies born, av. birthweight 6.79 lbs.
- 0 preventable infant deaths in cohort

COHORT TWO:

HFMG and WIN Network Group Prenatal Care, 2016-present



Community Health Workers

Sew Up the Safety Net for Women & Children



- Recruitment and enrollment
- Mentoring pregnant women during home visits
- Connect women with resources and support
- Group sessions to promote social networks
- Educate and Support:
 - Pre- and inter-conception health
 - Prenatal health
 - Goal setting
 - Skill-building

Community Health Worker Chapter



Stakeholder Health
Insights from New Systems of Health
Editors: Teresa F. Cutts and James R. Cochrane

Developed with Support from the Robert Wood Johnson Foundation

“Navigating for Health”
chapter of new book,
*Stakeholder Health: Insights
from New Systems of Health*
(Nancy Combs,
Kimberlydawn Wisdom, MD,
Dominica Rehbein, Nada
Dickinson)



Fresh Prescription Program

A partnership of the Ecology Center, CHASS, American Indian Health and Family Services, Henry Ford Health System, Joy-Southfield CDC, Mercy Primary Care/Samaritan Center, Peaches and Greens, and Eastern Market Corp.

- Patients are referred by a health care provider
- A clinician, nutritionist/health educator conducts an initial assessment
- Participants receive a prescription to “eat more fruits & vegetables” & set goals for healthy eating
- Participants receive \$40-\$60 over the course of several weeks or months to spend at participating farmers’ markets or to order boxes of fresh fruits & vegetables
- Participants engage in nutrition education, cooking events, & other activities at participating health care centers



Empowering middle school youth in underserved communities to drive policy, environment, and behavioral change



Generation With Promise - 2018

