Henry Ford Health System – Detroit and Southeast Michigan
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

The New England Journal of Medicine

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Volume 325        JULY 25, 1991        Number 4

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

<table>
<thead>
<tr>
<th>Size of hospital</th>
<th>High Penalties (n = 1097)</th>
<th>Low Penalties (n = 1092)</th>
<th>No Penalties, Unadjusted Rates, No. (%) (n = 1093)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unadjusted Rates, No. (%)</td>
<td>Multivariate-Adjusted OR (95% CI)</td>
<td>P Value</td>
</tr>
<tr>
<td>Large (≥ 400 beds)</td>
<td>178 (40)</td>
<td>1.98 (1.44-2.74)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Medium (200-399 beds)</td>
<td>622 (35)</td>
<td>2.09 (1.73-2.53)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Small (&lt;200 beds)</td>
<td>296 (28)</td>
<td>1 [Reference]</td>
<td>.55</td>
</tr>
<tr>
<td>Teaching hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td>118 (44)</td>
<td>1.56 (1.04-2.32)</td>
<td>.03</td>
</tr>
<tr>
<td>Not major</td>
<td>979 (33)</td>
<td>1 [Reference]</td>
<td></td>
</tr>
<tr>
<td>Safety-net hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>337 (44)</td>
<td>2.38 (1.91-2.96)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>No</td>
<td>760 (30)</td>
<td>1 [Reference]</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviation: OR, odds ratio.

a The 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 (664.5); and no penalties, 623.8 (743.5). 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.

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

c Made up of hospitals that will receive below-average penalties.

d Made 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)


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

- Breast Cancer Screening: $r = 0.63, p < 0.001$
- Colorectal Cancer Screening: $r = 0.53, p < 0.01$
- Comprehensive Diabetes Care - LDL < 100mg/dL: $r = 0.56, p < 0.005$
- Comprehensive Diabetes Care - HbA1c < 8%: $r = 0.48, p < 0.05$
Process and Outcome Measures

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

- Patient Clinical Factors
- Healthcare Unit Structures & Overall Quality
- Treatment/Process
- Patient Sociodemographic Factors
- Patient Outcome
Tide Turning in Favor of SES Adjustment
Similar Views by Others

Health Affairs 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
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
Mat Reidhead, MA & Herb B. Kuhn
Hospital Industry Data Institute
Missouri Hospital Association

Article • October 24, 2016
If Measures are Going to be Adjusted for Social Factors, Where Will the Data Come From?
Coding for Social Determinants of Health
An Extensive Set of Codes Exists in ICD-10

Social Determinants of Health ICD-10 Code List

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

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 circumstances

<table>
<thead>
<tr>
<th>ICD-Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z550</td>
<td>Illiteracy and low-level literacy</td>
</tr>
<tr>
<td>Z551</td>
<td>Schooling unavailable and unattainable</td>
</tr>
<tr>
<td>Z552</td>
<td>Failed school examinations</td>
</tr>
<tr>
<td>Z553</td>
<td>Underachievement in school</td>
</tr>
<tr>
<td>Z554</td>
<td>Educational maladjustment and discord with teachers and classmates</td>
</tr>
<tr>
<td>Z558</td>
<td>Other problems related to education and literacy</td>
</tr>
<tr>
<td>Z559</td>
<td>Problems related to education and literacy, unspecified</td>
</tr>
<tr>
<td>Z560</td>
<td>Unemployment, unspecified</td>
</tr>
<tr>
<td>Z561</td>
<td>Change of job</td>
</tr>
<tr>
<td>Z562</td>
<td>Threat of job loss</td>
</tr>
<tr>
<td>Z563</td>
<td>Problems related to living in residential institution</td>
</tr>
<tr>
<td>Z564</td>
<td>Lack of adequate food and safe drinking water</td>
</tr>
<tr>
<td>Z565</td>
<td>Extreme poverty</td>
</tr>
<tr>
<td>Z566</td>
<td>Low income</td>
</tr>
<tr>
<td>Z567</td>
<td>Insufficient social insurance and welfare support</td>
</tr>
<tr>
<td>Z568</td>
<td>Other problems related to housing and economic circumstances</td>
</tr>
<tr>
<td>Z569</td>
<td>Problem related to housing and economic circumstances, unspecified</td>
</tr>
<tr>
<td>Z570</td>
<td>Problems of adjustment to life-cycle transitions</td>
</tr>
<tr>
<td>Z571</td>
<td>Problems related to living alone</td>
</tr>
</tbody>
</table>
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
Key Distinction

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

Kimberlydawn Wisdom, MD, MS
SVP Community Health & Equity
Chief Wellness & Diversity Officer
Henry Ford Health System

American Medical Association
Integrated Physician Practice Section
November 15, 2019
BRAND EVOLUTION

From:

Sew Up the Safety Net
FOR WOMEN AND CHILDREN

To:

WIN NETWORK
Women-inspired Neighborhood Network, Detroit
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

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

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