AMERICAN MEDICAL ASSOCIATION INTEGRATED PHYSICIAN PRACTICE SECTION

Resolution: _____

(A-21)

Introduced by: Steven Wang, MD MBA, and Chang Na, MD MPH

Subject: Integrating Social Determinants of Health and Quality Measurement

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WHEREAS, social determinants of health are widely acknowledged to be a driver of health outcomes; and

WHEREAS, the AMA has extensive policy related to social determinants of health, particularly in the areas of food and housing insecurity, socioeconomic status, discrimination, and access to healthcare[1]; and

WHEREAS, health systems, health insurers, insurance purchasers, government agencies, consumer groups, and patients rely on measures of healthcare quality and that those measures are often used to evaluate, reward, and penalize physicians, hospitals, and health systems; and

WHEREAS, low performance on these quality measures is very likely to be influenced[2] by social determinants of health, while penalties due to low performance can have the negative effect of diminishing[3] the ability to deliver healthcare to vulnerable populations for which more resources, not fewer, are needed; and

WHEREAS, stakeholder groups such as the National Quality Forum, Centers for Medicare and Medicaid Services (CMS), and the Medicare Payment Advisory Commission (MedPAC) now recognize that the absence of risk adjustment for social determinants of health in the quality measures used in pay for performance programs is resulting in unintended negative consequences for patients, physicians and communities, and are actively studying ways to standardize data collection on social determinants of health and integrate this data into quality measures and incentive structures; therefore be it

RESOLVED, that the AMA collaborate with stakeholder groups and community-based organizations to align policies, funding and reimbursement to integrate social determinants of

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[1] See pages 3-6

[2] Magnan, S. (2017). Social determinates of health 101 for health care: five plus five. *NAM Perspectives.* Discussion paper. Washington, DC: National Academy of Medicine. https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/. Accessed September 25, 2020.

[3] Joynt Maddox, K.E. (2017) Social and behavioral determinants of spending. *JAMA Internal Medicine*. https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2647320. Accessed September 25, 2020.

health with quality measurement and healthcare delivery in such a way that performance is evaluated equitably (Directive to Take Action); and be it further

RESOLVED, that the AMA encourage standardizing collection of data on social determinants of health, while minimizing the burdens on patients and physicians of so doing (Directive to Take Action); and be in further

RESOLVED, that the AMA encourage all public and private payers with programs that link payment for health care services to performance on quality measures also fund actions that favorably and meaningfully address social determinants of health.

Fiscal Note: Not yet determined

Received: 12/17/2019

RELEVANT AMA POLICY:

Expanding Access to Screening Tools for Social Determinants of Health/Social Determinants of Health in Payment Models H-160.896

Our AMA supports payment reform policy proposals that incentivize screening for social determinants of health and referral to community support systems.

Citation: BOT Rep. 39, A-18, Reaffirmed: CMS Rep. 10, A-19.

Educating Medical Students in the Social Determinants of Health Cultural Competence H-295.874

Our AMA: (1) Supports efforts designed to integrate training in social determinants of health and cultural competence across the undergraduate medical school curriculum to assure that graduating medical students are well prepared to provide their patients safe, high quality and patient-centered care. (2) Supports faculty development, particularly clinical faculty development, by medical schools to assure that faculty provide medical students' appropriate learning experiences to assure their cultural competence and knowledge of social determinants of health. (3) Supports medical schools in their efforts to evaluate the effectiveness of their social determinants of health and cultural competence teaching of medical students, for example by the AMA serving as a convener of a consortium of interested medical schools to develop Objective Standardized Clinical Exams for use in evaluating medical students' cultural competence. (4) Will conduct ongoing data gathering, including interviews with medical students, to gain their perspective on the integration of social determinants of health and cultural competence in the undergraduate medical school curriculum. (5) Recommends studying the integration of social determinants of health and cultural competence training in graduate and continuing medical education and publicizing successful models.

Citation: CME Rep. 11, A-106; Reaffirmation A-11; Modified in lieu of Res. 908, I-14; reaffirmed in lieu of Res. 306, A-15; Reaffirmed: BOT Rep. 39, A-18.

Work of the Task Force on the Release of Physician Data H-406.991

Principles for the Public Release and Accurate Use of Physician Data

The AMA encourages the use of physician data to benefit both patients and physicians and to improve the quality of patient care and the efficient use of resources in the delivery of health care services. The AMA supports this use of physician data when it is used in conjunction with program(s) designed to improve or maintain the quality of, and access to, medical care for all patients and is used to provide accurate physician performance assessments in concert with the following Principles:

1. Patient Privacy Safeguards
- All entities involved in the collection, use and release of claims data comply with the HIPAA Privacy and Security Rules (H-315.972, H-315.973, H-315.983, H-315.984, H-315.989, H-450.947).
- Disclosures made without patient authorization are generally limited to claims data, as that is generally the only information necessary to accomplish the intended purpose of the task (H-315.973, H-315.975, H-315.983).

2. Data Accuracy and Security Safeguards
- Effective safeguards are established to protect against the dissemination of inconsistent, incomplete, invalid or inaccurate physician-specific medical practice data (H-406.996, H-450.947, H-450.961).
- Reliable administrative, technical, and physical safeguards provide security to prevent the unauthorized use or disclosure of patient or physician-specific health care data and physician profiles (H-406.996, H-450.947, H-450.961).
- Physician-specific medical practice data, and all analyses, proceedings, records and minutes from quality review activities are not subject to discovery or admittance into evidence in any judicial or administrative proceeding without the physician's consent (H-406.996, H-450.947, H-450.961).

3. Transparency Requirements
- When data are collected and analyzed for the purpose of creating physician profiles, the methodologies used to create the profiles and report the results are developed in conjunction with relevant physician organizations and practicing physicians and are disclosed in sufficient detail to allow each physician or medical group to re-analyze the validity of the reported results prior to more general disclosure (H-315.973, H-406.993, H-406.994, H-406.998, H-450.947, H-450.961).
- The limitations of the data sources used to create physician profiles are clearly identified and acknowledged in terms understandable to consumers (H-406.994, H-450.947).
- The capabilities and limitations of the methodologies and reporting systems applied to the data to profile and rank physicians are publicly revealed in understandable terms to consumers (H-315.973, H-406.994, H-406.997, H-450.947, H-450.961).
- Case-matched, risk-adjusted resource use data are provided to physicians to assist them in determining their relative utilization of resources in providing care to their patients (H-285.931).

4. Review and Appeal Requirements
- Physicians are provided with an adequate and timely opportunity to review, respond and appeal the results derived from the analysis of physician-specific medical practice data to ensure accuracy prior to their use, publication or release (H-315.973, H-406.996, H-406.998, H-450.941, H-450.947, H-450.961).

- When the physician and the rater cannot reach agreement, physician comments are appended to the report at the physician's request (H-450.947).

5. Physician Profiling Requirements
- The data and methodologies used in profiling physicians, including the use of representative and statistically valid sample sizes, statistically valid risk-adjustment methodologies and statistically valid attribution rules produce verifiably accurate results that reflect the quality and cost of care provided by the physicians (H-406.994, H-406.997, H-450.947, H-450.961).
- Data reporting programs only use accurate and balanced data sources to create physician profiles and do not use these profiles to create tiered or narrow network programs that are used to steer patients towards certain physicians primarily on cost of care factors (H-450.951).
- When a single set of claims data includes a sample of patients that are skewed or not representative of the physicians' entire patient population, multiple sources of claims data are used.
- Physician efficiency of care ratings use physician data for services, procedures, tests and prescriptions that are based on physicians' patient utilization of resources so that the focus is on comparative physicians' patient utilization and not on the actual charges for services.
- Physician-profiling programs may rank individual physician members of a medical group but do not use those individual rankings for placement in a network or for reimbursement purposes.

6. Quality Measurement Requirements
- The data are used to profile physicians based on quality of care provided - never on utilization of resources alone -- and the degree to which profiling is based on utilization of resources is clearly identified (H-450.947).
- Data are measured against evidence-based quality of care measures, created by physicians across appropriate specialties, such as the Physician Consortium for Performance Improvement. (H-406.994, H-406.998, H-450.947, H-450.961).
- These evidence-based measures are endorsed by the National Quality Forum (NQF) and/or the AQA and HQA, when available. When unavailable, scientifically valid measures developed in conjunction with appropriate medical specialty societies and practicing physicians are used to evaluate the data.

7. Patient Satisfaction Measurement Requirements
- Until the relationship between patient satisfaction and other outcomes is better understood, data collected on patient satisfaction is best used by physicians to better meet patient needs particularly as they relate to favorable patient outcomes and other criteria of high quality care (H-450.982).
- Because of the difficulty in determining whether responses to patient satisfaction surveys are a result of the performance of a physician or physician office, or the result of the

demands or restrictions of health insurers or other factors out of the control of the physician, the use of patient satisfaction data is not appropriate for incentive or tiering mechanisms.
- As in physician profiling programs, it is important that programs that publicly rate physicians on patient satisfaction notify physicians of their rating and provide a chance for the physician to appeal that rating prior to its publication.

Citation: BOT Rep. 18, A-09; Reaffirmation A-10; Reaffirmed: BOT action in response to referred for decision Res. 709, A-10, Res. 711, A-10 and BOT Rep. 17, A-10; Reaffirmation I-10; Reaffirmed in lieu of Res. 808, I-10; Reaffirmed in lieu of Res. 824, I-10; Reaffirmation A-11; Reaffirmed: BOT Rep. 17, A-13; Reaffirmed: Res. 806, I-13; Reaffirmation: A-19.

Health, In All Its Dimensions, Is a Basic Right H-65.960

Our AMA acknowledges: (1) that enjoyment of the highest attainable standard of health, in all its dimensions, including health care is a basic human right; and (2) that the provision of health care services as well as optimizing the social determinants of health is an ethical obligation of a civil society.

Citation: Res. 021, A-19.