



September 6, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
200 Independence Ave.  
Washington, DC 20201

**RE: Public Comment on Drivers of Health Measures & Advance Investment Payments**

Dear Administrator Brooks-LaSure:

On behalf of our more than 56,000 Texas physician and medical student members, the Texas Medical Association (TMA) writes to congratulate the Centers for Medicare & Medicaid Services' (CMS) on its adoption of the first-ever social determinants of health (SDOH) measures included in the Hospital Inpatient Prospective Payment Systems 2023 [final rule](#). TMA requests that CMS move these same measures forward in other federal quality and payment programs to mitigate the risk of measure fragmentation and physician and patient burden.

At TMA, we recognize that social drivers of health have a profound impact on patients and the physicians who care for them, especially in the wake of COVID-19. These proposed SDOH measures signal that CMS has begun to recognize and address the significant impact that social drivers of health have on health disparities, outcomes, and costs. Additionally, social drivers impact the patient-physician relationship and the economics of clinical practice.

Specifically, we strongly recommend that CMS adopt the first-ever "Screening for Social Drivers of Health" measure in the quality performance category measure set for the Merit-Based Incentive Payment System (MIPS) for the reasons cited by the agency. Likewise, we encourage CMS to apply to MIPS the same "Screen Positive Rate for Social Drivers of Health" measure it has adopted for inpatient settings to facilitate alignment and to allow CMS to achieve its stated goals. We also urge CMS to include both the "Screening for Social Drivers of Health" and "Screen Positive Rate for Social Drivers of Health" measures in the APM Performance Pathway (APP) measure set, so they can be incorporated into the Medicare Shared Savings Program (MSSP).

Currently, physicians are not paid for the social drivers of health screening. For physicians taking care of patients with greater social risk, their practice costs are higher, which negatively impacts their performance scores because risk-adjusted cost benchmarks are not considered in payment. In turn, this impedes appropriate investments in the community resources necessary to improve patients' health.

For example, via the Center for Medicare & Medicaid Innovation (CMMI) Accountable Health Communities model, CMS extensively tested these specific proposed SDOH measures in more than one million beneficiaries in both hospital inpatient and emergency department settings and primary care

practices. In so doing, CMS learned that 34% of beneficiaries screened positive for a health-related social need, and among that group, racial and ethnic minorities were over-represented. Further, this model identified that food insecurity was the most reported health-related social need among navigation-eligible beneficiaries, followed by housing and transportation.

It is this kind of data that is imperative to understand patients' and communities' needs, as well as the underlying factors driving variation in health care costs. For example, numerous studies have quantified the impact of patients' social risk on physician performance scores in MIPS, and its impact on the geographic variation in Medicare spending (37.7% when including both direct and indirect associations). Recognizing this, Texas physicians already are working to effectively identify and address their patients' health-related social needs.

As CMS advances these measures, the agency should also apply its proposed advance investment payments (AIPs) to accountable care organizations in MSSP as a critical step in enabling clinical practices to partner with communities in acting on the SDOH they identify in their patient populations. In proposing these AIPs, CMS recognizes – and we agree – that “it is important for health providers who may not have expertise in providing social services to work with those community-based organizations that do have such expertise,” and that financial resources are required for these physician-community collaborations to be successful.

TMA strongly supports these SDOH measures for use in MIPS and MSSP as an essential step to advance CMS' stated commitment to equity and to enact measures that matter to patients and physicians.

We appreciate the opportunity to comment on this matter. If you have any questions, please do not hesitate to contact Karen Batory, MPA, TMA vice president of population health and medical education, at [Karen.Batory@texmed.org](mailto:Karen.Batory@texmed.org).

Sincerely,

A handwritten signature in black ink that reads "Gary W. Floyd". The signature is written in a cursive style with a large, stylized initial "G".

Gary Floyd, MD  
President  
Texas Medical Association

Cc: Michael J. Darrouzet, Executive Vice President/CEO, Texas Medical Association