



Physicians Caring for Texans

December 9, 2021

Dr. Dana Safran
CEO
National Quality Forum
Measure Applications Partnership
1099 14th Street NW, Suite 500
Washington, DC 20005

RE: Texas physicians support drivers of health quality measures

Dear Dr. Safran:

On behalf of our more than 55,000 Texas physician and medical student members, the Texas Medical Association (TMA) writes in response to the agency's pre-rulemaking process that seeks input on the [List of Measures Under Consideration for December 1, 2021](#).

We are pleased to offer our strongest support for the following two measures and thus urge the agency to move them forward through the regulatory review process of the Measurement Application Partnership (MAP):

- Screen Positive Rate for Social Drivers of Health (MUC2021-134) and
- Screening for Social Drivers of Health (MUC2021-136).

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 two measures signal that the Centers for Medicare & Medicaid Services (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 both physician well-being and the economics of clinical practice.

It is not surprising, for example, that in the CMS Innovation Center's Accountable Health Communities [model evaluation](#), 34% of beneficiaries screened positive for a health-related social need and among that group, racial and ethnic minorities were over-represented. Likewise, numerous [studies](#) have now quantified the impact of patients' social risk on physician performance scores through the Merit-Based Incentive Payment System and its impact on the geographic variation in Medicare spending (37.7% when including both direct and indirect associations).

Physicians in Texas already are [working](#) to effectively identify and address their patients' health-related social needs. We do so recognizing that screening patients for social determinants of health is, as one of our colleagues recently observed, "just like when you use a screening tool or test to diagnose a medical condition. The diagnosis and the plan to address the problem can be enhanced by understanding some of the social needs, i.e., social determinants, that can get in the way, or may have already gotten in the way of making this person as healthy as they could be. This is not about ascribing fault as much as it is identifying factors that should be considered or addressed."

The challenge is that physicians are screening for and addressing their patients' social needs on their own. CMS has provided no guidance or incentives relative to standard quality measures that could inform risk-adjustment, cost benchmarks, financial incentives, and partnerships between physician practices and communities. We strongly support CMS advancing these measures through the MAP review process. These

recommendations are essential to advance CMS' stated commitment to equity as well as enacting measures that matter to patients and physicians.

Regarding social determinants of health, it is TMA's [policy](#) to:

- Educate physicians about the social determinants of health for the purpose of assisting physicians to better understand their impact on patient health outcomes and well-being;
- Educate state and federal policymakers, business leaders, and governmental and commercial payers about the influence of social determinants of health on overall health care quality and health care costs;
- Collaborate with innovative public and private partnerships to address social determinants of health and advocate for their adoption by state policymakers; and
- Advocate that governmental and commercial payers modify existing performance and quality programs to reflect the higher expected health care utilization and costs associated with populations at greater risk of exposure to social determinants of health, and that these entities appropriately risk-adjust physician compensation to reflect these higher costs.

As such, we fully support MUC2021-134 and MUC2021-136. 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.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Linda Villarreal". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

E. Linda Villarreal, MD
President
Texas Medical Association