



November 14, 2018

John O'Brien, Deputy Assistant Secretary
Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 415F
Washington, DC 20201

Dear Deputy Assistant Secretary O'Brien:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the [request for information](#) (RFI) titled "*Improving Medicare Post-Acute Care Transformation (IMPACT) Act (IMPACT) ACT Research Study: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors*" as posted by the Assistant Secretary for Planning and Evaluation (ASPE) on October 16, 2018.

It is the mission of the AAFP to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity. In their patient-centered practices, family physicians identify and address the social determinants of health for individuals and families, incorporating this information in the bio-psychosocial model to promote continuous healing relationships, whole-person orientation, family and community context, and comprehensive care.

It is AAFP [policy](#) that social determinants of health (SDoH) are the conditions under which people are born, grow, live, work, and age. The AAFP believes policymaking should be based on research and evidence to identify and address the social determinants of health to improve the health of populations. Research conducted on SDoH should focus on effective interventions to reduce health inequities, including family physicians' roles in ameliorating social determinants of health.

The AAFP supports the assertion that physicians need to know how to identify and address SDoH to be successful in promoting positive health outcomes for individuals and populations. Family physicians take a leading role in addressing SDoH by partnering and collaborating with public health departments, social service agencies, and other community resources. Family physicians are integral within the continuum of care and use their skills and expertise to care for patients across the lifespan. Family physicians reach out to their communities, bridge health care gaps, and strive for better health for all. Given the role they play in their communities and in the delivery of patient-centered care, the AAFP supports policies that provide physicians with data and knowledge on how to identify and address SDoH to be successful in promoting good health outcomes for individuals and populations.

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Our response to this RFI offers data and experiences from our members, outlines the AAFP's principles for incorporating SDoH into new payment models, and highlights strategies the AAFP has undertaken to integrate SDoH adjustments into AAFP's advanced primary care model. Our comments are organized into three main sections:

- 1) AAFP Member Survey and Experiences Assessing and Addressing SDoH;
- 2) Advancing Health Equity: Principles to Address SDoH in Alternative Payment Models; and,
- 3) AAFP's Advanced Primary Care Alternative Payment Model.

AAFP Member Survey and Experiences Assessing and Addressing SDoH:

The AAFP fields an AAFP member Social Determinants of Health (SDoH) Survey annually. This survey, as well as member experiences, and AAFP tools and resources to support family physicians' ability to screen for SDoH needs form the basis of the response below.

1. How plans and providers serving Medicare beneficiaries identify beneficiaries with social risk factors.

The AAFP's 2017 Social Determinants of Health (SDoH) [survey](#) established that nearly 60% of family physicians already screen their patients for SDoH. There are several validated screening tools currently in use that screen for certain conditions (Adverse Childhood Experiences, hunger vital signs, etc.) or screen within certain populations (women, children, etc.). The AAFP developed the [SDoH screening tool](#) based on this work, and we promote it to our members as the [EveryONE Project](#).

2. Approaches health plans and providers have used to address the needs of beneficiaries with social risk factors.

According to the AAFP SDoH survey, 52% of family physicians are following up on SDoH needs identified in screenings by referring patients to community based social services. The AAFP's [Neighborhood Navigator](#) is a nationwide referral network, available in over 100+ languages that can connect patients to food, housing, employment, etc. based on their unique needs.

3. Evidence regarding the impact of these approaches on quality outcomes and the total cost of care.

The Social Interventions Research & Evaluation Network (SIREN), led by family physician Dr. Laura Gottlieb, conducted a [systematic review](#) of SDoH screenings in 2017. This review concluded that research evaluating the effectiveness of screening has largely focused on process outcomes and feasibility. High-quality evidence does not yet suggest these approaches have any effect on an individual's health outcomes (short or long term), health care cost, utilization, or quality.

The healthcare system needs to work towards generating more evidence on which approaches are successful – and how they affect individual and population health outcomes and costs. The AAFP is focusing on tools to help calculate a practice's return on investment related to its SDoH activities. At this time, it is impossible to calculate a return on investment on total cost of care for SDoH work at the practice level as physicians are most often paid to address an individual's health needs as opposed to the health of a practice population. While improving individual health needs may have an overall impact on population health, there are far too many inputs addressing population health to effectively calculate the return on investment from practice level interventions.

4. Ways in which health plans and providers disentangle beneficiaries' social and medical risks and address each.

It is very challenging for health plans and providers to “disentangle” social and medical risks. AAFP goals in developing principles for incorporating SDoH into APMs is to support holistic, integrated approaches to addressing patients' psychosocial needs. A patient's social and medical risks are inherently connected.

Advancing Health Equity: Principles to Address the Social Determinants of Health in Alternative Payment Models

The AAFP welcomes the opportunity to offer our members' perspectives as ASPE undertakes a study to evaluate the effect of individuals' socioeconomic status (SES) on quality measures and measures of resource use under the Medicare program. As health care continues to transition to a value-based environment, there has been a growing call for the inclusion of SDoH as a criterion in advanced primary care delivery and value-based payment arrangements. Academic literature is beginning to show how significantly social determinants affect the health and well-being of patients.

As more AAFP members participate in APMs, key issues for the AAFP include data on the role of social risk factors in health outcomes, the impact of such data in assessing physician performance, and policy opportunities to improve payment and measurement methodologies.

The AAFP developed [principles](#) to address social determinants of health (SDoH) in alternative payment models (APMs) that we urge ASPE to consult and utilize. Outlined below, these principles ensure that SDoH are appropriately accounted for in the payment and measurement design of APMs, so practices have adequate support to improve quality and outcomes for all patients, eliminate health disparities, and reduce costs for the health care system.

1. APMs should support practice-level efforts to identify and address social determinants that are shown to impact health outcomes.
2. The incorporation of variables representing SDoH in APMs should be founded on evidence-based research methods.
3. Health information technology platforms should facilitate SDoH data collection from medical records and other sources to support improved clinical decision making, care coordination, quality measurement, and population health management.
4. To minimize administrative burden on providers and patients, SDoH data should be collected by leveraging existing mechanisms. Public and private payers should share data with clinicians to further enhance coordinated and comprehensive primary care since this data is challenging to collect. The AAFP encourages increased data sharing to improve its timeliness and clinical actionability.
5. To ensure APMs improve access, quality, and health equity, practices should receive appropriate resources and support to identify, monitor, and assess SDoH.

Advanced Primary Care Alternative Payment Model

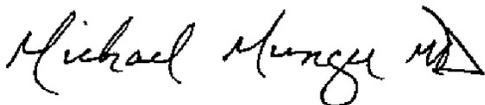
The AAFP welcomes the continued opportunity to work with ASPE to identify and implement policies that improve the Medicare program, especially as it relates to SDoH. The AAFP has been working the past two years to develop the Advanced Primary Care Alternative Payment Model (APC-APM), a next generation, advanced primary care model. The APC-APM would empower family physicians—especially those in small, independent practices—to move away from fee-for-service payment systems and into population-based, predictable revenue streams. These revenue streams will be risk-adjusted in part based on SDoH, and will support comprehensive, longitudinal, and high-quality primary care.

The APC-APM includes a SDoH adjustment to payments to participating advanced primary care practices using the Robert Graham Center's Social Deprivation Index (SDI). The SDI is comprised of variables of social deprivation (e.g. lack of access to good housing, employment, income, transportation and access to health facilities) that are readily available and easily updated on a national level. The SDI provides a single index at many different geographic levels, including zip code. The strength of the relationship between SDI and poor health outcomes has been verified at these levels of geography. In the APC-APM model, attributed patients would be assigned an SDI based on the zip code of their home address and a monthly payment adjustment would be made for attributed patients at or above the 85th percentile on the SDI. This is one example of how new payment models and approaches can begin to incorporate SDoH simply and efficiently.

The AAFP believes that investment in physician-led models that support advanced primary care practices is necessary to strengthen the long-term solvency of the Medicare program and to improve patient-centered care for beneficiaries. AAFP members offer a unique and important perspective as family physicians. They provide care in more than 90 percent of U.S. counties working in diverse settings as employed physicians, in large practices, and as owners of small independent practices. Family physicians participate in preventive and wellness services, chronic disease management, and leading care teams that also offer linkages to services that address SDoH. We are committed to working with ASPE to further develop and implement physician-led, primary care focused models that increase participation in value-based care and payment models that promote population health.

We appreciate the opportunity to comment. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Michael Munger MD". The signature is written in a cursive, flowing style.

Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.