



Physicians Caring for Texans

January 13, 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: Texas physicians continue strong support for measures that drive health quality (MUC2021-134 and MUC2021-136)

Dear Administrator Brooks-LaSure:

On behalf of our more than 56,000 Texas physician and medical student members, the Texas Medical Association (TMA) writes with our further support for measures that drive health quality. In addition, we continue to support the National Quality Forum's Measure Applications Partnership (MAP) process.

At TMA, we recognize that social determinants of health (SDOH) have a profound impact on patients and the physicians who care for them, especially in the wake of COVID-19. The two measures MUC2021-134 and MUC2021-136 signal that the Centers for Medicare & Medicaid Services (CMS) has begun to recognize and address the significant impact that social determinants of health have on health disparities, outcomes, and costs. Additionally, social drivers impact both physician well-being and the economics of clinical practice.

With this context, we register our strong endorsement and support of the MAP Clinician Workgroup's decision to support both MUC2021-134 and MUC2021-136 and encourage the MAP Coordinating Committee to accept this decision.

TMA strongly urges the MAP Coordinating Committee to support both MUC21-134 and MUC21-136 for the Hospital Inpatient Quality Reporting Program (HIQRP) – recognizing that both these measures are crucial.

It is crucial to note that, in the absence of any standard SDOH measures, physicians are functionally held clinically and financially responsible because patients with greater social risk – which is not currently measured or included in risk-adjusted cost benchmarks for alternative payment models – are associated with higher health care costs. Obscuring the results of the social needs screening – by rejecting MUC21-136 – would make invisible crucial drivers of health outcomes, costs, and disparities, and impede appropriate investments in the community resources necessary to improve our patients' health.

For example, via the Center for Medicare & Medicaid Innovation (CMMI) Accountable Health Communities model – which 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 – 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, it identified that food insecurity was the most commonly 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 the needs of patients and communities, as well as the underlying factors driving variation in health care costs. For example, numerous studies have now quantified the impact of patients' social risk on physician performance scores through the Merit-Based Incentive Payment System (MIPS) and its impact on the geographic variation in Medicare spending (37.7% when including both direct and indirect associations).

Recognizing this, 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."

TMA strongly supports that the MAP Coordinating Committee recommend both MUC21-134 and MUC21-136 for both MIPS and HIQRP, recognizing that doing is essential to advance CMS' stated commitment to equity as well as to enacting 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.

Sincerely,

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

E. Linda Villarreal, MD
President
Texas Medical Association