From: Tipirneni, Renuka <rtipirne@med.umich.edu>
Sent: Thursday, November 15, 2018 9:42 AM
To: ASPE SES IMPACT Study (OS/ASPE)
Subject: IMPACT ACT Research Study: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors

November 15, 2018

BY ELECTRONIC SUBMISSION

ASPEImpactStudy@hhs.gov

Assistant Secretary for Planning and Evaluation

Department of Health and Human Services

RE: IMPACT ACT Research Study: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors

To Whom It May Concern:

I am writing in response to the Assistant Secretary for Planning and Evaluation's Request for Information (RFI) on provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors.

I am an Assistant Professor, general medicine physician, and health services researcher at the University of Michigan. My research focuses on assessing policies and programs to improve the health of low socioeconomic status, aging and other vulnerable populations. Part of my work assesses whether and how primary care practices screen patients for social determinants of health. My research findings inform my recommendations below for how to improve care for Medicare beneficiaries with social risk factors. While I conduct my work at the university, my comments do not necessarily reflect the position of the University of Michigan.

I summarize my recommendations for incorporating identification of and addressing social determinants of health into an Enhanced Medicare Annual Wellness Visit (AWV) here:

SUMMARY OF RECOMMENDATIONS:

Practices

- Enhance the Medicare AWV by expanding screening and counseling for social determinants of health.
- Utilize screening tools that include fewer than 10 elements such as the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE, http://www.nachc.org/research-and-data/prapare/) or Accountable Health Communities (https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf) tools.

Payment

- Provide an enhanced payment to safety-net practices that conduct Enhanced AWVs to support new team members and incentivize use of Enhanced AWVs in safety-net practices.

Alignment

- Encourage primary care practices to partner with local Area Agencies on Aging to better address social risks in Medicare beneficiaries.

I provide more detail on my rationale for these recommendations below:

Practices

Several screening tools are available to assess multiple domains of social determinants of health and could be incorporated into an Enhanced AWV. Two prime examples are:

1. *1. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) assessment tool*, which was developed by the National Association of Community Health Centers (http://www.nachc.org/research-and-data/prapare/) and pilot tested in four states before being disseminated in community health centers across the country (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5705433/). PRAPARE core measures include race/ethnicity, education, income, employment, language, migrant status, veteran status, insurance status, socioeconomic status (including income, education and employment), material resource needs (such as food or utilities), housing instability, transportation, neighborhood, stress, and social integration and support. Optional measures include assessments of home and neighborhood safety, domestic violence, refugee status and incarceration history. The developers have created electronic health record templates for this tool in systems such as Epic.
2. *2. The Accountable Health Communities screening tool*, which was developed by the Center for Medicare and Medicaid Innovation (CMMI, https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf). The CMMI tool includes 5 core domains (housing instability, food insecurity, transportation problems, utility needs, interpersonal safety) and 8 supplemental domains (financial strain, employment, family/community support, education, physical activity, substance use, mental health, disabilities).

For efficiency's sake, the screening tool for an Enhanced AWV should contain fewer than 10 elements and enhanced screening requirements should be broad and customizable to individual patient and practice needs. The two screening tools described here emphasize different items, with the PRAPARE tool focusing on identifying actionable needs within safety-net clinics and the CMMI tool focusing on needs that can be associated with excess health care utilization. The PRAPARE tool may be currently easier to integrate into clinical workflows, as it has electronic health record templates, though electronic templates for the Accountable Health Communities tool may also be developed in the future.

To change practices for an Enhanced AWV, it will be important to include all health care team members, including nurse practitioners, physician assistants, nurses, or health coaches who can already perform AWVs within primary care practices. Another type of health care worker that is growing in importance in safety-net clinics is the community health worker, a team member with expert knowledge of the patient's community who serves as a liaison connecting the patient to health and social services (https://www.apha.org/apha-communities/member-sections/community-health-workers). Employing community health workers may be a cost-effective approach to implement an Enhanced Medicare AWV in safety-net settings.

Payment

In its current form, the Medicare Annual Wellness Visit (AWV) is not reaching most older Americans, particularly lower-income or minority adults and those served by safety-net providers (https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1130).

To accommodate potential costs associated with the hiring of new care team members to both screen for and address social determinants of health, Medicare should provide an enhanced payment for community health

centers and similar safety-net practices that conduct Enhanced AWVs, as these practices disproportionately serve older adults with greater social needs. An enhanced payment could also entice other safety-net practices, which are currently less likely to conduct traditional AWVs, to adopt Enhanced AWVs.

Alignment

Programming for addressing social determinants in health care should be coordinated across Medicare, Medicaid and the Aging Services Network to efficiently direct funding toward addressing older adults' individual, social and behavioral needs. For example, local agencies within the Aging Services Network could serve as a key potential partner for primary care practices conducting an Enhanced AWV. As social needs are identified by practices, older adults may be referred to case managers in these local agencies to connect to resources. Area Agencies on Aging provide for a wide variety of services to support older adults in the community, including food assistance, transportation to services, legal assistance, personal care and caregiver support, and social support groups.

CONCLUSION:

To improve care of Medicare beneficiaries with social risk factors, an Enhanced Medicare Annual Wellness Visit should be developed to identify and address social determinants of health. By using efficient social determinant screening tools, including community health care workers in the health care team, enhancing payments to safety-net practices conducting such enhanced visits, and aligning identification of social needs in primary care practices with addressing those needs in Area Agencies on Aging, the health and health care of all Medicare beneficiaries will be significantly improved.

Sincerely,

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