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Assistant Secretary for Planning and Evaluation, Room 415F
ASPE IMPACT Study Team
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Thank you for the opportunity to respond to your Request for Information (RFI) regarding provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors. NCQA believes that addressing social risk factors is critical to improving health care outcomes. Currently, NCQA addresses and collects information on social risk factors through ongoing research and several of our recognition and accreditation programs. These programs evaluate how providers and health plans serving Medicare beneficiaries work to improve health outcomes for beneficiaries, especially those with social risk factors. For a full list of our accreditation and recognition programs that address social risk factors, please see Table 1.

Current Barriers to Collecting & Addressing Social Risk Factors: NCQA believes that the lack of standardized frameworks and collection of social risk factors is a foundational barrier to tailoring services to patients with social risk factors. This lack of standardization limits what information is collected and analyzed but also serves as a barrier to alternative payment arrangements that could encourage or reward providers for identifying and addressing social risk factors.

Our research has shown wide variation in social risk assessment approaches. We used the National Academy of Medicine (NAM) framework (NASEM 2016) social risk categories to characterize assessment content and compare items. We identified 15 programs assessing patient level social risk. Commonly assessed risk factors included housing, food insecurity, employment, education, financial support, social support, transportation, domestic violence and utilities. Four framework-recommended risk factors were not collected by any programs. This type of variation limits our ability to understand the impact of social risks and the effectiveness of interventions to address these risks.

NCQA is currently engaged in research to evaluate the effect of connecting medical homes and community-based organizations on patient's social risk. Findings from this work, which is funded by the Robert Wood Johnson Foundation, are expected late 2019. We believe that these findings will contribute to promising strategies for improving care for patients with social risk, best practices to referring beneficiaries to social service organizations that can address social risk factors, and lessons learned about providing care for patients with social risk factors.

Opportunities: NCQA believes that the lack of standardized reporting on social risk factors is a foundational barrier to tailoring services to patients with social risk factors. Because of this, NCQA believes that creating standardized, consensus-based value sets of grouped codes will allow providers to document and be reimbursed for addressing social risk factors in a consistent manner across the health care sector.

NCQA believes that to create robust value sets that will allow for the representation of social risk factors in health care data, the following activities are necessary:

1. Consensus Development of Use Cases. A workgroup should be convened to create a set of use cases. Each use case will describe how the social risk factor will be assessed and addressed, across the continuum of care, making data transfer and comparison possible. Feedback will be obtained from all stakeholders, including employers, consumers, plans, states, and the federal government.
2. Consensus Development of Value Sets. A workgroup should then further refine value sets initially developed by a consultant. The workgroups will solicit public and expert comments to ensure resulting standards meet diverse user needs.
3. Request for New Codes. Concepts without an existing code would then be identified and new codes should be requested from the relevant governing authority.

With a set of standardized codes, NCQA believes there are opportunities to leverage our existing accreditation and recognition programs to collect and analyze social risk data. Having standardized social risk data being collected at the health plan, provider and organizational level could allow for identification of trends in social risk among specific Medicare beneficiary populations. This information, along with promising practices and lessons learned from our ongoing research, could be used to develop targeted interventions to address the social risk factors most prevalent in a given population with the goal of improving health outcomes and decreasing overall healthcare costs.

Thank you again for the opportunity to comment on your request for information. If you have questions, please contact Paul Cotton, Director of Federal Affairs, at (202) 955-5162 or cotton@ncqa.org.

Sincerely,

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Executive Vice President
Quality Measurement & Research Group

Table 1: NCQA Recognition and Accreditation Programs Addressing Social Risk Factors

Program	Description
Long Term Services and Supports (LTSS)	Through our LTSS program, NCQA assesses organizations ability to coordinate medical, behavioral and social services and help keep people in their preferred setting—often, their home and community. The program evaluates organizations in areas such as managing care transitions, performing person-centered assessments, and planning and managing critical incidents. Our LTSS standards identify and collect social risk factors such as the availability of paid and unpaid caregiver resources and community resources. Additionally, we ask organization to demonstrate that they collect the following information about their patient population: • Identification of characteristics and needs of the population, • An initial assessment of SDoH, • An initial assessment health beliefs and behaviors, • An evaluation of the patient's cultural and linguistic needs, preferences and limitations, • An evaluation of caregiver resources and involvement, and • An evaluation of community resources.
Health Plan Accreditation	Over the last 25 years we've used a rigorous and comprehensive framework to assess health plans through our Health Plan Accreditation Program. As of November 2018, over 1,000 health plans were accredited through this program. NCQA assesses plans practices around collecting social risk factor data through four of our Health Plan Accreditation products: Long Term Services and Supports (LTSS) Standards, Quality Management and Improvement Standards, Network Management Standards and Population Health Management Standards. For example, one of our Population Health Management asks health plans to demonstrate that when entities assess the characteristics of their population social determinants of health are included.
Case Management Accreditation	Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet comprehensive medical, behavioral and social needs of patients and their families while promoting quality, cost-effective outcomes. NCQA accredits Case Management organizations, evaluating how organizations identify social risk factors and/or their collection. For example, one standard requires that organizations conduct an initial assessment health beliefs and behaviors and evaluate the patient's cultural and linguistic needs, preferences and limitations.
Patient Centered Medical Home (PCMH)	NCQA's Patient-Centered Medical Home (PCMH) Recognition program is the most widely adopted PCMH evaluation program in the country. Approximately 13,000 practices (with 67,000 clinicians) are recognized by NCQA. More than 100 payers support NCQA Recognition through financial incentives or coaching. The patient-centered medical home is a model of care that puts patients at the forefront of care. PCMHs build better relationships between patients and their clinical care

Recognition Program	teams. Research shows that PCMHs improve quality and the patient experience and increase staff satisfaction—while reducing health care costs. Our PCMH Recognition Program has 12 standards that incorporate social risk factors. One standard asks PCMHs to demonstrate that family/social/cultural characteristics, social functioning, and social determinants of health (SDoH) are included in their health assessment. Additionally, our PCMH program assesses how organizations target patients for care management services. PCMHs used the following criteria for targeting care management: • Behavioral health conditions, • High cost/high utilization, • Poorly controlled or complex conditions, • Social determinants of health, and • Referrals by outside organizations, practice staff, patient/family/caregiver.
Managed Behavioral Healthcare Organization (MBHO) Accreditation Program	NCQA believes that managing behavioral health plays a key role in the current emphasis for health care providers to deliver care that incorporates medical, behavioral and social risk factors. This has led to the development of our MBHO Accreditation program which focuses on areas including care coordination to reduce fragmented care and complex case management, a challenge for initiatives where complex cases are common. Our MBHO Accreditation Program identifies and collects social risk factors through the incorporation of LTSS Standards and Quality Management and Improvement Standards. For example, one of the Quality Management and Improvement Standards asks entities to demonstrate that their program structures incorporate methods for identifying and reducing specific health care disparities, provide information, training and tools to staff and practitioners and support culturally competent communication.
Multicultural Health Care Distinction	Our Multicultural Health Care Distinction identifies organizations that excel in providing culturally and linguistically sensitive services, and work to reduce health care disparities. For example, organizations seeking this distinction must demonstrate use of competent translators, mechanisms for providing translations in a timely manner, and that mechanisms for evaluating the quality of translations are in place.