From: Steven Buslovich MD <steve@patientpattern.com>
Sent: Thursday, November 15, 2018 4:48 PM
To: ASPE SES IMPACT Study (OS/ASPE)
Subject: IMPACT ACT RFI Comments

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

As a practicing geriatrician and medical director of multiple inner-city and hospital-based Skilled Nursing Facilities and Assisted Living Facilities, I am writing to share my perspective on the impact on social determinants of health on outcomes with respect to frail patient populations. I believe the focus on social determinants of health is important, though less so, in an institutionalized setting. Within assisted living and skilled nursing facilities, the traditional social determinants of health are less impactful on clinical outcomes as any deficits in these domains are well compensated for by the facility services and staff who engage the residents. These residents are already highly dependent and have been impacted by all the negative factors, essentially failing to remain in the community for a multitude of reasons far exceeding what supporting social determinants of health would mitigate. Once they are in the facility, these social determinants are no longer a factor. However, there is still value in recognizing and measuring certain psychosocial factors, yet this information is not readily accessible to the medical providers.

To address some of the informational gaps, I co-founded a company, Patient Pattern (patientpattern.com) to gather clinical data and patient condition tracking through an automated algorithm process using Minimum Data Set (MDS) and an in-person Health Risk Assessment performed at the bedside to compute an evidence-based frailty index that encompasses psychosocial, cognitive and functional data. To date, upon review of millions of records across the country, several insights become apparent:

1. We can reliably obtain extensive psychosocial information with respect to individual patients at scale using this approach
2. It turns out that cognitive and functional measures are significantly more predictive for poor outcomes than psychosocial factors in institutional settings.
3. Poor outcomes are exponentially more prevalent in patients that are above moderate degrees of frailty on the risk index.
4. By measuring frailty and trending it over time, it contextualizes patient risk for poor outcomes and likelihood for decline versus improvement.
5. Patients can have favorable outcomes in these care settings when approached based on their functional, cognitive, and psychosocial status.
6. Physician engagement is one of the most impactful metrics for yielding favorable outcomes. This can be measured by frequency of completing Advance Care Planning visits and documentation.
7. Alignment of patient and family expectations based on frailty risk has yielded the greatest cost-savings in terms of reducing unnecessary hospitalization and reduction in poly-pharmacy, thereby adverse events. Interestingly, our data shows that frail patients who receive increased frequency of palliative care encounters achieve not only lower hospitalization rates, but also longer life-expectancy at decreased resource utilization.
8. By identifying frailty, medical staff and health facility leadership can better allocate appropriate resources to mitigate risk for poor outcomes.
9. Studying hospital CMS bundle payment and Medicare Advantage claims data suggests that measuring functional, cognitive and psychosocial changes in condition (all encompassed in frailty index

assessment) in institutional settings has positively impacted one of the largest regional iSNP and hospital CMS bundle programs.

In summary, social risk data is not generally targeted to allocate resources in a skilled facility setting as these patients are relatively insulated to social factors by the time they are in a supported environment that compensates for these factors. While patients residing in primarily outpatient and more independent community settings, are sensitive to social determinants. Data capture of these factors can be reliably obtained at scale using timely MDS data and Health Risk Assessments.

Regards,
Steven Buslovich, MD

--

Steven Buslovich MD, MSHCPM
CEO, Co-Founder
steve@patientpattern.com | 212.201.1212
patientpattern.com | livepac.com