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BOARD ON POPULATION HEALTH & PUBLIC HEALTH PRACTICE BOARD ON HEALTH CARE SERVICES

Accounting for Social Risk Factors in Medicare Payment: Data

Report 4

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Committee on Accounting for SES in Medicare Payment Programs

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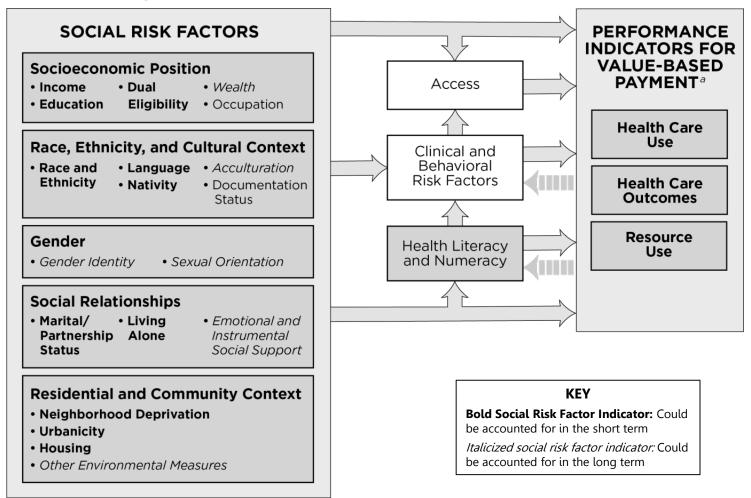
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Conceptual framework of social risk factors and performance indicators of VBPs



Report 4: Statement of Task

For each of the SES factors or other social factors ... recommend existing or new sources of data on these factors and/or strategies for data collection, while also identifying challenges to obtaining appropriate data and strategies for overcoming these challenges.

Potential Data Sources

- 1. New and Existing Sources of CMS Data
- 2. Data Sources from Providers and Plans
- 3. Alternative Government Sources
- Patients are the underlying source of most social risk factor data.
- As new, better & easier methods of data collection emerge, an ideal system would be responsive to evolving data availability and could adapt to use new data sources.

New and Existing Sources of CMS Data

- Administrative records
 - e.g., enrollment records
- Beneficiary surveys
 - e.g., CAHPS, Medicare HOS, MCBS

Data Sources from Providers and Plans

- Electronic health records/data
- Administrative data that providers report/submit to CMS
 - e.g., claims data

Alternative Government Data Sources

- Social Security Administration data
- American Community Survey
- Other national health surveys
 - e.g., HRS, NHATS, NHANES, NHIS, NSFG

Data Collection

Characteristics to assess data sources:

- 1. Collection Burden
- 2. Accuracy
- 3. Clinical Utility

The committee also considered whether an indicator is **relatively stable** (e.g., nativity) or **changes over time** (e.g., living alone).

Guiding Principles

- 1. First, use data CMS already has.
- 2. Second, use existing data collected by other government agencies (including elsewhere in HHS).
- 3. For relatively stable social risk factor indicators, collect data at the time of enrollment in Medicare.

(See Recommendation 1, p. 37)

Guiding Principles

- 4. For social risk factor indicators that change over time *and* have clinical utility, collect through EHRs or other types of provider reporting
- 5. For social risk factor indicators that reflect a person's context or environment, consider existing data sources to develop area-level

measures

(See Recommendation 1, p. 37)

Categories of Available Data

- Data are available for use in the short and long term.
- Data with some limitations are available for use in the short term; research is needed for improved accuracy in the long term.
- Measures and data collection methods exist in the literature; research is needed to accurately collect data in the long term.
- Research is needed on the effect of the social risk factor indicator on performance indicators used in VBP and on methods to accurately collect data.

Data are available for use in the short and long term

- Dual eligibility
- Nativity
- Urbanicity/rurality

(See Recommendation 2, p. 38)

Data with limitations are available for the short term; research is needed for improved accuracy in the long term

- Race and ethnicity
- Language
- Marital/partnership status
- Income
- Education
- Neighborhood deprivation
- Housing

(See Recommendation 3, p.40, and Recommendation 5, p.47) BOARD ON POPULATION HEALTH & PUBLIC HEALTH PRACTICE / BOARD ON HEALTH CARE SERVICES

- Measures and data collection methods exist in the literature; research is needed to accurately collect data in the long term
- Wealth
- Living Alone
- Social Support

(See Recommendation 4, p. 45)

- Research is needed on the effect of the social risk factor on performance indicators used in VBP and on measurement
- Acculturation
- Sexual orientation/Gender identity
- Environmental measures of residential and community context

(See Recommendation 6, p.47)

Summary of Data Availability for Social Risk Factor Indicators

CIAL RISK FACTOR	DATA AVAILABILITY			
Indicator	1	2	3	4
P				
Income				
Education				
Dual Eligibility				
Wealth				
ce, Ethnicity, and Cultural Context				
Race and Ethnicity				
Language				
Nativity				
Acculturation				
nder				
Gender identity				
Sexual orientation				
cial Relationships				
Marital/partnership status				
Living alone				
Social Support				
sidential and Community context				
Neighborhood deprivation				
Urbanicity/Rurality				
Housing				
Other environmental measures				
	 Available for use now Available for use now for some outcomes, but research needed for improved, future use 		 3. Not sufficiently available now; research needed for improved, future use 4. Research needed to better understand relationship with health care outcomes a on how to best collect data 	

Recommendation 7

The committee recommends that the Centers for Medicare & Medicaid Services collect information about relevant, relatively stable social risk factors, such as race and ethnicity, language, and education, at the time of enrollment.

Visit

nationalacademies.org/
MedicareSocialRiskFactors
to download the full report

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Thank you!

