Social Determinants of Health and Quality Measurement: Issues & Recommendations

Special Needs Plans

Special needs plans (SNPs) are Medicare Advantage plans authorized and designed to meet unique needs of people with *high care and condition complexity*. SNPs have additional requirements beyond standard Medicare Advantage plans. For example, they conduct health risk assessments, submit a Model of Care, use tailored interdisciplinary care team and care management approaches, coordinate an extensive service array, and meet additional quality measurement standards.

The Special Needs Plan Alliance

The SNP Alliance is a nonprofit leadership organization advancing policy for high-risk populations with integration and alignment of program policy, service delivery, and payment for dually-eligible beneficiaries and people with complex conditions. We promote meaningful performance measurement which will support an integrated approach of medical, behavioral health, and functional support. We represent plans that have two-thirds of all SNP enrollment nationally—about 2.5 million beneficiaries.

Quality Measurement

The SNP Alliance supports quality measurement to evaluate and improve care for Medicare beneficiaries. However, our Alliance and other stakeholders believe that the MA Quality Measurement System may not adequately take into account the underlying effect of high-risk beneficiary characteristics which impact outcomes observed. We are concerned that the scoring results do not provide an accurate picture of quality of care, and that the measures and methods are not well-matched to complex and diverse populations.

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SDOH

Social determinant of health (SDOH) risk factors prevail in special needs populations. These factors include poverty, housing instability, low education level, living in a poor neighborhood, lack of adequate food or transportation, and social isolation. These risks interact with existing mental or physical health and chronic conditions, disabilities, and functional limitations which are characteristic of special needs populations. SDOH risk factors affect how a person lives. They impact the treatment, procedures, care, and support—what can be done, when, and how. Clinicians, therapists, nurses, social workers, and others working with people with high SDOH risk factors explain that, even when provision of care meets the highest standards or guidelines, optimal health outcomes can be difficult to achieve.

The COVID-19 pandemic has made this even harder. In a recent survey of special needs health plans, they report that their care managers, outreach staff, and member support personnel have seen "higher risks all around due to COVID-19." Social isolation and food insecurity were especially stark in their rise in terms of number of people affected.

What you said: "Higher risks all around due to COVID-19"

SNP Priority Issues – Quality & SDOH

There are three priority issues:
#1) **Test/Modify** *Measures and Methods* for High-Risk Groups in MA Quality Measurement
#2) **Adjust** for High-Risk Groups in Policy & Payment Tied to MA Quality Measurement
#3) **Improve** *Usefulness* of Information from MA Quality Measurement

Issue #1: Test/Modify Measures and Methods
Though each of the 46+ measures in the MA Stars Rating system has merit, as a group the measure set is not well-matched to the priority needs, conditions, or issues of people with special needs. In addition, the surveys and methods used to generate some of the measures (such as the PCS and MCS measures generated from the Health Outcomes Survey) have not been adequately tested among diverse, complex, disabled, and high SDOH groups, which raises questions about accuracy of the results.

Issue #2: Adjust for High Risk
More than six years ago Congress directed HHS/CMS to create an adjustment in the MA quality measurement system to account for the effect of SDOH high risk factors on outcome measurement. CMS created an interim approach called the "Categorical Adjustment Index." It has helped in a limited way to adjust some measures in MA Stars. The CAI is supposed to assist health plans with a very high proportion of low-income, disabled, or dually-eligible people in their enrollment. However, with six+ years of data, we can see it doesn't go far enough. CMS has yet to publish results on the impact for CAI in reaching/adjusting for high SDOH populations, or give a timeline toward a permanent solution.

Other complexity factors also affect a plan's ability to reach the highest target for a given measure. For example, frailty due to advanced age or a progressive medical condition can impact how far a provider can take certain treatment or screening designed for a general Medicare population (e.g., Controlling High Blood Pressure, Colonoscopy Screening). There is a point at which the treatment or screening test may not offer value or may even harm the individual (e.g., dizziness causing falls, life-limiting prognosis). Additional adjustment or better methods are needed to adequately address diverse, complex, disabled, and high SDOH groups.

Issue #3: Improve Usefulness
The information from the MA Stars Ratings is to inform consumers, health plans, and other stakeholders on performance. Consumers search by Star rating and compare products. Health plans

try to compare with other plans and meet targets for improvement. Unfortunately, the information is not as useful as it could be for evaluating performance. All plans' ratings are put in one group for comparison. For example, general MA plans with low SDOH enrollment (e.g., under 20% of enrollment dually eligible, low income, or disabled) are in the same group as special needs plans with very high SDOH enrollment (e.g., 80-99% enrollment of dually eligible, low income or disabled) in the Star rating measure benchmarks. In addition, the data that is combined may come from vast regions of the country—with very different characteristics (rural/urban, high/low income, scarcity/abundance of different types of providers) but is presented as one contract/plan.

Recommendations

Issue #1: Test/Modify Measures and Methods
Re-test MA Star measures and methods with high-SDOH, diverse, and complex beneficiary groups and modify where testing shows the need.

Issue #2: Adjust for High Risk
Publish results to date for CAI.

Work on a permanent solution for SDOH adjustment.

Develop a more comprehensive beneficiary profile index that captures characteristics which impact treatment and could be used in measurement and performance comparison.

Issue #3: Improve Usefulness
Separate measurement data into two groups: high SDOH/dual plans and low SDOH/dual plans and present as two groups together with characteristics of the people enrolled, so that each of these two groups can have more relevant and accurate benchmarks for comparison.

Studies & Resources

➢ **SNP Alliance Member Profile Brief, 2021** The SNP Alliance provides a profile report of health plan members. See: SNPA-Member-Profile-Brief-June2021

➢ **SNP Alliance White Paper on the Health Outcomes Survey** – The SNP Alliance published a White Paper on the limitations of the Health Outcomes Survey. See: HOS WHITE PAPER-SNPA

➢ **Independent Study on Social Risk Factors** A recent analysis by a team of researchers suggests that accounting for social risk factors like poverty, housing instability, and transportation insecurity can have meaningful impact on healthcare quality measures without compromising quality of care. Nerenz, D. et al. (2021). *Health Affairs.* April. Adjusting Quality Measures For Social Risk Factors Can Promote Equity In Health Care - PubMed (nih.gov)

➢ **Independent Study on SES & Quality Scores** A study of physician clinic quality measurement showed that quality scores for diabetes and cardiovascular disease care needed to be adjusted for the social risk within the patients served, to improve accuracy when comparing physicians/clinics (Nguyen, et al., 2019). Nguyen, Chirstina, et al. (2019). Social Risk Adjustment of Quality Measures for Diabetes and Cardiovascular Disease in a Commercially Insured US Population | Cardiology | JAMA Network Open | JAMA Network