ACCOUNTING FOR SOCIAL RISK FACTORS IN MEDICARE PAYMENT: DATA

The U.S. Department of Health and Human Services, acting through the Office of the Assistant Secretary for Planning and Evaluation (ASPE), asked the National Academies of Sciences, Engineering, and Medicine to convene an ad hoc committee and produce a series of five brief consensus reports to identify social risk factors that affect the health outcomes of Medicare beneficiaries and methods to account for these factors in Medicare payment programs.

In its third report, the committee concluded that there are measurable social risk factors that could be accounted for in Medicare value-based payment (VBP) programs in the short and long term. In this fourth report, the committee provides guidance on data sources for and strategies to collect data on these indicators that could be accounted for in Medicare quality measurement and payment programs.

DATA SOURCES

The committee identified 3 broad categories of data sources: (1) new and existing data collected by the Centers for Medicare & Medicaid Services (CMS), (2) data from health care providers and health plans, and (3) alternative government data sources, i.e., national surveys that non-CMS federal agencies and state agencies oversee and maintain.

While patients are the underlying source of most social risk factor data, CMS, providers and plans, and government agencies collect and maintain this information and—more importantly— they standardize, assess, interpret, and report this information in a valid, consistent, and reliable way.

Additionally, as new methods to collect social risk factor data emerge, an ideal system would be responsive to evolving data availability and could adapt to use new data sources.

To assess the advantages and disadvantages of specific sources for specific indicators of social risk factors, the committee identified three characteristics to consider: (1) collection burden, (2) accuracy, and (3) clinical utility, or whether providers can use the information in the management and treatment of a given patient. The committee also considered whether an indicator is relatively stable (e.g., race and ethnicity) or changes over time (e.g., living alone).

DATA COLLECTION

The committee considered the extent to which standardized measures and data collection methods for each social risk factor indicator are available and used. To weigh the trade-offs between, and identify priorities among, the potential data sources for each social risk factor indicator, the committee identified several guiding principles that CMS should use in selecting data sources:

- o CMS should first use data it already has.
- o CMS should second look for opportunities to use existing data collected by other government agencies (including elsewhere in the Department of Health and Human Services).
- o To the extent that a social risk factor is relatively stable, CMS should examine the feasibility of collecting additional data at the time of enrollment in Medicare.
- o Where social risk factors change over time and have clinical utility, requiring data collection through electronic health records or other types of provider reporting may be the best approach.
- o For social risk factors that reflect a person's context or environment, existing data sources that can be used to develop area-level measures should be considered.

Data on some indicators is available for use now, while others require more research for improved future use. Some indicators require more research on their effect on health care outcomes and on how to best collect data. Please see the next page for a table summarizing the availability of data for social risk factor indicators that could be accounted for in Medicare payment programs.

To improve accuracy and reduce collection burden, the committee recommends that CMS collect information about relevant, relatively stable social risk factors, such as education, race and ethnicity, and language, at the time of enrollment.

For some social risk factors, there may be substantial barriers to data collection (such as high cost). The committee concludes that in these cases, and/or if early pilot testing or modeling in a multivariable model suggests only marginal gains from including any given indicator in any method of accounting for social risk factors in Medicare performance measurement and payment, inclusion of that indicator may not be warranted.◆◆◆

TABLE: Summary of Data Availability for Social Risk Factor Indicators

SOCIAL RISK FACTOR	DATA AVAILABILITY			
Indicator	**1**	**2**	**3**	**4**
SEP				
Income		■		
Education		■		
Dual Eligibility	■			
Wealth			■	
Race, Ethnicity, and Cultural Context				
Race and Ethnicity		■		
Language		■		
Nativity	■			
Acculturation				■
Gender				
Gender identity				■
Sexual orientation				■
Social Relationships				
Marital/partnership status		■		
Living alone			■	
Social Support			■	
Residential and Community context				
Neighborhood deprivation		■		
Urbanicity/Rurality	■			
Housing		■		
Other environmental measures				■

1. Available for use now

2. 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 and on how to best collect data

Committee on Accounting for Socioeconomic Status in Medicare Payment Program

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