

1 AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

4 Resolution: . . . .

6 Introduced by: American College of Preventive Medicine

8 Subject: Social Determinants of Health in Payment Models

10 Referred to:

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13 WHEREAS, Healthy People 2020 defines “social determinants of health” as “conditions in the  
14 environments in which people are born, live, learn, work, play, worship, and age that affect a  
15 wide range of health, functioning, and quality-of-life outcomes and risks”<sup>1</sup>; and

17 WHEREAS, The estimated number of deaths attributable to social factors in the United States is  
18 comparable to the number attributed to pathophysiological and behavioral causes<sup>2</sup>; and

20 WHEREAS, There is strong evidence that increased investment in selected social services and  
21 models of partnership between healthcare and social services (including housing support,  
22 nutrition assistance, case management, and integrated healthcare and housing services) can  
23 confer substantial health benefits and reduce healthcare costs for targeted populations<sup>3</sup>; and

25 WHEREAS, Programs such as the Medicaid-funded Community Support Program for People  
26 Experiencing Chronic Homelessness (CSPECH), started in 2006 by the Massachusetts  
27 Behavioral Health Partnership and the Massachusetts Housing and Shelter Alliance, are  
28 associated with up to an \$11,914 reduction in annual per-person healthcare costs and an  
29 annual per-person net savings of up to \$7,013<sup>4</sup>; and

31 WHEREAS, A National Quality Forum panel of experts suggests that not adjusting for patients’  
32 sociodemographic factors might actually harm patients, exacerbate disparities in care, and  
33 produce misleading performance scores for a variety of providers<sup>5</sup>; and

35 WHEREAS, Even though a shift has begun from paying for volume (fee-for-service) to paying  
36 for quality, known as value-based payment (VBP), there is concern that VBP designs that don’t  
37 account for social risk factors could harm socially at-risk populations<sup>6</sup>; and

39 WHEREAS, An ad hoc committee, requested by the Department of Health and Human Services  
40 and convened by the National Academies of Sciences, Engineering, and Medicine, found that  
41 changes to the current VBP system to account for social risk factors would especially influence  
42 the lives of patients who have historically experienced barriers to accessing high-quality  
43 healthcare, and that accounting for social risk factors in quality measurement and payment in

44 combination with complementary approaches may achieve the policy goals of reducing  
45 disparities in access, quality, and outcomes and promote health equity<sup>6</sup>; therefore be it  
46  
47 RESOLVED, That our American Medical Association support payment reform policy proposals  
48 that incentivize screening for social determinants of health, as defined by Healthy People 2020,  
49 and referral to community support systems. (New HOD Policy)

### References

1. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov).
2. Sandro Galea, et al. "Estimated Deaths Attributable to Social Factors in the United States," American Journal of Public Health, August 2011.
3. Yale Global Health Leadership Institute, "Leveraging Social Determinants of Health: What Works?" The Blue Cross Blue Shield of Massachusetts Foundation. June 29, 2015.
4. Massachusetts Medicaid Policy Institute (MMPI), "Estimating Cost Reductions Associated with the Community Support Programs for People Experiencing Homelessness," The Blue Cross Blue Shield of Massachusetts Foundation. March 2017.
5. National Quality Forum, Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors: Technical Report, August 2014.
6. National Academies of Sciences, Engineering, and Medicine. 2017. *Accounting for social risk factors in Medicare payment*. Washington, DC: The National Academies Press.

Fiscal Note:

Received:

### RELEVANT AMA POLICY

#### **Educating Medical Students in the Social Determinants of Health and Cultural Competence H-295.874**

Our AMA: (1) Supports efforts designed to integrate training in social determinants of health and cultural competence across the undergraduate medical school curriculum to assure that graduating medical students are well prepared to provide their patients safe, high quality and patient-centered care. (2) Supports faculty development, particularly clinical faculty development, by medical schools to assure that faculty provide medical students' appropriate learning experiences to assure their cultural competence and knowledge of social determinants of health. (3) Supports medical schools in their efforts to evaluate the effectiveness of their social determinants of health and cultural competence teaching of medical students, for example by the AMA serving as a convener of a consortium of interested medical schools to develop Objective Standardized Clinical Exams for use in evaluating medical students' cultural competence. (4) Will conduct ongoing data gathering, including interviews with medical students, to gain their perspective on the integration of social determinants of health and cultural competence in the undergraduate medical school curriculum. (5) Recommends studying the integration of social determinants of health and cultural competence training in graduate and continuing medical education and publicizing successful models.