



**Association of
American Medical Colleges**
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

Submitted via email to nchsicd10CM@cdc.gov

May 9, 2019

ICD-10 Coordination and Maintenance Committee
Public Comment Period
Spring 2019

Re: Comments on Proposal to Expand ICD-10-CM Codes for Social Determinants of Health

To whom it may concern:

The Association of American Medical Colleges (AAMC) appreciates the opportunity to comment on UnitedHealthcare and the American Medical Association (AMA)'s proposal to expand existing ICD-10-CM codes to better capture additional data on the social determinants of health (SDOH) to drive better care, patient engagement, and more equitable outcomes.

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 154 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Together, these institutions and individuals are the American academic medicine community.

The AAMC supports efforts to eliminate inequities in health and healthcare and to improve quality, care coordination, and access to services for vulnerable populations. Accounting for SDOH in ways that isolate inequitable differences in measured quality can raise awareness and enable the development of interventions that reduce healthcare inequities and improve quality and efficiency. It can also improve accuracy in reporting, estimating costs in capitation models, and compensating providers fairly. The AAMC believes that the proposed ICD-10-CM codes are an opportunity for providers to voluntarily begin to collect more granular data that can improve outcomes by identifying specific barriers to care, and for appropriate risk adjustment to fully capture SDOH factors.

Over the past decade – and especially during the current transition towards patient-centered care and value-based payment – we have reached a consensus on the impact of SDOH on health outcomes and healthcare delivery and payment. The literature recognizing the impact of SDOH factors on patient outcomes is substantial and recent entities tasked with addressing this issue have been clear: accounting

for patients' SDOH is critical in validly assessing the quality of providers.^{1, 2, 3, 4} This was recognized in the 21st Century Cures Act legislation, requiring the Centers for Medicare & Medicaid Services (CMS) to account for a hospital's proportion of full benefit Medicare and Medicaid dual-eligible patients in determining payment penalties under the Hospital Readmission Reduction Program (HRRP).

While consensus grew on the importance of SDOH, so too did the realization that a key challenge going forward is identifying and collecting the right SDOH data to capture to meaningfully mitigate their impacts. Using dual-eligibility status as a proxy for multiple SDOH should only be a first step in the process of better accounting for SDOH factors: Although dual-eligibility data has the advantage of being consistently collected, its relationship with quality outcomes is significantly confounded by other, more granular SDOH factors. Better data about *specific* SDOH would support providers in developing targeted interventions to improve the delivery of care, advance providers' (and their institutions') understanding of the patients and communities they serve, and help determine how best to invest resources (like community benefit dollars) to counteract the SDOH factors that matter most.

ICD-10 Z-codes (labeled as "Persons with potential health hazards related to socioeconomic and psychosocial circumstances") present an opportunity to better isolate quality differences and can lead to healthcare equity-promoting action. Recent analyses by the Missouri Hospital Association and the American Hospital Association (AHA) have evaluated the frequency and consistency of use of existing Z-codes and have demonstrated that hospitals and health systems are starting to use Z-codes.^{5, 6}

UnitedHealthcare and the AMA have developed a recommendation to expand some existing Z55-Z65 code categories, which at present are not specific enough for a provider to easily refer a patient to appropriate community-based services. For example, the Z59.6 code allows a provider to document low-income but does not provide any additional detail that would improve coordination of non-health services. Under the proposal, new sub-codes (Z59.61-Z59.68) would allow the provider to detail whether income limitations impact ability to pay for prescriptions, transportation (related or unrelated to health care), utilities, or child care, each of which would assist the care team in making connections to appropriate social service organizations. UnitedHealthcare shares that providers are willing to submit codes when such codes are available and that additional ICD-10-CM SDOH codes would allow providers to capture more of the data already available in electronic medical records (collected from health risk assessments) in a meaningful way.

This effort to expand the existing Z-codes complements other efforts that target coding to effect change on SDOH. The Gravity Project, led by the University of California San Francisco and the Social Interventions Research & Evaluation Network (SIREN), is one such project that is seeking to build

¹ Michael Barnett, MD, et al. *Patient Characteristics and Differences in Hospital Readmission Rates*. *JAMA*, 2015. Retrieved from: <http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2434813>

² Jianhui Hu, et al. *Socioeconomic status and readmissions: evidence from an urban teaching hospital*. *Health Affairs*, 2014. Retrieved from: <http://content.healthaffairs.org/content/33/5/778.full>

³ "Office of the Assistant Secretary for Planning and Evaluation." *Report to Congress: Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Program*. December, 2016. Retrieved from <https://aspe.hhs.gov/system/files/pdf/253971/ASPESESRTCfull.pdf>

⁴ "National Academies of Medicine." *Accounting for Social Risk Factors in Medicare Payment: Criteria, Factors, and Methods*. 2016. Retrieved from <https://www.nap.edu/download/23513#>

⁵ Missouri Hospital Association. *Policy Brief: Decoding Social Determinants of Health*. September 2018. Retrieved from <http://bit.ly/PolicyBriefSDOH>

⁶ American Hospital Association. *ICD-10-CM Coding for Social Determinants of Health*. April 2018.

consensus around the use of electronic health records (EHRs) to effectively collect and use SDOH data elements.⁷ Expanding ICD-10-CM codes for SDOH makes the Gravity Project a better investment for collaboration because EHR consensus is more valuable when there are relevant SDOH data to collect. Additionally, the Gravity Project (and possibly other related efforts) has made the current timing of the ICD-10-CM expansion more important because allowing coding for SDOH aligns with the mission of institutions and projects that want ICD-10-CM expansion to be a success and are providing a mechanism to increase its usage.

More granular and specific ICD-10 Z-codes for SDOH also benefits risk adjustment as we seek to transform our health care system away from fee-for-service payment towards paying for value and outcomes. Collecting additional Z-code data can inform changes to risk adjustment models, where their inclusion will ensure that more providers utilize them, leading to more robust adjustment for social risk factors for appropriate measures of value and quality. We are beginning to see a shift in payment models to address payment for SDOH, including from CMS in its final notice for Medicare Advantage plans to be able to cover benefits to address SDOH for plan beneficiaries beginning in 2020.⁸

The AAMC supports the addition of the proposed ICD-10-CM codes as an opportunity to collect more data that can improve outcomes by identifying specific barriers to care, and for appropriate risk adjustment to fully capture SDOH factors. The time might also be right to engage researchers, community partners, the social service sector, etc. to review other extant ICD 10 Z-codes to identify ways to make them more granular, actionable, and meaningful. We will continue to monitor the use and sufficiency of the Z-codes in the future for additional solutions in this field.

Thank you for the opportunity to provide comments. We are committed to reducing disparities and improving the quality of care for patients. If you have additional questions, please contact Philip M. Alberti, Ph.D., Senior Director of Health Equity Research and Policy at palberti@aamc.org or Phoebe Ramsey, J.D., Senior Regulatory Analyst, Quality & Payment Policy at pramsey@aamc.org.

Sincerely,



Janis M. Orlowski, M.D., M.A.C.P.
Chief Health Care Officer

Cc: Philip Alberti, AAMC
Phoebe Ramsey, AAMC
Matthew Baker, AAMC

⁷ University of California, San Francisco, "The Gravity Project: A National Collaborative to Advance Interoperable Social Risk and Protective Factors Documentation," <https://sirenetwork.ucsf.edu/TheGravityProject> (visited May 10, 2019).

⁸ Centers for Medicare & Medicaid Services, "2020 Rate Announcement and Call Letter for Medicare Advantage and Part D," April 1, 2019, available <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>