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November 16, 2018

Brenda Destro  
Deputy Assistant Secretary for Planning and Evaluation (ASPE)  
Room 415 F  
U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201

**Re: IMPACT ACT Research Study: Provider and Health Plan Approaches to Improve Care for Medicare Beneficiaries with Social Risk Factors**

Dear Assistant Secretary Destro:

AMDA – The Society for Post-Acute and Long-Term Care Medicine appreciates the opportunity to provide our comments to the Request for Information (RFI) on the *IMPACT ACT Research Study: Provider and Health Plan Approaches to Improve Care for Medicare Beneficiaries with Social Risk Factors*.

The Society is the only medical specialty society representing the community of over 50,000 medical directors, physicians, nurse practitioners, physician assistants, and other practitioners working in the various post-acute and long-term care (PALTC) settings. The Society's 5,500 members work in skilled nursing facilities, long-term care and assisted living communities, continuing care retirement communities (CCRC), home care, hospice, PACE programs, and other settings. In serving this population, these clinicians care for the most high-risk and costly group of beneficiaries covered by Medicare and Medicaid programs.

We appreciate that Assistant Secretary for Planning and Evaluation (ASPE) is conducting this important study evaluating the effect of individuals socioeconomic status (SES) on quality measure and measures of resource use under the Medicare program. As noted in the RFI, there is growing recognition that social risk factors such as income, education, race and ethnicity play major role in health. However, many of the Society's members who serve the very frail patient populations in the PALTC settings would note that many of these factors are less impactful on clinical outcomes, as any deficits in these are compensated for by the facility services and staff.

These PALTC residents are already highly dependent and have been impacted by all the negative factors, essentially failing to remain in the community for a multitude of reasons far exceeding what supporting social determinants of health would mitigate. This patient population is risk adjusted which often fails to capture or address functional/cognitive decline. Once they are in the facility, these social determinants are no longer a factor. However, there is still value in recognizing and measuring certain psychosocial factors, yet this information is not readily accessible to the medical providers.

To address some of the informational gaps, a company called Patient Pattern ([patientpattern.com](http://patientpattern.com)) gathered clinical data and patient condition tracking through an automated algorithm process using Minimum Data Set (MDS) and an in-person Health Risk Assessment performed at the bedside to compute an evidence-based frailty index that encompasses psychosocial, cognitive and functional data. To date, upon review of millions of records across the country, several insights become apparent:

1. We can reliably obtain extensive psychosocial information with respect to individual patients at scale using this approach
2. It turns out that cognitive and functional measures are significantly more predictive for poor outcomes than psychosocial factors in institutional settings.
3. Poor outcomes are exponentially more prevalent in patients that are above moderate degrees of frailty on the risk index.
4. By measuring frailty and trending it over time, it contextualizes patient risk for poor outcomes and likelihood for decline versus improvement.
5. Patients can have favorable outcomes in these care settings when approached based on their functional, cognitive, and psychosocial status.
6. Physician engagement is one of the most impactful metrics for yielding favorable outcomes. This can be measured by frequency of completing Advance Care Planning visits and documentation.
7. Alignment of patient and family expectations based on frailty risk has yielded the greatest cost-savings in terms of reducing unnecessary hospitalization and reduction in poly-pharmacy, thereby adverse events. Interestingly, our data shows that frail patients who receive increased frequency of palliative care encounters achieve not only lower hospitalization rates, but also longer life-expectancy at decreased resource utilization.
8. By identifying frailty, medical staff and health facility leadership can better allocate appropriate resources to mitigate risk for poor outcomes.
9. Studying hospital CMS bundle payment and Medicare Advantage claims data suggests that measuring functional, cognitive and psychosocial changes in condition (all encompassed in frailty index assessment) in institutional settings has positively impacted one of the largest regional iSNP and hospital CMS bundle programs.

Social risk data is not generally targeted to allocate resources in a skilled facility setting as these patients are relatively insulated to social factors by the time, they are in a supported environment that compensates for these factors. While patients residing in primarily outpatient and more independent community settings, are sensitive to social determinants. Data capture of these factors can be reliably obtained at scale using timely MDS data and Health Risk Assessments.

Sincerely,

A handwritten signature in black ink that reads "Cari Levy". The signature is written in a cursive, flowing style with a large initial "C" and a long, sweeping underline.

Cari Levy, MD, PhD, CMD  
President