



November 16, 2018

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

RE: **Request for Information: IMPACT ACT Research Study:** Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors

Dear Deputy Asst. Secretary Destro:

Doctors Hospital at Renaissance (DHR Health) thanks you for the opportunity to comment on the IMPACT ACT research study RFI: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors. **As the largest physician-owned health system in the country, and the only locally-owned and operated health system remaining standing in our county, DHR Health has a unique perspective on care delivery for beneficiaries with social risk factors.**

### **About DHR Health**

DHR Health is a homegrown, grassroots physician-owned community health system developed by local physicians with the goal of addressing all of the health care needs of our community, while eliminating the need for our local residents to seek medical services outside the region. Located in the Rio Grande Valley<sup>1</sup> of Deep South Texas, we serve an area of over 1.5 million people, and provide access to the highest-of-quality and award-winning health care in one of the poorest regions of the country.

We are a world-class full-service health system with 500+ beds, offering the most comprehensive and best medical care in the Rio Grande Valley with over 70 specialties and sub-specialties, 700 physicians, 1,400+ nurses, a rehabilitation hospital, behavioral hospital, the only dedicated women's hospital south of San Antonio, a level III neo-natal intensive care unit that ranks among the top 5% in the world in terms of outcomes, a 24/7 level III trauma center, a robust clinical research division, and the flagship teaching hospital for the University of Texas Rio Grande Valley School of Medicine.

Despite the Rio Grande Valley having the highest adult uninsured rate in the region (36 percent), and over 25 percent of area residents being eligible for Medicaid (which is more than double the state average of 12.5 percent), the four-county area is served by only one basic-service general acute 50-bed public hospital. DHR proudly serves as an area safety-net hospital with 44 percent of our overall patient population being covered by Medicaid and 25 percent by Medicare (by discharge). In fact, of the over 89,000 babies delivered at DHR (approximately 600-800 per month), 85 percent are covered by Medicaid and we have incurred over \$1 billion in uncompensated and charitable care since opening our doors. Despite these challenges, DHR continues to increase access to care and meet the health care needs of our community.

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<sup>1</sup> The Rio Grande Valley is made up of the four Southern-most counties in Texas: Starr, Hidalgo, Cameron, and Willacy Counties.

## RECOMMENDATIONS:

DHR believes there are ways that the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) can improve evaluation of the effectiveness of existing interventions on beneficiaries' health outcomes and healthcare costs.

### *Identify Beneficiaries with Social Risk Factors*

In order to improve care for Medicare beneficiaries with social risk factors, health systems and providers must be able to identify beneficiaries with social needs and develop care strategies tailored to their community. There are different ways to identify social needs, one of which includes examination of population trends conducted by third-party organizations. As stated in this RFI, data and measurement and comprehensive needs assessments help providers understand their population's health, risk factors and patterns of care. They help systems identify, anticipate and respond to clinical and social needs.

As part of the Texas 1115 Medicaid Transformation Waiver, the state created regional health partnerships (RHPs), responsible for conducting community needs assessments (CNAs), and administering Delivery System Reform Incentive Payments (DSRIP) programs. The CNA's produced by each RHP provide an vital assessment tool for health care providers, community leaders, state and local agencies, universities, and other stakeholders to better understand local population risk factors, health care needs, and gaps. **DHR recommends that HHS and ASPE promote provide funding to incentivize the formation of regional health partnerships and the development of CNA's on a periodic basis.** The information that could be gained and compiled if every region of the country had the resources to conduct localized and tailored health care and population based CNA's would be invaluable to local, state, and national policy makers.<sup>2</sup>

For example, in February 2018, the University Of Texas School Of Public Health Brownsville released the most recent CNA for RHP 5, where DHR is situated. A CNA is produced every The analysis used data from hospitals in the region and state and national sources to evaluate the health status and unique needs of the population in the Rio Grande Valley (RGV). Additionally, the Texas Health Institute recently conducted a report on the population characteristics in the RGV. These assessments illustrate some of the most common socio-economic and demographic factors that influence our patients' social determinants of health.

Their research found that nearly 60% of the residents in our region are classified as low-income, with the median family income ranging from \$27,000 to \$34,500. An estimated 20% experience food insecurity. Approximately 15% express excessive drinking behavior and 12% smoke. Unemployment currently ranges from 12% to 17%, and the percent of the population without a high school education ranges from 25% to 37%. Additionally, within a randomly selected study of over 4,500 adults in the RGV, 27.6% of adults had

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<sup>2</sup> The ACA does require non-profit hospitals to produce a CNA every three years that demonstrates the community benefit provided by the non-profit hospital. However, a more regionalized approach that does not focus on a single entity will provide a more holistic view of a particular areas' needs.

diabetes, 32% had pre-diabetes, 51% were obese, 27.8% had depression, and 30% had measurable levels of anxiety. Notably, there are at least 10 times as many fast food restaurants as grocery stores in our region. Finally, each county in the region contains neighborhoods known as ‘colonias,’ or unincorporated rural communities that lack basic infrastructure. Families in these communities are usually poor and living in substandard housing, with little or no access to electricity, indoor plumbing and paved roads, making public transportation and access for emergency vehicles very difficult.

### ***Promote the Adoption of Strategies to Address Social Risk Factors through a Comprehensive Care Approach***

DHR Health has transformed the health care landscape and raised the standard of care across the Rio Grande Valley. Through our commitment to quality and to the people of the Rio Grande Valley, DHR continually seeks ways to provide a comprehensive care approach through care coordination, education, counseling and support services across the entirety of our health system and specialty services. We want to ensure that all of our patients’ needs are addressed, whether those needs are medical or otherwise.

DHR works tirelessly to provide our clinicians with all the available information and tools necessary to treat patients and coordinate care with all providers, and to provide our patients with all the resources they need to better manage and take control of their own health. Patients present with many social risk factors that make medical treatment and diseases management much more difficult - such as poverty, lower education levels, environmental exposures, and minimal or lower health, nutrition, and medical literacy. Some examples of the many ways DHR is working to address all of our patients’ needs are:

- ***Care Link Clinic*** - Our Care Link Clinic provides education and comprehensive transitional care for patients at high-risk of hospitalization in order to help them manage their disease and stay out of the hospital. The Care Link Clinic tailors services to high-risk patients such as those suffering from diabetes, COPD, acute myocardial infarction, congestive heart failure, renal disease and pneumonia. Patients in the Care Link clinic are provided with the tools to monitor and address their health and diseases with education, one-on-one visits with nurses and pharmacists, nutrition classes, therapy management, home visits, counseling services, and transitional care.
- ***Transportation Services*** - Our organization evaluates needs of specific populations and provides transportation to assure compliance with appointments.
- ***Integration of Mental Health into Clinics and Acute Care Settings*** – One of the most important things DHR is doing across our system is integrating mental health professionals in our clinics and acute care settings to help patients cope with their disease and to address chronic issues like poor compliance with medication or other protocols. We have found that one of the most important social determinant of health is mental health. One of the top reasons we see re-hospitalizations or complications is due to mental health issues of the patient and their ancillary effects, such as failing to make medication at the prescribed times or doses.
  - ***School Based Mental Health*** - In addition, our system provides mental health services to three main school systems providing mental health services to school children to avoid missing school.

- **Support Groups** - Our system provides support groups to many groups to include: cancer survivors, grief counseling, amputees, stroke, Parkinson's, Empowerment groups to name a few.
- **Social Services and Community Assistance** - Our Social Services team help patients who lack access to many resources by assisting patients find those resources in the community through partnerships and programs with DHR Health.
- **Care Navigation Services**- DHR provides care navigation programs across the health system to assist patients and families navigate the health system to assure continuity of care and transitions of care.
- **Maternal and Fetal Health** – DHR has begun the first maternal fetal medicine program in our area and we participates in pilot program with the State of Texas aimed at helping at-risk mothers to improve pregnancy outcomes. Our MFM program is making tremendous strides in improving outcomes in our region for both mother and child.

These are just a few of the examples of how DHR is working to create a streamlined and comprehensive system of care to holistically address our patients' needs. **We urge HHS and ASPE to implement programs and develop incentives to increase access to comprehensive care that includes care coordination, education, counseling and support services that will help patients overcome social risk factors so that they may have the tools to better manage their health.**

### **Adjust Quality Performance Categories for Social Risk Factors**

One simple strategy to improve the evaluation and effectiveness of existing interventions is to adjust all measures included in the Quality Performance Category of the Merit-based Incentive Payment System (MIPS) for socioeconomic factors. Adjusting these measures for social determinants of health will incentive health systems and providers to put more focus on addressing underlying issues of disease and will foster innovation in the delivery of care that goes beyond medicine and traditional health care.

Patient outcomes are influenced by factors other than the quality of the care provided. Socio-demographic factors beyond the control of a provider- such as the availability of primary care, physical therapy, ease of access to medications and appropriate food, and options for post-discharge care and services – influence performance on outcome measures. When comparing the quality of care provided by a variety of entities, risk adjustment helps account for these aforementioned factors. Hospitals with a large number of low-income patients, such as DHR, are more likely to be penalized often as a result of elements outside of the hospital's control.

What CMS is currently missing are the various other elements in the healthcare environment which have an undeniable effect on quality measurement, including:

- **Socio-demographic factors** such as poverty, lack of access to healthcare, lack of transportation, lack of access to healthy food, and lack of resources in their areas
- **Readmission risks** which includes patients with 6 or more chronic conditions who statistically have a higher change of readmission versus a patient with one or two chronic conditions
- **Mental health factors** which include readmissions with the secondary diagnosis or psychiatric disorders. We experience, first hand, that nearly half of our readmissions have a secondary diagnosis of psychiatric disorders where their mental state interferes with their compliance of



self-care (such as medication regimens, discharge instructions, physical activity, and/or medical visit follow-ups).

These factors can be integrated into current quality measurement without collecting additional data. It merely requires mining the currently collected data in the acute and ambulatory settings.

Allowing for adjustment in all measures included in the quality category would align CMS policy with Congressional intent and action with respect the 21<sup>st</sup> Century Cures Act. Specifically, because CMS program data showed that hospital readmission rates and penalties under the Hospital Readmissions Reduction Program (HRRP) were positively correlated with the hospital's share of low-income patients, Congress amended the HRRP in order to address shortcoming of the program and to ensure inclusion of socio-economic data into the calculation and to not unduly penalize hospitals due to the socio-demographic characteristics of their patient population. **DHR urges the robust use of risk adjustment – including socioeconomic adjustment, where appropriate – to ensure caring for more complex patients does not cause providers to appear to perform poorly on measures.**

We appreciate the opportunity to provide these comments and we look forward to working with HHS and ASPE to improve health outcomes for beneficiaries. If you have any additional questions, please do not hesitate to contact our Counsel for Government Affairs and Policy, Mr. Roberto Haddad, by phone at (956) 362-7138 or by email at [r.haddad@dhr-rgv.com](mailto:r.haddad@dhr-rgv.com).

Sincerely,

A handwritten signature in blue ink, appearing to read "C. J. Cardenas", with a large, stylized flourish at the end.

Dr. Carlos J Cardenas  
Chief Administrative Officer  
Chairman of the Board  
Doctors Hospital at Renaissance

