

May 10, 2019

VIA ELECTRONIC MAIL

nchsicd10CM@cdc.gov

ICD-10 Coordination and Maintenance Committee
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Proposed ICD-10 Codes on Social Determinants of Health

On behalf of the Adventist Health Policy Association (AHPA), we appreciate the opportunity to provide the following comments in response to the ICD-10 Coordination and Maintenance Committee's proposals on ICD-10 codes for Social Determinants of Health (SDH). Our organization is the policy voice of five Seventh-day Adventist affiliated health systems that include 85 hospitals and more than 300 other health facilities in 17 states.

AHPA represents a major segment of the U.S. hospital sector. Our member hospitals operate in a variety of settings, ranging from rural Appalachia to urban areas of California. With such diverse facilities, populations served and geographical locations, we strive to provide an objective and sound policy voice that works across health care providers.

Below, please find AHPA's comments and recommendations on the proposed ICD-10 codes on SDH.

Specifically, we comment on the following issue areas:

- Social Environment
- Education and Literacy
- Food Security
- Housing

General Comments

The ICD-10 Coordination and Maintenance Committee seeks comment on the expansion of the current subset of ICD-10 codes that identify SDH. Currently, there are 11 diagnosis codes for SDH and the proposal would add another 23 codes. The proposed codes would allow clinicians to identify potential barriers to care in more detail.

AHPA supports the development of additional ICD-10 codes on social determinants of health.

Capturing SDH data in a uniform manner and incorporating it into care plans and existing workflows would help improve adherence to medical treatments, increase patient engagement and ultimately improve patient outcomes. This is supported by research demonstrating that 86 percent of current health care spending is related to chronic conditions and SDH has an impact on 60 percent of patient outcomes.¹

While we find the proposed ICD-10 codes helpful in addressing SDH, such effort will not be effective unless health providers and insurers actually use these codes. **To increase the use of SDH diagnosis codes, we recommend that the CDC work in collaboration with the Centers for Medicare and Medicaid Services (CMS) to provide appropriate incentives for the use of such codes. Additionally, we urge the Agency to allow other members of the clinical team, instead of just physicians, to document the data needed for these codes on the medical record.** Currently, the greatest barrier for using these codes is the time and effort required by physicians to capture the data. Coders are not able to use these SDH codes unless the information is documented by the physician in the medical record. Due to time limitations and lack of reimbursement for such time, it becomes difficult for physicians to capture the information needed for coding SDH. Allowing other members of the clinical team to document such data would help address this issue and potentially increase usage of the SDH codes. Further guidance and education on how to use these codes, either through FAQs, webinars or memos could also improve utilization.

Additionally, we believe that efforts to code for SDH should be aligned with others taking place inside and outside of the federal government. This would help ensure that any categories, subcategories and data sources used are uniform and consistent, which would improve research and practices to address SDH. The CDC can facilitate standardized and uniform approaches for mapping to registries, data analytics, coding, billing and reimbursement. Within the federal government, we recommend that the

¹ University of Wisconsin. County Health Rankings.

CDC align the new ICD-10 codes with the data sources used for the Healthy People 2020 objectives and their respective categories. Healthy People 2020 identified five categories of SDH: Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment. Aligning the ICD-10 codes with these categories would help standardize data collection and analysis, ultimately improving the ability to coordinate care. When developing new diagnosis codes, AHPA also recommends that the CDC use the framework established by the Kaiser Family Foundation.² The subcategories used by Kaiser provide additional granularity that could inform the development of future ICD-10 codes.

Proposed ICD-10 Codes on Social Determinants of Health

Social Environment

The Committee proposes to add six new codes under ICD-10 code Z60.8 to identify the following:

- Unable to deal with stress
- Inadequate social interaction - limited to once or twice a week
- Can hardly ever count on family and friends in times of trouble
- Feeling unsafe in current location
- Stressed quite a bit or very much
- Stressed somewhat

AHPA believes that the options of “Stressed somewhat” and “Stressed quite a bit” will be hard to differentiate in a meaningful way. We recommend adopting a single option to capture significant stress, such as “Feeling overwhelmed by stress.” Another consideration is to adopt two additional codes under this category: “Have had thoughts of suicide in last three months” and “Unable to care for self/ Insufficient caregiver support.”

Education and Literacy

The Committee proposes to add two new codes under ICD-10 code Z55, “Problems Related to Education and Literacy.”

- Z55.5 Less than a high school degree
- Z55.6 High school diploma or GED

² Kaiser Family Foundation. [Social Determinants of Health](#).

Additionally, new codes under ICD-10 Z56.8, “Other Problems Related to Employment,” are proposed for adoption to identify whether an individual is 1) unemployed and seeking work 2) unemployed but not seeking work 3) employed part-time or temporarily, or 4) employed full-time.

AHPA supports the adoption of these codes and recommends adopting an additional one, “Primary language spoken in the home is not English.” We believe that capturing this information would be helpful as it may affect the patient’s ability to understand the health information presented and comply with the medical treatment.

Food Security

The Committee proposes to adopt a new code to capture lack of compliance to dietary regimen due to financial hardship. Additionally, it proposes to separate code Z59.4, “Lack of adequate food and drinking water,” into two different codes:

- Lack of safe drinking water; Inadequate supply of drinking water
- Lack of adequate food; Inadequate food; Lack of food

AHPA supports the adoption of these codes. However, we recommend changing the term “Lack of compliance due to financial hardship” to “Inability to afford.” This terminology better defines the issue as a financial impediment and not a behavioral problem.

We believe that the code on lack of compliance due to financial hardship could assist in identifying hotspots within a community that may need additional resources. Collecting data on the lack of safe drinking water or adequate food could also help inform private and governmental efforts to tackle those issues. However, as noted in our general comments, this information will need to be documented by the physician in order to be properly coded.

Housing

The Committee proposes adopting an ICD-10 code entitled “Worried About Losing Housing.” **AHPA supports the adoption of this code and recommends including two additional ones to capture the following: 1) Homeless and 2) Housing in deplorable condition/uninhabitable.**

Conclusion

AHPA welcomes the opportunity to further discuss any of the recommendations provided above. If you have any questions or would like further information, please do not hesitate to contact me at Carlyle.Walton@AdventistHealthPolicy.org or Julie Zaiback-Aldinger, Director of Public Policy and Community Benefit, at Julie.Zaiback@AdventHealth.com.

Sincerely,

A handwritten signature in black ink that reads "C. Walton". The signature is written in a cursive, flowing style.

Carlyle Walton, FACHE
President
Adventist Health Policy Association