VALUE & INNOVATION FORUM BRIEFING SUMMARY

What Are Z Codes, and How Do They Impact Health Equity? – September 21, 2021

Understanding Z Codes

Z codes are a special group of diagnostic codes that enable clinicians to document a patient's social needs that impact their health. The codes are provided in the ICD-10 framework for reporting factors that influence health status and contact with health services.

Z codes are a recent addition to healthcare diagnostic codes, and can help improve patient care and increase health equity. Z codes have the potential to improve care and help patients address social determinants of health. But few people in healthcare, public health, or patient communities are familiar with the codes and they are little used. On September 21, 2021, the Value & Innovation Forum convened a panel of experts to cover the basics of Z codes and how they can bring social determinants of care out of the shadows into mainstream healthcare.

Panelists:
- Alan Balch - CEO of Patient Advocate Foundation and National Patient Advocate Foundation
- Julia Resnick - Senior Program Manager of Strategic Initiatives at the American Hospital Association (AHA), who leads AHA's work on social determinants of health.
- Katy Sollenberger - EPIC Site Specialist at the Rinehart Clinic who develops workflows around social determinants in health screenings and data tracking.

Focus:
The briefing focused on ICD codes Z55 to Z65 related to persons with potential health hazards related to socioeconomic and psychological circumstances, as well as to include problems related to housing and economic circumstances, employment, transportation, food insecurity, etc. These Z codes start at a higher level, with sub numbers down to the tenths, hundredths, and even thousandths, providing more specificity.

ICD-10-CM Codes › Z55-Z65

- Z55 Problems related to education and literacy
- Z56 Problems related to employment and unemployment
- Z57 Occupational exposure to risk factors
- Z59 Problems related to housing and economic circumstances
- Z60 Problems related to social environment
- Z62 Problems related to upbringing
- Z63 Other problems related to primary support group, including family circumstances
- Z64 Problems related to certain psychosocial circumstances
- Z65 Problems related to other psychosocial circumstances

A Coordination and Maintenance Committee determines the codes and decides which ones will be formalized into the ICD platform. In a March 2019 meeting, UnitedHealthcare and the American Medical Association proposed to add over 20 new Z codes under the existing social determinants of health categories. There was an additional proposal from Blue Cross Blue Shield of Vermont and Yale School of Nursing to specify, within a particular Z code, food insecurity. The rationale for these proposals was to increase the granularity of tracking various social determinants of one's health. In response, the American Health Information Management Association recommended that the approval of those codes be delayed until the work of the Gravity Project is completed. The Gravity Project is a national collaborative launched by the Social Innovations Research and Evaluation Network (SIREN) to advance interoperable social risk and protected factors documentation. It is a collaborative framework in which groups review and determine how to shape the Z code environment. Additionally, Kaiser Permanente announced they will be rolling out a plan called Thrive Local to track and address social determinants.

How Are Z Codes Being Used?

Katy Sollenberger shared that the Rinehart Clinic uses Z codes for data collection and reporting. The clinic's ais to use data to identify additional avenues of funding and add new program offerings for patients. The Rinehart Clinic's providers address Z codes with their patients and track the information over the course of health care visits to see how they can advocate for and help patients decrease related barriers and issues.

Julia Resnick shared AHA (which represents hospitals and health systems)'s vision is a society of healthy communities where all individuals reach their highest potential for health. To achieve that vision, the organization has two complementary arms: 1) advocacy and representation, ensuring that hospitals' perspectives and needs are heard and addressed in health policy development; and 2) member assistance providing technical support for healthcare leaders and hospitals on emerging healthcare issues and trends.

Over the past year and a half, the AHA's attention has been on the COVID-19 pandemic and how to provide relief and recovery for its hospitals. AHA has also been focused on issues such as behavioral health, workforce needs, and health equity and value, under which Z Codes tie in. She iterated that only 20 percent of health comes from health care, and the remaining 80 percent are the societal factors that influence health.

Four Reasons That Z Codes Are Important:
1. They can help providers enhance healthcare – by better understanding how to meet people's medical and social needs
2. Data allows hospitals to identify population health trends in the community – they standardize social needs data
3. Adding Z codes to hospital claims enables system-wide research – community level data can assist the tailoring of federal programs
4. Connecting Z codes to claims can help the AHA support policy and payment reform

Issues Inhibiting the Use of Z Codes:
1. Insufficient clarity of terminology – lack of definition for the terms for both providers and coders
2. Operational processes have been challenging, such as making the transition from screening to coding – e.g., knowing who is responsible for documentation, whether or not it is standardized, is it in the medical record
3. Lack of clarity about who can perform the screening and document social needs
4. Perceived lack of priority/importance among other codes – there is not yet a financial incentive

There is a collective need for consistent screening and documenting of social needs by providers. However, providers report not feeling comfortable asking Z Code related questions if they don't know what to do with the information. Online tools for referrals have grown in the past few years with Unite Us and NowPow, and other closed-loop referral services that can connect a patient with community resources at the point of care.

Hospitals, health systems, and clinics are increasingly screening for social needs, using tools such as the PRAPARE Assessment Tool. Yet, operational processes linking the data from PRAPARE to Z Codes and top-down communication emphasizing the importance of equity and social determinants within the health care system, are required for success.

Q&A

1. **Where do you see Z codes going? (Answered by Julia Resnick and Katy Sollenberger)**
   Ms. Resnick shared that Z codes are not diagnoses – they are influencers of health, and can help paint a more accurate picture of the complexity of a patient's situation. She stated that both private payers and the government are discussing how to address patients' social needs. And, as risk adjustment moves forward, including Z codes helps.

   Ms. Sollenberger indicated that Z Codes will likely become part of the metrics reporting for the state and federal level.

2. **How were different groups involved in the development and implementation of your organization's approach to Z codes? (Answered by Katy Sollenberger)**
   The Rinehart Clinic involved its clinical team, Patient Advisory Council, and Chief Compliance Officer (CCO) who took it to their Community Advisory Council. Patient reviews have been good, and reflect positively that the screenings are being conducted. .

3. **How long does a social needs screening take and how much time does it take to do this right? (Answered by Julia Resnick and Katy Sollenberger)**
Ms. Resnick shared that often screening process happens virtually -- sometimes within the pre-visit screening. The AHA spoke to clinicians to see how social needs are connected to patient care, and clinicians recognize the need to ask the questions to provide whole person care. Ms. Resnick acknowledged that time is an issue, but stated that clinicians will ultimately spend more time trying to figure out what's going wrong if they don't understand the whole context of that person. She feels the initial online self-report screen is a straightforward way to get social needs information without too much disruption to workflow.

   Ms. Sollenberger shared that the social needs screenings that the Rineheart Clinic conducts using the PRAPARE tool at the beginning of visits do not take much time if a patient screens negative. She stated that in instances when the clinic is very busy, they ask the patient if it's okay for providers to reach out to them outside of the office visit to get them access to referral organizations. Clinic staff asks patients for permission to for the outreach worker to contact them at home via the phone instead of trying to get the outreach worker in on the visit.

4. **How do you prioritize implementing Z codes? (Answered by Julia Resnick)**
It needs to come from hospital leadership and the coding managers.

5. **Have you heard of any groups that are not just screening patients as they come in, but doing some screening out in the community? (Answered by Julia Resnick and Alan Balch)**
Dr. Balch feels that there is potential for community groups and nonprofits that use screening tools and codes that align with Z codes to report out on some of the frequently seen issues as a common way to start talking across sites. He stated that said he urged audience members to think about how a common framework could be created for community and national organizations .to speak the same language as it relates to screening, diagnosis, referrals, etc.

   Ms. Resnick agreed and shared that engaging patients and community members in the screening approach is where they could be most influential in the Z code process.

6. **How are you preparing the staff to make the necessary referrals that connect with the Z Codes? (Answered by Katy Sollenberger, Alan Balch, and Julia Resnick)**
Ms. Sollenberger shared the Rinehart clinic has a list of community partners for providers to connect patients to during the appointment. And, that the clinic also works with its outreach and enrollment navigator who can look for areas to send patients, and potential partners to provide patient assistance.

   Dr. Balch shared that the Patient Advocate Foundation operates and has made a resource directory publicly available. He emphasized that at the local level, community and patient groups can help fill in and build resource directories based on what is locally (and more widely) available.

   Ms. Resnick highlighted that 211 can also be a fantastic resource because in its respective communities, the inventory is kept up to date, and people can be referred to a variety of resources.

7. **Have you seen signs of how the Chief Compliance Officer (CCO) is utilizing Z Coding data for patient benefit? (Answered by Katy Sollenberger)**
Ms. Resnick stated that the Rinehart Clinic has not yet implemented anything. They are working on hosting data for funding and to get additional payment for the clinics. She shared that they have reimbursement metrics. And, in areas where they might not get paid out on the claim for the Z code, the clinic could get paid at the population level for conducting the screenings. As part of a pilot Rinehart is looking at how it can implement Z codes that are tracked by the CCO, resulting in data to present to leadership, which would also be used to push for funding. Ms. Sollenberg shared that this process is under review by the state. .

8. **Do you feel like Z codes are serious enough that patient advocacy groups should start to pay attention and think about how they may get involved in the shaping of this process as well as the implementation of it? (Answered by Julia Resnick)**
Ms. Resnick emphasized the importance of Z Codes and, iterated the need for hospital leaders, providers, and coders to be on board. She also underscored the importance of conversations among patients and advocacy groups. Ms. Resnick re-iterated the collective need to address Z codes from both the top and bottom, so we can

meet in the middle, and make it an important, sustainable issue so that our health care system of the future can tackle both medical and social needs to help our patients and societies thrive.

About the Value & Innovation Forum

The Value & Innovation Forum is a collaboration of the National Forum for Heart Disease & Stroke Prevention and Patient Advocate Foundation, both 501(c)(3) nonprofit organizations. Briefing topics are selected by the Value & Innovation Forum Steering Committee which includes representatives of the Alliance of Community Health Plans, Association of Black Cardiologists, Caregiver Action Network, and National Osteoporosis Foundation, in addition to the National Forum and Patient Advocate Foundation.

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