2024 Pre-Rulemaking Measure Review Preliminary Assessment

MUC ID	Title
MUC2024-052	Social Need Screening and Intervention
Measure Steward & Developer	**Proposed CMS Programs**
National Committee for Quality Assurance (NCQA)	Part C Star Ratings

Measure Overview
Developer provided rationale: This measure provides health plan-level data regarding screenings and interventions for unmet needs related to food, transportation, and housing. Unmet social needs, like lack of adequate access to nutritious food, reliable transportation, and safe and stable housing, are linked to poorer access to care and worse clinical outcomes. Yet, most health care quality measures continue to focus on clinical processes and outcomes. Given that unmet social needs contribute to poorer health outcomes and troubling health disparities, this is a critical gap to fill in quality measurement.
CMS-provided program rationale: The intent of this measure is to encourage Medicare Advantage health plans to screen for and address unmet social needs (i.e., food, transportation, and housing).
Description: The percentage of persons who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention within 30 days if the screening was positive.
Measure Background: New measure, never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program.
Numerator: • Numerator 1 (Food Insecurity): Persons in denominator 1 with a documented result for food insecurity screening performed between January 1 and December 1 of the measurement period (MP). • Numerator 2 (Food Intervention): Persons in denominator 2 who received a food insecurity intervention within 30 days. • Numerator 3 (Housing Screening): Persons in denominator 3 with a documented result for housing instability, homelessness or housing inadequacy screening.

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Measure Overview

- Numerator 4 (Housing Intervention): Persons in denominator 4 who received an intervention within 30 days corresponding to the type of housing need identified.
- Numerator 5 (Transportation Screening): Persons in denominator 5 with a documented result for transportation insecurity screening.
- Numerator 6 (Transportation Intervention): Persons in denominator 6 who received a transportation insecurity intervention within 30 days.

Exclusions: N/A

Denominator:

- Denominator 1 (Food Insecurity): Medicare Advantage plan members of any age enrolled at the start of the MP minus denominator exclusions.
- Denominator 2 (Food Intervention): All persons in numerator 1 with a positive food insecurity screen finding between January 1 and December 1 of the MP.
- Denominator 3 (Housing Screening): All persons of any age minus persons who died in the MP, who are in hospice or using hospice services during the MP, or persons 66 years of age and older by the end of the MP, enrolled in a Medicare Advantage Plan, enrolled in an institutional SNP (I-SNP) or living long-term in an LTI.
- Denominator 4 (Housing Intervention): All persons in numerator 3 with a positive housing instability, homelessness or housing inadequacy screen finding between January 1 and December 1 of the MP.
- Denominator 5 (Transportation Screening): All persons of any age minus persons who died in the MP, who are in hospice or using hospice services during the MP, or persons 66 years of age and older by the end of the MP, enrolled in a Medicare Advantage plan, enrolled in an institutional SNP (I-SNP) or living long-term in an LTI.
- Denominator 6 (Transportation Intervention): All persons in numerator 5 with a positive transportation insecurity screen finding between January 1 and December 1 of the MP.

Exclusions:

- Persons who have died during the MP.
- Persons in hospice or using hospice services during the MP.
- Medicare members 66 years of age and older by the end of the MP who meet either of the following:
    - Enrolled in an Institutional Special Needs Plan (I-SNP) any time during the MP; or
    - Living long-term in an LTI any time during the MP.

Exceptions: N/A

Measure type: Process	**Measure has multiple scores:** Yes **Measure is a composite:** No **Measure is digital and/or an eCQM:** No

Measure Overview	
	Measure is a paired or group measure: No
Level of analysis: Health Plan	**Data source(s):** Digital-Administrative systems: Claims Data; Digital-Applications: Patient-Reported Health Data or Survey Data (electronic); Digital-Case Management Systems; Digital-Clinical Registries; Digital-Electronic Clinical Data (non-EHR) or Social Needs Assessments; Digital-Electronic Health Record (EHR) Data; Digital-Health Information Exchanges (HIE) Data: N/A
Care setting(s): Health plans	**Risk adjustment or stratification:** Recommended to be stratified for reasons unrelated to an equity gap.
CBE endorsement status: Never submitted	**CBE endorsement history:** N/A
Is measure currently used in CMS programs? No	**Measure addresses statutorily required area?** No

Meaningfulness

Importance	
Type of Evidence:	Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines; Peer-Reviewed Systematic Review; Peer-Reviewed Original Research [Source: Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT) Submission Form]
Importance: The developer reported mean performance scores from three accountable entities for the six indicators: 1) food insecurity screening, 12.6; 2) food intervention, 75.1 (i.e., among those who screened positive); 3) housing instability screening, 3.3; 4) housing intervention, 24.3; 5) transportation insecurity screening, 3.5; 6) transportation intervention, 68.5. The submission did not report distributions. The developer reported that food screening, housing screening, housing intervention, and transportation screening have significant differences by social risk factors, and the very low rates for the three screening indicators shows substantial room for improvement. [Source: Rates and Performance] Regarding importance to patients, developers reported that technical expert panel (TEP) members, which included two patients, agreed that the measure focus is important but did not provide details of this discussion. The developer did not cite formal guidelines but did note that the U.S. Preventive Services Task Force (USPSTF) acknowledges the association of food, housing, and transportation insecurity with poor health outcomes. The submission cites ten sources demonstrating: the association between food insecurity with poor health outcomes and high utilization, and food programs with reduced expenditure; the role of transportation barriers in missed appointments, poorer heath, and higher acute-care utilization; the association between housing instability and mental illness and mortality; and the provision of supportive housing with improved health outcomes.	
Rating: Met	

Conformance
Measure alignment with conceptual intent: Individual survey items were drawn from 21 instruments. The developers indicated that “All screening tools in the measure have been accepted as face-valid by Gravity Project” [Source: Methodology Screening Tools], but they did not summarize the testing performed on the items drawn from the survey instruments listed. The six indicators of the measure focus are aligned with the findings from the evidence review. The measure’s specification is aligned with the measure focus (screening for unmet food, housing, and transportation with intervention) and conceptual intent. Numerator and denominator populations are appropriate, and exclusions align with clinical evidence.
Rating: Met

Feasibility	
eCQM feasibility testing conducted:	No [Source: MERIT Submission Form]
Feasibility: Developers reported that all data elements are defined in electronic sources and that all data elements align with USCDI/USCDI+ quality standard definitions. Data are submitted to the National Committee for Quality Assurance (NCQA) via the Healthcare Effectiveness Data and Information Set (HEDIS). While the developer indicated that the provider workflow did not have to be modified, they mentioned provider burden in conducting screenings and follow-up as an unintended consequence of the measure. Developers did not address the potential burden of the survey on patients. The committee should consider feasibility challenges across clinical settings and consider the benefit/burden trade-off for this measure's use among populations with higher unmet needs.	
Rating: Met	

Validity	
Validity testing:	Empirical Validity; Face Validity [Source: MERIT Submission Form, Measure Validity Testing Attachment]
Testing level(s):	Health Plans (Empirical)
Validity: For face validity, 13 out of 15 members of NCQA's Committee on Performance Measurement agreed that the measure would be beneficial for measuring social determinants of health and voted to include the measure in the HEDIS. Committee members include purchasers, consumers, health plans, health care providers, and policymakers. The developers tested empirical validity of the measure by correlating each indicator with measures for cervical cancer screening (CCS) and depression screening and follow-up (DSF-E) (measures selected due to similarity of measure structure and intent for capturing widespread screening) in a sample of 420 commercial plans, 278 Medicaid plans, and 760 Medicare plans, with mixed results. CSS was not correlated with any of the six indicators for commercial or Medicaid plans (Medicare not tested). Food and housing screening indicators were moderately positively associated with the DSF-E screening indicator for commercial and Medicare plans, and the transportation screening indicator was moderately positively associated with the DSF-E screening indicator for Medicare plans and weakly positively associated for commercial plans. Correlations between intervention indicators and DSF-E intervention indicator were non-significant, weak, or negative (i.e., higher performance on the DSF-E was associated with lower performance on the food intervention indicator).	

Validity
Overall, the correlations seen in testing do not demonstrate a high level of empiric validity, suggesting that this measure may not perform with the desired level of accuracy. However, given that the choice of cervical cancer screening and depression screening measures were selected for comparison due to similarity in measure structure and not alignment on social need indicators such as food insecurity, it is likely that the weak correlations are in part due to misalignment between this measure and those selected for comparison. The committee should consider this misalignment when determining how heavily to consider the empiric validity results.
Threats to validity: The measure is not risk adjusted. The measure is recommended to be stratified by age based on evidence review. Stratification includes children (less than or equal to 17 years); adults (18-64); and older adults (65+). The committee should consider if there are any additional threats to validity of the measure and implications for not risk adjusting.
Rating: Met

Reliability	
Reliability testing method(s):	None performed
Testing level:	N/A
Reliability discussion: The developer did not perform reliability analysis at the time of submission to MERIT. However, communication with the developer during development of this PA indicates that reliability testing has since been performed.	
Additional reliability analyses: None; no data were provided.	
Rating: Not Met	

Usability	
Usability considered in application:	Yes
Usability discussion: The developers indicated that this measure underwent a public comment process where stakeholders gave input on the measure. During additional discussion with the developer, the developer shared additional context that these public comments included recommendations to: 1) consider expanding tools to account for patient refusal for screening and 2) phase in intervention indicators once the data field has become more structured in most EHRs. The submission noted that potential unintended consequences are clinician burden associated with performing screenings and follow-up and health plans being penalized for low scores due to poor data availability or using a non-eligible screening tool.	
Rating: Met	

External Validity	
Was this measure tested in the same target population as the CMS program?	Yes

External Validity
External validity discussion: The developers indicate that the target population for the measure is all-payer, and the validity testing attachment references commercial health plans, which may include Part C/Medicare Advantage plans. The three entities sampled for performance scores are not described.
Rating: Met

Appropriateness of Scale

Similar or related measures in program(s):	• Screening for Social Drivers of Health (01664-01-C-MIPS) • Screen Positive Rate for Social Drivers of Health (01662-01-C-HIQR)
Measure appropriateness, equity, and value across target populations/measured entities: The proposed measure addresses a different setting, health plans, than the related measures identified. These related measures are specified for the hospital, clinician, and ambulatory settings. Regarding equity of this measure's performance and benefit across populations, the developer's literature review and analysis do not provide sufficient information to assess the potential for differential benefit or harm to specific subgroups of participating hospitals or their patient populations. The committee should consider if this measure may have variation in benefit or burden to different populations.	

Time to Value Realization

Plan for near- and long-term impacts after implementation:	Cited impacts include improved access to primary care, lower utilization of acute care services, improved health outcomes, and reduced morbidity and mortality.
Measure implementation impacts over time: While the measure developer describes impacts on patient populations, there may be a need for further examination of near- and long-term impacts of this measure after implementation. Questions for the committee to consider: • What are the potential near- and long-term impacts of this measure on measured entities, the Part C Star Ratings program, and patient populations? • Will benefits and burdens associated with this measure be realized within an appropriate implementation time frame? • How will this measure mature through revisions in the future if added to the Part C Star Ratings program?	