2024 Pre-Rulemaking Measure Review
Preliminary Assessment

MUC ID	Title
MUC2024-069	Addressing Social Needs Assessment & Intervention
Measure Steward & Developer	**Proposed CMS Programs**
Centers for Medicare & Medicare Services (CMS)	Hospital Inpatient Quality Reporting Program; Medicare Promoting Interoperability Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Measure Overview
Developer-provided rationale (excerpt from submission): Given the known association of social needs with chronic health conditions, assessing and addressing social needs provides an opportunity to improve population health and advance health equity. The measure is aligned with the CMS National Quality Strategy goal to address the disparities that underlie our health system, both within and across settings, to ensure equitable access and care for all. 1. This measure, which focuses on assessment for social drivers of health, is aligned with main objectives of the CMS Universal Foundation. 2. Historical and contemporary discrimination contribute to higher levels of unmet social needs among certain social groups. Systematic assessment and follow-up for unmet social needs may help mitigate some race-based inequities that exist. 3. There exist opportunities to improve the rates of assessment for social needs. While some hospitals and outpatient facilities currently screen patients for unmet social needs, few comprehensively and universally screen for multiple unmet needs using standardized and validated tools; collect and transfer data electronically using national interoperability standards; set person-centered goals around unmet needs; and provide goal-oriented actions, such as interventions, referrals, and direct supports. 4. Measurement using standardized and validated screening instruments that are collected and transmitted using certified electronic health records (EHRs) aims to make care coordination more effective, enable more efficient measurement, reduce administrative burden, and enhance health ecosystem efficiency.
CMS-provided program rationale: Evidence shows a relationship between social needs and chronic conditions. As such, a measure aimed to assess and address social needs will contribute to improving population health and advancing health equity. This measure is aligned with the overall aim of the CMS National Quality Strategy to create a more equitable, safe, and outcomes-based health care system for all individuals. It is aligned with the goals to

The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, “National Consensus Development and Strategic Planning for Health Care Quality Measurement,” sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Measure Overview
address health equity and, as an electronic clinical quality measure (eCQM), embrace the digital age.
Description: Percentages of inpatient encounters for patients of all ages reflecting whether patients were assessed in four domains of social need: food, housing, transportation, and utilities; and whether the patient received a qualifying follow-up action within the visit for any positive social needs. Qualifying follow-up actions were identified from Gravity Project: adjustment, assistance/assisting, coordination, counseling, education, evaluation of eligibility, provision, and referral.
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: This measure is broken into five numerators for each of the four domains (food, housing, transportation, and utility). The numerator looks for documented ICD-10 codes or a positive result from use of a qualifying screening tool via patient or proxy to identify whether social needs were screened for and if interventions were conducted during a hospitalization. The numerators reflect the number of hospitalizations where the patient or proxy was: Numerator 1: Unassessed: was not screened for nor was there a diagnosis of [domain] insecurity Numerator 2: Declined: declined [domain] insecurity screening. Numerator 3: Not provided an intervention: screened positive for [domain] insecurity, but no intervention or follow up was performed. Numerator 4: Provided an intervention: screened positive for [domain] insecurity and intervention or follow up was performed. Numerator 5: Did not have social need: screened negative for [domain] insecurity. (See attachment titled “ASN Scoring Information Attachment” for additional detail on each reporting rate and for housing domain specific considerations.) (Please see the submission attachments located on the MMS Hub for additional measure information.) **Exclusions:** N/A
Denominator: For the IQR program: All encounters for patients of all ages who are discharged from an acute care hospital during the measurement period. For the Promoting Interoperability Program: All encounters for patients of all ages who are discharged from an acute care hospital or critical access hospital during the measurement period. For the PCHQR Program: All encounters for patients of all ages who are discharged from a PPS-Exempt Cancer Hospitals (PCHs) during the measurement period. **Exclusions:** Discharged against medical advice; Dies prior to discharge; or Transferred to another acute care hospital **Exceptions:** N/A

Measure Overview	
Measure type: Process	**Measure has multiple scores:** Yes **Measure is a composite:** No **Measure is digital and/or an eCQM:** Yes **Measure is a paired or group measure:** No
Level of analysis: Facility	**Data source(s):** Digital-Electronic Clinical Data (non-EHR) or Social Needs Assessments: Measure uses social needs assessment data captured through the EHR; Digital-Electronic Health Record (EHR) Data
Care setting(s): Hospital inpatient acute care facility	**Risk adjustment or stratification:** No
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; Grey Literature [Source: Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT) Submission Form]
Importance: This measure addresses unmet social needs in the inpatient setting. Measured needs relate to food, housing, transportation, and utilities. Specifically, this measure focuses on whether the patient received a follow-up action during the visit (i.e., adjustment, assistance/assisting, coordination, counseling, education, evaluation of eligibility, provision, and referral). The developer included peer-reviewed evidence from two systematic reviews examining 6,274 studies and 4,995 articles, respectively; however, the summary indicates that the studies reported mixed results. In addition, the submission briefly discussed grey literature on World Health Organization (WHO) and U.S. Health and Human Services (HHS) recommendations. The developer indicates that the measure addresses CMS priorities to improve maternal health care or material outcomes.	
Rating: Met	

Measure Performance

Tables 1a and 1b show performance scores based on the information provided for the 12 entities described in the testing submission.

Interpretation: The mean score for the 12 entities described in the testing submission for this measure ranged from 0.00-43.9%. For this proportion measure, a score within a defined interval indicates better quality of care.

Table 1a. MUC2024-069 Performance Scores from Dataset A

	Entities	Mean	SD	Min	Median	Max
Housing	12	0.02%	0.02%	0.00%	0.01%	0.08%
Food	12	0.01%	0.02%	0.00%	0.00%	0.07%
Transportation	12	0.33%	0.55%	0.00%	0.02%	1.35%
Utilities	12	0.00%	0.00%	0.00%	0.00%	0.01%

Table 1b. MUC2024-069 Performance Scores – Dataset B (Housing)

	Overall	Min	Median	Max
Mean Score (SD)	43.9% (16.5%)	25.1%	50.6%	56.0%
Number of Entities	3	1	1	1

Conformance
Measure alignment with conceptual intent: As outlined in the Evidence/Peer-Reviewed Article form submitted, this measure's specification is appropriate and aligned with the measure focus (assessment of social need across 4 domains and appropriate follow up) within the population of all-patients discharged from hospitals within the program.
Rating: Met

Feasibility	
eCQM feasibility testing conducted:	Yes [Source: eCQM Feasibility Scorecard]
Feasibility: Developer reports that some data elements required for the measure are defined in electronic sources and all data elements align with United States Core Data for Interoperability (USCDI)/USCDI+ quality standard definitions. The developer reported testing results and completed a Feasibility Scorecard. The scorecard clearly defined 38 data elements (along with use, feasibility, and plan for addressing the data element). The developer reported information for two EHRs (Epic and Cerner). Results in this scorecard address the following domains: • Data availability: Is the data readily available in a structured format, i.e., resides in fixed fields in EHR? • Data accuracy: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified? • Data standards: Is the data element coded using a nationally accepted terminology standard? • Workflow: Is the data captured during the course of care? And how does it impact workflow for the user? Results presented in the scorecard ranged from 0% of data elements requiring review for data accuracy or data standards to 47% of data elements requiring review for workflow in Cerner. Epic had lower percentages of data elements requiring review, with 13% requiring review for data accuracy, data standards and workflow. The feasibility plan addresses each area of concern and provides	

Feasibility
guidance for how facilities can adapt current EHRs to meet data element needs. While this measure presents some feasibility challenges, the type of social risk data collected by this measure poses unique challenges and the ultimate benefit of measure use may outweigh the burden.
Rating: Met

Validity	
Validity testing:	Face Validity
Testing level(s):	Facility
Validity: To determine face validity, the technical expert panel (TEP) voted on measure importance based off the fully specified measure and testing plan, indicating agreement with the statement: "The Inpatient Addressing Social Needs Electronic Clinical Quality Measure could differentiate good from poor quality care among providers (or accountable entities)." Out of 14 voters, two strongly agreed, three agreed, six were neutral, two disagreed, and one strongly disagreed. Those who agreed noted the ability to inform potential peer grouping methodology, and members who voted in neutrality noted a need for an outcome measure to know if interventions occurred and effectiveness. There was uncertainty among the TEP on how well the summary score would determine quality of care. Those who disagreed noted concerns related to data collection feasibility with unstructured EHR field methodology and inability to capture rationale/context for why follow up did not occur. Measure is not risk adjusted or recommended for stratification.	
Threats to validity: None discussed.	
Rating: Met	

Reliability	
Reliability testing method(s):	Signal-to-Noise [Source: MERIT Submission Form, Reliability Testing]
Testing level:	Facility
Reliability discussion: The numerator and denominator for this measure are well defined. The developer calculated signal-to-noise reliability on two different datasets. Dataset A consists of 137,721 encounters across 12 facilities and Dataset B consists of 275,443 encounters across three facilities. For Dataset A, the median reliability was 0.926 for the housing domain and 1.0 for the food domain. For Dataset B, the reliability is 1.0 for all three facilities for the housing domain and was not calculated for the food domain. For these calculations, most of the entities have a reliability >0.6, indicating that the measure is effective at differentiating entities by quality of performance. The developer did not calculate reliability for the transportation and utilities domains for either dataset, which would improve analysis of reliability in this submission. The reliability of the housing and food domains can be considered "met" for this criterion.	

Reliability
Additional reliability analyses: Tables 2a and 2b show deciles by reliability based on the information provided for the performance score and calculated reliability for the 12 entities described in the testing submission.
Rating: Not met but addressable

Reliability Tables

Tables 2a and 2b show the calculated reliability for the 12 entities described in the testing submission. Reliability testing was not provided for transportation or utility domains. Battelle created these tables to provide reviewers with a standardized format to assess reliability.

Interpretation: For these calculations, most of the entities have a reliability >0.6, indicating that the measure is effective at differentiating entities by quality of performance

Table 2a. MUC2024-069 Mean Reliability Dataset A

Domain	Mean (SD)	Min	Median	Max
Housing	0.81 (0.24)	0.31	0.93	1.00
Food	0.85 (0.22)	0.38	1.00	1.00

Table 2b. MUC2024-069 Reliability – Dataset B (Housing)

	Overall	Min	Median	Max
Mean Score (SD)	1.0 (0.0)	1.0	1.0	1.0
Entities	3	1	1	1

Usability	
Usability considered in application:	Yes
Usability discussion: The measure is not currently in use. The target population of the measure is all ages, all payers. The developer recognizes that screening for social drivers of health has little evidence to guide policy and notes the potential for	

Usability
implementation challenges for providers, hospitals, and outpatient facilities. A USPSTF brief (2021) summarized perceived barriers and challenges to the adoption of social screening practices (e.g., patient-level concerns about stigma and privacy, clinician-level concerns about lack of referral resources, health system concerns about data collections staff training). The developer notes that resources and tools are essential for screening success, highlighting the possibility of false-positive and false-negative results, due to the low psychometric validity and reliability and factors such as patient distrust and unnecessary intervention. However, the developer also notes in communications during development of this PA that this measure builds off of the current framework for the recently adopted Social Drivers of Health measure (see appropriateness of scale section) and that many barriers to use have been addressed through adoption of that measure. This measure is also in alignment with CMS recommendations for screening instruments addressing social risks. The committee should consider the usability of the measure within the program given these concerns and any trade-off between measure benefits and usability challenges.
Rating: Met

External Validity	
Was this measure tested in the same target population as the CMS program?	Yes
External validity discussion: The target population of the measure was all ages, all payers. The developer tested the measure in the hospital inpatient acute care facility setting, and the testing populations align with the program populations, indicating that this measure has external validity.	
Rating: Met	

Appropriateness of Scale

Similar or related measures in program(s):	• Competing with measure 01664-01-C-HIQR: Screening for Social Drivers of Health [Source: MERIT Submission Form]
Measure appropriateness, equity, and value across target populations/measured entities: The developer identified measure Screening for Social Drivers of Health as a competing measure. The developer notes the value of highlighting the screen rate and screen positive rate (for social needs domains), as it requires a follow-up or intervention action to be completed. This eCQM measure uniquely addresses four important social needs domains and requires follow-up for patients who are assessed positive. Further, no other measure requires assessment and follow-up for social needs in multiple domains. The committee should consider the distribution of benefit and risks/burdens of the measure within the proposed program population.	

Time to Value Realization

Plan for near- and long-term impacts after implementation:	No
Measure implementation impacts over time: While the measure developer makes a brief mention of potential outcomes for their measure on patient populations, there may be a need for further examination of near- and long-term impacts of this measure for measured entities and patients after implementation of the eCQM. Questions for the committee to consider: • What are the potential near- and long-term impacts of this measure on measured entities, proposed CMS 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 proposed CMS program?	