

2024 Pre-Rulemaking Measure Review

Preliminary Assessment

MUC ID	Title
MUC2024-072	Addressing Social Needs Assessment & Intervention
Measure Steward & Developer	Proposed CMS Programs
Centers for Medicare & Medicare Services (CMS)	Merit-based Incentive Payment System (MIPS)–Quality

Measure Overview
<p>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 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.</p>
<p>CMS-provided program rationale: CMS may add the Addressing Social Needs Assessment & Intervention measure to the MIPS quality measure inventory as a new electronic clinical quality measure (eCQM). This measure represents the next step in care for addressing social needs for the previously finalized equity measure, Screening for Social Drivers of Health, which only focuses on screening patients for social needs. The measure is aligned with CMS’s 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. This measure, which focuses on assessment for social drivers of health and intervention for a positive screen, is aligned with the main objectives of the CMS Universal Foundation. This</p>

Measure Overview	
<p>measure has the potential for future inclusion in multiple MIPS Value Pathways (MVPs), as an alternative collection type to the current social drivers of health measure #487.</p>	
<p>Description: Percentages of patients with a qualifying evaluation and management outpatient visit during the performance period 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.</p>	
<p>Measure background: New measure, never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program</p>	
<p>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 qualifying encounter.</p> <p>The numerators reflect the number of qualifying encounters where the patient or proxy was:</p> <p>Numerator 1: Unassessed: was not screened for nor was there a diagnosis of [domain] insecurity</p> <p>Numerator 2: Declined: declined [domain] insecurity screening.</p> <p>Numerator 3: Not provided an intervention: screened positive for [domain] insecurity, but no intervention or follow up was performed.</p> <p>Numerator 4: Provided an intervention: screened positive for [domain] insecurity and intervention or follow up was performed.</p> <p>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.)</p> <p>Exclusions: N/A</p>	
<p>Denominator: Patients of all ages regardless of previous outpatient visits, or previously identified social needs</p> <p>Exclusions: N/A</p> <p>Exceptions: N/A</p>	
<p>Measure type: Process</p>	<p>Measure has multiple scores: Yes</p> <p>Measure is a composite: No</p> <p>Measure is digital and/or an eCQM: Yes</p> <p>Measure is a paired or group measure: No</p>

Measure Overview	
Level of analysis: Clinician: Individual and Group	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): Ambulatory/office-based care; Hospital outpatient department (HOD)	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, MIPS Peer-Reviewed Journal Article Form]
Importance: The measure is aligned with the CMS National Quality Strategy goal to address the disparities that underlie the health system, both within and across settings, to ensure equitable access and care for all. This measure, which focuses on assessment for social determinants of health, is aligned with the main objectives of the CMS Universal Foundation as well. The submission materials provide guideline-based evidence and a literature review on the role of social determinants of health (SDOH) on health outcomes and health equity, supporting the identification and addressing of social needs as a national clinical priority.	
Rating: Met	

Measure Performance

Table 1 shows performance score deciles based on the information provided for the 13,989 providers described in the testing submission.

Interpretation: The mean score for the 13,989 entities described in the testing submission for this measure ranged from 0.23%-0.53%. For this proportion measure, a score within a defined interval indicates better quality of care.

Table 1. MUC2024-072 Performance Score Deciles

Domain	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Housing Mean Score (SD)	0.46% (3.4%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4.6%	100%
Food Mean Score (SD)	0.46% (3.3%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4.7%	100%

Domain	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Transportation Mean Score (SD)	0.53% (3.7%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5.3%	100%
Utility Mean Score (SD)	0.23% (2.3%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2.3%	100%
Number of Entities	13,989	13,950	1,399	1,399	1,399	1,399	1,399	1,399	1,399	1,399	1,399	1,398	39

Conformance

Measure alignment with conceptual intent: As outlined in the MIPS Peer-Reviewed Journal Article Form submitted, this measure's specification is appropriate and aligned with the measure focus (assessment of social needs) among patients of all ages. The conceptual intent is aligned with objectives of the proposed CMS program, MIPS.

Rating: Met

Feasibility

eCQM feasibility testing/analysis conducted:

Yes [Source: eCQM Feasibility Scorecard]

Feasibility: According to the MERIT submission form, data elements are in defined fields in electronic sources and align with United States Core Data for Interoperability (USCDI)/USCDI+ quality standard definitions.

As this measure is an eCQM, the measure developers conducted testing and submitted a feasibility scorecard to evaluate feasibility of data elements in Epic. The feasibility scorecard addresses 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?

Within testing results, the following percent of data elements required review within each domain: data availability (0% required review), data accuracy (0% required), data standards (0% required review), workflow (81% required review, data element not

Feasibility

routinely collected during care). This indicates significant feasibility challenges in clinical workflows for this measure. The committee should consider the feasibility challenges posed by this measure against other measure aspects such as importance. Does the feasibility plan provided in the feasibility scorecard offer a path forward for feasibility within MIPS? How does the general lack of social needs information collected in clinical care impact the feasibility of this measure?

Rating: Met

Validity

Validity testing:	Face Validity [Source: MERIT Submission Form, Updated Face Validity Votes]
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Testing level(s):	Facility
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Validity: The developer assessed face validity for the measure across 18 individuals on their technical expert panel (TEP), comprised of clinicians and patients/caregivers. TEP members were asked to rate agreement on the following statement: “The MIPS Addressing Social Needs Electronic Clinical Quality Measure [previous measure name] identifies the adoption of processes related to social needs screening and intervention that have the potential to differentiate good from poor quality of care among providers (or accountable entities).” Of the TEP members, 61% either strongly agreed or agreed the measure could differentiate good from poor quality care. Members who voted disagree or strongly disagree had concerns around feasibility in addition to concerns that the measure is not an indicator of care quality as currently specified. The developer addresses each concern in detail within the cited submission material and has a plan for further addressing concerns in future work.

Threats to validity: The application considered the potential external threats to validity such as confounding factors, but risk adjustment was not determined appropriate due to measure type (i.e., process measure).

Rating: Met

Reliability

Reliability testing method(s):	Signal-to-Noise [Source: MIPS Reliability Testing]
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Testing level:	Individual Clinician
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Reliability discussion: The numerator and denominator for this measure are well defined. The developer calculated signal-to-noise reliability on a dataset consisting of 1,553,331 patients across 13,989 facilities. The median and minimum reliabilities are 0.868 and 0.687, respectively, for the housing domain; 0.871 and 0.693, respectively, for the food domain; 0.867 and 0.686, respectively, for the transportation domain; and 0.845 and 0.645, respectively, for the utilities domain. For all domains, all entities have a reliability >0.6. However, when the performance score is very close to 0 for an entity, the calculated reliability is close to 100%. For every domain, the majority of the providers have a score of 0, so the reliability estimates are inflated. This means that the measure may not be useful in distinguishing quality of performance between entities, even if the reliability estimates are high.

Additional reliability analyses: For Table 2, Battelle used the performance and reliability data provided to approximate decile averages by interpolation.

Rating: Met

Reliability Table

Table 2 shows deciles for reliability based on the information provided for the 13,989 providers described in the testing submission. Battelle created this table to provide reviewers with a standardized format to assess reliability.

Table 2. MUC2024-072 Mean Reliability (by Reliability Decile)

Domain	Mean	SD	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max	IQR
Housing	0.85	0.13	0.687	0.69	0.69	0.69	0.76	0.84	0.91	0.96	0.99	1.0	1.0	1.0	0.3
Food	0.85	0.13	0.693	0.69	0.69	0.69	0.76	0.84	0.91	0.96	0.99	1.0	1.0	1.0	0.29
Transportation	0.85	0.13	0.686	0.69	0.69	0.69	0.75	0.84	0.91	0.96	0.99	1.0	1.0	1.0	0.30
Utilities	0.83	0.15	0.645	0.65	0.65	0.65	0.72	0.81	0.90	0.95	0.98	1.0	1.0	1.0	0.34

Usability

Usability considered in application: Yes [Sources: MERIT Submission Form, MIPS Peer-Reviewed Journal Article Form]

Usability discussion: Based on discussion of the measure in the submission documents, there is an opportunity for improvement on the measure target among clinician and clinician groups participating in MIPS. The developers did not identify external program-level factors that may present barriers to measure use. The measure submission provides a thoughtful discussion of potential unintended consequences of the measure within MIPS including the possibility of patient-level (concerns about stigma and privacy), clinician-level (concerns about lack of referral resources), and health system (concerns about data collection, staff training, and management) consequences as well as overarching concern about resource availability in communities experiencing economic hardship. The developer discussed the risk-benefit of these potential consequences with their TEP, and the risks were deemed acceptable for the patient-level benefits.

Rating: Met

External Validity	
Was this measure tested in the same target population as the CMS program?	Yes
External validity discussion: The developer conducted the reliability testing for this measure in clinician populations and care sites representative of the MIPS population, which indicated that this measure has suitable external validity.	
Rating: Met	

Appropriateness of Scale

Similar or related measures in program(s):	<ul style="list-style-type: none"> 01664-01-C-MIPS Screening for Social Drivers of Health [Source: MERIT Submission Form]
Measure appropriateness, equity, and value across target populations/measured entities: This measure is related to current MIPS measure Screening for Social Drivers of Health and differs by requiring both assessment and follow-up for social needs in multiple domains. Regarding equity of this measure's performance and benefit across populations, the literature review and sub-analysis provided by the developer in submission materials does not suggest differential benefit or harm to specific subgroups of MIPS-participating clinicians or their patients. The committee should consider equity of benefit or burden across care settings and communities, with consideration of rural or resource-limited populations.	

Time to Value Realization

Plan for near- and long-term impacts after implementation:	No
Measure implementation impacts over time: There is a need for further examination of near- and long-term impacts of this measure after implementation across patient and provider populations.	
<p>Questions for the committee to consider include:</p> <ul style="list-style-type: none"> What are the potential near- and long-term impacts of this measure on measured entities, MIPS, and patient populations? Will benefits and burdens associated with this measure be realized within an appropriate implementation timeframe? How will this measure mature through revisions in the future if added to the MIPS quality measure inventory? 	