



## ASC Quality Collaboration

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December 22, 2023

RE: MUC 2023-156

Screening for Social Drivers of Health (SDOH)

Screening for SDOH is a measure that assesses the total number of patients 18 years or older who were screened for social risk factors (specifically, food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) during their ASC care.

The measure is characterized as a process measure, and per CMS, “[t]here should be a scientific basis for believing that the process, when executed well, will increase the probability of achieving a desired outcome.” No evidence has been provided to show that screening for SDOH in ASCs leads to better or more equitable care. Further, this measure has never been tested in the ASC setting, and no evidence has been presented to support the validity, reliability, and feasibility of the measure in ASCs. All this evidence is missing, meaning adopting the measure in this setting does not have a scientifically sound basis.

The developer asserts that many facilities already have a SDOH screening tool integrated into their EHRs. This assertion is not supported by our experience in the ASC industry. Many ASCs do not have an EHR. Past environmental scans have shown the use of EHRs in the ASC industry to be significantly more limited than in other healthcare settings. As a result, implementing this measure will not be possible in most ASCs.

No information has been presented to indicate how the measure data can be used for performance improvement in the ASC setting. Even comparing data across centers will not be possible because the measure would allow the use of variable screening instruments rather than specifying a particular survey tool validated for ASC use. It is not clear how the public could use the measure results to determine quality of surgical care.

The potential for unintended consequences of screening for interpersonal safety in the ASC setting is of concern because screening should not be done unless it can be done safely. Without proper conditions, screening may result in additional harm to the patient. We are specifically concerned about three considerations:

- Firstly, virtually all ASC patients receive some form of anesthetic, sedation and/or pain medication as part of their care. As a result, it is important for the patient to have a companion to return them home. While this companion may be anyone, it is often the domestic partner of the patient. This companion typically accompanies the patient through the intake process and preparation in the preoperative area before the patient

is taken to the procedure or operating room; the companion then rejoins the patient in recovery. This involvement is intended to provide support for the patient and helps the companion learn how to best assist the patient during recovery at home. However, best practices dictate screening for interpersonal safety should ONLY be done when the patient is alone, without exception. This would be difficult to incorporate into the typical ASC process of patient-centered care, which allows companions to be involved.

- Secondly, screening for interpersonal safety should always be done in a private setting. However, intake, preoperative and postoperative areas are often semi-private in surgery centers. Therefore, conversations may not be private.
- Finally, the process of recovery at home often involves the temporary use of pain medications and the need for additional sleep or rest which can impact the patient's ability to remain vigilant or to take necessary steps to avoid detection of the screening if the abuser was not present at the ASC. If resource and/or referral materials are provided at discharge and subsequently discovered by an abuser, this could trigger additional abuse.