



ASC Quality Collaboration

December 22, 2023

RE: MUC 2023-171

Screen Positive Rate for Social Drivers of Health (SDOH)

This measure would report the percent of patients receiving care at an ASC who screened positive for one or more of the following five HRSNs: food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

Four of the five HRSNs reflect needs driven by economic conditions in the community and their prevalence is inextricably tied to the facility's location. The measure score would reflect location and community, with facilities serving areas that are economically disadvantaged having high scores.

It is not clear how patients or facilities could use the results of this measure to determine quality and/or equity of care. The measure is characterized as a process measure, meaning a measure that, per CMS, "focuses on steps that should be followed to provide good care. There 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 the process of calculating and reporting the percentage of patients with HRSNs leads to better care or more equitable care. It is not clear how the public could use the measure results to assess the quality or equity of surgical services.

The measure is being advanced as a meaningful measure for the Equity domain, which should, per CMS, "advance care quality for underserved and disadvantaged individuals and communities so that everyone has a fair and just opportunity to attain their optimal health." It is hard to see how this measure will meaningfully address equity.

What is actually needed are measures that evaluate care outcomes stratified by patient characteristics such as race and ethnicity. CMS could directly, efficiently and effectively measure and promote equitable outcomes by adapting measures already included in the ASCQR Program. For example, with the Medicare enrollment data already at its disposal, CMS could stratify the results of the claims-based outcome measures in the ASCQR Program, including ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy, ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center (ASC) Procedures, ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures and ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers. Stratifying the results of these measures would allow ASCs to identify and act on any disparities in care outcomes for commonly performed services. CMS

could also test stratification of results for all-payer measures such as Patient Fall, All-Cause Hospital Transfer/Admission, Normothermia and Unplanned Anterior Vitrectomy. If this testing were to identify an opportunity for improvement, adaptations to the reporting requirements of these measures could be adopted.