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To: CMS
From: Elena Rios, MD for National Hispanic Medical Association
Subj: MUC2023-199; MYC2023-210

I am submitting this comment in strong support of two submitted social risk performance quality measures: MUC2023-199 Connection to Community Service Provider (CSP) and MUC2023-210 Resolution of At Least 1 Health-Related Social Need (HRSN). These two measures recognize the importance of social needs on health and health outcomes, are grounded in the principles of integrating social care into health care, acknowledge the equity-focused efforts of health systems, and build upon existing priorities of CMS.

It has been well documented, and is widely accepted, that the structural social drivers of health operate through individual-level health related social needs (HRSN) and have a profound impact on patient's health, health care utilization, and associated health outcomes. These HRSN have a disproportionate impact on populations that have been systemically marginalized and underserved by the health care system – such as racial and ethnic minoritized individuals, and other populations who experience health disparities. Driven by their impact on health, health care, and health outcomes there has been substantial attention to integrating social care in health care, as discussed in a landmark National Academies of Sciences, Engineering, and Medicine report. This report identified the "5 As" of social care: Awareness, Adjustment, Assistance, Alignment, and Advocacy. While these 5 As all begin with social risk screening (Awareness), now included in several quality measure programs, it also acknowledges the importance of Assistance – the foundation of both proposed measures.

Critically, these social risk performance quality measures will capture what is *already occurring* within health care systems. Indeed, most health care systems are participating in social risk screening, referral, and assistance; with a high level of engagement from those health systems that serve patients with a high burden of social needs. A pre-COVID-19 JAMA study found that 24% of hospitals and 16% of physician practices are already screening for all 5 SDOH domains. Further, 92% of hospitals and 66% of physician practices are screening for one or more of the 5 SDOH domains specified in the measures. Clinicians and practices across the country are already pursuing and acting on their patients' unmet social needs, but are doing so largely without the benefit of formal guidance, standard measures or incentives from CMS. These measures address an important gap in existing quality measurement while also advancing CMS priorities to establish structural equity. Under the 2024 Physician Fee Schedule, traditional Medicare may pay providers for furnishing community health integration, principal illness navigation, and SDOH risk assessment services.
There is significant evidence that patients support providers asking about SDOH and opt into navigation at high rates. AHC found that 74% of navigation-eligible Medicare and Medicaid beneficiaries screened using these SDOH measures opted for navigation, nearly twice the projected estimate of 40%. A 2020 study in the Journal of General Internal Medicine found that 85% of patients were in favor of health systems asking about social needs and 88% were in favor of getting help to address them.

These measures will reflect that work and acknowledge and reward health systems who are committed to advancing health equity via social care. This acknowledgement helps address system-level equity efforts in quality measurement programs. These measures will not dilute other measures that assess the quality of clinical care but rather *complement* these measures to also incorporate measures of social care.

Additionally, these proposed measures build upon the previous measures, one of which (screening for social needs) was one of the 10 Universal Foundation measures, and the only equity measure, for adults. While those Universal Foundation measures stopped short of the currently proposed measures, this proposal represents the natural next step. In addition to the Universal Foundation, these proposed measures build upon several other initiatives that seek to reward health care system's commitment to providing high quality health and social care to patients from communities who are systemically underserved. It is clear that we do not believe health care's role in addressing health related social needs ends at social risk screening. Therefore, it is imperative that our quality measures reflect our belief that health systems should be incentivized to connect patients with community service providers and ensure follow-up through to the resolution of these social needs.

In closing, rhe National Hispanic Medical Association strongly supports the adoption of these two proposed measures. While there may be weaknesses identified by other stakeholders and there is critical nuance in social risk screening and care to consider, these measures advance crucial health equity efforts in quality measurement and will, in turn, advance patient-level efforts to address the social drivers of health and advance health equity. Our mission is to improve the health of Hispanics and other underserved.