



American Association on Health & Disability

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AAHD - *Dedicated to better health for people with disabilities through health promotion and wellness*



LAKESHORE

June 30, 2023

Re: Addressing Social Needs (ASN) Electronic Clinical Quality Measure (eCQM) Specifications Document for Public Comment

Yale New Haven Health Services Corporation
Center for Outcomes Research and Evaluation
cmsaddressingsocialneeds@yale.edu

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and

independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

AAHD and the Lakeshore Foundation have collaborated with Mental Health America in preparing a response to this Yale CORE document. The MHA-AAHD-Lakeshore comments will be separately submitted by MHA, endorsed by a variety of disability, mental health, and health advocate organizations. The MHA-AAHD-Lakeshore collaborative submission provides details and research citations on a missing element in the Yale CORE paper – interpersonal safety.

Thank you for the initiative and the public sharing; the paper addresses a significant public policy challenge.

As organizations committed to advancing equity, we applaud CMS and CORE for focusing on social needs as important drivers of health. An extensive and growing body of research has applied the social determinants of health framework to disability and to mental health and has found significant evidence of the links between these social factors and disability and mental health outcomes.

We fully support the four domains of social needs identified by the proposed measure set. The Yale CORE measures focus on the social needs of food insecurity, housing insecurity, utility insecurity, and transportation insecurity. This is consistent with the NCQA HEDIS social needs screening and intervention of food, housing, and transportation. However, the Physicians Foundation measures also include interpersonal safety as a social needs element. The MHA-AAHD/Lakeshore and colleagues letter addresses the research base for the inclusion of interpersonal safety.

We acknowledge the incremental effort to begin with hospitalized Medicare beneficiaries given the focus on electronic clinical quality measures (eCQMs). However, the paper could enhance lessons learned from social needs measure screening and response in the CMS Accountable Health Communities (AHC) program and measure testing by the Physicians Foundation quality measures, which have been considered by the National Quality Forum (NQF) and the Core Quality Measures Collaborative (CQMC).

We concur with the August 10, 2022 CMS Medicare Hospital Inpatient PPS final rule definition of “interpersonal safety” – “Interpersonal safety affects individuals across the lifespan, from birth to old age, and is directly linked to mental and physical health. Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse. Exposure to violence and social isolation are reflective of individual-level social relations and living conditions that are directly associated with injury, psychological distress, and death in all age groups.” [Federal Register, page 49205]

We appreciate the page 7 observation: “Hospitals are encouraged to screen for additional social needs beyond those specified as required in this measure.”

Screening in the patient’s preferred language and administered prior to hospital discharge are acknowledged. The Yale CORE paper should also require disability communication accommodations such as those used by persons who are visually challenged, hearing challenged, physically challenged, and intellectually challenged.

We acknowledge (page 4) that the appropriate follow-up intervention is to be documented in the patient’s electronic health record (EHR). Our strongest reservations and concerns are the proposed interventions once the screening identifies problems. The definition of Follow-up (page 8) is fine; namely, “the provision of a resource, education, direct provision of a service, or referral to a community-based or social services organization.” **But the measure allows the only response to be a “referral.” Referral without “resources” has little value and actually raises expectations and leads to failure.** Those of us who work in the mental illness arena have seen decades of hospitals and clinicians referring discharged patients with no meaningful or real follow-up (plans of care, with resources).

NQF MAP MUC 2022-098 requires a hospital or clinician “contact” with the community provider. We strongly suggest the Yale CORE measure require – “referral and contact with resources and care plans to community providers and community-based organizations and social services organizations.”

Further, NQF MAP MUC 2022-111 requires “resolution” of at least one health-related social need within 12 months. Screening without interventions and resolution outcomes again raises expectations and leads to failure.

Last, social screenings potentially open many doors. One such door are the American Board of Family Medicine primary care and CMS LTSS “continuity of care” quality measures. It would be nice if the Yale CORE paper acknowledges the importance of continuity of care measures as an element of responding to social needs.

Thank you for your consideration. We hope our comments are relevant and helpful. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,



E. Clarke Ross, D.P.A.

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And
Lakeshore Foundation

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