January 13, 2021

Coordinating Committee
Measures Application Partnership
National Quality Forum
1099 14th Street, NW, Suite 500
Washington, DC 20005

Re: Conditional Support for Rulemaking on Screen Positive Rate for Social Drivers of Health

Dear Coordinating Committee,

On behalf of OCHIN, we appreciate the opportunity to provide comment on the Measures Application Partnership (MAP) Coordinating Committee draft recommendations on MUC21-134 (IQR) and MUC21-134 (MIPS) related to Screen Positive Rate for Social Drivers of Health.\(^1\) **These measures are essential to identify and remedy persistent structural inequality that adversely impacts patient outcomes—and this is equally true whether patients are receiving care in ambulatory or in-patient settings.** These measures create incentives for the clinical team to identify structural barriers to improved health care and associated social and other services that could facilitate improved patient health status, including improved access to care.

Clinicians and providers cannot address social determinants of health if this information is not collected and acted upon. Our nation’s health care delivery models must embed incentives—such as quality measures—to improve care for patients facing the greatest barriers to health care and other structural inequities. The need does not change based on site of care since the patient faces the same social risks.

Recommendations:

- OCHIN supports the Coordinating Committee’s conditional support for rulemaking with regard to MUC21-134 (MIPS).
- OCHIN urges the Committee to rescind its current recommendation and also provide conditional support for rulemaking with regard to MUC21-134 (IQR) as this measure is needed to advance the same fundamental goal: health equity. **Patients are at their most vulnerable when they are admitted to the hospital. Understanding their SDOH is critical to assess risks in follow-up, recouperation, and rehabilitation. And the only way to understand the services that may be needed is to assure that there is reporting of the findings of SDOH assessments.**

\(^1\) OCHIN has submitted comments on additional measures through the NQF comment portal.
OCHIN is a nonprofit health information technology innovation and research network that serves over 1,000 community health care sites with 21,000 providers in 47 states serving nearly 6 million patients. The OCHIN network provides a continuous learning health system collaborative and offers technology solutions, informatics, evidence-based research, and policy insights. For two decades, OCHIN has advanced equitable health care solutions by leveraging the strength of our network’s unique data set and the practical experience of our members to drive technology innovation at scale for patients and providers in underserved communities. To that end, OCHIN network members have documented over 1 million individual patient screenings for SDOH. The screening, evaluation, and use of this information is complex, challenging, and hinges on preserving patient trust. This is a resource intensive process that requires adequate time, workflow design, patient engagement, and staff and clinician training. The benefits of the measures outweigh the burden of data collection and reporting where flexibility is provided to optimize workflow and staffing needed to collect the information with the goal of reducing cognitive burden and enhancing team-based approaches to care while preserving and safeguarding patient-clinician relationship and privacy.

These measures are needed for quality improvement activities, payment, research, and public health activities including disease surveillance and mitigation measures in order to address health care inequity. In light of the USCDI adoption of SDOH domains and elements, the suitability of this information can inform numerous clinical, public health, and policy needs to improve care overall equitably. Adding information on social complexity to payment discussions could provide valuable insight for value-based payment and care arrangements and risk-bearing contracts.

We offered in our initial round of comments, as we do here, conditional support for these measures. OCHIN recommends that the measures for interpersonal safety domain be removed. Current approaches to addressing relationship safety and intimate partner violence (IPV) are moving away from screening towards a universal education and harm reduction approach. Futures Without Violence (FWV), the CMS partner for IPV prevention and education nationally, notes that while that 1 in 4 women experiences IPV in her lifetime, disclosure rates in practice are usually less than 10% (around 5-6% among OCHIN network members’ patients), indicating significant underreporting and calling the utility of collecting this data into question. Instead, FWV provides and promotes a framework called CUES that addresses confidentiality (including its limits in required reporting settings), universal education about healthy relationships, and support for any disclosure that includes warm handoff to appropriate resources. Given this disparate approach, OCHIN recommends not including IPV in the current measures. OCHIN would, however, support a separate measure for IPV focused on the provision of universal patient education.

OCHIN has previously advocated for inclusion of SDOH in screening measures and data standards to begin with the domains of housing, food insecurity, and transportation as “core” domains appropriate for screening in most every community and patient panel. The addition of utility assistance aligns with research from the SIREN group at University of California (San Francisco) that finds these four domains (housing, food insecurity, transportation, and utility assistance) are the most impactful for screening and action in healthcare settings. Consequently, these are the appropriate domains to include in such measures at this time. In the future, other domains could either be optional based on appropriate community or clinic considerations or added as more evidence about the relationship between SDOH and health becomes available.
OCHIN welcomes the opportunity to continue to work collaborative with the Coordinating Committee and NQF. Please contact me at stollJ@ochin.org if you have questions.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs