



February 1, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Administrator Brooks-LaSure,

The National Alliance to Impact Social Determinants of Health (NASDOH) writes regarding the adoption and implementation of SDOH-related quality measures across CMS' quality programs.

NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, healthcare and wellness information technology expertise, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining efforts to address SDOH. Additionally, NASDOH is committed to advancing health equity as a critical component to addressing social needs and SDOH and improving the health of individuals and communities.

Social determinants of health account for more health outcomes, including cost, than medical care alone. For this reason, it is critical that continued movement towards value-driven care recognizes the importance of addressing SDOH. Quality measures are an important tool for advancing the use of social needs screenings and connecting people to services that support improved health outcomes. NASDOH supports the work of CMS in developing and implementing quality measures related to social needs screening and connection to social services, including the addition of SDOH-related quality measures in the Hospital Inpatient Quality Reporting program,¹ and the Merit-based Incentive Payment System.^{2 3} Over the past five years, screening for health-related social needs (HRSNs) within physician offices and hospitals has increased, in part due to these federal programs promoting expanded screening.

In December 2023, NASDOH convened multiple stakeholders, representative of payers, providers, community-based organizations, social service providers, public health, and technology resources across the country. At this convening, stakeholders discussed the various social needs related screening

¹ NASDOH comments on CMS-1771-P, FY 2023 Hospital Inpatient Prospective Payment Systems and the Long-Term Care Hospitals Prospective Payments Systems Proposed Rule: <https://nasdoh.org/wp-content/uploads/2022/06/NASDOH-CMS-FY-2023-IPPS-and-LTCH-PR-Comments.pdf>.

² NASDOH comments on CMS-1770-P, CY 2023 Medicare Physician Fee Schedule Proposed Rule: <https://nasdoh.org/wp-content/uploads/2022/09/NASDOH-PFS-comments.pdf>.

³ NASDOH comments on CMS-1784-P, CY 2024 Medicare Physician Fee Schedule Proposed Rule: <https://nasdoh.org/wp-content/uploads/2023/09/NASDOH-Comments-on-CMS-CY2024-PFS-Proposed-Rule-2.pdf>.

measures and how quality measures and quality programs can best meet patient needs and policymakers' objectives. Participants also discussed the goals and outcomes of screening, variability of tools and processes for screening, incorporating data from social needs screening into clinical care and decision making, funding needs for screening and addressing HRSNs, including building community capacity, and supporting multi-sector involvement.

The result of the convening was ten principles for adoption, updating, and implementing quality measures related to social needs, which are attached to this letter. We encourage CMS to consider these principles in furthering SDOH-related policies within quality reporting and payment programs.

Please contact Sara Singleton at Sara.Singleton@leavittpartners.com with any questions.

Sincerely,

Sara Singleton

Sara Singleton

Principal, Leavitt Partners and Advisor to NASDOH

Principles for Advancing SDOH-Related Quality Measures

SDOH Quality Measures Should be Person-Centered

1. **Improving Outcomes**—Quality measures are an important tool for advancing the use of culturally sensitive social needs screenings, connecting people to services that improve outcomes, and advancing health equity.
2. **Meeting Patient’s Needs**—SDOH-related quality measures should be designed and implemented primarily to advance the health and well-being of individuals, including through the delivery of social services and supports. SDOH-related measures should prioritize holistic improvement in the patient’s health and well-being rather than focusing on reducing the number of social needs.
3. **Screening Intervals and Duplication**—Implementation of quality measures should consider how patients engage with the health care system and avoid unnecessary duplication of screenings. While repetition of screenings at appropriate intervals can support the identification of emerging or changing needs, duplication of screenings may lead to mistrust.
4. **Strengths-Based Approach**—SDOH-related quality measures should be designed to highlight assets and support strengths-based solutions rather than focusing on deficits and imposing specific interventions to address individual HRSNs.
5. **Incorporate Feedback**—Feedback from patients on their experiences of SDOH-related screenings should be used to inform updates to quality measures.

SDOH Quality Measures Should be Designed and Implemented in Ways that Minimize Burden

6. **Harmonized Measures**—A core set of measures harmonized across quality and payment programs would support adoption and reduce the administrative burden for patients, providers, payers, social workers, community health workers, and others involved. Determinants of health that impact health equity should be a part of measures used, including integrated healthcare, community resiliency, physical environment, socioeconomics, and community trauma.
7. **Using Existing Data**—Collection of data to inform SDOH measures should, whenever possible, draw from existing data sources to minimize additional data collection burden on all involved.
8. **Screening Tools and Administration**—Quality measures should allow for the use of a variety of validated screening tools and entities that are screening should have flexibility to determine how screenings are conducted.

Quality Measures Should Advance Multisector Work to Address SDOH

9. **Shared Responsibility and Commitment**—Identifying and addressing health-related social needs (HRSNs) is a shared responsibility. Therefore, quality measures should be driven and informed by engagement with patients and impacted communities and should encourage meaningful collaboration between health care, public health, and social service, and other sectors to screen and connect patients to the resources they need. Additionally, each sector must be committed, supported, and empowered to address patient needs, improve outcomes of individuals and communities they serve and hold each sector accountable for performance.
10. **Data Justice**—Screening data should be shared with the communities it originates from to advance community-level efforts to address SDOH. The data should be useful and updated regularly, consistently, and accurately.