799 9th St.
Suite 210
Washington, DC 20001

T (202) 354-2600
vizientinc.com

vizient.

Vizient comments to the National Quality Forum (NQF) on the Measure Application Partnership's (MAP) draft recommendations for CMS

Submitted electronically on January 13, 2022 via: NQF portal

Comments for MUC2021-136: Screening for Social Drivers of Health
Do we recommend this measure? Yes, under certain conditions (or no?)

We commend CMS and NQF for efforts to prioritize health equity, including the development of a measure to capture screening of social drivers of health for patients. Vizient, Inc. is the nation's largest health care performance improvement company and serves a diverse membership of hospitals and other non-acute health care service providers in rural America, including independent community hospitals, critical access hospitals, rural health clinics and other non-acute providers. Vizient and its members recognize the critical need to addressing social drivers of health for each patient to ensure equitable health outcomes for all patients in our community, and wholly support efforts to increase screening all patients for social drivers of health.

Our concerns with MUC2021-136 are the lack of definition for "screening" and "social drivers of health" as related to this measure. Clear and consistent definitions are critical to collecting data that can be meaningfully used by the health care system to improve outcomes for patients. In addition, defining such terms also supports identification and use of validated screening tools. Without consistency, it will be difficult for health systems or CMS to address the patient needs and risks identified during the screen, and potentially harm patients by impairing their ability to efficiently access needed services, creating confusion if communication between health systems is inconsistent and eroding trust when their needs are recorded inconsistently. We would recommend that CMS defines these terms clearly prior to approving this measure.

In addition, Vizient is concerned that finalizing this measure before there is a standard approach for collecting screening data related to social drivers of health will limit the utility and comparability of collected data. Standardization is critical for ensuring that patient data collected by health systems can be effectively utilized to address community needs and ensure that future measures promote community-wide improvements in social drivers of health. A risk of approving this measure without standards is that inconsistent data collection will yield incomplete or unusable data sets, which could make any future analysis for development of new measures to addressing social drivers difficult. We encourage NQF and CMS to work with stakeholders to define and set the standard for data collection to ensure the patient data collected will be used to promote health equity.

As hospitals and health care providers struggle with ongoing financial, operational and workforce challenges, Congress must address these impending Medicare payment reductions before they take effect in January. This is critical to reducing the hardship faced by hospitals and caregivers continuing to serve on the front lines of this pandemic.

Comments for MUC2021-134: Screen Positive Rate for Social Drivers of Health
Do we recommend this measure? <u>No</u> (or yes, under certain conditions?)

We commend CMS and NQF for efforts to prioritize health equity and for developing a measure that attempts to measure the impact of social drivers of health for patients. Vizient, Inc. is the nation's largest health care performance improvement company and serves a diverse membership of hospitals and other non-acute health care service providers in rural America, including independent community hospitals, critical access hospitals, rural health clinics and other non-acute providers. Vizient and its members recognize the critical need to addressing social drivers of health for each patient to ensure equitable health outcomes for all patients in our nation, and wholly support efforts to increase screening all patients for social drivers of health.

Our primary concern with MUC2021-134 is the lack of standardization for data collection for this metric. The current measure does not include specification for defining either the denominator (i.e., patients to be screened) or the numerator (i.e., what constitutes a positive screen). Without clear definitions of who to screen or what constitutes a positive screen, it will be difficult to meaningfully interpret the data collected or benchmark. Without these definitions, the publicly reported data could be misleading.

In addition, MUC2021-134 does not account for differences by geography. Vizient's analyses have shown significant variation in community need across large geographic areas as well as within local markets at the zip code level. Similar to the need for definitions, without accommodations for geographic variation, interpretation of these data when reported publicly could be misleading. Vizient notes that accommodations for geographic variation could be achieved through benchmarking using an index of local obstacles to care (e.g., Vizient Vulnerability Index, more information is available at: https://newsroom.vizientinc.com/leveraging-vizients-clinical-data-base-newly-created-index-supports-hospitals-health-equity-efforts.htm). Vizient has recently reviewed several state and national indices intended to help provide benchmarks for community need, and found an opportunity to expand upon these indices to ensure standardization across the country and also tie community need to hospital performance. Vizient is willing to work with NQF and CMS to leverage our analysis or conduct a similar analysis to evaluate current indices and address gaps before selecting a standard. Vizient notes our concern that data lacking such accommodations could potentially disadvantage hospitals or providers with higher levels of community need.

Collectively, the aforementioned issues related to data collection standardization and geographic differences also limit the utility of the collected data for future analysis; namely specific measures to promote addressing social drivers of health for patients.

Before finalizing this measure, we recommend CMS provide clear standards for defining the target populations for screening as well as clearly defining a positive screen for the target population. These definitions should be grounded in currently available data and leverage tested indices to provide a standard approach, especially for correcting for geographic variation. Without these definitions and corrections, the likelihood of negatively impacting both reporting hospitals and providers as well as patients is high.