



Preparing for the ESRD QIP Screening for Social Drivers of Health Reporting Measure

Quickinar Series—Part Two

ESRD = End Stage Renal Disease

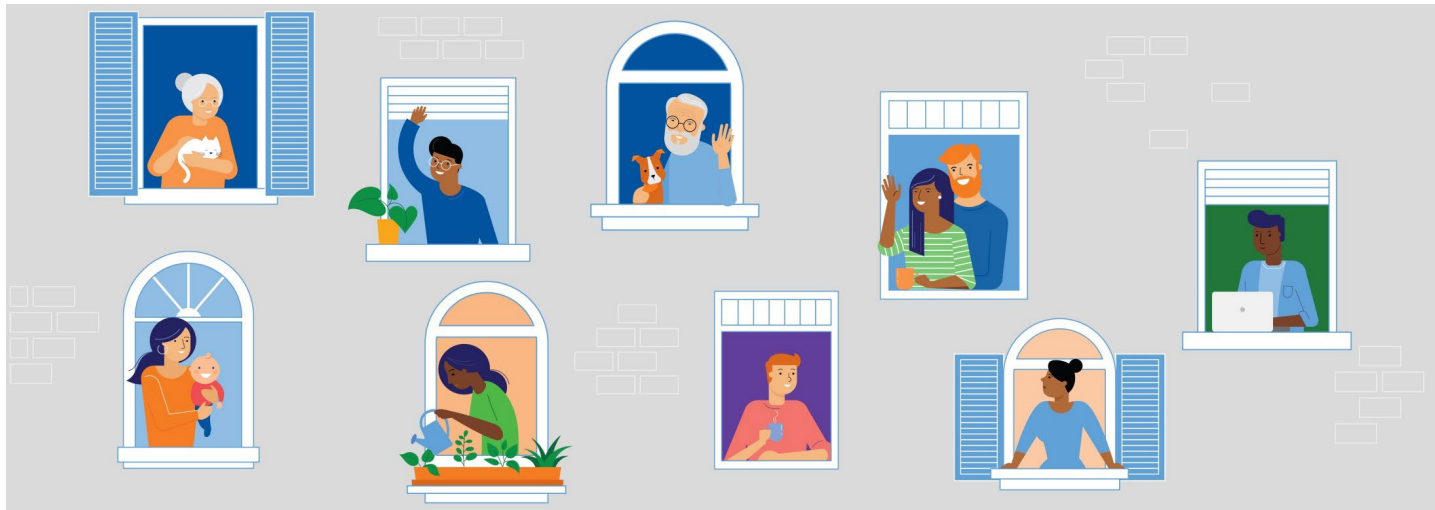
QIP = Quality Incentive Program

OBJECTIVES

- Identify the difference between social drivers of health (SDOH), and health-related social needs (HRSNs).
- Review the five SDOH that the QIP requires dialysis facilities to screen patients for.
- Discuss different HRSN screening tools.
- Explore how SDOH are calculated for submission to the QIP.

What Are the SDOH?

Healthy People 2030 describes SDOH as the “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”



Office of Disease Prevention and Health Promotion. Social Determinants of Health. Available at <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>. Accessed on October 28, 2024.

Auerbach J. De Beaumont. Health Affairs: Meeting Individual Social needs Falls Short of Addressing Social Determinants of Health. Available at <https://debeaumont.org/news/2019/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/>. Accessed on October 28, 2024.

HRSNs Versus SDOH



- *Health-related social needs* describes individual-level factors impacting patients.
 - Are often the result of Social Drivers of Health.
 - When impacting health, can also be called social needs.

Key Concepts

- Social determinants and social drivers are interchangeable terms referring to community-level factors impacting health.
- HRSNs are individual-level factors impacting health.
- Dialysis facilities should use different strategies to screen for and identify SDOH and HRSNs.
- HRSNs require personalized interventions, while addressing SDOH require broader, community-level action.

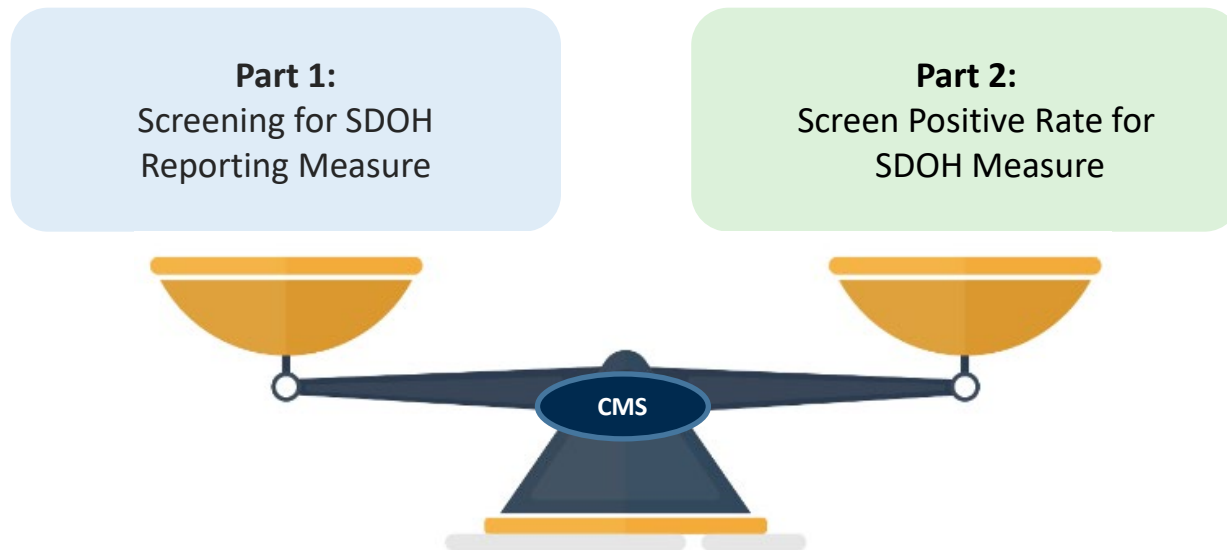


ESRD QIP

Screening for Social Drivers of Health Reporting Measures



Screening for Social Drivers of Health Measures



Measure Reporting Periods

- The two measures are intended to provide information to dialysis facilities on the level of unmet HRSNs among patients served, and not necessarily for comparison between dialysis facilities.
- The deadline for submission will be the end of the EQRS December data reporting month (approximately two months after December).
- Dialysis facilities will follow established annual structural measure submission and reporting requirements.
- Facility-specific results will be displayed on an annual basis on the Care Compare website.

Screening for SDOH Reporting and Screening Positive Measures

- **CY 2025** – Mandatory reporting on an annual basis
- **CY 2027** – Payment determination

*Dialysis facilities will report this measure as 5 separate rates.

EQRS: End Stage Renal Disease Quality Reporting System
CY: Calendar Year

Part 1: Screening for Social Drivers of Health Reporting Measure

- Enables facilities to identify patients with HRSNs.
- Reduces healthcare access barriers, addresses the disproportionate expenditures attributed to populations with greatest risk, and improves the facility's quality of care.
- Improves care coordination efforts by helping facilities understand what HRSNs might be contributing to poor patient outcomes.



Screening for SDOH Reporting Measure Calculation

Numerator: The number of patients who are 18 years or older during the performance period and are screened for **ALL five HRSNs**.

Denominator: The total number of patients who are 18 years or older during the performance period.

Patients who opt out of screening and patients who are unable to complete the screening and have no legal guardian or caregiver who can complete the screening on their behalf are excluded from the denominator.

What Are the Five HRSNs That Patients Should Be Screened For?

HRSNs:

- Food insecurity
- Housing instability
- Transportation needs
- Utility difficulties
- Interpersonal safety



Health-Related Social Needs Screening Tools

- Health-related social needs screening requires individual assessments.
 - Dependent on patient circumstances.
 - Can be impacted by community factors.
 - Social needs are fluid, so regular screening can be helpful.
- Multiple options for screening tools are available.
 - PRAPARE tool (prapare.org)
 - CMS tool (innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf)
 - Screening tool comparison (sirenetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison)

CMS = Centers for Medicare & Medicaid Services

PRAPARE = Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

CMS Health-Related Social Needs Screening Tool

The Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool

AHC HRSN Screening Tool Core Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

Living Situation

1. What is your living situation today?³

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following?⁴

CHOOSE ALL THAT APPLY

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above

Food

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.⁵

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true
- Sometimes true
- Never true

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?⁶

- Yes
- No

Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁷

- Yes
- No
- Already shut off

Safety

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.⁸

7. How often does anyone, including family and friends, physically hurt you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

<p>Personal Characteristics</p> <p>1. Are you Hispanic or Latino?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 34%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>2. Which race(s) are you? Check all that apply</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Asian</td> <td style="width: 50%;"><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Pacific Islander</td> <td><input type="checkbox"/> Black/African American</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> American Indian/Alaskan Native</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (please write):</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 34%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>4. Have you been discharged from the armed forces of the United States?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 34%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>5. What language are you most comfortable speaking?</p> <p>Family & Home</p> <p>6. How many family members, including yourself, do you currently live with? _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>7. What is your housing situation today?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> I have housing</td> </tr> <tr> <td><input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)</td> </tr> <tr> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other (please write):		<input type="checkbox"/> I choose not to answer this question		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> I have housing	<input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)	<input type="checkbox"/> I choose not to answer this question	<p>8. Are you worried about losing your housing?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 34%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>9. What address do you live at? Street: _____ City, State, Zip code: _____</p> <p>Money & Resources</p> <p>10. What is the highest level of school that you have finished?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Less than high school degree</td> <td style="width: 50%;"><input type="checkbox"/> High school diploma or GED</td> </tr> <tr> <td><input type="checkbox"/> More than high school</td> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>11. What is your current work situation?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Unemployed</td> <td style="width: 33%;"><input type="checkbox"/> Part-time or temporary work</td> <td style="width: 34%;"><input type="checkbox"/> Full-time work</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Please write: _____</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>12. What is your main insurance?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> None/uninsured</td> <td style="width: 50%;"><input type="checkbox"/> Medicaid</td> </tr> <tr> <td><input type="checkbox"/> CHIP Medicaid</td> <td><input type="checkbox"/> Medicare</td> </tr> <tr> <td><input type="checkbox"/> Other public insurance (not CHIP)</td> <td><input type="checkbox"/> Other Public Insurance (CHIP)</td> </tr> <tr> <td><input type="checkbox"/> Private Insurance</td> <td></td> </tr> </table> <p>13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.</p> <p>_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Less than high school degree	<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> More than high school	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time or temporary work	<input type="checkbox"/> Full-time work	<input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)			<input type="checkbox"/> Please write: _____			<input type="checkbox"/> I choose not to answer this question			<input type="checkbox"/> None/uninsured	<input type="checkbox"/> Medicaid	<input type="checkbox"/> CHIP Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other public insurance (not CHIP)	<input type="checkbox"/> Other Public Insurance (CHIP)	<input type="checkbox"/> Private Insurance		<input type="checkbox"/> I choose not to answer this question	<p>14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 20%;">Food</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 20%;">Clothing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Utilities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Child Care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Phone</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other (please write):</td> </tr> <tr> <td colspan="6"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 95%;">Yes, it has kept me from medical appointments or</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>I choose not to answer this question</td> </tr> </table> <p>Social and Emotional Health</p> <p>16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Less than once a</td> <td style="width: 50%;"><input type="checkbox"/> 1 or 2 times a week</td> </tr> <tr> <td><input type="checkbox"/> 3 to 5 times a week</td> <td><input type="checkbox"/> 5 or more times a</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>	Clothing	<input type="checkbox"/>	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	<input type="checkbox"/>	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)				<input type="checkbox"/>	<input type="checkbox"/>	Phone	<input type="checkbox"/>	<input type="checkbox"/>	Other (please write):	<input type="checkbox"/> I choose not to answer this question						<input type="checkbox"/>	Yes, it has kept me from medical appointments or	<input type="checkbox"/>	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question	<input type="checkbox"/> Less than once a	<input type="checkbox"/> 1 or 2 times a week	<input type="checkbox"/> 3 to 5 times a week	<input type="checkbox"/> 5 or more times a	<input type="checkbox"/> I choose not to answer this question		<p>17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Not at all</td> <td style="width: 50%;"><input type="checkbox"/> A little bit</td> </tr> <tr> <td><input type="checkbox"/> Somewhat</td> <td><input type="checkbox"/> Quite a bit</td> </tr> <tr> <td><input type="checkbox"/> Very much</td> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>Optional Additional Questions</p> <p>18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 34%;"><input type="checkbox"/> I choose not to answer this</td> </tr> </table> <p>19. Are you a refugee?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 34%;"><input type="checkbox"/> I choose not to answer this</td> </tr> </table> <p>20. Do you feel physically and emotionally safe where you currently live?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 34%;"><input type="checkbox"/> Unsure</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>21. In the past year, have you been afraid of your partner or ex-partner?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 34%;"><input type="checkbox"/> Unsure</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> I have not had a partner in the past year</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Not at all	<input type="checkbox"/> A little bit	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Very much	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> I choose not to answer this question			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> I have not had a partner in the past year			<input type="checkbox"/> I choose not to answer this question		
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The PRAPARE[®] social drivers of health assessment screening tool and implementation/action toolkit was developed and owned by the National Association of Community Health Centers (NACHC), in collaboration with the Association of Asian Pacific Community Health Organization (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF). PRAPARE[®] and its resources are proprietary information of NACHC and its partners intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without prior written consent from NACHC. For more information, visit www.prapare.org.

Part 2: Screen Positive Rate for SDOH Reporting Measure

- Identifies the proportion of patients, 18 years and older, at the facility who screen positive for **one or more** of the HRSNs.
- Requires facilities to report data as five separate rates for each HRSN.
- Enables facilities to capture the magnitude of HRSNs and estimate the impact on healthcare utilization and quality of care.
- Prompts the development of individual patient action plans for those who screen positive.
- Improves patient outcomes by acknowledging patients' non-clinical needs that contribute to adverse clinical outcomes.
- Supports data-informed collaboration with community-based services to connect patients to local resources.



Screening Positive Measure Calculation

Numerator: The number of patients admitted to the dialysis facility, 18 years during the performance period and who are screened for each of the five social drivers and who **screen positive for having a need in one or more of the five HRSNs—calculated separately, one measure per HRSN.**

Denominator: The total number of patients during the performance period who are 18 years or older and **are screened for an HRSN.**

QUESTIONS?



ESRD Networks 7, 13, 15, 17, 18

Thank you!

Susan Cooper, MSW, LCSW
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