## Screening for Social Drivers of Health Measure and the Screen Positive Rate for Social Drivers of Health Measure

In the FY 2024 IPPS/LTCH PPS final rule (pages 571–583), CMS includes two new measures that hospitals participating in the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program are required to report: the Screening for Social Drivers of Health measure and the Screen Positive Rate for Social Drivers of Health measure.

## Performance Measure Name: Screening for Social Drivers of Health

**Description**: The Screening for Social Drivers of Health measure assesses whether a PCH implements screening for all patients who are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. To report on this measure, PCHs will provide: (1) The number of patients admitted to the PCH who are 18 years or older at time of admission and who are screened for each of the five health-related social needs (HRSNs): food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; and (2) the total number of patients who are admitted to the PCH who are 18 years or older on the date they are admitted. Additionally, patients who expire during the PCH stay are excluded.

**Measure Numerator**: The numerator consists of the number of patients admitted to a PCH who are 18 years or older on the date of admission and are screened for all of the following five HRSNs: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety during their hospital inpatient stay.

**Measure Denominator**: The denominator consists of the number of patients who are admitted to a PCH and who are 18 years or older on the date of admission.

**Exclusions:** The following patients can be excluded from the denominator: patients who opt out of screening; and patients who are themselves unable to complete the screening during their PCH stay and have no legal guardian or caregiver able to do so on the patient's behalf during their PCH stay. Additionally, patients who expire during the PCH stay are excluded.

Clarifying Information: The Screening for Social Drivers of Health measure will be calculated as the number of patients admitted to a PCH who are 18 years or older on the date of admission screened for all five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) divided by the total number of patients 18 years or older on the date of admission admitted to the PCH. PCHs would report using their CCN through the Hospital Quality Reporting (HQR) System.

## Performance Measure Name: Screen Positive Rate for Social Drivers of Health

**Description**: The Screen Positive Rate for Social Drivers of Health measure provides information on the percent of patients admitted to a PCH who are 18 years or older on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five HRSNs: food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

**Measure Numerator**: The numerator consists of the number of patients admitted to a PCH who are 18 years or older on the date of admission, who were screened for all five HSRN, and who *screen positive* for having a need in one or more of the following five HRSNs (calculated separately): food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety.

**Measure Denominator**: The denominator consists of the number of patients admitted to a PCH who are 18 years or older on the date of admission and are screened for all of the following five HSRN (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.

**Exclusions:** The following patients can be excluded from the denominator: patients who opt out of screening and patients who are themselves unable to complete the screening during their PCH stay and have no caregiver able to do so on the patient's behalf during their PCH stay.

**Clarifying Information:** The result of this measure would be calculated as *five separate rates*. Each rate is derived from the number of patients admitted for a PCH stay and who are 18 years or older on the date of admission, who are screened for all five HRSNs, and who screen positive for any of the five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety) divided by the total number of patients 18 years or older on the date of admission screened for all five HRSNs.

## **Additional Resources**

For more information about the CMMI Accountable Health Communities Model screening tool and case studies about implementing SDOH screening, visit <a href="https://innovation.cms.gov/innovation-models/ahcm">https://innovation.cms.gov/innovation-models/ahcm</a>.

For a listing of various screening tools, including those that include the five SDOH domains specified in the measure, visit <a href="https://sirenetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison">https://sirenetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison</a>.