

Cross-Cutting Topic: Expansion of Race and Ethnicity Stratification in HEDIS

“Especially regarding social determinants of health (SDOH) as they relate to dental measures are the limited interoperability of records to be able to allow reporting and poor SDOH tracking within existing electronic medical record platforms. The measurements are getting ahead of the technology for tracking. Additionally, for many of the existing metrics, it is not known that the most commonly reported social determinants (race and wealth indices by zip code) are impactful or correlate to the metric’s outcome.” Dr. John Teeters, Executive Medical Director, AHP

“Accountable Health Partners prioritizes diversity, equity, and inclusion in healthcare, and will likely be focused on capturing data and supporting interventions around social determinants of health (SDOH) in the future. If HEDIS is going to guide these measures and therefore work in this arena, it is in the best interest of providers to comment at this stage.” -Elizabeth Sharp, Director of Performance Optimization, AHP

Proposed New Measure: Social Need Screening and Intervention (SNS-E)

1. Phasing in the intervention indicators. Should NCQA implement the measure with the intervention indicators or introduce the intervention component at a later time, given the current small denominators (which may be a barrier to reporting for some plans)? *“It makes sense to separate the screening and intervention components. Although these are linked, and some may hesitate to screen for a social determinant of health without having access to interventions, focusing on the screening first will help focus on standardizing and validating the tools needed and inform the development of plans to intervene more effectively at the population level.” -Dr. George Nasra, Associate Medical for Behavioral Health, AHP*

2. Follow-up time frame. If the intervention indicators are retained in the measure, should NCQA shorten the follow-up time frame from 30 days (e.g., 1 week, 2 weeks)? *“Ideally, follow-up time for the intervention should be closer to 2 weeks, although 30 days is still adequate as these are often chronic problems. More important than checking the box on providing an intervention within a timeframe, we need to recommend following up on the intervention assessing the efficacy within 3 months of implementation.” -Dr. George Nasra, Associate Medical for Behavioral Health, AHP*

3. Exclusion of members in I-SNPs and LTIs. Should NCQA exclude members who receive these services? *“No. Members who receive these services have been identified as at risk, so excluding them may create a group of individuals who fall through the cracks. Screening these individuals will assess the adequacy of support and whether they still fall into a category that needs additional help.” -Dr. George Nasra, Associate Medical for Behavioral Health, AHP*

4. Screening instruments specified. Current measure specifications require a limited set of standardized, social needs screening instruments: the Accountable Health Communities Health-Related Social Needs screening tool, the PRAPARE, We Care, WellRx and the Hunger Vital Sign. Is this list appropriate? Should NCQA include additional tools in the measure? *“...We need to revise [these tools] them periodically as better these tools are still being developed to establish best-practice standards in this area.” -Dr. George Nasra, Associate*

Medical for Behavioral Health, AHP