

March 11, 2022

Margaret E. O’Kane
President
National Committee for Quality Assurance (NCQA)
1100 13th St. NW
Third Floor
Washington, DC 20005

Re: National Committee for Quality Assurance’s (NCQA) Proposed New Measure for HEDIS®
Measurement Year (MY) 2023: Social Need Screening and Intervention (SNS-E).

Dear Ms. O’Kane:

On behalf of the medical student and physician members of the American Medical Association (AMA), I appreciate the opportunity to comment on the National Committee for Quality Assurance’s (NCQA) Proposed New Measure for HEDIS®¹ Measurement Year (MY) 2023: Social Need Screening and Intervention (SNS-E).

The AMA appreciates NCQA’s recognition of the importance of this issue and we agree that health plans can play a critical role in addressing the social needs of patients. The AMA supports the initial set of factors for screenings and interventions (food, housing, and transportation), as they clearly impact an individual’s health outcomes and ensure the necessary resources and tools are available to assess and address a patient’s social needs. However, as indicated in the draft materials, of the three social risk domains only food insecurity has been finalized while housing instability and transportation remain in a draft phase. The sharing of these data points across providers and settings is integral to ensuring that physicians, practices, health plans, and other stakeholders are coordinating efforts and we believe that data standards that enable interoperability are imperative to the success of these measurement efforts to ensure that they remain in sync with these activities. **Therefore, we urge NCQA to consider further staging on the implementation of all three factors as it is important that the data collected and reported be standardized and align with the work of the Health Level 7 Gravity Project.**²

Furthermore, we agree that it may be useful to stage implementation of this measure to initially focus on screening until such time that there are adequate sample sizes to allow health plans to report on the interventions provided to patients.

Regarding the measure specifications, the AMA supports the inclusion of patients of all ages and the exclusion of long-term care institutions. Individuals who receive care through a Special Needs Plan³ are

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

² <http://www.hl7.org/gravity>.

³ <https://www.medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/special-needs-plans-snp>.

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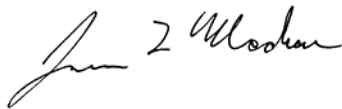
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likely to have one or more unmet food, housing, and/or transportation needs. We encourage NCQA to include these plans within the scope of this measure. In addition, further detail on what would satisfy the intervention requirement would be useful as these activities or referrals should be widely available within a region or community and demonstrated to be effective in meeting the individual’s needs. **We also encourage NCQA to provide additional guidance on how this measure should be implemented and reported over time, particularly on whether screening on all the factors must be completed annually and whether the referrals or activities from previous measurement periods would still satisfy the intervention component for the current reporting year.** We believe that applying the measure to an intervention is appropriate and encourage NCQA to monitor the timeframe with evaluation and adjustment, if warranted to better take into consideration the processing time required to close the loop on a social care referral.

Lastly, there is a need for the measure specifications to clearly state the level of accountability and applicability. This measure is for a health plan, and it is incorrect at this time to apply it to physician-level measurement in the absence of any resources or tools that would be widely and readily available to physicians. In addition, this measure must also be tested at the physician-level before being applied.

We appreciate the opportunity to provide these comments and look forward to working with NCQA to advance health equity and hold health plans accountable for assessing and addressing the needs of their patient populations. If you have any questions regarding this letter, please contact Koryn Rubin, Assistant Director of Federal Affairs, at koryn.rubin@ama-assn.org or 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L. Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD