

Updated Face Validity Votes & Measure Importance for the Addressing Social Needs (ASN) electronic Clinical Quality Measure (eCQM) Hospital Inpatient Quality Reporting Program, Medicare Promoting Interoperability Program, Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program (MUC2024-069)

Please note that due to limitations within the data ecosystem, we were unable to survey stakeholders on the face validity and meaningfulness of the *final performance measure* by the May 2024 Measures Under Consideration submission deadline. As noted within the MERIT submission, these results would be available by August 2024. Therefore, the updated results are included within this attachment, using the format of the 2024 MERIT Data Template for the relevant sections below. We request that reviewers reference this attachment for final face validity/measure importance results.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountable Entity Level) Testing	047	*Face validity	<p>Indicate if a vote was conducted among experts and patients/caregivers on whether the final performance measure scores can be used to differentiate good from poor quality of care.</p> <p>Select "No" if experts and patients/caregivers did not provide feedback on the final performance measure at the specified level of analysis or if the feedback was related to a property of the measure unrelated to its ability to differentiate performance among measured entities.</p> <p>This item is intended to assess whether face validity testing was conducted on the final performance measure and is not intended to assess whether patient-reported surveys or tools have face validity. Survey item testing results can be provided in an attachment and described in the Patient-Reported Data Section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
n/a	n/a	<i>If you select "Yes" in Row 047, then Rows 048-050 become required fields. If you select "No" in Row 047, then skip to Row 051.</i>	<i>n/a</i>	<i>This is not a data entry field.</i>
Measure Score Level (Accountable Entity Level) Testing	048	*Face validity: Total number of voting experts and patients/caregivers	Indicate the number of experts and patients/caregivers who voted on face validity (specifically, whether the measure could differentiate good from poor quality care among accountable entities).	18
Measure Score Level (Accountable Entity Level) Testing	049	*Face validity: Number of experts and patients/caregivers who voted in agreement	Indicate the number of experts and patients/caregivers who voted in agreement that the measure could differentiate good from poor quality care among accountable entities. If votes were conducted using a scale, sum all responses in agreement with the statement. Do not include neutral votes. If more than one question was asked of the experts and patients/caregivers, only provide results from the question relating to the ability of the final performance measure to differentiate good from poor quality care.	12
Measure Score Level (Accountable Entity Level) Testing	050	Face validity: Interpretation	Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure.	We systematically assessed the face validity of the measure score as an indicator of quality by soliciting the TEP members agreement with the following statement: "The inpatient Addressing Social Needs Electronic Clinical Quality Measure identifies the adoption of processes related to social needs screening and intervention that have the potential to differentiate good from poor quality of care among providers (or accountable entities)."

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
				<p>Results of the TEP rating of agreement with the validity statement were as follows: A total of 18 TEP members responded. The scale was as follows: <i>strongly agree, agree, disagree, strongly disagree</i>.</p> <p>There were 3 votes for strongly agree (17%), 9 votes for agree (50%), 4 votes for disagree (22%), and 2 votes for strongly disagree (11%).</p> <p>Face validity: 67% of TEP members either strongly agreed or agreed the ASN eCQM measure could differentiate good from poor quality care. Members who voted in agreement noted that the process is clear, the measure identifies some of the best processes for social health screening and intervention to distinguish good practices, the measure identifies gaps in screening in departments or providers and allows follow-ups to be given to address gaps and create the potential increase in interventions, but some also noted their concern regarding one tool being able to give an accurate measure of good or poor quality care.</p> <p>The 33% of TEP members who voted disagree or strongly disagree noted the following reasons for disagreement:</p> <ul style="list-style-type: none"> • They noted that screening and intervention are two legs of the stool. Without "patient receives services that address the stated SDOH needs in ways that are "timely, relevant, accessible, and affordable" - it is not possible to assess the quality of care. Or rather, without this addition, all care could be on the poor side of the spectrum. <ul style="list-style-type: none"> ○ Measure developer response: As a process measure, the standardization of screening and intervention is the aim. As stated in the TEP CMS recognizes the need for future measures to evaluate the timeliness and effectiveness of interventions and patient satisfaction with outcomes • They noted that the measure can show adoption of SDOH screening progress but cannot be used to differentiate good from poor quality care among providers. <ul style="list-style-type: none"> ○ Measure developer response: As noted in the TEP, this measure is a further though incomplete step toward accountability from the current screening only measures. It does move to drive intervention in the presence of positive assessments. • They showed concern regarding social interventions that a care provider has no ability to require (only influence) is equated to good or poor care as articulated above. They added it is good practice to identify ways to encourage the right decision making by a patient, but they worry about the inference in the statement above. <ul style="list-style-type: none"> ○ Measure developer response: The wide breadth of qualifying interventions assist with addressing this concern. Counsel and education about possible

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
				<p>programs qualify as interventions and were crafted with patient centered care planning in mind.</p> <ul style="list-style-type: none"> • They noted that the measure does not differentiate between good and poor quality care as simply intervening does not equate to receiving appropriate services. While the measure evaluates whether a patient was screened and whether an intervention or referral was provided, it does not consider whether the referral was successful or even attempted. As such, the effectiveness of the intervention is not assessed. Understand that this might be an additional measure <ul style="list-style-type: none"> ○ Measure developer response: As a process measure, the standardization of screening and intervention is the aim. As stated in the TEP CMS recognizes the need for future measures to evaluate the timeliness and effectiveness of interventions and patient satisfaction with outcomes • They noted that they do not believe this measure is an indicator of care quality as currently designed. The ability of physicians and other clinicians to address the social needs of patients identified through a clinical encounter is dependent upon the existence and availability of community resources to address the social needs of the individual. Their policy states that primary care physicians cannot be held accountable for providing resources to address social determinants of health that do not exist in the community. The measure currently is binary in that a person screening positive for a social need either receives interventions or no intervention. The measure could potentially be improved with an additional option to indicate that no community intervention is available. <ul style="list-style-type: none"> ○ Measure developer response: We appreciate this perspective. However, the current set of qualifying interventions are broad by design to allow for many different evidence-based clinician led interventions including adjusting treatment plans to accommodate social risks in line with the NASEM “Integrating Social Care Into the Delivery of Health Care” (https://nap.nationalacademies.org/read/25467/chapter/2). Additional options include educating and counseling patients about possible interventions. The measure also includes for each domain common federal and state programs that are not dependent on community capacity, but rather individual eligibility. We do understand the truth of limited community resources, especially in rural settings, however as a screen and intervening measure this is a first step. The intent is to use ensuing data and population analysis to enable structural interventions to increase community capacity to address social needs.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Importance	070	*Meaningful to Patients. Did the majority of patients/caregivers consulted agree that the measure is meaningful and/or produces information that is valuable to them in making their care decisions?	Select one. Patients and/or caregivers can include any of the following: <ul style="list-style-type: none"> • Patients • Primary caregivers • Family • Other relatives 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not evaluated
n/a	n/a	<i>If you select "Yes" in Row 070, then Row 071 becomes a required field. If you select "No" or "Not evaluated" in Row 070, then skip to Row 072.</i>	n/a	<i>This is not a data entry field.</i>
Importance	071	*Description of input collected from patients/caregivers consulted	Describe the input collected from patient/caregivers consulted about the measure, including the number of patients/caregivers consulted and the number who agreed that the measure is meaningful and produces information that is valuable in making care decisions.	<p>The following question was asked to the 8 patient/caregivers consulted about the measure: "Information from the Inpatient Addressing Social Needs Electronic Clinical Quality Measure is easy to understand and useful for decision making."</p> <p>A total of 8 patients/caregivers responded. The scale was as follows: <i>strongly agree, agree, disagree, strongly disagree.</i></p> <p>3 number of patient/caregivers responded, "strongly agree" and 5 patient/caregivers responded "agree".</p> <p>Thus, 100% of patients/caregivers consulted either strongly agreed or agreed that the measure is meaningful and produces information that is valuable in making care decisions.</p>
Importance	072	Description of input collected from measured entities.	Describe the input collected from measured entities, or others such as consumers, purchasers, policy makers, etc., using any of the following methods: <ul style="list-style-type: none"> • Focus groups • Structured interviews • Surveys of potential users Notes: <ul style="list-style-type: none"> • This is separate from face validity testing of the performance measure. 	<p>The following question was asked to the 16 Technical Expert Panel (TEP) members who are clinicians, hospital expert and/or other consumers: "Information from the Inpatient Addressing Social Needs Electronic Clinical Quality Measure is easy to understand and useful for decision making."</p> <p>TEP Members provided their response using a scale of strongly agree, agree, disagree, strongly disagree.</p> <p>A total of 14 TEP members responded. There were 3 votes for strongly agree (22%), 9 votes for agree (64%), 2 votes for disagree (14%), and 0 votes for strongly disagree (0%).</p>