July 2, 2023
Yale New Haven Services Corporation
Center for Outcome Research and Evaluation (CORE)
New Haven, Connecticut

RE: Addressing Social Needs (ASN) eCQM Specs Doc for Public Comment

Dear CORE researchers,

Thank you for the opportunity to comment on the social needs measure CORE is developing for inpatient settings. We write as leading mental health, substance use, disability, and health organizations representing individuals with lived experience, providers, and advocates.

As organizations committed to advancing equity, we applaud CMS and CORE for focusing on social needs as important drivers of health, including mental health. An extensive and growing body of research has applied the social determinants of health framework to mental health and has found significant evidence of the links between these social factors and mental health outcomes[1]. Researchers have found that when it comes to social drivers of mental health, three categories of factors are particularly significant: freedom from discrimination and violence, social inclusion, and access to economic resources.[2]

Accordingly, we fully support the four domains of social needs identified by the proposed measure. Housing insecurity (including instability and homelessness) is particularly relevant to individuals with mental health and addiction conditions, who are more likely to experience homelessness. The stress and circumstances of housing insecurity can cause and exacerbate mental health and substance use conditions.

The Substance Use and Mental Health Services Administration has issued an advisory noting that "people who are homeless are at elevated risk for experiencing substance use disorders (SUDs), mental disorders, trauma, medical conditions, employment challenges, and incarceration….Preventive services for people experiencing homelessness, including mental health, substance use, medical care, and social supports, are critical for mitigating risks of SUDs and mental disorders and improving health outcomes."[3]

Food, transportation, and utility insecurity are also important indicators of access to economic resources. In addition, food and transportation are directly tied to health.

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[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6181118/

[2] Keleher H & Armstrong R (2005). Evidence based mental health promotion resource. Melbourne, Dept. of Human Services. Retrieved from https://www.vichealth.vic.gov.au/~/media/programsandprojects/publications/attachments/hs591_evidence_based_info_2b.ashx

[3] Substance Use and Mental Health Services Administration, Advisory: Behavioral Health Services for People Who are Homeless, retrieved from https://store.samhsa.gov/sites/default/files/pep20-06-04-003.pdf.

Transportation can be particularly relevant to a person's ability to access follow-up treatment and support for mental health and substance use conditions.

W**e strongly urge CORE to add Interpersonal Safety as a fifth domain.** The Accountable Health Communities Model and the Physicians Foundation measures include interpersonal safety as an element of social need. All five of these domain measures also passed the rigorous and comprehensive review of the Measures Application Partnerships (MAP). In its final rule from last year, CMS specifically noted the importance of screening for domestic violence, child abuse and elder abuse and the direct impact on physical and mental health.[4] As noted above, there is a strong relationship between interpersonal safety and mental health.

For example, the American Psychiatric Association states,

> Domestic violence is associated with a range of physical and mental health effects. Being a victim of domestic violence is linked to increased risk for posttraumatic stress disorder (PTSD), depression and suicide. Exposure to traumatic events can lead to stress, fear and isolation, which may lead to depression and suicidal thoughts or behavior…. Domestic violence survivors are more likely to experience health problems and perceive their overall health as poor compared to those who have not experienced domestic violence. About 75% of female survivors experience some form of injury related to the domestic violence. In addition to injuries, common physical symptoms include headaches, insomnia, chronic pain, gastrointestinal symptoms, chest, back, and pelvic pain.[5]

Child abuse also has a significant impact on mental and physical health. The Centers for Disease Control and Prevention states, "children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones. They may also have emotional and psychological problems, such as anxiety or posttraumatic stress. Over the long term, children who are abused or neglected are also at increased risk for experiencing future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, lower educational attainment, and limited employment opportunities."[6]

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[4] See final rule: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-Qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation, at 49204; retrieved at https://www.federalregister.gov/documents/2022/08/10/2022-16472/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the

[5] American Psychiatric Association, retrieved at https://www.psychiatry.org/patients-families/domestic-violence, citing World Health Organization. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence; Centers for Disease Control and Prevention. Fast Facts: Preventing Intimate Partner Violence.

[6] Centers for Disease Control and Prevention, retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html.

Elder abuse also harms mental and physical health. The National Institute on Aging concludes, "elder abuse can lead to early death, harm to physical and psychological health, destroy social and family ties, cause devastating financial loss, and more. Any type of mistreatment can leave the abused person feeling fearful and depressed."[7] Given the significant impact of interpersonal violence on mental and physical health across the lifespan, we urge CORE to add this domain to the measures of social needs.

As organizations who serve diverse communities, we applaud the discussion in the paper of requirements to administer the screenings in the person's primary language. **We urge The Yale CORE final paper and CMS to also address the required accessibility of communication with persons who have visual, hearing, physical and intellectual disabilities. Moreover, the paper and CMS should note the importance of accommodating mental and physical disabilities during the screening and follow up process.**

We support the requirement that appropriate follow-up intervention is documented in the electronic health record. **We strongly urge, however, that the definition of follow-up requires contact with a community provider, not just referral**. Based on our experience, we have significant reservations and concerns regarding the proposed interventions once the screening identifies problems. The definition of follow-up in the paper is "the provision of a resource, education, direct provision of a service, or referral to a community-based or social services organization." The measure allows the only response to be a "referral." Referral without "resources" has little value and in our experience, raises expectations and leads to failure.

Those of us who work with people who have mental health and substance use conditions or have those conditions ourselves have seen decades of hospitals and clinicians referring discharged patients with no meaningful or real follow-up (plans of care, with resources). People are typically handed a paper with a referral with no context. This leads to very high readmission rates, with one government study finding that schizophrenia and psychotic conditions had the highest readmission rates of any health condition, followed by alcohol use.[8]

The CORE paper notes that CMS has decided not to account for differences in the intensity of the services provided by the hospital at this time. We strongly urge CMS to reconsider this decision to ensure that screening and follow up is meaningful and improves outcomes. There are existing measures consistent with a more structured approach. For example, NQF MAP MUC 2022-098 requires a hospital or clinician "contact" with the community provider. This measure indicates the number of patients 18 or older who had contact with a Community Service Provider (defined as any independent, for-profit, non-profit, state, territorial, or local agency capable of

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[7] National Institute on Aging, retrieved from https://www.nia.nih.gov/health/elder-abuse#:~:text=Most%20physical%20wounds%20heal%20in,person%20feeling%20fearful%20and%20depressed.

[8] Fingar, K.R. et al. (October 2017). *A comparison of all-cause 7-day and 30-day readmissions, 2014*. Healthcare Cost and Utilization Project.

addressing core or supplemental health-related social needs) for at least 1 of their health-related social needs within 60 days after screening (annually). We strongly recommend the Yale CORE measure define follow up as direct provision of service or referral **and contact** with community providers and community-based organizations and social services organizations.

Finally, **we recommend that CMS measure "resolution" of at least one related social need within 12 months.** NQF MAP MUC 2022-111 requires measuring "resolution" of at least one health-related social need within 12 months. It is important to analyze this information to determine if screening is impactful for individuals and their families or merely leads to more paperwork and little meaningful change.

Thank you for your consideration. We hope our comments are relevant and helpful. For questions or additional information, please contact Clarke Ross, Public Policy Director at the American Association of Health and Disability at clarkeross10@comcast.net or Mary Giliberti, Chief Public Policy Officer at Mental Health America, mgiliberti@mhanational.org.

Sincerely,

Mental Health America

American Association on Health and Disability

Anxiety and Depression Association of America

Inseparable

Lakeshore Foundation

Maternal Mental Health Leadership Alliance

National Alliance on Mental Illness

National Association of Pediatric Nurse Practitioners

National Association of State Mental Health Program Directors

National Health Council

National League for Nursing

National Register of Health Service Psychologists

NHMH - No Health without Mental Health

Policy Center for Maternal Mental Health

Psychotherapy Action Network

RI International