

Prepare for New SDoH Measures Aimed at Post-Acute/Hospice Quality Reporting

by: [MaryKent Wolff](#), May 9, 2024

Hospice, home health and other post-acute care providers are getting a clearer picture of CMS' plans for capturing Social Determinants of Health (SDoH) items in the future, with a request for information in the hospice payment rule laying out questions CMS envisions asking patients.

There is no timeline for their use, but SDoH items could eventually impact a provider's publicly reported data and value-based payments as CMS looks to incorporate these measures into quality reporting programs. And experts stress that SDoH information can help flag critical issues in the patient's life that could impact a successful discharge.

Home health providers already collect a handful of SDoH items in the OASIS-E. The hospice rule, released March 28, includes a list of SDoH priorities that CMS says would fit across post-acute and hospice settings. The topics include food insecurity, housing instability, utility challenges and transportation access. CMS is asking which of those items are suitable for the hospice setting, and how they may need to be adapted to be more appropriate for collection by hospice providers.

Hospices should review the CMS proposal and respond with any insights on whether the SDoH topics are relevant to hospice settings and how to modify the questions for the Hospice Quality Reporting Program (HQRP), says Amanda Gartner, senior clinical documentation manager at Corridor Group in Overland Park, Kansas.

The deadline for public comments is May 28.

Recognize importance of SDoH collection

"All patients deserve equal delivery of care — including end-of-life patients," Gartner says.

Implementing these measures will have long-lasting effects in hospice and will allow agencies to tackle persistent health care inequities, she notes. "As we strive to collect data on SDoH elements, this will increase our understanding of the needs of those we serve, and over time will allow CMS to leverage quality improvement and other tools to ensure all individuals have access to equitable care and coverage," she says.

Many hospice providers have evaluated SDoH data for years, says Maureen Kelleher, senior manager of SimiTree Healthcare Consulting in Hamden, Conn. She notes that the introduction of new HQRP standards would formalize this process.

Kelleher stresses that all agencies should look for and address health inequities, which disproportionately affect underserved and impoverished communities. “If there’s a hospice out there that’s not asking these questions throughout a patient’s stay, the tragedy is that their journey is not going to be a peaceful one,” she says.

Proposal focuses on four domains

CMS highlighted the following areas for consideration:

Food insecurity. Challenges related to obtaining food can severely impact patient outcomes by leading to nutritional risk and malnutrition. The quality of food and amount a patient eats also contribute to these adverse effects. ([HHL 2/19/24](#).)

Housing instability. Frequent moves, overcrowding and trouble paying rent can all hinder a patient’s ability to receive continuous care. These issues can also lead to homelessness, which puts patients at a higher risk of chronic disease and premature death, CMS says.

Utility security. If patients have consistent and affordable housing, they may still face financial barriers to meeting energy needs. Low-quality conditions such as broken utilities can also impact care, Kelleher says.

For example, consider a clinician who visits an elderly hospice patient in July and notices that her home is very hot. The clinician may assume that this is because of the summer weather or that the patient turned the heat up because she was cold. But Kelleher says that this may have occurred because the patient forgot to pay the bill, couldn’t afford it or has a broken air conditioner. If left unaddressed, the patient could develop hyper- or hypothermia, she notes.

Transportation challenges. Limited access to reliable transportation can hinder a patient’s ability to access medication or attend medical appointments, CMS says. It can also keep patients from acquiring adequate food or other supplies.

Leverage SDoH measurements

Your agency has unparalleled insight into a patient's health, home and family, Gartner says. While evaluating SDoH is important, she notes that your staff must also know how to employ it at the point of care.

"We must move past observation and into action," Gartner says. She recommends that providers prepare for the possible new measures in these ways:

Identify consistent barriers. Review your agency's data and consider how any SDoH-related challenges have previously impacted your patient outcomes. Kelleher notes that some patients are embarrassed to admit the challenges they are facing, so your staff must pay close attention.

"It's really great if somebody prescribes you medications, but if you can't pay for them or if you can't get to the pharmacy to get them, you're not going to take them," she says.

Assess your staff. Examine how your clinicians collect, evaluate and respond to SDoH data. For example, what resources would they recommend if a patient struggles to pay rent? Your staff should have a firm understanding of what programs are available, how they function, who qualifies for them and how to get the patient in touch.

If a clinician does not know how to respond to SDoH barriers, you must address it, Gartner says.

Utilize community resources. Building relationships with community partners starts with your agency's administrator or medical director, Kelleher says. She suggests that providers connect with programs like food pantries, community centers and law firms supporting the elderly.

"Community involvement speaks volumes and gets you the network that you need to help take care of your patients and families," Kelleher says. She notes, however, that rural providers may face more difficulties in finding these community resources than urban agencies.

More info: See the hospice proposed rule and comment at <https://tinyurl.com/2rr8n4c6>.