

**Screen Positive for Health-Related Social Needs Indicator Confidential Feedback Report:
Transcript to Education & Outreach Webinar Recording, October 15, 2024**

Mariana Sarango Cancel, Abt Global: *[Slide 1]* Hello and thank you for listening to the Education and Outreach Webinar for the “Screen Positive for Health-Related Social Needs Indicator Confidential Feedback Report for Post-Acute Care.”

Today we will present about the Centers for Medicare & Medicaid Services’ new Screen Positive for Health-Related Social Needs Indicator Confidential Feedback Report for post-acute care quality reporting programs. Post-acute care refers to the following settings: Home Health, Inpatient Rehabilitation Facility (or IRF), Long-Term Care Facility (or LTCH), and Skilled Nursing Facility (or SNF). This report was released for the first time on October 15th, 2024 for Home Health, IRF, and LTCH; and will be released in the Fall of 2025 for SNF.

The speakers are Cindy Massuda from CMS and Jennifer Riggs, and me, Mariana Sarango Cancel, from Abt Global.

[Slide 2] To begin, this slide provides an outline of what we will cover in this webinar. Our goal is to first provide an introduction that explains the purpose of the Screen Positive for Health-Related Social Needs Indicator Report and how to access your report. We will then provide an overview of the report, including some report basics, data sources, and results included in the report. Next, we will walk through example report tables to show what these will look like and how we can interpret our results. We will conclude by sharing some resources that are available to help with accessing and understanding your report.

[Slide 3] Before we get started, here is a list of the acronyms that will be used throughout this presentation.

Additionally, please note that we will use both the terms “patients” and “residents” throughout this webinar. “Patients” refers to patients in the Home Health, IRF, and LTCH settings, and “residents” refers to residents in the SNF setting. Likewise, we will use both the terms “facility” and “agency,” where “facility” applies to the IRF, LTCH, and SNF settings and “agency” applies to Home Health.

[Slide 4] I will now hand it over to Cindy Massuda, who will describe the purpose of the Confidential Feedback Report and details on how you can access your report.

Cindy Massuda, CMS: *[Slide 5]* Thank you, Mariana, and thank you all for joining us for this webinar.

To begin, I will walk through the rationale for the Screen Positive for Health-Related Social Needs Indicator Confidential Feedback Report.

CMS is committed to advancing health equity so that each person has a fair and just opportunity to attain their highest level of health regardless of their age, race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by

designing, implementing, and operationalizing programs and policies that support optimal health for all people and address existing health disparities.

CMS aims to eliminate avoidable differences in health outcomes by better understanding and removing barriers to quality health care. Improving our understanding of patient/resident health-related social need (or HRSNs) will help to work towards improving the quality of care for patient populations and promoting equitable care.

The Screen Positive for HRSN Indicator Confidential Feedback Report shows post-acute care (or PAC) providers their HRSN data for awareness, with the goal of developing effective strategies to improve quality care for their patients/residents. This report is an important first step towards addressing barriers to care and health disparities.

[Slide 6] We will now go through the steps to access your Screen Positive for Health-Related Social Needs Indicator Confidential Feedback Report. This is a provider generated report as follows.

First, log into iQIES using your Health Care Quality Information Systems Access Roles and Profile (or HARP) credentials. If you do not have a HARP account, you may register for it using the link listed here.

Then, from the “Reports” tab, select the option for “Find a Report”.

From here, you can select the Report Category of ‘Health Equity’ and select the Report Type of ‘Health-Related Social Need Indicator’. Rather than selecting the report category and report type, you can alternatively use the Report Keyword search feature by typing in ‘Screen Positive’. Either of these options will display a list of reports available for download. From here, select the “Screen Positive for Health-Related Social Need Indicator Report” link, or the “Run Report” link next to the report name.

[Slide 7] The reports filter page will first appear, and you will be required to enter two filter criteria to generate the report: Provider and Date Range.

For the Provider filter, you may search for up to 25 providers by Provider Name, CCN or Facility ID and then add each provider to the filter selection.

For the Date Range filter, the system defaults to the latest quarter end date available, though you can select prior quarter end dates if preferred. Select the preferred End Date Range.

Once you have entered these two required filter criteria, you will be able to select the Run Report button at the bottom of the page and the report will be generated.

If you have any questions regarding accessing your report, please contact the iQIES Service Center over e-mail or phone using the contact information provided on this slide.

[Slide 8] In this portion of the presentation, I will provide an overview of the Screen Positive for HRSN Indicator Confidential Feedback Report, including some report basics, building blocks and data sources of the report, and which results are included in the report.

[Slide 9] First, we will cover background on the data sources used to generate results for the Screen Positive for Health-Related Social Needs Indicator Report. CMS has introduced four standardized

data elements that address health-related social needs used across PAC settings – these are Health Literacy, Need for Interpreter Services, Social Isolation, and Transportation. These standardized data elements are designed to be interoperable irrespective of care setting.

[Slide 10] These four HRSN data elements are collected as items in each PAC setting’s assessment tool, at start of care and resumption of care for Home Health agencies, and at admission for IRFs, LTCHs, and SNFs. These items are used to screen patients for the four health-related social needs. For each of these items, specific patient and resident responses will trigger a “Screen Positive” for that HRSN.

[Slide 11] There are also some additional specifications to note regarding the health-related social need data used to calculate results for this report. First, the HRSN data captures *unique* patients and residents. In other words, if there is a patient or resident with more than one start of care, resumption of care, or admission record within a facility or agency in the reporting period, they are only counted once in the results. However, all of the patients or residents reported HRSNs would be extracted from across their assessments in the reporting period and included in their results.

Second, no exclusions are applied so that results capture the entirety of the provider’s patient/resident population.

Lastly, the reporting period for HRSN results in the report spans 12 months; and the data for these reports will be updated on a quarterly basis. This means you can run your provider generated report with new data each quarter.

I will now hand it back to Mariana. Thank you.

Mariana Sarango Cancel, Abt Global: *[Slide 12]* Thank you, Cindy. Now we will highlight some report basics. First – we want to emphasize and assure providers that this report will only be shared confidentially with providers, to help them better understand their patient and resident population’s HRSNs. The HRSN indicators presented in this report are not quality measures on which providers will be assessed, and these results will not be publicly reported.

With regards to the timing of the report, the initial reports for Home Health, IRF, and LTCH were released on October 15th, 2024, which will use HRSN data from the 12-month performance period of October 1st, 2023 to September 30th of 2024. For SNF, the initial report will be released in Fall 2025, with a performance period of October 1st, 2024 to September 30th of 2025. And, as mentioned previously, for all PAC settings these reports will be updated quarterly, based on the most recent 12 months of data.

[Slide 13] This slide displays all the results that are included in the Screen Positive for HRSN Indicator Report.

The report includes results presented in two separate tables.

Table 1 displays results on your facility or agency’s patients or residents who screened positive for HRSNs. Specifically, it provides results for an *overall* HRSN indicator, which is a single indicator that identifies patients or residents who screened positive for at least one of the four HRSNs.

Table 1 also includes results for the four *individual* HRSN indicators – or those that identify patients or residents who screened positive for each of those four individual HRSNs: Health Literacy, Need for Interpreter Services, Social Isolation, and Transportation.

Additionally, we also want to know *how many* HRSNs patient and residents tend to have in a 12-month period. For example, what percentage of patients or residents have only one HRSN? What percentage have two HRSNs? And so on. Therefore, Table 2 of the report provides results that display the number of HRSNs reported by your patients or residents. Specifically, it identifies patients or residents who screened positive for zero, one, two, three, or all four of the HRSNs.

All results are presented as both counts and rates for your facility or agency, and we will explain how each of these is calculated in the following slides.

Additionally, your facility or agency's rates are presented alongside the national average rates for providers in your care setting.

For Home Health agencies, rates are also presented alongside the state average rates for Home Health providers. State averages are only presented for Home Health in order to align with existing Home Health reporting, which includes state benchmarks. State averages are not included in existing IRF, LTCH, and SNF reporting, and therefore are not presented in the Screen Positive for HRSN Indicator Reports for these settings.

Both state and national average rates are included to give a sense of how your patient or resident HRSNs compare to those of patients or residents in your state and nationally. They are all weighted by facility or agency size.

Next, we will explain how each of your facility or agency's results is calculated.

[Slides 14] We will begin by walking through the calculations for the four individual HRSN indicators.

This graphic shows an example facility or agency with 10 patients or residents. The four HRSNs are each represented by a color. Health Literacy is represented in yellow, Need for Interpreter Services in green, Social Isolation in blue, and Transportation in purple. Likewise, "No HRSN Reported" is represented by the color grey.

Please note that this is a simplistic representation where each patient or resident reports a single HRSN (or none at all). However, patients/residents can, of course, screen positive for more than one HRSN in reality.

Using this example, let's walk through how we calculate the results for one of the four individual HRSN indicators: Health Literacy.

We will start with the count. The count in this example is equal to the total number of patients or residents who screened positive for Health Literacy need. Here we can see there are **three** patients or residents with a Health Literacy need, those represented in yellow and highlighted in the circles.

Next, we can calculate the rate, which is expressed as a percentage. The numerator is equal to the count of patients or residents who screened positive for Health Literacy, which we calculated as three, and the denominator is your facility or agency's total patient or resident population size, which in this case is 10. Dividing the numerator by the denominator and expressing as a

percentage, we get a rate of 30 percent - meaning that 30 percent of your patients or residents screened positive for a Health Literacy need.

[Slide 15] Now let's take a look at how the *overall* HRSN indicator results are calculated. We will use the same example facility or agency from the previous slide. It has the same population of 10 and the same distribution of HRSNs. As before, the four HRSNs are represented by the different colors shown in the legend here, and patients or residents with no reported HRSNs are again represented by the color grey.

Starting with the count calculation, in this case, it is equal to the total number of patients or residents who screened positive for at least one HRSN (or any HRSN), which are those highlighted in the circles. In this example, the count is equal to seven: the three patients or residents who screened positive for a Health Literacy need (shown in yellow), two who screened positive for a Need for Interpreter Services (in green), one who screened positive for Social Isolation (in blue), and one who screened positive for a Transportation need (in purple).

When calculating the rate, the numerator will now be that total number of patients or residents who screened positive for at least one HRSN – or the count, which we calculated is equal to seven. Again, the denominator will be your total patient or resident population size, which is, again, 10. Dividing the numerator by the denominator and expressing as a percentage, we get a rate of 70 percent. Seventy percent of your patients or residents screened positive for at least one HRSN.

[Slide 16] Now let's move on to calculations for the final group of results: the Number of HRSNs reported by patients or residents.

At each facility or agency, patients or residents will have a varying number of HRSNs, ranging from zero to four. The graphic on this slide shows an example of a new facility or agency with 10 patients or residents, and in this case, their colors represent the number of HRSNs reported: orange indicates zero HRSNs were reported by the patient or resident, yellow indicates one HRSN reported, blue indicates two HRSNs reported, purple indicates three HRSNs reported, and the navy blue indicates four HRSNs reported.

Using this example, let's walk through how to calculate the results for patients or residents who screened positive for exactly two HRSNs.

The count is equal to the total number of patients who screened positive for exactly two HRSNs, or those shown in blue and highlighted in the circles. In this case, it is equal to four.

The rate is calculated using a numerator equal to the count of patients or residents who screened positive for exactly two HRSNs, which we calculated as four. And the denominator will again be your total patient or resident population size, which is 10 in this example as well. Dividing the numerator by the denominator and expressing as a percentage, we get a rate of 40 percent. Forty percent of your patients or residents screened positive for exactly two HRSNs.

[Slide 17] Now that we have covered how results are calculated, I'll turn it over to Jennifer Riggs to walk through example report tables, and to close us out with resources available to you.

Jennifer Riggs, Abt Global: *[Slide 18]* Thank you, Mariana. We are going to walk through example results for a sample Inpatient Rehabilitation Facility, or IRF. First let's review Table 1 results, which

include results for the overall HRSN indicator (or patients who screened positive for at least one HRSN) and results for patients who screened positive for each of the four individual HRSNs.

[Slide 19] First, we can find the facility's total patient count for the defined period in the top right corner of the table. Our sample IRF has 132 patients for the specified 12-month performance period.

[Slide 20] Next, we see that the first column in Table 1 specifies which of the HRSN indicators is being reported in each row – starting with the overall HRSN indicator, which reports on patients with at least one of the four HRSNs, and followed by each of the four individual HRSN indicators.

[Slide 21] The second column shows the count results for each of the listed indicators. The sample IRF has 57 patients who screened positive for at least one HRSN in the specified performance period. We also see that the IRF has zero patients who screened positive for a need for interpreter services, three patients who screened positive for a transportation need, 47 patients who screened positive for a health literacy need, and 12 patients who screened positive for social isolation.

[Slide 22] The next column focuses on the IRF's rates for each indicator. Keep in mind that this rate is calculated by taking the count value that's displayed in Column 2 (the "Unique Patient Count") and dividing that by the total facility patient count reported in the top right corner of the table and expressing this as a percentage. In this example, looking at the first row of the "IRF Rate" Column, we see that 43.18% of the IRF's patient population screened positive for at least one of the four HRSNs during the performance period. And looking at the following rows in this column, we see that 0% of patients screened positive for need for interpreter services, 2.27% screened positive for a transportation need, 35.61% screened positive for health literacy need, and 9.09% of patients reported social isolation.

[Slide 23] Lastly, the fourth column in Table 1 displays the average rates of IRF providers nationally for the overall HRSN indicator, and for each of the four individual HRSN indicators. As a reminder, the state average column is also present in reports for home health agencies. Because this example is for IRF, however, the state average rate column is not present.

What the results in Column 4 show is that nationally, 33.69% of IRF patients screened positive for at least one HRSN in the defined performance period, 2.56% screened positive for a need for interpreter services, 2.47% screened positive for a transportation need, 26.43% screened positive for health literacy need, and 8.47% screened positive for social isolation.

We can also compare our sample facility's results with these national benchmarking results. For example, we can see that our sample IRF has an overall HRSN rate of 43.18%, which is a bit higher than the national average IRF rate of 33.69%. This suggests that our sample IRF has a greater share of patients with at least one HRSN than the average IRF in the country.

[Slide 24] Now, let's take a look at the example for Table 2, which uses the same sample Inpatient Rehabilitation Facility.

[Slide 25] As with Table 1, Table 2 displays the Total Facility Patient Count for the defined period in the table's header row, in the top right. Again, we see that our sample IRF has 132 patients during the specified 12-month performance period.

[Slide 26] The first column in Table 2 specifies the number of HRSNs reported by patients, in other words: patients who screen positive for four, three, two, one, or zero HRSNs.

[Slide 27] The remaining column headers in Table 2 are the same as those in Table 1. So, this second column displays the facility's count of unique patients in each group (patients with four, three, two, one, or zero HRSNs). In this example, the IRF has two patients who screened positive for all four HRSNs in the defined performance period, one patient who screened positive for three HRSNs, six patients who screened positive for two HRSNs, and 48 patients who screened positive for one HRSN. Lastly, this IRF has 75 patients who did not screen positive for any HRSN.

[Slide 28] This third column again focuses on the facility's rates. As in Table 1, the rate values in this column are calculated by taking the Unique Patient Count value (listed in the second column), dividing by the total patient count reported on the top right, and expressing this as a percentage. In this example, patients who screened positive for all four HRSNs during the performance period comprised 1.52% of the IRF's total patient population; 0.76% of the IRF's patients screened positive for three HRSNs, 4.55% screened positive for two HRSNs, 36.36% screened positive for one HRSN, and 56.82% of patients did not screen positive for any HRSNs.

[Slide 29] Lastly, the fourth column displays the respective average rates of IRF providers nationally.

Looking at the top row in this column, we see that the national average rate is 0.01% of IRF patients that screen positive for all four HRSNs, followed by 0.40% that screen positive for three HRSNs, 5.40% that screen positive for two HRSNs, 27.88% that screen positive for one HRSN. And in the last row, we see that nationally in this 12-month performance period, the share of IRF patients with 0 HRSNs is highest (at 66.31%).

In comparing our sample IRF's rates with the national average rates, looking at the bottom row, we see that this IRF, whose rate of patients with no HRSNs is 56.82%, is lower than the average IRF rate nationally, which is 66.31%. This suggests that this IRF has a smaller share of patients without any health-related social needs than the average IRF in the country.

One thing to note in Table 2, which distinguishes it from Table 1, is that the rates displayed will add up to 100%. This is because each of the five listed results are for five mutually exclusive groups that together comprise the entire patient population.

Additionally, you may notice that the sum of counts and rates for the first four rows (that is patients with four, three, two or one HRSNs) is equivalent to the count or rate for the overall HRSN indicator of "at least one HRSN" in Table 1.

[Slide 30] To wrap up this presentation, we would like to highlight a few resources you can refer to for more information regarding the Screen Positive for HRSN Indicator Confidential Feedback Report.

[Slide 31] A number of education and outreach materials, such as a fact sheet, a Frequently Asked Questions (or FAQ) document, and a methods report, will be available for your reference. The fact sheet is available as of October 15th, 2024. The FAQ document and methods report are planned for release in January 2025. Upon their release, each of these materials will be available on each PAC QRP's training website (listed here). You are also

welcome to reach out to your PAC QRP Help Desk if you have any additional questions on your report.

[Slide 32] For questions about how to access your reports, please refer to the iQIES Report User Manual or visit the PAC Quality Initiatives Home Page, both linked here.

If you would like to request a 508 compliant version of your Screen Positive for HRSN Indicator Confidential Feedback Report, please e-mail your PAC QRP help desk.

[Slide 33] This concludes our presentation. We thank you for listening, and we wish you all a great day.