

Screening for Social Determinants of Health (SDOH)

Measure Definition: Complete a screening for five social risk drivers: food insecurity, interpersonal safety, housing insecurity, transportation needs, utilities

Numerator: # of adult patients >=18 y/o admitted inpatient to the hospital that receive an SDOH screening that includes each of the 5 health-related social needs (food insecurity, housing instability, transportation needs, utility difficulties, interpersonal safety) during each hospital stay

Denominator: Total # of inpatient admissions

$$\text{Rate} = \frac{\text{Total number of completed SDOH screenings}}{\text{Total \# of inpatient admissions}} \times 100$$

*Only fully complete screenings will be considered applicable.

DATA COLLECTION CONSIDERATIONS	<ul style="list-style-type: none"> • Screening can occur any time during the hospital admission prior to discharge • Screening should occur during each hospital stay • Only unique patients should be included in any one reporting period (year) • If a patient has multiple admissions in the year, the most recent result (i.e., the result closest to the reporting period) should be submitted • Use discharge date for inclusion into the denominator • The following patients would be EXCLUDED from the denominator: <ul style="list-style-type: none"> ◦ Patients who opt out of screening for any reason ◦ Patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf ◦ Patients who expire during the inpatient stay
DATA SUBMISSION CONSIDERATIONS	<ul style="list-style-type: none"> • Data will be self-reported by each participating organization: <ul style="list-style-type: none"> ◦ Screening can occur within the Electronic Health Record or paper form ◦ Data may come from an EHR report or manual abstraction dependent on internal systems and processes • Data will be submitted in numerator / denominator format • Progress reports will be submitted quarterly to the NHA Data Portal • Final performance report will be submitted to CMS per calendar year

SDOH Resources

- [MIPS Clinical Quality Measures \(CQMS\)](#)
- [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\)](#)
- [CMS Framework for Health Equity](#)

Data Submission Deadlines	
Quarter 1 Data Due	May 31
Quarter 2 Data Due	August 31
Quarter 3 Data Due	November 30
Quarter 4 Data Due	February 29

GOALS		
Year 1:	18-month lookback (July 1, 2024 - December 31, 2025)	35%
Year 2:	12-month CY lookback (January 1, 2026 - December 31, 2026)	55%
Year 3:	12-month CY lookback (January 1, 2027 - December 31, 2027)	80%