



Food Insecurity Measures: Public Comment Overview



Quality
Insights

Food Insecurity Measures

Measure title and Description	Type	Data Source
1. <u>Screening for Food Insecurity</u> : The percentage of patients that have been screened for food insecurity	Process	EHR
2. <u>Appropriate Clinical Action After Screening</u> : Percentage of patients that screened positive for food insecurity using the U.S. Household Food Security Module: Six-Item Short Form of the Food Security Module, U.S. Adult Food Security Survey Module (US AFSSM), U.S. Household Food Security Module (US HFSSM), or Hunger Vital Signs (HVS) screening tool that were assessed for food insecurity severity and appropriate clinical action taken	Process	EHR
3. <u>A Change in Severity of Food Insecurity</u> : Percentage of patients with a decrease in severity of food insecurity after appropriate clinical action	Outcome	EHR

Public Comment Consideration

- For each of the 3 Food Insecurity Measures that follow, we would like to receive comments on the following:
 1. Could each measure be used for accountability and/or performance improvement, why or why not?
 2. Are denominator, numerator, and exceptions criteria for each measure appropriate?
 - What changes, if any, would you make to any criteria and why?
 3. Would you find implementation of any of these measures in your practice useful?
 - Why or why not?
 - Is there anything that could make each measure more useful?
 4. How should each measure's performance be attributed?
 - For example, individual clinician, group practice, health plan.
 5. In your opinion, will implementation of any of these performance measures, as specified, lead to any unintended consequences?

Public Comment Consideration cont.

- We would also like comments related to stratification or risk adjustment:
 - For measure 1, 2 and 3, is stratification appropriate? E.g. stratification by age, education level, economic status etc.?
 - For measure 3, is risk adjustment needed?
 - If so, are there any suggestions as to which risk adjustment model should be utilized? And are there any concerns to consider with such model?
- Please provide any additional comments related to these measures after reviewing the following slides.

Food Insecurity Measures Stratification

- Stratification consideration for each measure includes the following:
 - Household size and composition
 - Race/Ethnicity
 - Gender
 - Age
 - Education completed
 - Employment status
 - Marital Status
 - Income level
 - Payer Source
 - Sexual orientation
 - Disabilities
 - Transportation status
 - Immigration/nativity status (US born v non-US born)

Measure # 1

Screening for Food Insecurity

Measure Rationale	Screening for social determinants of health, such as food insecurity, is a necessity to identify the demographic and social factors that influence one's health (1). Food insecurity remains an under recognized social determinant of health . In 2018, 11.1 percent of households were found to be food insecure at least some time during the calendar year(2).
Denominator	All patients with at least one eligible encounter * during the measurement period Screening is completed on the date of the eligible encounter for all patients
Numerator	All patients screened using one of the standardized and validated screening tools** for food insecurity
Exception	Patient refusal to complete assessment
Definitions	<p>*Eligible encounters include outpatient visits, inpatient or ED visits, home care, and telephone or electronic internet visits conducted by a provider.</p> <p>**Appropriate standardized and validated food insecurity screening tools are as follows:</p> <ul style="list-style-type: none"> •U.S. Household Food Security Module: Six-Item Short Form of the Food Security Module <6 questions> •U.S. Adult Food Security Survey Module (US AFSSM) <10 questions> •U.S. Household Food Security Module (US HFSSM) <18 questions> •Hunger Vital Signs (HVS) <2 questions>

1. Coleman-Jensen, A., Rabbitt, M.P., Gregory, C.A., Singh, A. (2019). Household Food Security in the United States in 2018. ERR-270, U.S. Department of Agriculture, Economic Research Service. Retrieved from <https://www.ers.usda.gov/webdocs/publications/94849/err-270.pdf?v=963.1>

2. O'Brien, K. H. (2019). Social determinants of health: the how, who, and where screenings are occurring; a systematic review. Social Work in Health Care, 58(8), 719-745. doi:10.1080/00981389.2019.1645795. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/00981389.2019.1645795>

Measure # 2

Appropriate Clinical Action After Screening

Measure Rationale	Households described as having “low” and “very low” levels of food security are considered food insecure; whereas those with “high” or “marginal” levels of food security are considered food secure (3). Generally, lower food security is associated with a higher probability of chronic diseases, such as stroke, cancer, asthma, diabetes, and more (4). Programs such as, Women, Infants, and Children (WIC), SNAP, food pantries and soup kitchens, and other relevant resources are important interventions to provide food security (5).
Denominator	Percentage of patients that screened positive for food insecurity using a standardized and validated screening tool (from measure #1)
Numerator	Patients receiving any appropriate clinical action * for any food insecurity severity**
Exceptions	Patient refusal of screening or resources
Definitions	<p>*<u>Appropriate clinical action</u>: Identifying food insecurity severity by utilizing U.S Food Security Modules AND providing local community or state-based resources to obtain access to food (i.e. referral to food bank or food pantry, referral to 211 to obtain local resources, referral to social worker, assistance with SNAP or WIC enrollment, assistance with obtaining or referral to home delivered meals such as Meals on Wheels, other state-based community resource specifically identified for food insecurity).</p> <p>**<u>Food insecurity severity</u> is identified by utilizing one of the following:</p> <ul style="list-style-type: none">•U.S. Household Food Security Module: Six-Item Short Form of the Food Security Module <6 questions>•U.S. Adult Food Security Survey Module (US AFSSM) <10 questions>•U.S. Household Food Security Module (US HFSSM) <18 questions>

3. United States Department of Agriculture (USDA), Economic Research Service. (2019). Definitions of Food Security. Retrieved from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/>

4. Gregory, C. A., Coleman-Jensen, A. (2017). Food Insecurity, Chronic Disease, and Health Among Working-Age Adults. (United States Department of Agriculture Economic Research Report 235). Retrieved from <https://www.ers.usda.gov/publications/pub-details/?pubid=84466>

5. Schwarzenberg, S. J., Kuo, A. A., Linton, J. M., Flanagan, P. (2015). Promoting Food Security for All Children. Pediatrics, 136(5), 1431-1438. doi: <https://doi.org/10.1542/peds.2015-3301>

Measure # 3

A Change in Severity of Food Insecurity

Measure Rationale	Households described as having “low” and “very low” levels of food security are considered food insecure (3). Studies have found that governmental and non-governmental programs have reduced food insecurity. Clinicians of all types offer a fundamental location where patients can undergo screening and receive appropriate resources to improve overall patient health and outcomes.
Denominator	All patients with moderate or high food insecurity severity* who received appropriate clinical action (from measure 2)
Numerator	Patient reported decrease in severity of food insecurity
Exceptions	Lost to follow-up or patient refuses to participate in resources
Definitions	<p><u>*Food security</u> defined by the U.S. Food Security Food Security Modules (Six-Item Short Form, US AFSSM, and US HFSSM):</p> <ul style="list-style-type: none">•Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake.•Low food security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.•Marginal food security: one or two reported indications. Little or no indication of changes in diets or food intake.•High food security: no reported indications of food-access problems or limitations <p><u>*Food insecurity severity</u> is defined by food security status as follows :</p> <ul style="list-style-type: none">•Low severity: High and marginal food security•Moderate severity: Low food security•High severity: Very low food security <p><u>Food insecurity severity improvement</u>: A decrease in the severity of food insecurity or increase in food security status. I.e. a patient with very low food security or high severity has low severity or marginal food security on re-assessment.</p>
Measure Guidance	The same tool utilized for the initial assessment, should be utilized for the follow-up assessment. Patients should be re-assessed for improvement in severity at least every 6 months.

Having reviewed the three measures, what is your initial reaction?

We look forward to any comments you may share.

Please refer to the questions posed on slides 3 and 4 to guide your comments.

Please submit all comments by 6 PM EST 1/31/2020