National Quality Forum

Moderator: SDOH Housing Instability & Food Insecurity
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Operator: This is Conference # 90840262.

Operator: Welcome to the conference. Please note today's call is being recorded. Please stand by.

Andrew Anderson: Hi, everyone. This is Andrew Anderson at the National Quality Forum. Welcome to the Post-Comment Call for the Food Insecurity and Housing Instability Expert Panel Meeting. We're going to get started just by doing some introductions and going over the agenda.

I'll turn it over to Vanessa.

Vanessa Moy: OK. And I will turn it over …

Andrew Anderson: To John.

Vanessa Moy: … to John.

Andrew Anderson: I'm sorry.

John Bernot: Yes. Hi, everyone. This is – this is John Bernot from the National Quality Forum, a senior director here in Quality Measurement. Thanks for joining us today.

Jean-Luc Tilly: And this is Jean-Luc Tilly, a senior project manager here at NQF.

Vanessa Moy: And I'm Vanessa Moy, project analyst with NQF as well. And I'll pass it on to John, who will start off with the introductions.

John Bernot: Great. Thank you.

Before we do roll call, we just want to do have a – just say a few messages largely of thank you to this committee, which has done just a fantastic work. The whole team here had been very, very pleased with what we've been able to do.

I'd like to acknowledge that this is really – had been a very, very aggressive tight turnaround even compared to other projects we've done. And with that said, the committees still have been able to provide us with really rich content and feedback. And the amount of engagement this committee has had in participation is among the best that we've seen in some of these framework projects.

And so, we really want to start this off and thank you. Just even the amount of comments that this committee was – put in have been fantastic and thorough and well thought-out comments. To us, it's really – it's just amazing how these amorphous framework projects have come and taken shape and then transform from the ideas that we were talking about very early on on the webinar to now into what we feel is going to be a great final project.

We know this is not the end by any means of the work we're going to be doing here. This will be the final webinar for this particular project. But, we think this will be one step along the great contribution to a rapidly-evolving and really a growing field.

So, just to set the stage for today, we will be going over the comments that we received on the draft report. There we'll go – some of the data on those, exactly how many we had and give you a much deeper summary. But, I do want to make the point that today does mark our final point where can take feedback to get into the final draft of this particular paper.

We will be working on a very aggressive schedule for turning this around over the course of the next 7 to 10 days. And, again, even though this is the last

time that we'll get to contribute to this project we certainly have really cherished the relationship we've made and hope that we'll be working with a lot of your going forward for many years to come on projects in this particular space.

So, with that, said, I will turn it over to Vanessa to do a roll call today and, then, we'll get started.

Vanessa Moy: Sure. Thank you, John.

So, just quickly, thank you so much, again, for all your feedback and comments on the draft report. Just to do a quick roll call, is Ron Bialeck by any chance?

Ron Bialeck: Yes. I'm here.

Vanessa Moy: OK. Thank you.

How about Traci Ferguson?

Traci Ferguson: Yes, I'm here.

Vanessa Moy: Thanks.

Rebecca Freeman?

OK. How about Nancy Garett?

Nancy Garett: Yes, I'm here.

Vanessa Moy: OK. Thank you.

How about – I know Laura Gottlieb can't make it. How about Romana Hasnain-Wynia?

Romana Hasnain-Wynia: I'm here.

Vanessa Moy: Thank you.

How about Nancy Lawton-Kluck?

OK. Is Lynn Knox here?

How about Amanda Reddy?

Amanda Reddy: Yes, I'm here.

Vanessa Moy: OK. Thank you.

How about Sarah Hudson Scholle?

Sarah Hudson Scholle: I'm here.

Vanessa Moy: Thank you.

And, I know Prabhjot Singh can't make it as well.

How about Clare Tanner?

Clare Tanner: Hi. This is Clare.

Vanessa Moy: Hi, Clare.

How about – and, lastly, (Ginger Solinsky)?

(Ginger Solinsky): Hi, there.

Vanessa Moy: Thank you. Is there anyone else on the line that probably just joined in or that I may have missed?

OK. Then I will turn it over to Drew to do the next section.

Andrew Anderson: Sure. If we could just advance to the comments slide.

Vanessa Moy: OK.

Andrew Anderson: So, as you all know, the comment period ended last Wednesday on November 29 at 6:00 p.m. It was open for two weeks. The purpose of the

comment period was to provide our public, members, collaborators and, of course, you all an opportunity to provide input.

And, as you know, the report attempts to summarize the outputs of the October 18 expert panel meeting, our key informant interviews and all the discussion that we've been having over the course of this project. So, as John as saying, we really appreciate the thoughtful feedback you all provided. Several of you provided very detailed line edits and additional references. So, that was very helpful and will continue to be helpful in the next iteration of finagling the report.

Overall, we received 56 comments from 12 individuals and organizations. All of them, as I said, were very substantive. The comments generally were in support of the expert panel's work and cited the importance and relevance of state Medicaid agencies. There were also a lot – like I said, a lot of suggestions for additional sources, definition of terms, references and additional examples.

The commenters also highlighted missing information and how to fill those gaps, more importantly. And, also, there were requests for examples to support the recommendations and requests to balance the recommendations, which I will go into a little bit in a few moments.

We also received comments around just increasing the precision and detail and describing some of the previous work. And there were requests for some changes or modifications to the diagram that we included in the report to better convey the panel's recommendations.

And then, of course, there was also comments around consistency and accuracy and use of terms. Much of these concerns will be addressed in the final copy editing stage in the coming weeks.

So, our team will do our best to incorporate many of the suggestions and requests as possible. This will be – this has been made a lot easier because of the level of detail that we received in the comments. So, we feel really confident that the final iteration will be much improved.

To make the best use of our time today, I'm going to summarize some of the major themes that we identified by each report section and then some of the questions that are outstanding that we would like to get the panel's input on since many of the – many of the comments that we received we feel that we can address just internally with the team. But, we want to focus on those questions that we feel that you all need to provide (an ear now).

Next slide.

So, in terms of the background, we received quite a few. Most comments on the sections on housing. And we got a very detailed list of references and line edits from (HUD). So, that will be useful in updating those parts.

We also request – got a request to cite more literature on the impact on food insecurity and on health outcomes. We relied pretty heavily on the (Ganderson) article. But, there had been a review that came out a couple of years ago – but, there have been several studies that have examined the impact on health outcomes since then that we need to reference.

There is also – there was also a request to cite some additional resources directly from state Medicaid authorities and acknowledge some of the pressure on state who are the environment that's more conducive to doing these kinds of activities or improving connectivity between the health care system and other sectors and communities.

And then, there is also a request to provide additional context about where we came from, where we are now and where we are going for each one of the measurement areas. So, we will do our best to provide a little bit more context there in our – in the background section.

Next slide.

And if you all – actually, I could pause at each section if you had any questions related to the background that were not raised or you may not have seen in the comments on that section. So, I don't know if you all – you may not have all had a chance to review all the comments. We sent them out on Friday, which I know is a short turnaround. But, feel free to interrupt me.

So, the next section is on the framework. So, we – one concern that came up a couple of times is that we stated that the expert panel developed rather than built on previous frameworks.

So, we received a comment from Stacy Lindau at University of Chicago, who posted – referenced some additional frameworks like those from the National Academy of Medicine and the – and WHO and asked for us to kind of reference some of those earlier framework that we are building on. We did mention that we – that we are building on two frameworks. But there are several others that came before this, so we can incorporate that.

There was also a request to include statements on how the framework is unique and more clearly define the scope, some concern that the – as I mentioned, the diagram doesn't clearly convey the meaning of informed versus targeted care, which is one of our discussion questions, and a suggestion to change SDOH targeted care to SDOH coordinated care.

And then, lastly, we had some comments around discussion the policy and environment in the context of the framework and then going back to including some of the discussion that we had at the in-person meeting around community health needs assessment, community health programs and how those are examples of how health care organizations can use what they are already doing to improve some of these linkages.

So, before we move on from this portion, we do have some questions here about maybe there are some other frameworks that we need to explicitly acknowledge in the report and, then, another question here about since we had a number of comments that felt that the distinction wasn't as clear as it could be between informed care and targeted care, does changing the term to SDOH coordinated care make that distinction more clear?

So, I will just put that out to the panelists if you have any suggestions on that front. And I think some of you on the line may have also made that suggestion.

So, if not, we can continue and same some of the questions towards the end. And just another summary. So, we did receive a few comments on the diagram, that this may – we did change it a little bit since what we had – from what we had put together at the in-person.

And the purpose of this was to try to demonstrate that the health care system is at the center of this approach, that it's more of a coordinating entity where we've put a number of other sectors around and services around the health care system. And we've put the main domains here, the informed and targeted health care in the center but kind of dividing them to show that they are separate activities.

One of the comments that we did receive was that it wasn't clear that the health care was the focus. So, we are trying to, you know, see if we can modify this to make that clear. We will be working on that over the next few days. So, if you have any suggestions on how to do that or if we need to include a diagram at all, that might also be a suggestion.

Next slide.

So, we have these sections on – based on our initial environmental scan of both food insecurity and housing instability. As you know, our focus had been sharpened or changed a little bit at the in-person where we focused – we attempted to tailor the recommendations to Medicaid agencies before it was (brought there).

So, we have a lot of information on screening tools and assessment. And so, we received a number of line edits and examples and references from (HUD) on this section. We also received requests to speak a little bit more about the American Housing Survey just because it's such an important source of data.

There is also a request to talk a little bit more about the interventions to – or examples of interventions for housing instability because right now we have so much more focus on screening tools.

We also had a request to talk about – maybe categorize these tools and measures into the standard language that we usually use here to describe

person-reported outcomes, person-reported outcome measures and performance measures. And that might be a way to make the distinction clearer.

And so, we did have another discussion question here for the panel. It is how prominently would you like the report to represent measurement in terms of is this something that we want to de-emphasize a little bit and focus more on the recommendations and framework or what your perception of its placement in the report if it was adequate? So …

Traci Ferguson: So, this is Traci. I think – and we and the expert panel has the same question about what we wanted to portray with the report. And I think if we emphasize measurement, we're – in my opinion, we'd be getting a little ahead of ourselves because there is so much – you know, we may have some tools that we use to measure but not necessarily an outcome measure.

We can identify gaps in measurement. But, I think if that's where some of the comments were, where they – it wasn't up to the rigor that they are used to within NQF report because I don't think it was meant to be that that we are saying "These are the measurements. You can take these and run with it."

Andrew Anderson: All right. Yes. Thank you. We will – I think our approach based on the comments will be to more clearly define what we intended with the environment scan and how we expect the reader to kind of take this information and interpret it in the context of the recommendation, which is (inaudible).

(Ginger Solinsky): Good afternoon. This is (Ginger). I just also had a question about the role of the Medicaid agency. There is not a whole lot of conversation about what the state Medicaid agencies are doing. And it was my understanding that that was really something that (OMC) was looking for.

Andrew Anderson: Right. So, what we have done is tried to incorporate examples of how state Medicaid agencies are currently doing these kinds of activities but we're – are supporting these SDOH targeted and informed care. But, we didn't see that as one of the comments, that there wasn't enough of that discussion and

not enough examples and not enough citing of – directly citing on the Medicaid authorities as resources.

Ron Bialeck: This is Ron. I just wanted to follow up on the measures question. You know, so there's a good bit of work on measuring within the health care sector.

And again, as mentioned, we don't necessarily have the absolute, which is the best and how to do it. There is also the measurement piece external to the health care system at the community level. And I don't know if it's appropriate at all for this report to note this.

But, the – moving from the individual social needs type of measurement and assessment to identifying the impacts to the community level is quite difficult. We haven't really figured that part out. And so, we are measuring internally within the health system and we are measuring externally within the community. But, those two really aren't at all yet coming together. There's just two different types of measurement. I probably wasn't real clear on that.

(Tom): Sorry. This is – this is (Tom). I was – I was muted earlier, and I apologize. I want to – I want to come back to the (last) comment, that I was trying to second (Ginger)'s point.

I mean, the I think examples is maybe not the best way to go when thinking about Medicaid funding because it's sort of new like it's more and more states are building investments because of various, you know, (CBC) plus or ACOs or just in general the states look at the research on (SNAP) that, you know, that have been supported by Hopkins on (how we use our costs) like states are looking at how their Medicaid systems can build that.

So, I want to – I want to emphasize Medicaid very clearly because that's sort of the – a lot of the purpose of this so that we could help states think that way and think of how Medicaid, you know, future ideas might work to that extent. So, I'm sorry – sorry to pull things off course. But, I wanted to strongly second that by (Ginger).

Male: OK. Is there anybody – since that has been brought up by (Ginger) and (Tom), I just wonder if there's anybody else on the committee that would like

to have a comment on there or any other thoughts that were not previously mentioned. I think we are hearing both (Ginger) and (Tom) about – what you're saying about (this emphasizing) the Medicaid, clearly the future idea, the role, as (Ginger) put it, of Medicaid.

Was there any other components of that that we have not covered that you would like to see us at least clarify in the final report? And it's OK if there's not. I just want to make sure we have the opportunity.

Andrew Anderson: OK. So, we could move on to the recommendations. That's where we received most of the comments. And we received a lot of good like line edits, again, as, you know, some additional examples, corollaries and references for each one of these recommendations. We did note that there was – it's – a number of you said that there was a lot of focus on SDOH targeted care in terms of the examples provided and as well as the recommendations provided.

So, I think one of the suggestions is that we need recommendation around SDOH informed care or we need to make that clearer. So, one of the questions that we had here was if we wanted to – if the expert panel wanted to recommend or have a recommendation to support SDOH informed care.

And maybe if one of you had shared – who had this comment could kind of expound on that a little bit more. There was also a request to provide, like I said, some more example of screening being used to inform care and how it's built into clinical workflows.

And if you have any other – if you don't have any comments right now on the call, we can feel free to send it over any examples that you may have or suggestions for recommendations that we could float around with the panel after the call.

So, as (Tom) and (Ginger) just mentioned, there was quite a few comments related to further tailoring these recommendations to Medicaid agencies and discussing their role. There are also suggestions to add more examples since we talked about waivers but we didn't mention, you know, the state innovation models, this accelerated program strong start and other Medicaid incentives programs.

There was one suggestion around payment or a couple comments around creating a recommendation around payment. And one commenter suggested that the panel recommend that Medicaid pay for SDOH targeted care. So, one of our questions was if you had any thoughts related to a recommendation that – around payments of that specific suggestion.

Nancy Garett: This is Nancy Garett. I agree. I think that the Medicaid agencies are trying to figure out, you know, what levers they have. And payment is certainly one. And so, to be more explicit about what they can do and – some ideas, I think, might be helpful.

(Ginger Solinsky): Going back here – a question previously around examples of screening being used to inform care, I do recommend taking a look at what (Cambian Health Care) Coalition is doing with their ACO.

They've really built in a pretty sophisticated determinant of health module into how they deliver care. So, that might be a great example. They are a part of the Accountable Communities for Health. So, there should be a line of information there.

One of my overarching comments is regarding payment. I think if you look historically at human service interventions specifically those provided by (CBO)s, if we don't speak directly to how these services and supports that are getting an understand that they have an increased value as it relates to improving people's health – we don't talk about how they are going to get paid.

Does – information sharing or referrals to an already stressed sector of service providers is I think a really insufficient response. So, I just would strongly echo this sentiment that we have to have real conversation about how we think about total health as it relates to human and health service supports.

Female: Hello. May we ask who just spoke on the line about …

(Ginger Solinsky): That was (Ginger Solinsky).

Female: OK. Thank you.

Clare Tanner: And this is Clare. I would endorse that latter point about thinking of – you know, I was trying to figure out how to work it into the model with a health care focused view. But at least it has to be acknowledged that it's really important.

I think, you know, back in the framework area, it had indicated that one of my comments was that the whole policy and environment aspect that one would hope would build up that social service sector was missing from the framework. And I understand that this is a health care-focused document.

But, it still needs to be acknowledged as a – as a gap. And I think that somebody had entered some comments when I was reading through the spreadsheet about ways that health systems to address the environment such as partnering with housing to increase the number of units and other things.

And then, you know, I also think that we needed some sort of statement about SDOH targeted care. That was – for me and Michigan, we've been really looking for examples of payment models for community health workers. They seem to be incorporated within advanced payment models and maybe (PMPM) models or ACOs employ them.

We don't see any actual fee-for-service models that just, you know, pay for the work that community health workers or others that are doing this type of coordination with the social services do.

Andrew Anderson: Yes. So, yes, we will seek out some additional examples on that front.

That brings us back to – so, the – one of the questions that we had originally was does the – do you all think that the terms "SDOH informed care" and "SDOH targeted care" are – if we just add some additional examples and definitions around that, if we should keep those two terms or if we should take the suggestion around coordination of care of SDOH coordinated care?

Is – does that miss the sentiment or the meaning that the committee – expert panel wanted to convey?

Nancy Garett: So, this is Nancy Garett. I think that's a good question. I agree. I think the targeted is kind of confusing like maybe not quite the right term. I almost wonder if something like connected care is better, like we're connecting people with the community and with the resources to try and solve the social needs as well as the medical needs. So, I agree with the sentiment of trying to make that more clear and maybe using a different term.

Andrew Anderson: Are there others who have thoughts on the two terms since we want to make sure – since we're organizing many of the recommendations and examples based on these concepts, we want to make sure that they are clear for the – and, again, we are building on (Cyren)'s framework. Laura is not able to join us today, but those are the terms that they are – they have decided on.

(Ginger Solinsky): This is (Ginger) – this is (Ginger Solinsky). I have also been to several conferences and, Clare, I believe it was the (Dash) Conference where I first was introduced to it. I know that (Cambian Health Care) is thinking about it as well.

And it was also brought up at the Root Cause Coalition Conference, which is a conference on the determinants of health, that social should be dropped and that should just be the determinants of health, that social provides a certain level of prejudice or bias where that – what we are talking about, hunger and food insecurity or housing insecurity is a – is a determinant of health as opposed to a social determinant. I just throw that out there understanding that that dialogue is currently happening in our sector.

Andrew Anderson: Are there any comments on – well, we have – we have been thinking about that as well in terms of, you know, we're using terms like social risk and SDOH. Are there any comments – other comments from the expert panel around even having – you know, using SDOH as the qualifier at the beginning of these two terms?

Sarah Hudson Scholle: It's interesting. This is Sarah. When we spoke to UnitedHealthcare about what they are doing to address these kinds of issues, they've chosen to

call it barriers to care because that is a language that is familiar and accepted in the clinical setting.

So, you think of it as the barrier to care. So, I offer that. I get where the wording here is a challenge. I – actually, the – I understand what is – what the targeted care means. And I think that is – it actually is broader than just – it's a broader concept than coordinated care. OK.

It's – because it's also – as I understood it and maybe – because I think of it as it changes how you provide care, right, so – as well as it includes that piece of connecting people to the community resources that they might need that might not be provided in the health care setting itself.

So, it's changing what kind of medicine you prescribe because you know somebody won't be able to do something about it or their circumstances will make it hard for them to follow that prescription. So, you choose something that's simpler. So, that's different than connecting to people to food resources.

Andrew Anderson: Yes. So, thanks, Sarah. I think how we had defined it in the – or based on the comment at the in-person meeting was that informed care was more about changing a treatment plan or your decision making based on a person's background. And then, the target care was more of the connectivity.

But, based on your comment, is that rolled into targeted? So, we're trying to figure out how to best make that distinction between the informed and targeted care and how do you kind of think of those two as different.

Female: So, well, given that we're still all thinking of different things, I think it's less about the wording then being clear about the concept of interest …

Andrew Anderson: Yes.

Female: … here. And if the focus is simply – is specifically on identifying social risk factors, barriers – whatever you want to call them – and referring people to services outside of the health care setting, then connection or coordination feels like the right term.

Andrew Anderson: Yes. That's good. Thank you. So, we'll – we will work on just coming up with some better definitions and examples around the two terms. I think that will help make it a clear focus more on the – how we are defining them.

Female: I think that will help.

Andrew Anderson: Yes.

Female: I like the distinction between the two.

Andrew Anderson: OK. So, we – are there any other comments on the recommendations or suggestions for additional recommendations?

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OK. So, we – the last section before the conclusion, we provide some examples based on the framework and the recommendations. And we labeled them "Use Cases." But, we will likely change this. There is some confusion around the term "use cases." So, we'll probably change them to "examples" because – and just be clear about what they are.

There was some suggestion to state the difference between area-based measures and person-reported measures. This kind of goes back to a comment that was made earlier on the call. And then, additional examples around area-based measurement, which I think is just more of community measurement.

And then, there was – there was several – we received several comments from America's Essential Hospitals about how safety net hospitals are doing on community-based work and how to incorporate some of those into the report. And then, there were also examples around – about just additional examples on state Medicaid programs and how they are determining reimbursement for health-related – for – around housing.

So, we plan on taking all of these additional sources that we received and references and incorporating them as best as we can into this section and making some improvements based on the comments that we received on the

call today, especially around emphasizing Medicaid's role in making this more Medicaid-specific.

Were there any other comments on this section of the report? And I see some of you have already started to send over some examples. So, if you have other examples that you think are important to include, please send them over after the call.

Clare Tanner: I guess – this is Clare. Only that fourth bullet to me and some of the examples I remember – I just wanted to reiterate that I feel like that enlarges the actual framework itself because many of that kind of example isn't included in either the – you know, the coordinated care or the informed care.

That's top rating at the community level to make sure you actually have the resources that you can refer to. And while it might not be something that the particular target audience can do anything about, it still feels like it's an important piece of a – of a framework.

Andrew Anderson: Thank you. (It's a good point).

Lynn, it looks like you have your hand raised. Was that – OK. So, are there any other comments on the overall report before we move towards the last remarks?

(Tom), since we have you on the line today, did you have any closing remarks if you're still there?

OK. If not, we can move into member – public and member comment. Operator, could you please open the line?

Operator: Yes, sir. This time, if you would like to make a comment, please press star, then the number one.

And there are no public comments at this time.

Andrew Anderson: OK. Thank you.

Female: So, we'll just go the next steps of the project. Thank you, all, so much for your feedback throughout this project. It's very helpful. If you have any additional feedback, you can e-mail us at the project inbox at foodandhousing@qualityforum.org.

So, the next steps in our project is we've – we're – internally, we're going to have a CSAC meeting at NQF office where we'll just give an informational update about the draft report. That would be held December 12th in here at NQF. I would just be letting the consensus (standards) approval committee know about the framework, the updates on it, what we've written and just share with them.

And also internally, we're going to also go through copy editing with all your feedback. We're going to incorporate all your comments and feedback from the draft report into the final report. And then, lastly, this final report will be sent out to all of you and to the public on December 22nd.

Did any of you have additional questions or comments? OK.

Andrew Anderson: Well, since this is our last call, we wanted to just thank you so much for, you know, participating in these meetings over the last few months and, again, for all of the feedback that you've provided.

Please send us any additional comments that you may have or suggestions after today's call. And we will do our best to incorporate those as well as move towards the last steps of the project. If you have any questions, of course, we are always here to answer those. Or if you have any – you want to have any other side conversations after this meeting, let us know.

But, with that, we just want to thank you and we will close the call.

Operator: Thank you. And this concludes today's conference call. You may now disconnect.

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