



EOHHS Hospital Quality and Equity Incentive Program (HQEIP)
Cambridge Health Alliance
Performance Year 1 (PY1) Deliverable:
Screening for Social Drivers of Health

Context:

Hospitals participating in the EOHHS HQEIP are expected to complete requirements for the *Screening for Social Drivers of Health: Preparing for Reporting Beginning in PY2* measure, as specified in the HQEIP Implementation Plan, PY1 and associated technical specification. The goal of this measure requirement is to assess Hospitals' plans to begin screening all MassHealth members in inpatient settings for health-related social needs (HRSN) starting in Performance Year 2 (PY2) in the following domains: food insecurity, housing instability, transportation needs, and utility difficulties.

Submission Instructions:

Please complete the questions below (suggested 10 pages or less) and submit to EOHHS via OnBase by **December 1, 2023**. Please submit as a Word document with the following file name: HospitalAbbreviation_HRSNScreeningPlan_YYYYMMDD.

Submission Requirement: HRSN Screening Tool(s) and Plan

Name of the Hospital:

Name and title of individual(s) responsible for completing this deliverable:

Name and email address of individual(s) submitting this deliverable:

1. Describe all selected HRSN screening tool(s) intended for use in screening inpatients beginning in PY2. Examples of standardized HRSN screening instruments are provided in the Appendix on page 2.
2. Describe an implementation plan to begin screening MassHealth members and served uninsured patient population for HRSN in inpatient settings in PY2. The implementation plan must include, but is not limited to:
 - a. A description of any systems updates to electronic health records (including use of z-codes to capture identified needs administratively),
 - b. How screening will be integrated into the Hospital's workflows,
 - c. A staffing plan and how staff will be engaged to support screening completion,
 - d. Any anticipated training needs and strategies for educating staff on documenting screenings using z-codes,

- e. A plan for administrative and, as applicable, supplemental data capture, for whether a screening was performed and whether positive health-related social needs were identified,
- f. How the hospital will respond to identified health-related social needs and provide information to patients about community resources and support services available,
- g. The timeline for implementation,
- h. Any anticipated challenges to begin screening in Q1 2024 and how they will be addressed.

Appendix:

A standardized health-related social needs screening instrument is defined as a standardized assessment, survey, tool or questionnaire that is used to evaluate social needs. HRSN screening tools used for the purpose of performance on this measure must include at least one screening question in each of the four required domains.

Examples of eligible screening tools include, but are not limited to:

- Accountable Health Communities Health-Related Social Needs Screening Tool (2017 or 2021)
- The Protocol for Responding to and Assessing Patients' Risks and Experiences (PRAPARE) Tool (2016)
- WellRx Questionnaire (2014)
- American Academy of Family Physicians (AAFP) Screening Tool (2018)

Hospitals are not required to use the example screening tools listed above; hospitals may choose to use other screening instruments, or combinations of screening instruments, that include at least one screening question in each of the four required domains.