

June 17, 2022

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1771-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Re: [Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-Qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation](#)

Submitted electronically via <https://www.regulations.gov/commenton/CMS-2022-0074-0006>

Dear Administrator Brooks-LaSure:

I am writing to you on behalf of the National Association of Social Workers (NASW), the largest association of professional social workers with a membership of 110,000. We appreciate the opportunity to submit comments on CMS-1771-P. Social workers play an essential role in serving Medicare and Medicaid beneficiaries across a variety of practice settings including health and social care.

We are providing comments on the following subjects:

- Policies to Measure Healthcare Quality Disparities Across CMS Quality Programs
- Reporting of Social Determinants of Health (SDOH) Diagnosis Codes and how They may Improve our Ability to Recognize Severity of Illness
- Screening for Social Drivers of Health Measure
- Screen Positive Rate for Social Drivers of Health Measure
- Current Assessment of Climate Change Impacts on Outcomes, Care, and Health Equity

## **Policies to Measure Healthcare Quality Disparities Across CMS Quality Programs**

Given the implications social risks factors can have on health outcomes, NASW applauds CMS's efforts to address issues related to health care disparities and supports stratifying quality measure results for diverse Medicare beneficiary subgroups. When looking at prioritizing measures, it should be noted that Incomplete data on race, ethnicity, and linguistic minority groups has been a longstanding issue. Significant obstacles exist due to the lack of data for BIPOC and LGBTQIA+ individuals. NASW asks CMS to consider ways to obtain data from these populations to provide a more accurate picture of health equity issues. Consideration should also be given to the Intersectional implications among these groups. NASW is aware that reliability may be an issue for providers who have low patient volumes of these populations. If CMS decide to obtain information from these groups, consideration should be given to methods that would produce more reliable data particularly as it relates to low volume providers.

## **Reporting of Social Determinants of Health (SDOH) Diagnosis Codes and how They may Improve our Ability to Recognize Severity of Illness**

Social determinants of health (SDOH) play an important role in clinical care as they can significantly impact beneficiaries' health risk and outcomes. Z-codes allow for an opportunity to capture data related to SDOH and its influence on patient overall health status. NASW recommends language used when describing social and economic circumstances should be inclusive of social risks encountered in all communities regardless of race, ethnicity, reading level, sexual orientation, religion, gender identity, etc. NASW is also aware that questions around SDOH maybe uncomfortable for some beneficiaries. Thus CMS may consider an opt out option for beneficiaries. NASW also is aware that collecting such data can be burdensome to providers. Perhaps assessment tools that can be incorporated in the normal workflow may be considered.

## **Screening for Social Drivers of Health Measure**

Social workers have expertise in addressing the social determinants of health and are often the bridge between health care and community settings, as described in the National Academies of Sciences, Engineering and Medicine (NASEM) 2019 Consensus Study Report, [Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health](https://nap.nationalacademies.org/catalog/25467/integrating-social-care-into-the-delivery-of-health-care-moving) (https://nap.nationalacademies.org/catalog/25467/integrating-social-care-into-the-delivery-of-health-care-moving, p.66). NASW strongly supports the collection of health-related social needs (HRSN) in hospital settings to create awareness of the social factors that impact health locally. While many health systems are now conducting some form of social risk screening, there are benefits to standardizing the collection of data in the 5 domains identified across systems. CMS

may consider optional reporting of additional domains that are being captured by health systems. To complement social risk screening, NASW urges hospitals to encourage consistent use of Z codes to document social needs across departments in clinical encounters. For inpatient hospitalizations specifically, this data informs discharge planning and facilitates linkages to essential community supports.

Mandatory screening, which is proposed in this rule beginning in CY 2024 Reporting Period, requires additional considerations to ensure that practices are patient-centered. Protocols should be developed to inform patients about screening processes and how data appears in the Electronic Health Record. Patients should be offered a choice to opt-out of screening. Health systems must train staff and develop best practices for delivering social risk screening. Using a person-in-environment perspective, social workers have a unique skillset in assessment and supporting individuals with unmet social needs. Health systems should thoughtfully consider implementation of social risk screening to avoid unintended negative consequences. Hospital systems also have a responsibility to provide resources when HRSN are identified by patients and families.

#### **Screen Positive Rate for Social Drivers of Health Measure**

NASW supports reporting of positive screens for health-related social needs (HRSN). It is important that hospital systems develop protocols for assessment and follow up on positive screens. The 2019 NASEM Report, [Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health](https://nap.nationalacademies.org/catalog/25467/integrating-social-care-into-the-delivery-of-health-care-moving-upstream-to-improve-the-nation-s-health), provides a framework for health care systems to strengthen social care integration through *awareness, assistance, adjustment, alignment and advocacy* (<https://nap.nationalacademies.org/catalog/25467/integrating-social-care-into-the-delivery-of-health-care-moving-upstream-to-improve-the-nation-s-health>, p.34). While positive screens create awareness of HRSN, hospital systems should develop strategies to respond to the identified needs through enhanced organizational resources or community partnerships. Health systems may partner with local community organizations, although community organizations are often under-funded and may have limited capacity to receive referrals. Hospital systems should consider hiring additional social workers to provide psychosocial services, clinical support, and care management to respond to the identified needs of individuals and conduct follow up to verify successful connection to resources. NASW hopes that the mandatory collection of data about HRSN will provide insights into community needs and encourage investment in hospitals and local organizations to enhance services that match the needs of residents.

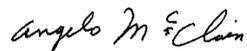
#### **Current Assessment of Climate Change Impacts on Outcomes, Care and Health Equity**

NASW supports efforts by CMS to encourage hospitals to proactively prepare for climate related-emergencies and reduce greenhouse gas emissions. Hospitals and health systems can work with local agencies to plan and prepare for climate-related emergencies that impact health and health care operations. Addressing climate change is an integral element of a commitment to health equity, as low-income and vulnerable populations are most at risk of experiencing the adverse effects of climate change.

NASW encourages efforts to educate and inform health providers and patients about the connection between climate change and health. Health care providers are trusted voices and can bring information about climate change to local communities. Health systems must enhance their resources to identify and respond to climate-related needs. Social workers, in particular, have an important role in responding to the mental health and social needs of people before, during, and after climate-related events (Grand Challenges for Social Work Initiative Working Paper, [Strengthening the social response to the human impacts of environmental change](https://grandchallengesforsocialwork.org/wp-content/uploads/2015/12/WP5-with-cover.pdf), <https://grandchallengesforsocialwork.org/wp-content/uploads/2015/12/WP5-with-cover.pdf>, 2015). Proactive approaches will help mitigate the negative consequences of climate-related disasters such as distress, anxiety, trauma, and disrupted social connections (American Psychological Association and ecoAmerica, [Mental Health and Our Changing Climate: Impacts, Inequities, Responses](https://ecoamerica.org/wp-content/uploads/2021/11/mental-health-climate-change-2021-ea-apa.pdf), <https://ecoamerica.org/wp-content/uploads/2021/11/mental-health-climate-change-2021-ea-apa.pdf>, 2021). Hospitals must anticipate the physical/medical and mental health challenges that will increase as a result of climate change, and health care settings are on the front lines of responding to the emerging needs of patients and communities.

Thank you for considering NASW's comments. We look forward to receiving additional information about the Proposed Rule.

Sincerely,

A handwritten signature in cursive script that reads "Angelo McClain".

Angelo McClain, PhD, LICSW  
NASW CEO