What Anti-Hunger Advocates Need to Know About Standardized Screening for Food Insecurity and Other Health-Related Social Needs

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HUNGER Vital Sign™

NATIONAL COMMUNITY OF PRACTICE

This brief examines recent standards-setting initiatives within the healthcare sector regarding screening for food insecurity and other health-related social needs. It offers recommendations for anti-hunger advocates to leverage screening efforts to improve the nutrition, health, and well-being of people struggling to put food on the table.

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Social Drivers of Health: the structural and contextual factors like housing, food, and finance that shape everyone's lives for better or worse.

Introduction

The Social Drivers of Health (SDOH) –the structural and contextual factors like housing, food, and finance that shape everyone's lives for better or worse—drive health outcomes more so than medical care. These social factors account for an estimated 40 percent-70 percent of a person's total health and result in widespread inequities in health outcomes across the U.S.

Food insecurity, described as the lack of access to enough food for an active, healthy life, is a key health-related social need (HRSN). Food insecurity harms our nation's health, nutrition, productivity, well-being, and is a root cause of health disparities, negatively affecting 17 million U.S. households. Black, Latinx, Native American, and other households experience food insecurity at disproportionately higher rates due to structural racism and other systems of discrimination.

Food insecurity fuels some of the most chronic and costly health problems across the U.S. as it is associated with a higher probability of chronic diseases such as hypertension, coronary artery disease, hepatitis, stroke, cancer, asthma, diabetes, arthritis, chronic obstructive pulmonary disease, and kidney disease. It adds $53 billion annually to preventable healthcare costs, according to a 2019 study. Another study found food insecurity adds some $2,500 in healthcare expenditures for a family over one year.

Given how SDOH fuel patient outcomes, healthcare teams are taking action by addressing HRSNs at the systems and individual levels. Healthcare teams are increasingly creating systems to routinely screen for HRSN, like food insecurity, and connecting patients to resources to address these needs. Recently, several large-scale national quality and standards-setting initiatives were launched that included required HRSN screenings.

By providing an overview of the proliferation of HRNS screening initiatives, this brief equips anti-hunger advocates with recommendations on how increased screening among healthcare systems can be leveraged to connect patients to federal nutrition programs and other food resources.

The Role HRSN Screening Plays in Addressing Food Insecurity

Screening for food insecurity is a key step toward addressing food insecurity within an individual health center or hospital and, ultimately, at the health systems level. Food insecurity remains an under-recognized risk, with household food insecurity often invisible unless healthcare teams specifically ask. Thus, screening for food insecurity and other health-related social needs has proliferated in the past decade. This is good news for work to address hunger in the U.S.

Promoting and improving opportunities to document screenings and interventions related to food insecurity is crucial for improving population health in several ways:

- Obtaining population data for clinical resource planning.
- Enabling documentation of food insecurity screening and assessment.
- Fostering research and quality improvements related to addressing food insecurity.

At the individual level, while screening is important, screening for food insecurity should not be administered without healthcare teams having procedures and resources in place to address it by connecting patients to nutrition programs, including but not limited to:

- the Supplemental Nutrition Assistance Program (SNAP)
- the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- afterschool and summer meals, child care meals, school breakfast and lunch programs
- other food and nutrition resources, such as medically-tailored meals, medically-tailored groceries, produce prescription programs, food farmacies, The Gus Schumacher Nutrition Incentive Program (GusNIP), food banks, and food pantries, as available and appropriate

Even the best screening protocols may miss families at risk of food insecurity, and many families who do not screen positive still need nutrition resources. Ensuring families access federal nutrition programs is vital to promoting patient health. As such, healthcare teams should not limit offering nutrition assistance to only families that screen positive for food insecurity. Healthcare teams can play a role in closing the SNAP Medicaid gap and the WIC Medicaid gap, where patients on Medicaid who are eligible for SNAP and/or WIC miss the benefits of these programs because of not participating.

An Overview of Recent Healthcare Sector Standards-Setting Initiatives that Include Screening for Food Insecurity

More and more healthcare teams are screening for HRSN, including food insecurity. Some are heeding the call of the 2022 White House National Strategy on Hunger, Nutrition, and Health that encourages the healthcare sector to "screen for food insecurity and connect people to the services they need." Others, like the Veterans Health Administration, began screening for food insecurity when a screener was created in the Veterans Administration's electronic health record clinical reminder system to identify and address food insecurity at the behest of Congress in 2015. In a 2015 policy statement, Promoting Food Security for All Children, the American Academy of Pediatrics (AAP) was another early influencer of signaling the paramount need to address food insecurity in a healthcare setting and screen using the Hunger Vital Sign, a two-question food insecurity screening tool validated by Children's HealthWatch researchers.

In recent years, adoption of and innovations in HRSN screening has been sparked by the Centers for Medicare and Medicaid Services (CMS) and select state Medicaid programs that grant flexibilities and incentives for the healthcare sector to integrate social care into individual and population health efforts. The CMS Center for Medicare and Medicaid Innovation (CMMI) HRSN Screening Tool utilized in the Accountable Health Communities (AHC) model (2017-2022), which includes the Hunger Vital Sign, has been widely adopted. More recent policies are moving the needle on screening for HRSNs, including food insecurity. The following provides an overview of key efforts:

Broad and far-reaching initiatives:

The Joint Commission Health Equity Requirements

The Joint Commission (a quality inspector for more than 22,000 healthcare organizations and programs) published new health equity requirements that include screening for HRSNs, which are mandatory for ambulatory healthcare, behavioral healthcare, human services, critical access hospitals, and hospital accreditation programs. The Joint Commission accredits healthcare organizations once they pass a rigorous inspection and meet the highest standards of quality and safety.

The recent Joint Commission health equity requirements, effective January 1, 2023, are as follows:

- Designate an individual(s) to lead activities to reduce healthcare disparities
- Assess patients' health-related social needs (e.g., food security) and provide information about community resources and support services

- Identify healthcare disparities in the patient population by stratifying quality and safety data using the sociodemographic characteristics
- Develop a written action plan that describes how at least one of the healthcare disparities identified in the patient population will be addressed
- Take action when the goal(s) in the action plan to reduce healthcare disparities are not achieved or sustained
- At least annually, inform key stakeholders, including leaders, licensed practitioners, and staff, about progress to reduce identified healthcare disparities

While food insecurity screening is not required it is one of the HRSNs that can be included in meeting the health equity requirements.

National Commission for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Social Care Quality Measure for health plans

Beginning in 2023, HEDIS released a new Social Need Screening and Intervention (SNS) measure focusing on the unmet social needs of health plan members. HEDIS is "a set of standardized performance measures designed to ensure that the public has the information it needs to compare organization performance." More than 200 million people are enrolled in plans that report HEDIS results.

The recent HEDIS SNS measure evaluates the percentage of screened members, using pre-specified instruments (including the Hunger Vital sign), at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive.

Health plans will report the measure using NCQA's Electronic Clinical Data Systems (ECDS) reporting standard, which lets plans report structured clinical and administrative data directly from their electronic systems. Results from HEDIS data collection will be used to measure quality improvement processes and preventive care programs starting in 2024.

Quality-measure initiatives requiring food insecurity screening

Merit-Based Incentive Payment System (MIPS) for Screening for SDOH

MIPS Quality Measure 487, Screening for Social Drivers of Health, including food insecurity, is a valuable tool for clinicians to use to identify and address the social drivers of health that can impact patients' health outcomes.

MIPS is a program created by CMS to encourage eligible clinicians to improve the quality of care they provide to Medicare patients. MIPS works by scoring eligible clinicians on various quality measures, such as how often they use electronic health records, coordinate care with other clinicians, and manage patients' chronic conditions. Clinicians who score well on these measures may receive a payment bonus from Medicare, while those who score poorly may receive a payment penalty.

Essentially, MIPS is a way for CMS to reward clinicians for providing high-quality care to Medicare patients. Included in a final rule issued in 2023, MIPS added Quality

Measure 487, which scores healthcare teams related to the percent of beneficiaries 18 years and older screened for food insecurity (including by using the Hunger Vital Sign), housing instability, transportation needs, utility difficulties, and interpersonal safety. To meet the measure's requirements, a patient must have a standardized HRSN screening once per performance period.

Additionally, in 2022, CMS included a new Improvement Activity (IA) focused on food insecurity and nutrition risk in its final rule for the 2022 MIPS Quality Payment Program. Activity IA_AHE_9 is titled "Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols," The IA is intended to facilitate identification and provision of appropriate support to patients with or at risk for food insecurity and patients with or at risk for poor nutritional status.

Medicare Advantage Special Needs Plans (MA SNPs) Health Risk Assessment

In 2023 CMS released a final rule requiring MA SNPs to conduct a comprehensive health risk assessment (HRA) within 90 days of the effective date of enrollment of each beneficiary (More than 5.7 million Medicare beneficiaries are enrolled in SNPs), and a re-assessment at least every 365 days. The HRA must be used to identify the beneficiary's health needs and develop a personalized care plan.

HRAs must include at least one question from a list of screening instruments specified by CMS in sub-regulatory guidance on each of three domains (housing stability, food security - including the Hunger Vital Sign, and access to transportation) beginning in 2024. This new requirement will help better identify the risk factors that may inhibit enrollees from accessing care and achieving optimal health outcomes and independence and enable MA SNPs to take these risk factors into account in enrollee individualized care plans.

Centers for Medicare & Medicaid Services (CMS) Inpatient Quality Reporting (IQR) Program

Many hospitals will now be required to report how many patients were screened for five SDOH domains, including food insecurity, and how many people screened positive for any of the five domains. In 2023, CMS mandated that hospitals reporting to the Inpatient Quality Reporting (IQR) program in federal payment programs submit two new Social Determinant of Health Screening measures:

- SDOH-1—looks at how many people are screened
- SDOH-2—looks at how many people were positive and for which category

The Hospital IQR Program is a pay-for-reporting quality program that reduces payment to hospitals that do not meet all Hospital IQR Program requirements, including the timely reporting of quality measure data. More than 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers and over 50 military hospitals, participate. These measures, aimed to improve the collection and use of comprehensive, standardized individual-level demographic and SDOH data, are voluntary in 2023 and will be required by 2024.

Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

The (PCHQR) Program was established by the Affordable Care Act in 2010 and is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. PCHQR is a quality reporting program for the eleven cancer hospitals that are statutorily exempt from the Medicare Inpatient Prospective Payment System (IPPS). The PCHQR Program social screening requirement included in a 2023 CMS final rule requires PPS-exempt cancer hospitals to screen all adult inpatients for social drivers of health beginning in 2024:

- The Facility's Commitment to Health Equity measure
- The Screening for Social Drivers of Health measure (including food insecurity)
- The Screen Positive Rate for Social Drivers of Health measure (including food insecurity)

PCHQR Program requirement aligns with other quality reporting and value-based purchasing programs, specifically the Hospital IQR Program and the Merit-Based Incentive Payment System (described above), as well as the same measure proposals for the Inpatient Psychiatric Facility Quality Reporting Program (described below) and the End-Stage Renal Disease (ESRD) Quality Incentive Program (described below) proposed rule.

Inpatient Psychiatric Facility Prospective Payment System (IPF PPS)

The System IPF PPS is a Medicare payment system that reimburses inpatient psychiatric facilities (IPFs) for the care they provide to Medicare beneficiaries. CMS is adopting three measures following a CMS final rule focused on health equity for the IPFQR Program.

- The Facility's Commitment to Health Equity measure
- The Screening for Social Drivers of Health (SDOH) measure (includes food insecurity)
- The Screen Positive Rate for SDOH measure (includes food insecurity)

The End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)

The ESRD QIP is a Medicare program that links a portion of the payment to dialysis facilities' performance on quality of care measures. The program is intended to promote high-quality services in renal dialysis facilities and improve ESRD patients' outcomes. In 2023, CMS issued a *proposed rule* to add the Screening for Social Drivers of Health reporting measure to the ESRD QIP measure set beginning with PY 2027.

- The Screening for Social Drivers of Health (SDOH) measure (includes food insecurity)
- The Screen Positive Rate for SDOH measure (includes food insecurity)

If finalized as proposed, CMS will begin using the Screening for Social Drivers of Health reporting measure for payment purposes as part of the ESRD QIP beginning in 2027.

Other policies of note:

American Board of Pediatrics (ABP) Screening and Addressing Food Insecurity in Pediatrics: A Quality Improvement Project Template

In 2022, the ABP released Food Insecurity Quality Improvement Project Template (QIPT), which includes guidance on how to collect data, select improvement strategies, and produce run charts to track progress. The QIPT contains three measures:

- The percentage of patients that have been screened for food insecurity using a standardized, validated screening tool
- Percentage of patients that screened positive for food insecurity
- Percentage of patients with a decrease in the severity of food insecurity

ABP recommends that once implementers have a better understanding of the prevalence of food insecurity in their practice, they will have useful data to refine implementation strategies to decrease its severity.

The growing attention to the harms of food insecurity to health and the proliferation of policies that promote screening for food insecurity and other social drivers of health underscore the harms of food insecurity to health. Through standardized screening of individual patients, which is being increasingly incentivized and/or required, clinicians can identify which patients are at risk for food insecurity and work to connect them with resources. At a population health level, these data will better inform how federal nutrition programs and resources are being utilized and the availability of these resources, as well as what community-based organizations are poised to assist. Additionally, the data will assist in understanding population-level health disparities and upstream policies that may close racial and other health disparities.

Recommendations for Anti-Hunger Advocates to Leverage Screening Efforts to Address Food Insecurity

Anti-hunger advocates bring unique expertise in addressing the harms of food insecurity to health. They can play a key role in supporting healthcare efforts to screen patients for food insecurity and, more importantly, use the proliferation of screening as an opportunity to collaborate with healthcare teams to address food insecurity by facilitating access to federal nutrition programs and other food resources and advocating for policy solutions.

The following are three key recommendations for how anti-hunger advocates can leverage food insecurity screening efforts to mitigate hunger:

Be at the table: Anti-hunger advocates–including anti-hunger policy organizations, food banks, community-based organizations, and people with lived experience and expertise with hunger – are essential partners in all aspects of this work. These advocates can provide insights and ask crucial questions that are outside the expertise of a typical healthcare team. For example, are healthcare staff trained to ensure that screening is done with sensitivity and dignity and does not reignite trauma? Are healthcare teams using standardized screening tools? Are healthcare teams aware of how, even with standardized screening tools, there is a concern that food insecurity will be underreported? And how underreporting could dilute the severity of the problem and undermine policies to address hunger? Are healthcare teams cognizant of how the proliferation of screening will lead to more referrals to community-based organizations and that these organizations will need to plan for increased referrals and most likely need funding for this additional work? Are healthcare teams aware of the local policies and procedures governing programs like SNAP, WIC, summer EBT, and school meals? While screening is important, how can we move toward universal intervention for all patients struggling with food needs?

Ensure patients connect to federal nutrition programs and other resources to address their food-related needs: Anti-hunger advocates can ensure that health healthcare teams view the federal nutrition programs as a first line of inquiry and access for patients needing nutrition support. SNAP, WIC, child care meals, school meals, afterschool snacks and meals, and summer food are proven, effective ways to help families struggling with food insecurity improve their nutrition, health, development, and productivity, and more across the life span. Unlike interventions such as grocery distributions, medically tailored meals, and produce prescriptions, which are limited in availability and primarily cater to individuals with specific

health-related conditions, SNAP and child nutrition programs are accessible to anyone in any community who meets eligibility criteria. Except for WIC, these are entitlement programs without quotas on the number of people who can be served. Anti-hunger groups can provide resources and training tailored to health healthcare teams on screening and intervening to address food insecurity.

Advocate in tandem for solutions to end hunger beyond the clinic walls: The healthcare sector plays a powerful role in addressing the prevalence of food insecurity, raising awareness of its adverse impact on health and well-being, and advocating for solutions. These efforts are most impactful when they include deep, trusting partnerships with community-based organizations connecting patients and their families to federal nutrition resources, advocating policies that mitigate food insecurity, such as enhanced SNAP benefits, providing healthy school meals for all, and a fully refundable, inclusive, and expanded child tax credit. Tapping into partnerships that bring the insights and expertise of healthcare teams to meet with legislators, write opinion pieces, testify before policy-making bodies, and stress the urgency of addressing hunger to our nation's health is a vital opportunity to end hunger.

By developing partnerships with healthcare teams, anti-hunger partners can best ensure patients are screened with dignity and sensitivity, systems are developed to connect all patients to nutrition and food resources, and advocate for the policy improvements needed to address hunger.

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About the Hunger Vital Sign™ National Community of Practice:
Co-convened by Children's HealthWatch and the Food Research & Action Center (FRAC), the Hunger Vital Sign™ National Community of Practice facilitates conversations and collective action across various stakeholders interested in addressing food insecurity through a healthcare lens. The group collects and

researches the connections between food insecurity and health, promotes the use of the Hunger Vital Sign™ to screen for food insecurity, and champions effective interventions to address food insecurity both at the practice and policy level. The group includes physicians, health care professionals, public health researchers, anti-hunger advocates, food and nutrition service providers, and policy experts.