



National Comprehensive  
Cancer Network®

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Yale New Haven Health Services Corporation  
Center for Outcomes Research and Evaluation  
195 Church Street, 5<sup>th</sup> Floor  
New Haven, Connecticut 06510

RE: Addressing Social Needs (ASN) Electronic Clinical Quality Measure (eCQM) Specifications Document for Public Comment

Dear Dr. Krumholz:

The National Comprehensive Cancer Network® (NCCN®) appreciates the opportunity to comment on the Center for Medicare and Medicaid Services (CMS) development of an electronic clinical quality measure (eCQM) to evaluate hospitals on social needs screening and follow up for patients as it relates to NCCN's mission of improving and facilitating, quality, effective, equitable, and accessible cancer care. NCCN thanks CMS and the Yale Center for Outcomes Research and Evaluation (CORE) for your work on this important issue.

### **NCCN Background**

As an alliance of 33 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually, NCCN® is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals and payers alike. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a comprehensive set of guidelines detailing the sequential management decisions and interventions that currently apply to 97 percent of cancers affecting patients in the United States.

NCCN Guidelines® and Library of Compendia products help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives. The NCCN Drugs & Biologics Compendium (NCCN Compendium®) has been recognized by CMS and clinical professionals in the commercial payer setting since 2008 as an evidence-based reference for establishment of coverage policy and coverage decisions regarding off-label use of anticancer and cancer-related medications. NCCN was recognized by CMS in 2016 and renewed in 2021 as a qualified Provider Led Entity (PLE) for the Medicare Appropriate Use Criteria (AUC) Program for the development of AUC and the establishment of policy and decision-making for diagnostic imaging in patients with cancer.

NCCN imposes strict policies to shield the guidelines development processes from external influences. The “firewall” surrounding the NCCN Guidelines processes includes financial support policies; panel participation and communication policies; guidelines disclosure policies; and policies regarding relationships to NCCN's other business development activities. The guidelines

NCCN is an alliance of leading cancer centers dedicated to improving and facilitating quality, effective, equitable, and accessible cancer care so all patients can live better lives.

For Clinicians: [NCCN.org](https://www.nccn.org) | For Patients: [NCCN.org/patients](https://www.nccn.org/patients) | Member Institutions: [NCCN.org/cancercenters](https://www.nccn.org/cancercenters)

development is supported exclusively by the Member Institutions' dues and does not accept any form of industry or other external financial support for the guidelines development program. The NCCN Guidelines are updated at least annually in an evidence-based process integrated with the expert judgment of multidisciplinary panels of expert physicians from NCCN Member Institutions. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and are available through a multitude of health information technology (HIT) vendors.

### **Screening and Follow-Up for Social Needs**

NCCN applauds CMS and the Yale Center for Outcomes Research and Evaluation (CORE) for working to develop this much needed and important measure. The proposed measure includes screening and follow up requirements for a core set of social needs relevant to health outcomes, including Food Insecurity, Housing Insecurity (*Housing Instability, Homelessness*), Transportation Insecurity and Utility Insecurity. NCCN agrees that these core domains represent key areas for screening and follow up, while providing an opportunity for providers to engage in patient-centered dialogue to understand specific or additional social needs they may have.

Health outcomes are significantly impacted by factors outside of the health care system, and addressing health related social needs can improve health outcomes while also advancing health equity. In recognition of this, health systems are beginning to incentivize healthcare organizations to integrate screening for the social needs of patients into practice workflows. NCCN is pleased to provide information on several resources to aid in this effort including the NCCN Distress Thermometer and Problem List, the Elevating Cancer Equity Health Equity Report Card, and the recommendations of a recently convened Health-Related Social Needs working group.

NCCN applauds CMS for providing resources and high-quality tools to aid providers in this effort. The NCCN Distress Thermometer and Problem List is a well-known and widely used screening tool among global oncology providers. The Distress Thermometer measures distress on a 0 to 10 scale and the Problem List includes five areas of life: practical, family, emotional, spiritual/religious, and physical problems. Within the Problem List, patients are questioned about Housing, Transportation, and Food Security among other variables offering providers flexibility in how they implement the tool. The distress thermometer and problems list has been extensively

studied and utilized and has been incorporated into Health Information Technology.<sup>1,2,3,4</sup> CMMI's Enhancing Oncology Model recently referenced the Distress Thermometer and Problem List as a tool for providers to address health-related social needs. NCCN encourages CMS to include the Distress Thermometer as a useful tool for providers seeking free resources to meet these measures.

In 2020, NCCN, the National Minority Quality Forum (NMQF), and the American Cancer Society Cancer Action Network (ACS CAN) launched the Elevating Cancer Equity (ECE) initiative. The ECE initiative sought to better understand patient experiences of racial disparities in access to guideline adherent cancer care in the United States through surveys of patients, caregivers, and oncologists, and then to address these disparities through a framework of actionable policy and practice change recommendations developed by a working group of national experts. The ECE Working Group (ECEWG), comprised of 17 national experts on racial disparities in cancer care including patients, caregivers, physicians, researchers, and industry, arose from the initiative. Convened in January 2021, the ECEWG developed two products: 1.) the Health Equity Report Card (HERC) as a means to put forth both best practice recommendations and ensure appropriate and necessary accountability for health systems and 2.) a Policy Framework to advance more equitable systems of care. The Health Equity Report Card includes measures that score providers on their collection of social determinants of health (SDOH) data and on their referral processes to resources.<sup>5</sup> In early 2022, NCCN launched a feasibility pilot of the HERC across five academic cancer centers and is in the process of launching an additional pilot in community settings. NCCN believes the HERC can be a useful tool for providers, health systems, payers, developers of value-based models of care, and accreditation entities seeking to advance more equitable care delivery among their constituencies. NCCN will be pleased to keep CMS informed of these efforts as CMS works to advance better measurement and incentivization of equitable care delivery practices.

In April 2023, NCCN convened a multi-stakeholder working group to evaluate Health-related Social Needs in oncology. The group, chaired by Dr. Loretta Erhunmwunsee of City of Hope and Yelak Biru of the International Myeloma Foundation, was tasked with identifying high-impact measures for screening and referral as well as policy and practice recommendations to bring these efforts to scale. The results of this working group will be presented at the September 12<sup>th</sup> NCCN

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<sup>1</sup> Cuttillo A, O'Hea E, Person S, Lessard D, Harralson T, Boudreaux E. The Distress Thermometer: Cutoff Points and Clinical Use. *Oncol Nurs Forum*. 2017 May 1;44(3):329-336. doi: 10.1188/17.ONF.329-336. PMID: 29493167; PMID: PMC5839660.

<sup>2</sup> Ma X, Zhang J, Zhong W, Shu C, Wang F, Wen J, Zhou M, Sang Y, Jiang Y, Liu L. The diagnostic role of a short screening tool--the distress thermometer: a meta-analysis. *Support Care Cancer*. 2014 Jul;22(7):1741-55. doi: 10.1007/s00520-014-2143-1. Epub 2014 Feb 8. PMID: 24510195.

<sup>3</sup> Cormio C, Caporale F, Spatuzzi R, Lagattolla F, Lisi A, Graziano G. Psychosocial distress in oncology: using the distress thermometer for assessing risk classes. *Support Care Cancer*. 2019 Nov;27(11):4115-4121. doi: 10.1007/s00520-019-04694-4. Epub 2019 Feb 20. PMID: 30788626.

<sup>4</sup> Snowden A, White CA, Christie Z, Murray E, McGowan C, Scott R. The clinical utility of the distress thermometer: a review. *Br J Nurs*. 2011 Feb 24-Mar 9;20(4):220-7. doi: 10.12968/bjon.2011.20.4.220. PMID: 21471860.

<sup>5</sup> Schatz AA, Chambers S, Wartman GC, et al. Advancing More Equitable Care Through the Development of a Health Equity Report Card. *J Natl Compr Canc Netw*. 2023;21(2):117-124.e3. doi:10.6004/jnccn.2023.7003

Policy Summit at the National Press Club. NCCN will also release a publication detailing the working group efforts and recommendations. NCCN would be happy to engage in further conversation and information sharing around these initiatives and how they may complement CMS' efforts. NCCN believes this publication will be of significant relevance to these efforts and will be happy to share the finalized recommendations with CMS.

NCCN appreciates the opportunity to comment on the development of this electronic clinical quality measure. NCCN is happy to serve as a resource and looks forward to working together to advance access to equitable, high-quality cancer care.

Sincerely,

A handwritten signature in blue ink, appearing to read 'R. Carlson', with a long horizontal flourish extending to the right.

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