Food Insecurity Screening

Measure Basic Information

Name and date of specifications used: OHA is developing these specifications, based on national screening tools and best practices, and in collaboration with the Oregon Food Bank, the Oregon Primary Care Association, and the CCO Metrics Technical Advisory Workgroup.

These specifications are designed for a provider / clinic level measure, to ensure that identified screening results are available to providers and clinical staff as needed to inform health care, and to allow tailored interventions and referral to services that would not be possible with a de-identified, population based approach to food insecurity screening and interventions.

That said, some CCOs may be focusing on implementing population / health plan level approaches to food insecurity screening and interventions and these specifications may not be applicable. CCOs should carefully consider their approach and level of measurement to ensure data are available for monitoring and/or intervention as needed.

URL of Specifications: N/A

Measure Type:

HEDIS ☐ PQI ☐ Survey ☐ Other ■ Specify: OHA-developed.

Measure Utility:

CCO Incentive ☐ Core Performance ☐ CMS Adult Set ☐ CHIP Set ☐ State Performance ☐

Other ■ Specify: Performance Improvement Project (PIP) measure

Data Source: Electronic Health Records, and/or survey or assessment implemented at the clinic level. *If using survey or health risk assessment data, it must be individual level, not sampled, and identified.*

Measurement Period: Calendar Year

Denied claims: Included ☐ Not included ☐ N/A ■

Measure Details

Denominator Initial Population: All CCO members; for children <age 12 before the beginning of the measurement period, the measure will address parental screening on behalf of those children.

Denominator: All CCO members assigned to the clinic / empaneled with the provider who had a qualifying visit with the provider.

Note the denominator may be broader than primary care visits: behavioral health, public health, and virtual encounters may all be included in the denominator. This will lead to duplication across denominators, as members may have qualifying visits in both primary care and behavioral health settings.

Qualifying visits for primary care can be identified using the definition in the CCO smoking prevalence or depression screening measures, or defined by an individual CCO / clinic as makes sense for their population and intervention. The measure intent is to include as much of the population as possible; qualifying visits should be broadly defined.

Denominator Exclusions: Exclude patients who refuse to participate, or patients in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status.

If using EHRs as the data source, use Patient Reason refused and Medical or Other Reason Not Done value sets to identify exclusions.

Numerator: Patients ages 12+ in the numerator who:

(1) Were screened for food insecurity at least once during the measurement year, using age-appropriate, standardized screening questions (see table 1 below); and

(2) Among those who screened positive for food insecurity, received an intervention or referral to community or health plan resources (see table 2 below). *CCOs and clinics may choose to phase in this component at a later date, based on reporting capabilities.**

Patients younger than 12 years old in the denominator whose parent(s):

(1) Were screened for food insecurity at least once during the measurement year, using age-appropriate, standardized screening questions (see table 1 below); and

(2) Among those who screened positive for food insecurity, received an intervention or referral to community or health plan resource (see table 2 below). *CCOs and clinics may choose to phase in this component at a later date, based on reporting capabilities.**

**Providers and staff may feel it is unethical to screen without providing or offering some type of follow-up. CCOs and providers are encouraged to develop screening protocols that include follow-up interventions; however the proposed PIP measure can be phased in to allow time for infrastructure / report development.*

Note screening does not have to happen on the date of the qualifying visit, as some CCOs / clinics may have implemented screening via patient portals or other technologies.

Note there is no look back period for screenings completed prior to the measurement year.

Numerator Exclusions: N/A

About the Measure (Guidance)

Best practices for implementation of food insecurity screening:

- Note that neither the screening nor the intervention / referral need to be conducted by the provider; screening and referral can be provided by any of the clinic staff as appropriate for individual clinic workflows. However, it is important for the results of the food insecurity screening be made available to the provider because of its link to increased risk for poor health outcomes, including obesity and medical health, and functional impairments for older adults.[1,2]

- Both positive and negative responses to food insecurity screening should be recorded in the patient's medical record.

- Food insecurity screening using the two-question food insecurity tool (see Table below) can be very sensitive when administered by a trained interviewer.[3]

- Pilot sites in Oregon have found improved response rates when patients complete the survey questions on written intake forms in private.

- If a parent has a visit with multiple children on the same day, ideally the household would only be screened once and results would be linked to all adults / children in the household.

- Note that while best practice recommends screening for food insecurity at every visit, the measure only requires screening once during the measurement period.

- While there are multiple validated screening tools (see Table 1 below), for ease of administration, CCOs may wish to use a consistent reference period for screening (e.g., past 30 days, past 12 months).

Best practices for follow-up (see Table 2 below)

- Responsibility is not necessarily on a provider who conducts screening to offer follow-up services, although they may feel obligated to address the need. Responsibility is to ensure referrals or connections to resources.

- Providers and health plans can partner with community organizations.

- In-person review / navigation of local resources by staff, trained interns, or volunteers provides greater possibility of patient follow-through.

[1] Institute of Medicine, *Capturing Social and Behavioral Health Domains and Measures in Electronic Health Records: Phase 2*. Washington, DC. The National Academies Press, 2014.
[2] http://psychsocgerontology.oxfordjournals.org/content/56/2/S94.full
[3] Hager, et al. Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics 2010; 126:1 e26-e32. Abstract: http://pediatrics.aappublications.org/content/126/1/e26.abstract

Table 1: Age-appropriate, standardized screening questions

Questions / Tool	Appropriate for?	Source	What is considered a positive screen?
For each statement, please tell me whether the statement was "often true", "sometimes true" or "never true" for your household: a) Within the past 12 months, we worried whether our food would run out before we got money to buy more. b) Within the past 12 months, the food we bought just didn't last and we didn't have money to get more. *Note there are multiple validated versions of the USDA screening tool for specific populations and with slightly different goals.* • *Simplified language for youth ages 12-18* http://www.ers.usda.gov/media/476115/youth2006.pdf • *Spanish language (use HH2 and HH3)* http://www.ers.usda.gov/datafiles/Food_Security_in_the_United_States/Food_Security_Survey_Modules/hh2012spanish.pdf	Everyone	USDA • Hagar (2010)[4] • American Academy of Pediatrics[5]	An affirmative response to either question.
In the last 12 months, were there times when it was not possible to feed the children a healthy meal because there was not enough money?	For children	Bjørnøy (2014)[6]	An affirmative response
In the last 12 months, were there times when the food for you and your family just did not last and there was no money to buy more?	For adults	Bjørnøy (2014)	An affirmative response
In the past month, was there any day when you or anyone in your family went hungry because you did not have enough money for food?	Parents with children	Kleinman (Mass General Hospital)[7]	An affirmative response

[4] http://www.ncbi.nlm.nih.gov/pubmed/20595453
[5] http://www.aappublications.org/content/early/2015/10/23/aapnews.20151023-1
[6] http://pediatrics.aappublications.org/content/133/6/e1616
[7] http://www.ncbi.nlm.nih.gov/pubmed/17660098

Questions / Tool	Appropriate for?	Source	What is considered a positive screen?
Which of the following describes the amount of food your household has to eat: (Answer from one of the following) • Enough to eat • Sometimes not enough to eat • Often not enough to eat	Adults	NHANES III[8]	Sometimes not enough to eat or often not enough to eat.
Additional screening tools are available, including: • 6-item short form screener from USDA http://www.ers.usda.gov/datafiles/Food_Security_in_the_United_States/Food_Security_Survey_Modules/short2012.pdf • 18-item complete screen from USDA http://www.ers.usda.gov/datafiles/Food_Security_in_the_United_States/Food_Security_Survey_Modules/hh2012.pdf • 6-item module from Behavioral Risk Factor Surveillance System (BRFSS) survey			

For additional information on implementing screening tools:

- USDA's 6-item short form screening tool http://www.ers.usda.gov/datafiles/Food_Security_in_the_United_States/Food_Security_Survey_Modules/short2012.pdf
- USDA's 18-item complete screening tool http://www.ers.usda.gov/datafiles/Food_Security_in_the_United_States/Food_Security_Survey_Modules/hh2012.pdf
- Guide to Measuring Household Food Security www.fns.usda.gov/guide-measuring-household-food-security-revised-2000

Table 2: Potential interventions and/or referral sources for those patients found to be food insecure

Referrals to: • Supplemental Nutrition Assistance Program (SNAP), formerly known as 'food stamps' • WIC • Farmers' Markets • Local food pantry • Summer meal program • Cooking / gardening / preserving / budgeting / nutrition class in the community • Social workers, medical legal partnerships, and/or other community / local resources [9]

[8] Alaimao et al 1998, Basiotis, 1992; Briefel and Woteki, 1992, Christofar and Basiotis, 1992

[9] http://pediatrics.aappublications.org/content/134/2/e564.abstract

Note county-level lists of food and nutrition resources are available in multiple languages from the Oregon Food Bank in a form appropriate to incorporate into electronic health records. Contact Lynn Knox, Statewide Health Care Liaison, for more information: lknox@oregonfoodbank.org

Interventions:

- Food Rx or voucher program
- Produce / food distribution on site at clinic or health plan
- Cooking / gardening / preserving / budgeting / nutrition class offered by clinic or health plan