NQFGo NATIONAL QUALITY FORUM

Socioeconomic Status Trial Period and Disparities Standing Committee

What Are We Doing?

NQF is conducting a two-year trial of a temporary policy change that will allow risk adjustment of performance measures for socioeconomic status (SES) and other demographic factors. Previous NQF policy prohibited the consideration of SES in risk-adjusted performance measures out of concern that doing so might conceal disparities in care and result in lower standards of provider performance. The Centers for Medicare & Medicaid Services contracted with NQF to examine this policy and the broader issue of risk-adjusting measures for SES. The NQF-convened Expert Panel on Risk Adjustment for Sociodemographic Factors conducted the review and issued a groundbreaking report in 2014. Based on its recommendations, the NQF Board of Directors decided to change NQF's policy temporarily and evaluate the impact of this change during the course of a two-year trial period.

The Expert Panel also recommended that NQF establish a Disparities Standing Committee (DSC) to further integrate the imperative to reduce or eliminate disparities through quality measurement into NQF's work. The DSC will provide guidance to the NQF Board, the Consensus Standards Approval Committee, and other NQF Standing Committees. A key focus of the 15- to 17- member Committee will be to review the SES trial and report its findings to the NQF Board in 2017, after the trial has concluded. Over time, the Committee will assess emerging evidence of the impact of adjusted measures on patients and providers and monitor for unintended consequences.

Informed by this work, the DSC will develop a high-level roadmap to better measure disparities and consider how measurement can proactively reduce disparities.

Why Now?

Sociodemographic factors can be socioeconomic, e.g., income, education, and occupation, and demographic, e.g., race, ethnicity, and primary language. Growing evidence shows that sociodemographic factors may influence patient outcomes, which

has implications for comparative performance measurement used in pay-for-performance programs.

Disparities in healthcare have been linked to inadequate resources, poor patient-provider communication, a lack of culturally competent care, and inadequate linguistic access, among other factors. In order to promote equal treatment of all patients who enter the healthcare system and reduce healthcare disparities in health outcomes, the healthcare system must be deliberate about addressing these factors and mitigating their impact. Accurate and meaningful metrics that consider patients' socioeconomic and demographic factors, as well as measures that address healthcare disparities and culturally competent care are needed to create a long-term agenda for improving healthcare quality. These measures are essential to promote the health of populations adversely affected by disparities and ensure equitable allocation of healthcare resources.

As of April 2015, any new measures submitted for possible endorsement or any endorsed measures that are undergoing maintenance can be included in the SES trial. For these measures, measure developers are requested to provide information on socioeconomic and other related factors that were available and analyzed during measure development. The trial period also encompasses measures endorsed with the condition that they enter the trial period, including three cost measures and 15 readmission measures.

How Can Members Get Involved?

NQF Members and the public are encouraged to submit nominations for the Disparities Standing Committee by **October 9 at 6:00pm ET**. There will be several opportunities to participate throughout this project including a series of quarterly web meetings and a two-day in-person meeting in Washington, DC.

Learn more about:
Socioeconomic Status (SES) Trial Period

Sign up for alerts to follow this project.

LEADING THE NATIONAL DIALOGUE:

Risk Adjustment for Socioeconomic Status

NATIONAL QUALITY FORUM

The National Quality Forum (NQF) is at the forefront of a national discussion about whether health care performance measures should be adjusted for socioeconomic status (SES) and other demographic factors, such as income, education, and health literacy, among others. The academic community has debated this issue for years, and in 2014, the U.S. Department of Health and Human Services provided funding that allowed NQF to advance the discussion toward an ultimate resolution.

After an extensive examination of the issue led by an NQF-convened Expert Panel, NQF's Board approved a change in its current policy to allow for SES risk adjusting of appropriate performance measures during a robust, two-year trial. The results of the trial will guide NQF on whether to make this policy change permanent. Opened officially on April 2015, the trial currently includes 32 measures that span the areas of cost and resource use, all-cause admissions and readmissions, and cardiovascular. **View all the measures currently in the trial.**

TO INFORM BOTH THE QUALITY FIELD AND NQF POLICY, NQF SOUGHT TO ANSWER THE KEY QUESTION,

"What, if anything should be done about SES factors in relation to outcome performance measurement?"

GROWING INTEREST PROMPTS CALL TO ACTION

Risk adjusting outcome performance measures to account for differences in patient health status and clinical factors (e.g. comorbidities, severity of illness) that are present at the start of care is widely accepted. In fact, NQF recommends to developers that outcome measures be adjusted for clinical severity because it affects performance results. But growing evidence shows that socioeconomic status and other demographic factors may also influence patient outcomes. There also has been growing interest from policymakers and other health care leaders regarding whether measures used in comparative performance assessments, including public reporting and pay-for-performance, should be adjusted for SES in order to improve the comparability of performance results.

To inform both the quality field and NQF policy, NQF sought to answer the key question, "What, if anything should be done about SES factors in relation to outcome performance measurement?"

EXPERT PANEL EXAMINES SCIENCE, MAKES RECOMMENDATIONS

NQF empaneled an Expert Panel to thoroughly examine the most current science related to adjusting performance measures for SES and other sociodemographic factors. The issues that concerned the Panel included:

- Performance measures needing to be adjusted to account for differences in the complexity of patients served, including SES complexity, in order to make correct comparative assessments
- Providers avoiding serving disadvantaged populations to ward off being labeled a poor performer, which then could worsen care for vulnerable patients
- Consumers and payers avoiding providers who serve disadvantaged populations because they are labeled poor performers, which may not accurately reflect underlying quality of care.

The Panel concluded that the current policy may unintentionally be weakening the network of providers that serve disadvantaged populations, which could end up worsening disparities. In their report, the Panel recommended that NQF change its policy to allow for risk adjustment of certain performance measures under certain conditions.

The report and recommendations garnered more than 670 comments from the public – the largest amount ever received by NQF on a single topic. While the comments overwhelmingly favored the Panel's recommendations, those that disagreed raised vitally important issues that the Panel worked to address, resulting in modified recommendations. A key change was the Panel's recommendation that NQF establish a trial period rather than a transition period for implementation of recommendations to adjust for SES and other demographic factors.

CSAC AND NQF BOARD REVIEW

In its deliberations on the report's policy implications, NQF's Consensus Standards Approval Committee recommended, and the NQF Board of Directors approved, a trial period during which the NQF restriction against SES adjustment will be lifted.

They also approved the creation of a new standing Disparities Committee. The Board emphasized

- the need for a time-limited, robust trial period and strongly urged the field to develop and use
- SES-adjusted measures to generate the data necessary to inform NQF's permanent policy in this area. NQF has developed the necessary procedures and guidance for measure developers, provided training and other support to facilitate the inclusion of designated measures into the trial.

WHY DOES THE NQF PROCESS MATTER?

NQF's process of careful deliberation that includes reviewing the evidence base, consensus building, and checks and balances on implementation helps ensure that we ultimately endorse the right measures and recommend standards and approaches that propel our health system forward.

THE SES RISK ADJUSTMENT TRIAL

NQF's groundbreaking work continues through its ongoing two-year trial to determine the impact of its temporarily revised policy to allow for risk adjustment of socioeconomic status and other demographic factors. Currently, NQF Standing Committee with measures included in the trial are identifying which SES factors that measure developers should test in their empirical analyses of SES adjustment. Once measure developers have collected the needed data, the Standing Committees will evaluate it to determine how risk adjusting for SES affects a measure. The Standing Committees will also assess for any unintended consequences will help to provide the field with needed information to move forward with these measures.

The NQF Disparities Standing Committee (DSC) is charged to enhance NQF's focus on reducing and eventually eliminating disparities through quality measurement. A key initial focus of the Committee will be to review how the Standing Committees are implementing the revised NQF policy to allow for SES risk adjustment and to evaluate the trial overall. Informed by this and other work, the DSC will develop a high-level roadmap to better measure disparities and consider how measurement can proactively reduce disparities.

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SES Trial Milestone

JANUARY-APRIL 2014

NQF convenes an Expert Panel to examine risk adjustment of performance measures for socioeconomic status (SES) and other demographic factors.

The Expert Panel's draft report recommends that NQF change its policy and allow measures to be risk adjusted for SES, when evidence warrants. The public comment period for the draft report yields a record 667 comments from 158 organizations.

MAY-JULY 2014

The Expert Panel refines its recommendation to reflect the public comment and submits its final report to the NQF Board.

The NQF Board votes overwhelmingly to temporarily change NQF policy to allow for risk adjustment of selected measures and establishes a trial period for this policy change to determine its impact.

The Board also calls for the establishment of a Disparities Committee that would be charged to enhance NQF's focus on reducing, and eventually eliminating disparities, through quality measurement. The Committee would also have a role in evaluating the SES trial.

AUGUST-DECEMBER 2014

NQF leadership and staff work to design the trial and brief its members, Congressional offices, media, and other key audiences about its rationale and purpose.

The NQF Board votes to endorse cost and resource use measures as well as all-cause admissions and readmissions measures with the conditions that:

- the relevant standing committee determine whether the measures in its projects should be included in the SES trial;
- a one-year, look-back assessment for unintended consequences be conducted.
- The **first measures** are identified for the inclusion in the SES trial, including three cost and resource use measures and 17 all-cause admissions and readmissions measures.

JANUARY-APRIL 2015

Design of the trial continues and NQF staff brief the measure developers on the need for a conceptual and empirical evaluation of measures entered in the trial.

NQF briefs members about the SES trial in a standing-room-only Q&A session at the NQF Annual Conference.

The SES trial officially opens for all newly submitted measures as well as measures undergoing endorsement maintenance review.

MARCH-JULY 2015

NQF adds specific guidance for measure developers regarding the SES trial to the **Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement.** NQF holds in-depth tutorials on the updates submission requirements and the goals trial with key measure developers, including the Centers for Medicare & Medicaid Services, Agency for Healthcare Research and Quality, Centers for Disease Control, The Joint Commission, CAMI, and FOTO.

NQF staff develops guidance for the standing committees to evaluate SES risk-adjusted measures, including how to interpret data, methods, and results from measure submissions.

The SES trial evaluation plan to track included measures is finalized and reflects input from risk adjustment and statistical experts.

The Cost and Resource Use Standing Committee convenes to discuss the potential for whether a conceptual relationship for SES adjustment exists for its three measures in the trial.

Thirteen of 24 measures from the Cardiovascular Phase 3 project are entered into the SES trial.

AUGUST-DECEMBER 2015

Nominations open for the Disparities Standing Committee commences. This 15-to 17-member Committee will advise NQF leadership on emerging issues in healthcare disparities. The Committee also will have a role in evaluating the SES trial.

The Cardiovascular Standing Committee convenes to review and provide its endorsement recommendations on the 13 measures included in the trial.

The All-Cause Admissions and Readmissions Standing Committee reviews the SES factors and variables that measure developers should test in their empirical analysis of the risk adjustment model for the 16 measures in the trial.

The Cost and Resource Use Standing Committee convenes to discuss the empirical analysis of the risk adjustment in the context of the validity criterion used for its three measures in the trial.

The measure developers for the admissions and readmissions measures begin work to compile data to conduct empirical analyses for risk adjustment.

JANUARY-MAY 2016

The Admissions and Readmissions Standing Committee convenes twice to review its 17 measures in the trial. In its review, the Committee:

- Discusses the empirical analysis of the risk adjustment approach in context of the validity criterion;
- Discusses the developer's decision to include or not include SES adjustment in the measure based on the empirical analysis provided; and
- Makes an endorsement recommendation for each measure:
- Recommend continued endorsement, or
- Recommend removal of endorsement.

Measures Currently in the NQF SES Trial

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COST AND RESOURCE USE MEASURES

- **#2431**: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (CMS/Yale)
- **#2436**: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Heart Failure (HF) (CMS/Yale)
- **#2579**: Hospital-level, risk-standardized payment associated with a 30-day episode of care pneumonia (CMS/Yale)

ALL-CAUSE ADMISSIONS AND READMISSIONS MEASURES

- # **0505** Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization
- # **0695** Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI)
- # **2375** PointRight ® Pro 30™
- # **2380** Rehospitalization During the First 30 Days of Home Health
- # **2393** Pediatric All-Condition Readmission Measure
- # **2414** Pediatric Lower Respiratory Infection Readmission Measure
- **#2496** Standardized Readmission Ratio (SRR) for dialysis facilities
- # **2502** All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs)
- # **2503** Hospitalizations per 1000 Medicare fee-for-service (FFS) Beneficiaries
- # **2504** 30-day Rehospitalizations per 1000 Medicare fee-for-service (FFS) Beneficiaries
- # **2505** Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health
- # **2510** Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)
- # **2512** All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)
- # **2513** Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures
- # **2514** Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate
- # **2515** Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery

CARDIOVASCULAR MEASURES

- # **0730** Acute Myocardial Infarction (AMI) Mortality Rate
- # **0694** Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD)
- # **2763** Ischemic Vascular Disease Care: All or None Outcome Measure-Optimal Control
- # **0965** Patients with an ICD implant who receive ACE-I/ARB and beta blocker therapy at discharge
- # **0704** Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)
- # **2740** Proportion of Patients with coronary artery disease (CAD) that have a Potentially Avoidable Complication (during the episode time window)
- # 2747 Proportion of Patients with Heart Failure (HF) that have a Potentially Avoidable Complication (during the episode time window)
- # **2748** Proportion of Patients with Hypertension (HTN) that have a Potentially Avoidable Complication (during the episode time window)
- # **2749** Proportion of Patients with Arrhythmias (ARR) that have a Potentially Avoidable Complication (during the episode time window)
- # **2751** Proportion of Patients undergoing an Angioplasty Procedure (Percutaneous Coronary Intervention - PCI) that have a Potentially Avoidable Complication (during the episode time window)
- # **2752** Proportion of Patients undergoing Pacemaker / Defibrillator Implantation (PCMDFR) that have a Potentially Avoidable Complication (during the episode time window)
- # **0229** Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older
- # **0230** Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older

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Attribution: Principles and Approaches Project 2015-2016

What Are We Doing?

Attribution is the methodology used to assign patients, and the quality of their healthcare outcomes, to organizations or providers. The identification of accountable entities is used by payers, providers and other measure users, to determine how payment is distributed and, ultimately, who is responsible for improving care delivery, patient outcomes and reducing cost.

National Quality Forum (NQF) will convene a multistakeholder committee and commission an author to explore the issue of attribution in detail. Their work will entail an environmental scan of the current approaches to attribution, an analysis of the strengths and weaknesses of these approaches, development of guiding principles for attribution, and recommendations to guide the selection and implementation of various models of attribution.

Why Now?

As the U.S. healthcare system moves rapidly to a performance-based payment system, the ability to accurately identify entities that should be held responsible for patients' care and their health care outcomes has become an important consideration. With the escalating financial stakes for measurement, this work is extremely timely. Policy debates over physician payment are intensifying at a time when care increasingly is being provided through shared accountability structures. This work will provide important guidance on the attribution of patients and their care episodes that is more reflective of the nation's dynamically changing healthcare system.

How Can Members Get Involved?

We encourage NQF members to provide their valuable insights to this effort. There are numerous opportunities to get involved:

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OCT 26 - JAN 8	*Nominate Standing Committee members*
FEB - NOV	*Participate in our web meetings*
JUN 14 - 15	*Join the Standing Committee deliberations*
JUL 15 - AUG 15	*Comment on the draft environmental scan*
AUG 30 - 31	*Join the Standing Committee deliberations*
OCT 1 - 31	*Comment on the draft of the report*

Organizations that are not yet NQF members but are interested in Attribution should consider joining to add their diverse perspectives to this important work.

Learn more about:

Attribution 2015-2016

Sign up for alerts to follow this project.

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Call for Nominations

Variation in Measure Specifications Project 2015-2016

BACKGROUND

The increasing focus on issues of quality, cost, and efficiency in healthcare has led to a proliferation of measures across a diverse range of clinical areas, settings, data sources and programs, and there is growing recognition that measures being used in various programs (e.g., at the federal, state, and community levels) are often not well-aligned with each other – different programs will frequently use similar but slightly modified measures despite intending to address the same fundamental quality issue. This leads to a number of challenges, including confusion for stakeholders, a high burden of data collection for healthcare providers, and difficulties when trying to compare performance across similar measures.

NQF is initiating a project focused on Variation in Measure Specifications to identify how, where, and why variation is occurring across current measures; to create a framework for understanding and interpreting the different types of variation across measures and the implications of this variation; and to develop a common understanding around key terms, concepts, and measure components to help standardize measurement efforts and minimize unnecessary variation.

COMMITTEE CHARGE

As part of this project, NQF will convene a multi-stakeholder Expert Panel to provide leadership, guidance, and input on the following tasks:

- Conduct an environmental scan to assess the current landscape of measure variation
- Develop a conceptual framework for use in defining, identifying, and interpreting variations in measure specifications and evaluating the effects of those variations
- Develop a lexicon of standardized definitions for a limited number of key measurement terms, concepts, and components that are known to be common sources of variation in otherwise-similar measures
- Develop a taxonomy to organize and classify the contents of the lexicon
- Provide recommendations for future consideration in this area, including core principles and guidance on how to mitigate variation and improve comparability across new and existing measures, and other activities that could help advance comparability in the future.

COMMITTEE STRUCTURE

The Expert Panel will include approximately 15 individuals seated for one year.

Participation on the Panel requires a significant time commitment. To apply, Panel members

should be available to participate in all currently scheduled calls/meetings. Over the course of the Panel member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Panel.

Panel participation includes:

- Participate in the Expert Panel Orientation Web Meeting
- Participate in both Expert Panel In-Person Meeting, including:
    - Prioritize framework elements
    - Offer guidance on structure and content of lexicon
    - Identify potential challenges
    - Review and comment on report drafts
- Participate in three Expert Panel Web Meetings, including:
    - Review and comment on report drafts
    - Refine lexicon and taxonomy
    - Identify core principles for comparability

Table of scheduled meeting dates

Meeting	Date/Time
Expert Panel Orientation Meeting (1 hour)	January 22, 2016 at 2:00PM-4:00PM ET
Expert Panel In-Person Meeting #1	February 23, 2016
Expert Panel Web Meeting #1 (2 hours)	March 31, 2016 at 2:00PM-4:00PM ET
Expert Panel Web Meeting #2 (2 hours)	May 25, 2016 at 2:00PM-4:00PM ET
Expert Panel In-Person Meeting #2	June 29, 2016
Expert Panel Web Meeting #3 (2 hours)	September 8, 2016 at 2:00PM-4:00PM ET
Expert Panel Web Meeting #4 (2 hours)	November 3, 2016 at 2:00PM-4:00PM ET

PREFERRED EXPERTISE & COMPOSITION

Expert Panel members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, health plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

NQF will seek relevant expertise in measure development; measure implementation; measurement science; informatics; and development and use of public reporting and pay-for-performance programs. NQF will ensure that the representation of the Expert Panel is well-balanced with community-oriented perspectives, representative of the populations that use

public reporting programs and participate in pay-for-performance programs.

Please review the NQF Conflict of Interest Policy to learn about how NQF identifies potential conflicts of interest. All potential Expert Panel members must disclose any current and past activities prior to and during the nomination process in order to be considered.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Expert Panel, please **submit** the following information:

- A completed online nomination form, including:
    - a brief statement of interest
    - a brief description of nominee expertise highlighting experience relevant to the committee
    - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
    - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Friday, December 4, 2015.**

QUESTIONS

If you have any questions, please contact Amber Sterling or Andrew Lyzenga at 202-783-1300, or email measurevariation@qualityforum.org. Thank you for your interest.