



Cancer Standing Committee – Spring 2021 Topical Web Meeting

During the spring 2021 cycle, no measures were submitted for the Cancer Standing Committee to evaluate. Therefore, the National Quality Forum (NQF) convened the Cancer Standing Committee for a [topical webinar](#) on July 30, 2021.

Welcome, Introductions, and Review of Meeting Objectives

Shalema Brooks, NQF director, welcomed the Cancer Standing Committee, guest speakers, and participants to the web meeting. Tamara Funk, NQF manager, reviewed the meeting objectives and conducted the Standing Committee roll call. The purpose of this topical web meeting was to discuss and review NQF's past and current health equity work, discuss the Centers for Medicare & Medicaid Services' (CMS) use of quality measurement to address health equity, and also discuss HealthCare Dynamics International's (HCDI) health equity work in cancer screening measurement.

Topical Webinar Discussion

Becky Payne, NQF senior analyst, began the NQF presentation by explaining that advancing health equity and addressing disparities are strategic goals relating to NQF's work. Ms. Payne shared a few details about health systems and care, which have been challenged by disparities in health outcomes related to inequities. Ms. Payne also presented data showing the health equity and social justice challenges facing the nation and discussed the importance of tailoring to the needs of individuals to address their unique health journeys. This includes social determinants of health (SDOH), which depend on the conditions in the environments where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes,¹ such as access to transportation, education, housing, food security, and other factors. Ms. Payne reminded the Standing Committee that NQF has over 10 years of work in health equity, and it is one of the organization's strategic priorities. NQF's new five-year strategic plan to advance health equity includes improving quality measurement and implementation. NQF is working to incorporate health equity across all areas of the strategic plan and apply a health equity lens to all of NQF's internal and external efforts.

Kim Ibarra, NQF senior managing director, presented a comprehensive overview of health equity, with an emphasis on NQF's historic work and the work currently underway. NQF's work in health equity has spanned a variety of topics, from risk adjustment to measure incubation on equity-related measures to race and ethnicity data use.

¹ "Social Determinants of Health." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 6 May 2021, www.cdc.gov/socialdeterminants/index.htm.

For the Social Risk Trial, NQF convened a multistakeholder Disparities Standing Committee to assist NQF staff in analyzing data collected from measure submissions relating to adjustment for social risk. The project looked at measures from the fall 2017 through the spring 2020 measure evaluation cycles. The data included general measure information (e.g., NQF #, title, and measure type), responses for submission questions related to the consideration and inclusion of risk adjustment models and social risk data elements, and final determinations about whether to include social risk adjustment for the measure. The [final report](#) for the Social Risk Trial with recommendations was released on July 14, 2021.

Next, Ms. Ibarra explained NQF's work to prioritize a set of meaningful and actionable recommendations to advance the delivery of high quality healthcare by identifying quality and payment innovations that address SDOH and reduce health disparities. Through use of the Measure Incubator, NQF is providing advisory support to a measure developer who is creating a set of performance measures centered on food insecurities; these measures are focused on screening, appropriate clinical action, and change in food insecurity status. NQF developed an [Implementation Guide](#) with strategies and best practices for screening and addressing food insecurities through measurement.

Ms. Payne then asked the Standing Committee, as key stakeholders in NQF's health equity work, to identify health equity efforts that are already underway across the healthcare spectrum and to consider whether there are opportunities for collaboration or alignment. Ms. Brooks opened the floor for comments from the Standing Committee. A Standing Committee member asked which of the work presented was specific to cancer, noting that much of the health equity data and examples presented were more general in nature. Ms. Ibarra explained that issues such as food security and transportation are cross-cutting and represent some of the nonclinical issues a patient with cancer might also be facing.

Meagan Khau from the CMS Office of Minority Health (OMH) presented next on leveraging quality measurement to address cancer disparities. Ms. Khau introduced two executive orders related to CMS' health equity work: (1) Executive Order 13985 – Advancing Racial Equity and Support for Underserved Communities Through Federal Government and (2) Executive Order 14031 – Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders. Ms. Khau mentioned a specific challenge with many federal data sets: They are not disaggregated by race, ethnicity, gender disability, income, veteran status, or other key demographic variables. To address this problem, Ms. Khau explained the series of special studies CMS conducts to help collect this type of data. In March 2016, CMS OMH launched a Mapping Medicare Disparities tool to assist with data analysis. Ms. Khau used the tool to search cancer topics, such as mammography screening rates among Medicare Fee-for-Service (FFS) beneficiaries in 2019. She included how the tool can be used to identify data that are representative of race and ethnicity, which is shown in an example of females and breast cancer rates, as well as males and prostate cancer rate. Ms. Khau also described information about cancer trends among Medicare FFS beneficiaries, showing the increase over time in breast, prostate, and endometrial cancer. Ms. Khau then highlighted a few of CMS' annual reports, including [Racial, Ethnic, & Gender Disparities in Health Care Medicare Advantage](#) and [Rural-Urban Disparities in Health Care in Medicare](#). Ms. Khau also discussed the Health Equity Summary Score (HESS), which is used to capture upstream causes of health disparities. HESS is a stratification/group differences summary measure that was developed to increase visibility of healthcare quality disparities for quality improvement and can encourage high quality, equitable care delivery. OMH performed a proof-of-concept exercise by applying the measure to Medicare Advantage data and found that the approach was feasible for almost all plans. Ms. Khau closed her presentation by introducing the CMS Health Equity Technical Assistance program, which is used to

support quality improvement partners, providers, and other CMS stakeholders.

The Standing Committee did not have any follow-up questions for Ms. Khuu.

Ms. Jean Drummond, president and CEO of HealthCare Dynamics International (HCDI), presented on *Innovations from the Field: Actionable Strategies to Improve Cancer Measures for Vulnerable Populations*. Ms. Drummond began by providing an overview of HCDI, which works to improve the quality of healthcare, especially for vulnerable populations (i.e., quality improvement, care coordination, provider engagement, patient engagement, community engagement, emergency department diversion, and clinical transformation). Ms. Drummond explained that HCDI's work involves human-centered design, cultural competency, person-centeredness, and being data-driven, as well as taking a grassroots, asset-based, and trauma-informed approach. Ms. Drummond discussed health-related social needs and the unique perspective HCDI brings in serving the most vulnerable populations. There are implications for cancer measurement, and HCDI's unique insights can help drive policies to improve health outcomes. Ms. Drummond shared a [video](#) addressing how HCDI assists providers in capturing SDOH using HCDI's proprietary [Caring for Your Health e-tool](#). She presented an example of how the tool works from the patient's end by having a participant log in on her phone as a patient and respond to the questionnaire using a Quick Response (QR) code. This example demonstrated the type of information provided by patients and how the tool is beneficial from both the clinicians' and patients' perspectives. Ms. Drummond then provided real-world examples of HCDI's work using breast cancer and cervical cancer screening rates. She showcased how HCDI was able to connect with populations with low screening rates and identify and address barriers to care (e.g., coronavirus 2019 [COVID-19], difficulty buying food, electricity/utilities concerns, etc.) to increase screening rates. She explained that HCDI's e-tool was then used to generate an impact report showing the many individuals who were successfully served.

Ms. Brooks opened the line for questions from the Standing Committee. One Standing Committee member commented appreciatively on the passion HCDI showed when discussing this work. Another Standing Committee member questioned whether HCDI has encountered setbacks or found advantages in asking patients to fill out information using an e-tool rather than through face-to-face interaction. Ms. Drummond explained that patients appreciate the privacy of a tool and that it helps preserve the patient's integrity when responding to sensitive questions. One Standing Committee member asked whether HCDI encounters pushback from healthcare providers due to providers not having the time or resources to respond to the psychosocial needs of patients that the tool identifies. Ms. Drummond stated that they have not experienced this very often; rather, providers appreciate that the tool can be customized to ask questions that are particularly pertinent to their patient population and that other tools and platforms are available that can help to identify services to meet the identified needs.

Public Comment

Ms. Brooks opened the call for public and member comments. No comments were received.

Next Steps

Karri Albanese, NQF analyst, noted that the Cancer Topical Webinar summary will be posted online September 7, 2021. For the fall 2021 Cycle, NQF will be reassigning some measures in response to competing priorities related to COVID-19. There will be more information provided to Standing Committees in August.