NATIONAL QUALITY FORUM

Memo

TO: Consensus Standards Approval Committee (CSAC)

FR: Disparities Project Team

RE: Disparities, 2016-2017: Informational Update

DA: September 12, 2017

NQF will provide an informational update to the CSAC on the Disparities project at its September 12, 2017 meeting.

This memo includes a summary of the project, and themes identified from and responses to the public and member comments. Accompanying this memo is the draft report, which is available on the project webpage.

BACKGROUND

The National Quality Forum (NQF), with funding from the Department of Health and Human Services (HHS), convened a multistakeholder Committee, comprising experts in disparities, social risk factors, and healthcare quality improvement, clinical, and measurement expertise to develop a roadmap that demonstrates how performance measurement and its associated policy levers can be used to eliminate disparities. The Disparities Standing Committee focused on the leading causes of morbidity and mortality (i.e., cardiovascular disease, cancer, diabetes, chronic kidney disease, infant mortality, low birthweight, and mental illness) to serve as use cases for the identification of disparities and performance measures that can be used to monitor and reduce disparities. However, the Committee's recommendations apply to all conditions where health and healthcare disparities exist.

Each phase of the Committee's work is documented in a series of three interim reports, which are posted to the NQF disparities project webpage. The three interim reports support the primary objectives of the project, which were to:

- review the evidence that describes disparities in health and healthcare outcomes;
- review the evidence of interventions that have been effective in reducing disparities;
- perform an environmental scan of performance measures and assess gaps in measures that can be used to assess the extent to which stakeholders are deploying effective interventions to reduce disparities; and
- provide recommendations to reduce disparities through performance measurement.

The Committee used the findings in the three interim reports to create a roadmap for reducing disparities through measurement. The comprehensive report presents the Committee's recommendations.

METHODOLOGY

NQF conducted two literature reviews to inform the first two interim reports and provide the Disparities Standing Committee with evidence related to health and healthcare disparities and to provide examples of types of interventions that have proven effective in reducing disparities in health and healthcare outcomes. To support this goal, NQF conducted a search for information sources relevant to the disparities in the five target conditions associated with the social risk factors identified in the NAM report. The literature review was not meant to be exhaustive, nor does it include all populations affected by health and healthcare disparities. Rather, it highlights examples of disparities and effective interventions within the selected conditions and illustrates the associations found between social risk factors and health and healthcare outcomes. The literature review findings informed the development of the roadmap to reduce disparities in health and healthcare

NQF also conducted an environmental scan for measures. The purpose of the environmental scan was to identify performance measures and measure concepts that can be used to assess the extent to which stakeholders are employing effective interventions to reduce disparities. These include performance measures that are "disparities-sensitive" (i.e. measures that detect differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among population or social groups)and performance measures that aligned with the priority domains of measurement outlined in the Committee's roadmap (i.e. health equity measures). In addition, NQF solicited feedback from 19 key informants with in-depth knowledge of each selected condition, disparities, and measurement to inform the selection of measures. These experts were selected from NQF's Cardiovascular, Cancer, Renal, Perinatal, Endocrine, and Behavioral Health Standing Committees.

Following the collection and categorization of measures, NQF solicited input from the Committee to highlight example disparities sensitive "core measures" to guide stakeholders prioritizing measures in the domain of *High Quality Care*. Committee members identified several specific measures and provided exclusionary criteria to be applied to all outcome measures in the High Quality Care domain in order to identify additional core measures. All core measures are listed in Appendix D of the final report.

ROADMAP TO REDUCE DISPARITIES

The Committee developed a roadmap with the unique goal of demonstrating how performance measurement can be used to identify and eliminate disparities. The roadmap sets an aspirational goal of eliminating disparities in health and healthcare as well as laying out short-term objectives to achieve this goal. The roadmap builds on the three aims of the National Quality Strategy: better care, healthy people/healthy communities, and affordable care. It integrates existing conceptual models and guidance to form a comprehensive set of strategies for sparking performance measure development and incentivizing the use of measures for reducing disparities. Namely, it draws on NAM report, *Accounting for Social Risk Factors in Medicare: Identifying Social Risk Factors,* which highlights key social risk factors that include socioeconomic position; race, ethnicity, and cultural context; gender; social relationships; and residential and community context. It also incorporates concepts from the five A's of access to care defined by Penchansky and Thomas: affordability, availability, accessibility,

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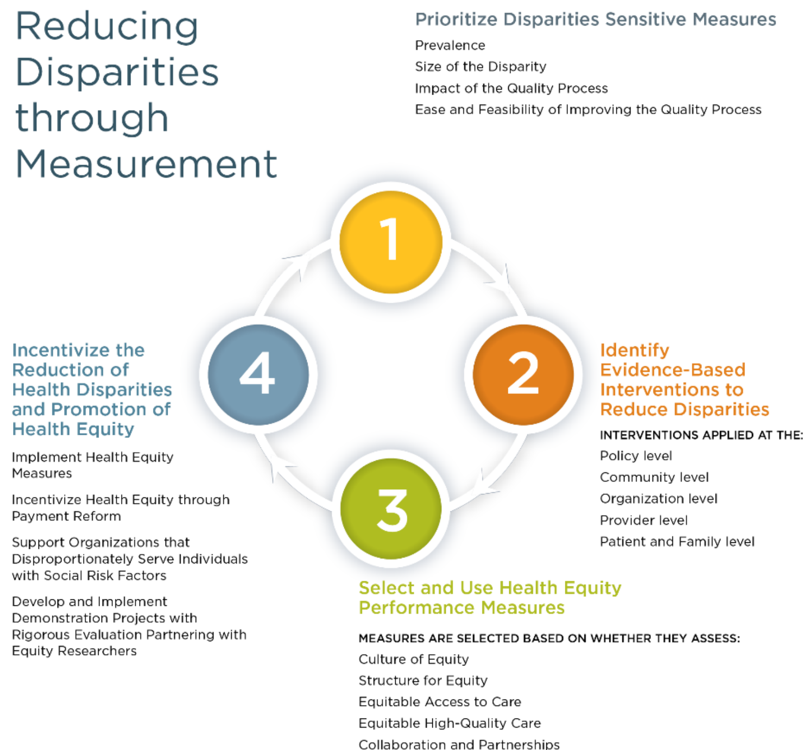
accommodation, and acceptability.[1]

NQF's roadmap to achieve health equity outlines four pathways that stakeholders can take to reduce disparities:

1. Identify and Prioritize Reducing Health Disparities
2. Implement in Evidence-Based Interventions to Reduce Disparities
3. Invest in the Development and Use of Health Equity Performance Measures
4. Incentivize the Reduction of Health Disparities and Achievement of Health Equity

The roadmap's strategies applies to reducing disparities across a wide spectrum of social risk factors related to age, gender, income, race, ethnicity, nativity, language, sexual orientation, gender identity, disability, geographic location, and many others. It highlights the importance of cross-sector partnerships – between the healthcare system and other sectors – in recognition of the social determinants of health (e.g. education, social services, food security, transportation, housing, etc.), many of which are traditionally beyond the preview of the U.S. healthcare system.



Pathway 1: Identify and Prioritize Reducing Health Disparities
Disparities sensitive measures detect differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among population or social groups. The volume of existing measures can make prioritization a challenge, but measures that can help to monitor and reduce disparities should be prioritized. NQF's Disparities Committee recommended four criteria to help stakeholders identify and prioritize disparities-sensitive measures:

1. **Prevalence**—How prevalent is the condition among populations with social risk factors? What is the impact of the condition on the health of populations with social risk factors?
2. **Size of the Disparity**—How large is the gap in quality, access, and/or health outcome between the group with social risk factors and the group with the highest quality ratings for that measure?
3. **Strength of Evidence**—How strong is the evidence linking improvement in performance on the measure to improved outcomes in the population with social risk factors?
4. **Ease and Feasibility of Improvement (Actionable)**—Is the measure actionable (e.g. by providers/clinicians/health plans, etc.) among the population with social risk factors?

Pathway 2: Invest in Evidence-Based Interventions to Reduce Disparities
Many studies have documented interventions that reduce disparities; however, these interventions are rarely implemented in practice. There is large body of evidence and guidance that demonstrate how all stakeholders can play a role in reducing disparities. Clinicians and allied health professionals can work with communities to deliver culturally tailored lifestyle education programs and deploy community health workers. Provider organizations can ensure their workforce has the knowledge, attitudes, skills, and resources to advance health equity. Payers should incentivize the monitor the use of interventions to reduce disparities. Lastly, most importantly, patients can and should be involved in development and evaluation of interventions designed to reduce disparities. Although further investment in research and demonstration projects is needed, there is enough evidence for stakeholders to act now. Performance measures can then be used to monitor the extent to which these health equity-promoting activities occur.

Pathway 3: Select and Use Health Equity Performance Measures
The Committee recognized a need for both disparities-sensitive measures and measures that directly assess whether interventions that promote health equity are employed (i.e. health equity measures). To guide the selection and development of health equity measures, the Committee identified five domains of measurement of health equity, which represent a prioritized set of goals that must be achieved for the U.S. healthcare system to promote health equity:

- Adopt and implement a **culture of equity**. A culture of equity recognizes and prioritizes the elimination of disparities through genuine respect, fairness, cultural competency, the creation of environments where all individuals, particularly those from diverse

and/or stigmatized backgrounds, feel safe in addressing difficult topics, e.g., racism, and advocating for public and private policies that advance equity.

- Create **structures** that support a culture of equity. These structures include policies and procedures that institutionalize values that promote health equity, commit adequate resources for the reduction of disparities, and enact systematic collection of data to monitor and provide transparency and accountability about the outcomes of individuals with social risk factors. These structures also include continuous learning systems that routinely assess and the needs of individuals with social risk factors, develop culturally tailored interventions to reduce disparities, and evaluate their impact.
- Ensure **equitable access to healthcare.** Equitable access means that individuals with social risk factors are able to easily get care. It also means care is affordable, convenient, and able to meet the needs of individuals with social risk factors.
- Ensure **high-quality care** within systems that continuously reduces disparities. Performance measures should be routinely stratified to identify disparities in care. In addition, performance measures should be used to create accountability for reducing, and ultimately, eliminating disparities through effective interventions.
- **Collaborate and partner with** other organizations or agencies that influence the health of individuals (e.g., neighborhoods, transportation, housing, education, etc.). Collaboration is necessary to address social determinants of health that are not amenable to what doctors, hospitals, and other healthcare providers are trained and licensed to do.

The Committee identified subdomains to advance the goals of each domain, and in its report, described measure concepts and actions to measure within each domain.

Table 2: Priority Areas of Measurement for Health Equity

Domain	Subdomains
Collaboration and Partnerships	Collaboration across health and non-health sectors
	Community and health system linkages
	Build and sustain social capital and social inclusion
	Promotion of public and private policies that advance equity
Culture of Equity	Equity is high priority
	Safe and accessible environments for individuals from diverse backgrounds
	Cultural competency
	Advocacy for public and private policies that advance equity
Structure for Equity	Capacity and resources to advance equity
	Collection of data to monitor the outcomes of individuals with social risk factors
	Population health management
	Systematic community needs assessments
	Policies and procedures that advance equity

Domain	Subdomains
	Transparency, public reporting, and accountability for efforts to advance equity
Equitable Access to Care	Availability
	Accessibility
	Affordability
	Convenience
Equitable High-Quality Care	Person- and family-centeredness
	Continuous improvements across clinical structure, process, and outcome performance measures stratified by social risk factors
	Use of effective interventions to reduce disparities in healthcare quality

Pathway 4: Incentivize the Reduction of Health Disparities and Achievement of Health Equity
The shift to value-based purchasing represents an opportunity to incentivize providers to reduce disparities. For instance, accountable care models can include health equity measures that are linked to payment to spur both improvement and innovation. Reporting the results of disparities-sensitive and health equity measures can provide transparency as well as help identify and address disparities. Considering the changing healthcare landscape, the Committee developed four implementation strategies for creating health equity through measurement:

1. Implement health equity measures
2. Incentivize health equity through payment reform
3. Support organizations that disproportionately serve individuals with social risk factors
4. Develop and implement demonstration projects with equity researchers to ensure rigorous evaluation

Implementation Strategy 1: Implement health equity measures

- Recommendation 1: Invest in the collection of social risk factor data.
- Recommendation 2: Use prioritized stratified health equity outcome measures.
- Recommendation 3: Some domains of measurement are more appropriate for internal quality improvement and others for accountability.

Implementation Strategy 2: Incentivize health equity through payment reform

- Recommendation 1: Invest in preventive and primary care for patients with social risk factors.
- Recommendation 2: Directly adjust payment for social risk factors.
- Recommendation 3: Link health equity measures to accreditation programs.
- Recommendation 4: Support outpatient services with additional payment for patients with social risk factors.
- Recommendation 5: Redesign payment models to support health equity.

Implementation Strategy 3: Support organizations that disproportionately serve individuals with social risk factors

- Recommendation 1: Ensure organizations disproportionately serving individuals with social risk can compete in value-based purchasing programs.
- Recommendation 2: Consider additional payment for organizational factors that fall outside of the control of safety net organizations and other providers serving individuals with social risk factors.
- Recommendation 3: Provide technical assistance in quality improvement, measurement, and disparity reduction.

Implementation Strategy 4: Develop and implement demonstration projects with rigorous evaluation partnering with equity researchers

- Recommendation 1: Fund care delivery and payment reform demonstration projects to reduce disparities.
- Recommendation 2: Conduct policy simulations to demonstrate how community interventions mediate drivers of disparities.
- Recommendation 3: Assess economic impact of disparities from multiple perspectives.

The full NQF report, *A Roadmap to Reduce Health and Healthcare Disparities through Measurement,* can be accessed on the NQF Disparities project page. To receive project alerts please join our project listserv here.

PRIORITIZATION OF MEASURES

Following the collection and categorization of measures, NQF solicited input from the Committee to highlight specific disparities-sensitive "core measures" that can be used to address disparities now. Committee members called out specific measures and developed exclusionary criteria to identify additional measures from the existing compendium. The following criteria was applied to all outcome measures in the High Quality Care domain in order to identify additional core measures:

1. Measures for which the denominator is includes a large number of patients affected by a social risk factor or set of risk factors
2. Measures for which the denominator is specified for non-inpatient settings (i.e. focus on ambulatory care settings)
3. Outcome measures where there is a clear link between the outcome being measured and a set of actions

NQF identified 67 core measures using this criteria. Among those measures are the five examples listed below. The full list of core measures is included in the final report.

Selected Condition	Measure Title	Measure Steward
Cardiovascular Disease	Controlling high blood pressure	CMS/NCQA
Diabetes	Percentage of patients with one or more A1c test(s)	AMA PCPI
Cancer	Colorectal cancer screening	NCQA
Mental Health	Initiation and engagement of alcohol and other drug dependence treatment	NCQA/WC
Low Birth Weight (PQI9)	Low birth weight (assess the number of low birth weight infants per 100 births)	AHRQ

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The initial environmental scan for measures revealed significant gaps within all of the measurement domains. The report notes that in some areas, this gap may be due to a gap in conclusive evidence regarding the effectiveness of interventions. The Committee provided example measure concepts to fill gaps in each measurement domain.

COMMENTS AND THEIR DISPOSITION

NQF received 64 comments from 17 organizations (including 6 member organizations) and individuals pertaining to the draft report.

A table of comments submitted during the comment period, with the responses to each comment and the actions taken by the Standing Committee and measure developers, is posted to the Disparities project page under the Public and Member Comment section.

Comment Themes and Committee Responses

The Committee reviewed all of the submitted comments and focused their discussion on topic areas with the most significant and recurring issues.

Theme 1 – General Comment

Comments expressed support for various aspects the roadmap including the disparities-sensitive criteria, the call for future demonstration projects, the focus on collaborations and partnerships, and other specific provisions in the report.

Theme 2 – Measure Recommendations

Comments in this theme recommended additional measures to include in the report.

Theme 3 – Data Collection and Reporting

Overall the comments expressed support for the Committee's recommendations regarding data collection and reporting. Several comments expressed support for the Committee's recommendation for accountability and transparency. Comments also proposed additional methods of measurement including oversampling, pooling across years to address small sample sizes.

Theme 4 – Social Risk Factors

Comments in this theme expressed a desire to consider additional social risk factors, including health literacy and language, as well as the intersectionality of these factors with the existing risk factors. Many comments specifically noted the desire for a greater focus on disability as a social risk factor. Comments also requested greater specificity when defining certain groups, especially the Asian and Pacific Islander population.

Theme 5 – Effective Interventions

Comments provided several suggestions for effective interventions including the integration of

care-based organizations into the care coordination system to support individuals with limited English proficiency and dual eligible financial alignment demonstrations.

Theme 6 – Measurement Gaps

The commenter suggested the inclusion of measures from clinic-community linkages projects in the sub-domain of "Community and Health System Linkages."

Theme 7 – Future Work

The commenter urged the Committee to provide recommendations on the improvement of current reporting and payment systems for providers and healthcare systems that care for at risk populations, and provide guidance for how providers at all levels can work to reduce disparities

NEXT STEPS

NQF will finalize the report and submit the final deliverable to HHS by September 14, 2017.

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[1] Penchansky R, Thomas JW. The concept of access: definition and relationship to consumer satisfaction. *Med Care*. 1981;19(2):127-140.