



NATIONAL  
QUALITY FORUM

# Disparities Standing Committee: Update to CSAC

*July 13, 2016*

# NQF Disparities Standing Committee

- NQF Disparities Standing Committee will provide guidance across all of NQF's work.
  - Develop a roadmap for how measurement can be used to proactively reduce disparities
  - Review implementation of the revised NQF policy and evaluate the SES trial period
  - Provide a cross-cutting emphasis on healthcare disparities across all of NQF's work.

# What is a Roadmap?

- Describes a path for achieving a goal
- Outline actions needed to eliminate disparities
- Highlights stakeholders and their responsibilities

# Disparities SC: Roadmap Themes

The Roadmap sets an aspirational goal of eliminating disparities in health and healthcare

- Equity is an essential part of quality.
- Encourage elimination of disparities across 3 NQS aims
- Consider broad definition of populations experiencing disparities (e.g., ethnicity, sexuality, disability, geography)
- Emphasize the role of the community and the importance of building cross-sector partnerships beyond healthcare
- Emphasize equity and elimination of disparities in value-based purchasing
- Capitalize on new delivery and payment models
- Address social determinants of health
- Encourage investments in the health of underserved communities and address underlying issues of affordability.

# Using Measurement to Eliminate Disparities

- Prioritize areas for measurement that can reduce disparities
- Develop valid, reliable performance measures
- Ensure scientific integrity of measures and recommend measures for use
- Identify gaps in measurement and performance

# Desired Outcomes

- Identify disparities by stratifying data
- Incentivize the reduction of disparities through measurement
  - Incorporate equity accountability measures into payment and reporting programs
  - Align equity accountability measures across payers
  - Incentivize preventive care, primary care, and addressing the social determinants of health
  - Assist safety-net organizations serving vulnerable populations
  - Conduct and fund demonstration projects to test payment and delivery system reform interventions to reduce disparities
- Implement and support quality improvement strategies and care transformation
- Eliminate disparities in health and healthcare

# NQF Policy Change: Trial Period

- The NQF Board approved a **two-year trial period** prior to a permanent change in NQF policy.
- Under the new policy, adjustment of measures for SDS factors is no longer prohibited.
- During the trial period, if SDS adjustment is determined to be appropriate for a given measure, NQF will endorse one measure with specifications to compute:
  - *SDS-adjusted measure*
  - *Non-SDS version of the measure (clinically adjusted only) to allow for stratification of the measure*

## NQF Policy Change: Trial Period (cont.)

- Each measure must be assessed individually to determine if SDS adjustment is appropriate.
- Not all measures should be adjusted for SDS factors (e.g., central line infection would not be adjusted)
  - *Need conceptual basis (logical rationale, theory) and empirical evidence*
- The recommendations apply to any level of analysis including health plans, facilities, and individual clinicians.



# Measures Included in the Trial Period

- **All measures submitted to NQF after April 15, 2015 are considered part of the trial period**
- Standing Committees may consider whether such measures are appropriately adjusted for SDS factors as part of their evaluation.
  - *Newly-submitted measures*
  - *Previously-endorsed measures undergoing maintenance*
  - *Measures with conditional endorsement (e.g., Admissions/Readmissions, Cost & Resource Use)*
  - *Measures undergoing ad hoc review*

# Trial Experience: Cost and Resource Use

- Three measures endorsed with the condition that they enter trial period: hospital-level, risk-standardized payment associated with a 30-day episode-of-care for AMI, CHF, and Pneumonia
  - Variables initially considered (based on initial conceptual analysis and data availability):
    - » Educational attainment/income (census data using patient zip code)
    - » Medicaid status (proxy for low income and insurance coverage)
    - » Black or white race (for comparison)
  - Based on the empirical analysis, the developers chose NOT to include the SES variables in the model, citing the nominal impact of the SES variables on the risk model performance and payment outcomes
  - Ultimately the Committee voted to continue endorsement of the measures without inclusion of SES in the risk-adjustment approach
  - NQF has received an appeal of this decision.
    - » Next step: Standing committee will discuss additional information and analyses from developer

# Trial Experience: Admissions/Readmissions

- Sixteen measures were endorsed with the condition that they enter trial period
- Standing Committee Review:
  - Interest in potential community-level variables
  - Geographic proxy data should be representative of patient's actual SES characteristics (9-digit ZIP Code)
  - Urged caution on the use of race as a proxy for patient SDS
  - Developer analyses recently presented to committee demonstrated small, though significant SES effects on measure results (largely due to hospital effects)
  - Draft report will be released for comment

# Trial Experience: New Measures

- Measures focused on children with special healthcare needs have been adjusted for parent education.
- Two additional nursing home admission measures have been recommended for SES adjustment using dual eligibility.
- Ongoing developer efforts:
  - Inovalon/PQA: Examining effect of SES on health plan level performance for medication adherence measures
  - Changes in health plan rankings using 9-digit ZIP code

## Challenges: Input from NQF's Stakeholders

- Limited availability of patient-level data
  - *9-digit ZIP Code/census block data not easily accessible*
- Risk models using currently available SDS adjustors are not demonstrating an association for measures with a clear conceptual basis for SDS adjustment
- Concerns about factors selected/analyzed to date
  - *Available proxies may not be adequate*
  - *Inclusion of race questioned*
- Call for a more prescriptive approach
  - *Empirical methods*
  - *Variables tested*
- The Disparities Standing Committee is in the process of drafting guidance on variable selection

# CSAC Discussion

- Does the CSAC agree with the desired outcomes of the Roadmap?
- Does the CSAC have additional ways measurement could be used to eliminate disparities in health and healthcare?

# Questions?