



Reducing Health and Health Care Disparities Related to Social Risk Factors

Standing Committee Web Meeting #2

January 27, 2017

WELCOME

TO NATIONAL QUALITY FORUM

Over 425 Members Strong

Disparities Standing Committee

Disparities Committee Members

(co-chair) Marshall Chin, MD, MPH, FACP, University of Chicago

Nancy Garrett, PhD, Hennepin County Medical Center

(co-chair) Ninez Ponce, MPP, PhD, UCLA Center for Health Policy Research

Romana Hasnain-Wynia, PhD, Patient Centered Outcomes Research Institute

Philip Alberti, PhD, Association of American Medical Colleges

Lisa Iezzoni, MD, MSc, Harvard Medical School

Susannah Bernheim, MD, MHS, Yale New Haven Health System Center for Outcomes Research and Evaluation

David Nerenz, PhD, Henry Ford Health System

Michelle Cabrera, SEIU California

Yolanda Ogbolu, PhD, CRNP-Neonatal, University of Maryland Baltimore, School of Nursing

Juan Emilio Carrillo, MD, MPH, Weill Cornell Medical College

Bob Rauner, MD, MPH, FAAFP, Partnership for a Healthy Lincoln

Lisa Cooper, MD, MPH, FACP, Johns Hopkins University School of Medicine

Eduardo Sanchez, MD, MPH, FAAFP, American Heart Association

Ronald Copeland, MD, FACS, Kaiser Permanente

Sarah Hudson Scholle, MPH, DrPH, National Committee for Quality Assurance

José Escarce, MD, PhD, UCLA David Geffen School of Medicine

Thomas Sequist, MD, MPH, Partners Healthcare System

Traci Ferguson, MD, MBA, CPE, WellCare Health Plans, Inc.

Christie Teigland, PhD, Inovalon, Inc.

Kevin Fiscella, MD, University of Rochester

Mara Youdelman, JD, LLM, National Health Law Program

Meeting Objectives



NQF Disparities Project Team



NATIONAL
QUALITY FORUM



Erin O'Rourke
Senior Director



Andrew Anderson
Senior Project Manager



Tara Murphy
Project Manager



Mauricio Menendez
Project Analyst



Madison Jung
Project Analyst

Disparities Standing Committee Charge

NQF Disparities Standing Committee will provide guidance across all NQF's work:


- *Develop a roadmap for how performance measurement can be used to proactively reduce disparities based on social risk factors*
- *to evaluate NQF's trial period that allows for the consideration of socioeconomic and demographic factors in endorsement of measures and*
- *Provide guidance on healthcare disparities across all NQF's work*

Project Objectives

- Provide guidance on how performance measurement can be used to reduce health and healthcare disparities caused by social risk factors identified by the National Academies of Medicine
- Apply guidance to disparities in selected conditions:
 - *Cardiovascular disease*
 - *Cancer*
 - *Diabetes and chronic kidney disease*
 - *Infant mortality/low birth rate*
 - *Mental illness*

Project Activities

Under contract with the Department of Health and Human Services (HHS), this one year project will involve:

1.  A review of the evidence describing disparities in health and health care outcomes in the selected conditions;
2. A review of the causes and factors associated with disparities in the target conditions, evidence of effective interventions, and gaps in existing work;
3. An environmental scan of performance measures currently in use of under development to assess effective interventions;
4. The identification of gaps in measurement and the extent to which stakeholders are employing effective interventions;
5. The development of a conceptual framework to guide performance measures;
6. Recommendations for measure development to assess efforts to reduce disparities in health and health care in the target conditions.

Timeline

Project Timeline and Deliverables		Deadline
✓	Committee Web Meeting #1	10/19/2016
✓	Draft Report: Disparities in Healthcare and Health Outcomes in Select Conditions	12/15/2017
✓	Final Report: Disparities in Healthcare and Health Outcomes in Select Conditions	01/15/2017
	Committee Web Meeting #2	01/27/2017
	Draft Report: Causes of Disparities in Healthcare and Health Outcomes in Select Conditions	02/15/2017
	Final Report: Causes of Disparities in Healthcare and Health Outcomes in Select Conditions	03/15/2017
	Committee 2-day In-person meeting #1	03/27-03/28, 2017
	Draft Report: Conceptual Framework for Measure Development	05/15/2017
	Final Report: Conceptual Framework for Measure Development	06/15/2017
	Committee 2-day In-person meeting #2	06/14-06/15, 2017
	Draft Comprehensive Report	07/15/2017
	Committee Web Meeting #3	08/2017
	Final Report	09/15/2017

Public comment period (30-day) to follow draft comprehensive report

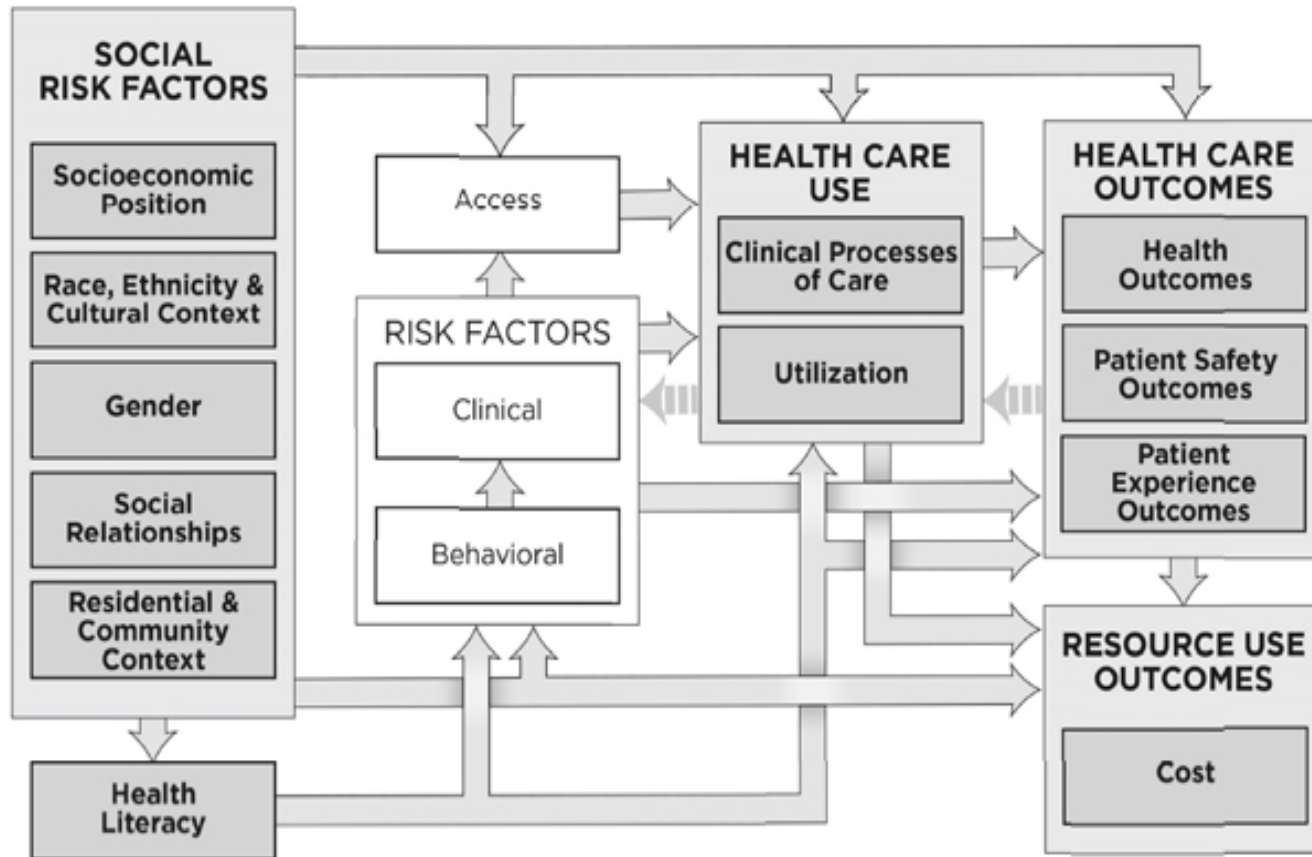
Conceptual Framework



Purpose of Conceptual Framework

- Illustrate how performance measurement can be employed to understand the extent to which stakeholders are deploying effective interventions to close disparities
- The framework should identify:
 - *“who” the stakeholders are*
 - *“how” measurement fits into the broader healthcare environment*
 - *“what” should be measured (e.g. domains, levels of analysis, priority conditions, types of measures)*
- The framework should state the ultimate goal





Barriers

Personal/Family

- acceptability
- cultural
- language/literacy
- attitudes, beliefs
- preferences
- involvement in care
- health behavior
- education/income

Structural

- availability
- appointments
- how organized
- transportation

Financial

- insurance coverage
- reimbursement levels
- public support

Use of Services

→ Visits

- primary care
- specialty
- emergency

Procedures

- preventive
- diagnostic
- therapeutic

Mediators

→ Quality of providers

- cultural competence
- communication skills
- medical knowledge
- technical skills
- bias/stereotyping

Appropriateness of care

Efficacy of treatment

Patient adherence

Outcomes

→ Health Status

- mortality
- morbidity
- well-being
- functioning

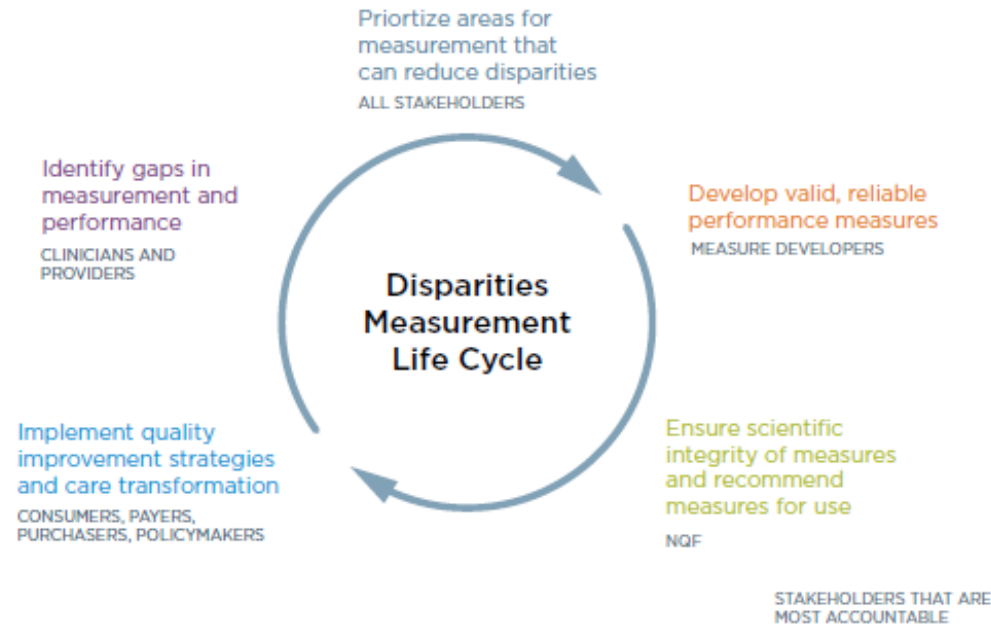
Equity of Services

Patient Views of Care

- experiences
- satisfaction
- effective partnership



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

Disparities in health and healthcare are identified and eliminated



Proposed path...

- The framework could include:
 - *Cross-cutting interventions:*
 - » Improved communication
 - » Self-management programs
 - » Community health workers
 - » Peer support programs
 - *Linkages between social services and health care*
 - » Address some of the causes of health inequities that are at the periphery of the healthcare system
 - *Levels of analysis*
 - » System, organization, and individual level
 - *Types of interventions*
 - » Policy, programmatic, and tools



Committee Discussion



Report #1 Review

Disparities in Healthcare and Health Outcomes in Select Conditions



1st Report

- Purpose:
 - Illustrate the types of health and healthcare disparities found in target conditions
 - Identify the seminal reports and studies that have led to our understanding of the kinds of disparities that exist
 - Provide the necessary background information to inform the communities primary goal
- The report will background and context sections of the final report
- The public and NQF members will have an opportunity to provide feedback



Comment Themes

- Comments received on the first report focused on four major themes:
 - *Conceptual Model/Roadmap*
 - » Inserted two additional models including the Committee's draft conceptual model to frame the contents of the report
 - *Performance Measures and Measure Prioritization*
 - » Emphasized performance the role of performance measurement in reducing disparities in the background section of the report
 - *Source recommendations*
 - » Included examples of important disparities that were missing from the review
 - » Attempted to provide examples for all populations within each condition (not always able to find evidence for all major sub populations)
 - *Causality of disparities*
 - » Provided additional examples in the general disparities section of the report



Report #2

Effective Interventions in Reducing Disparities in Healthcare and Health Outcomes in Select Conditions



2nd Draft Report

Purpose:

- Discuss the kinds of interventions that have been shown to reduce or eliminate disparities in the selected conditions
- Discuss the continued development of the Committee's conceptual framework
- Set the stage for the environmental scan of measures

Focus:

- Existing systematic review and other literature reviews
- Identify cross-cutting interventions
- Use the selected conditions to illustrate types of common interventions
- Organize the interventions by level at which they operate



2nd Draft Report Outline

- Background and context
- Project overview and literature review methods
- Draft road map and conceptual framework
- Cross-cutting interventions to reduce disparities
- Review of effective interventions by selected conditions
- Next Steps

Socioecological Model



Opportunity for Public Comment



SDS Trial Period Update

- Cost and Resource Use:
 - *The NQF Board heard appeals of its decision to endorse three cost and resource use measures without SDS adjustment.*
 - *The Board voted to uphold endorsement of the measures.*
- Readmissions:
 - *The Executive Committee ratified the endorsement of 17 new and maintenance measures and 15 conditionally endorsed measures.*
 - *Additionally, the EC recommended:*
 - » SDS adjustor availability be considered as part of the annual update process;
 - » NQF should focus efforts on the next generation of risk adjustment, including social risk as well as consideration of unmeasured clinical complexity;
 - » Given potential unintended effects of the readmission penalty program on patients, especially in safety net hospitals, CSAC encourages MAP and the NQF Board to consider other approaches; and
 - » Directs the Disparities Standing Committee to address unresolved issues and concerns regarding risk adjustment approaches, including potential for adjustment at the hospital and community-level.



Upcoming SDS trial Milestones

- The Trial Period ends in April 2017.
- During its June 2017 meeting, the Disparities Standing Committee will be asked to:
 - *evaluate the trial period;*
 - *make a recommendation to CSAC and the Board about whether or not NQF should continue to allow SDS factors to be included in the risk adjustment models of endorsed measures*



Disparities Standing Committee Next Steps

- Upcoming Disparities Standing Committee Meetings
 - *March 27-28, 2017- In-Person Meeting #1*
 - *June 14-15, 2017- In-Person Meeting #2*
- Reports
 - *Draft report #2 Committee review – February 22, 2017*
 - *Draft report #3 Committee review – May 15, 2017*
 - *Draft report #4 Committee review – July 15, 2017*



Thank you