NATIONAL QUALITY FORUM

Reducing Health and Health Care Disparities Related to Social Risk Factors

Standing Committee In-Person Meeting

March 27-28, 2017
Washington, DC

WELCOME

TO NATIONAL QUALITY FORUM

Over 425 Members Strong

Welcome and Meeting Objectives

Shantanu Agrawal, Chief Executive Officer
Helen Burstin, Chief Scientific Officer
Erin O'Rourke, Senior Director
Marshall Chin, Co-Chair
Ninez Ponce, Co-Chair

Welcome

- Restrooms
  - *Exit main conference area, past elevators, on right.*
- Breaks
  - *12:00pm – Lunch provided by NQF*
  - *3:15pm – 15 minutes*
- Laptops and cell phones
  - *Wi-Fi network*
    - » User name: **guest**
    - » Password: **NQFguest**

Meeting Objectives

Day 1 — Identify and prioritize areas measurement that can assess the extent to which stakeholders are employing effective interventions to reduce disparities

Day 2 — Refine the conceptual framework that will illustrate the Committee's path to reducing disparities through measurement

Day 2 — Discuss the environmental scan of performance measures based on the priority areas of measurement

Opening Remarks

- President/CEO, NQF
  - *Shantanu Agarwal, MD*
- Committee Co-chairs
  - *Marshall Chin, MD, MPH*
  - *Ninez Ponce, MPP, PhD*

NQF Project Team

- Helen Burstin, MD, MPH, Chief Scientific Officer
- Erin O'Rourke, Senior Director
- Andrew Anderson, MHA, Senior Project Manager
- Tara Murphy, Project Manger
- Mauricio Menendez MS, Project Analyst
- Madison Jung, Project Analyst
- Ignatius Bau, JD, Consultant

Introductions and Disclosure of Interest

Ann Hammersmith, General Counsel

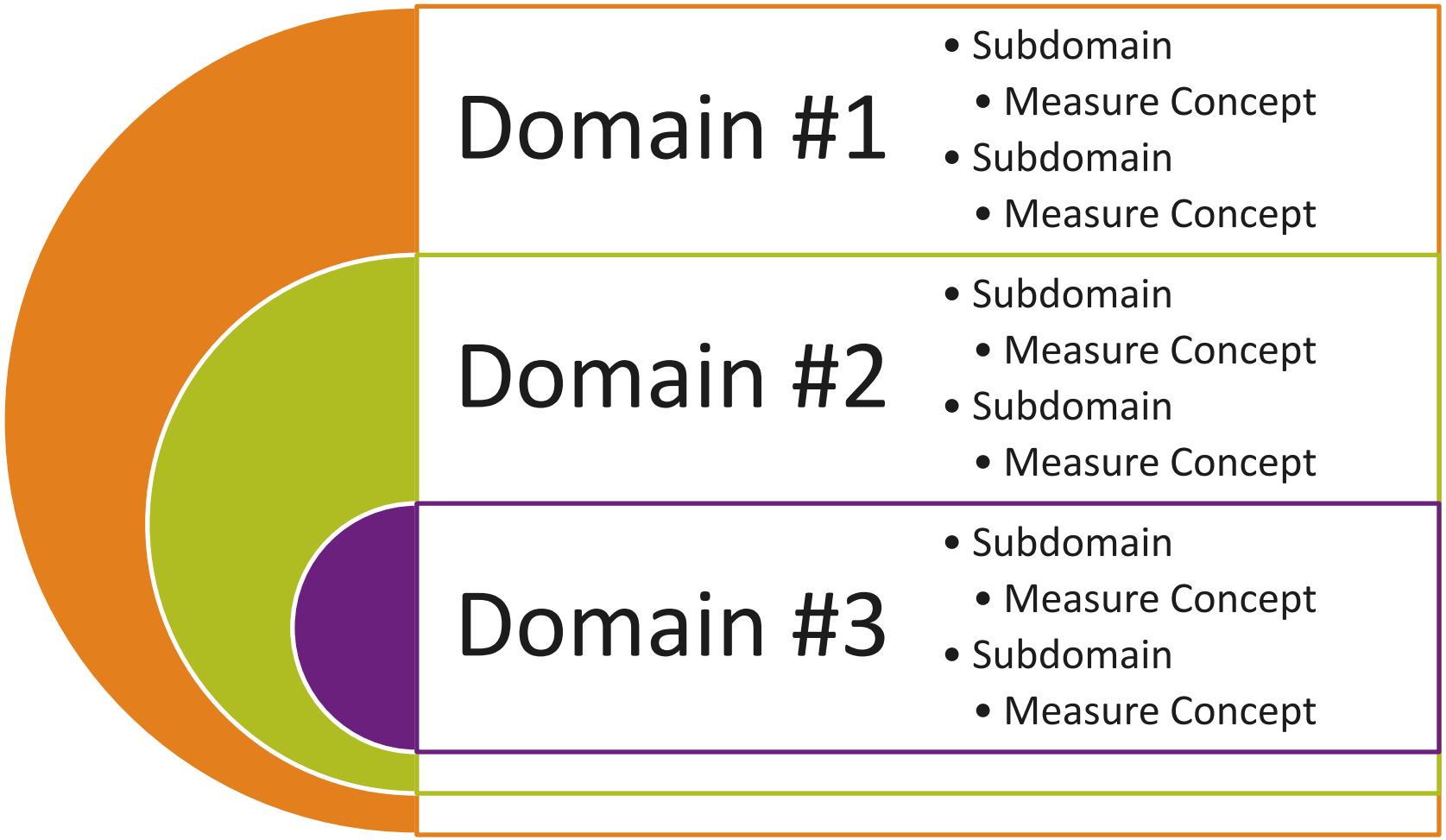
Disparities Standing Committee

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

Measurement Framework Overview

Helen Burstin, Chief Scientific Officer

What is a Measurement Framework?



Definitions

- **Measurement Framework** *is a conceptual model for organizing ideas about what is important to measure for a topic area and how measurement should take place (e.g., whose performance should be measured, care settings where measurement is needed, when measurement should occur, which individuals should be included in measurement, etc.).*
  - *Frameworks provide a structure for organizing currently available measures, areas where gaps in measurement exist, and prioritization for future measure development.*
  - *Measurement framework domains and sub-domains are essential categories (domains) and sub-categories (sub-domains) needed to ensure comprehensive performance measurement for a topic area.*

Definitions

- **Domain** *is a categorization/grouping of high-level ideas and measure concepts that further describes the measurement framework*
- **Subdomain** *is a smaller categorization/grouping within a domain*
- **Measure** *is a fully developed metric that includes detailed specifications and may have undergone scientific testing.*
- **Measure concept** *is an idea for a measure that includes a description of the measure, including planned target and population.*

Examples of Domains/Subdomains

- 1. Access
  - *Access for patients or families (availability, affordability, accommodation, Accessibility, Appropriateness)*
  - *Access for care team (provider adequacy)*
  - *Access to information (medical records, pharmacy tests)*
- 2. Financial Impact/cost
  - *Financial impact to patient, family, and/or caregiver*
  - *Financial impact to care team*
  - *Financial impact to health system or payor*
  - *Financial impact to society*
- 3. Experience
  - *Patient, family, and/or caregiver*
  - *Care team member including clinical provider (including tele-presenter)*
  - *Community*
- 4. Effectiveness
  - *System effectiveness*
  - *Clinical effectiveness*
  - *Operational effectiveness*

Goals of the Measurement Framework

Issues to Address in the Measurement Framework

What are the most critical disparities reducing interventions to measure?

What types of measures have the greatest potential to reduce disparities?

Which measure(s) could be implemented now versus in the future?

What is the data availability for these measures?

What gaps exist and how can they be filled?

Project Overview

Tara Rose Murphy, Project Manager

Project Objectives

- Provide guidance on how measurement can be used to address disparities in:
  - *Cardiovascular disease*
  - *Cancer*
  - *Diabetes and chronic kidney disease*
  - *Infant mortality/low birth rate*
  - *Mental illness*

- Examine these disparities based the social risk factors outlined in the 2016 National Academies Report *Accounting for social risk factors in Medicare payment: Identifying social risk factors*.

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 asses 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	02/22/2017
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

Report 1: *Disparities in Healthcare and Health Outcomes in Select Conditions*

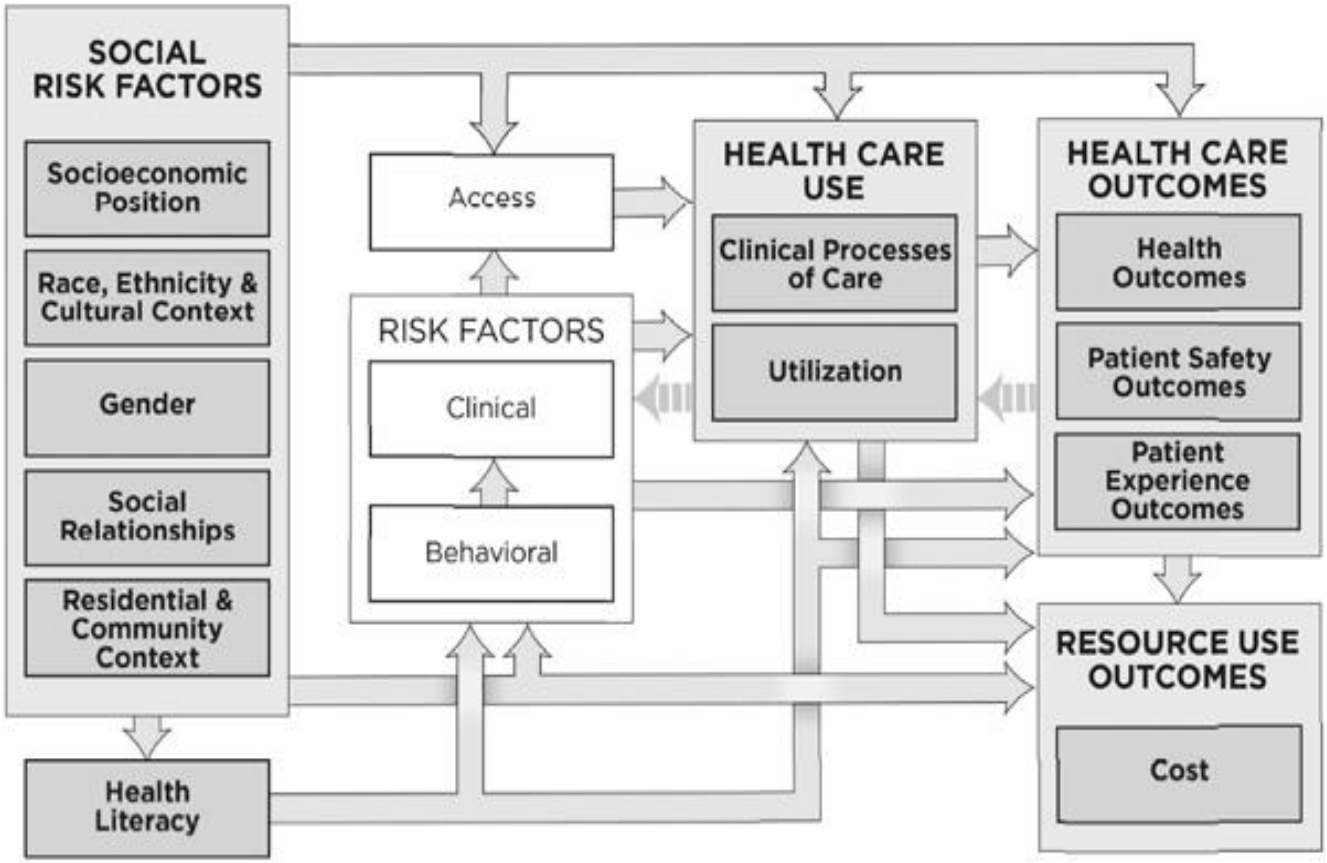
- Goal: review the evidence that describes disparities in health and healthcare outcomes

- Literature review related to disparities and health and healthcare in selected conditions
  - » Cardiovascular disease
  - » Cancer
  - » Diabetes and chronic kidney disease
  - » Infant mortality/low birth weight
  - » Mental Illness
- Disparities Standing Committee's draft roadmap
  - *Draw on existing frameworks*

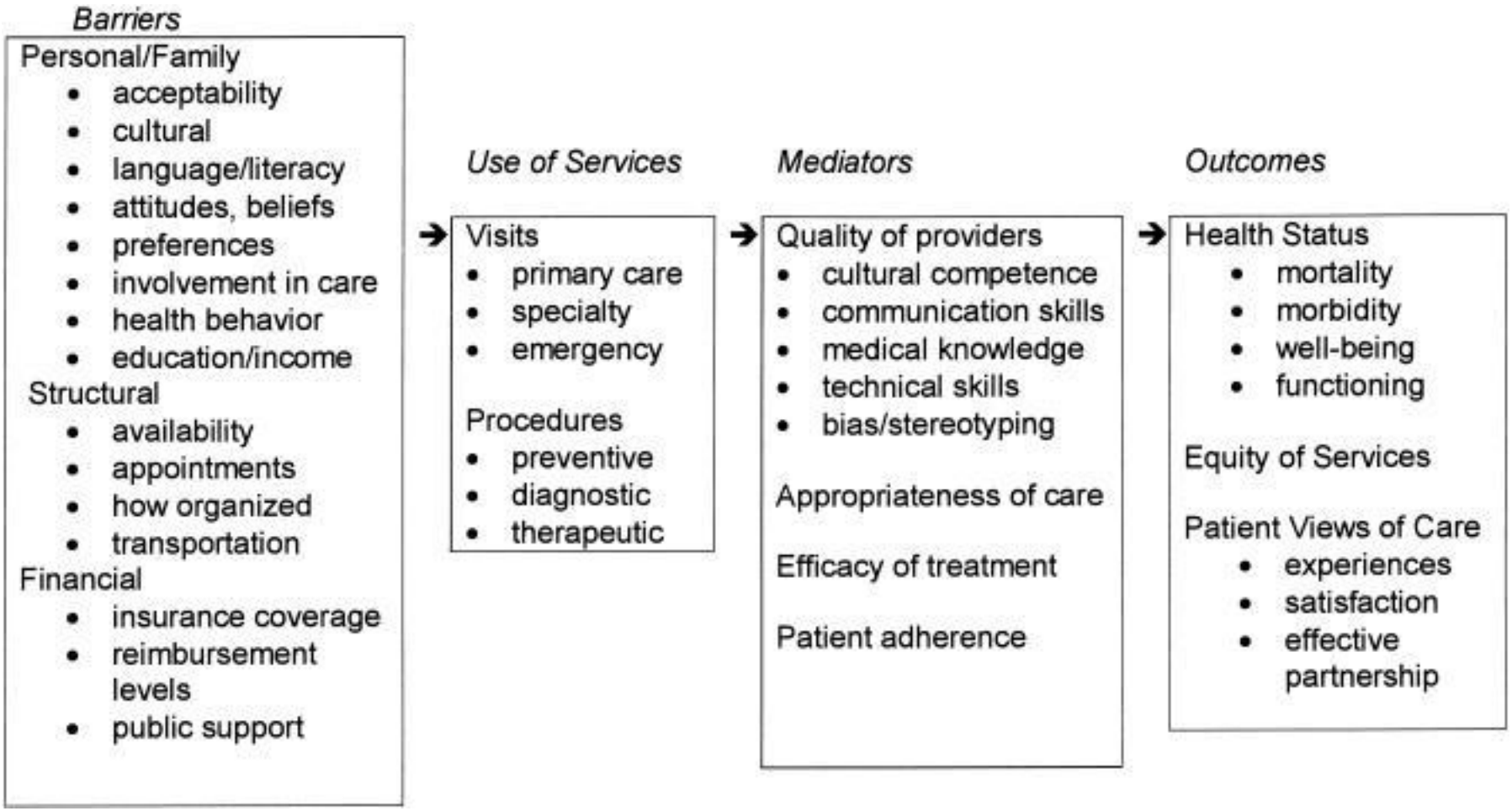
Report 1 Results

- Literature Review
  - *NQF found significant disparities across all selected conditions based on its review of the evidence*
  - *This confirms the urgent need for a systematic approach to eliminating health disparities through measurement.*
  - *The review also notes several ways in which disparities have been reduced.*

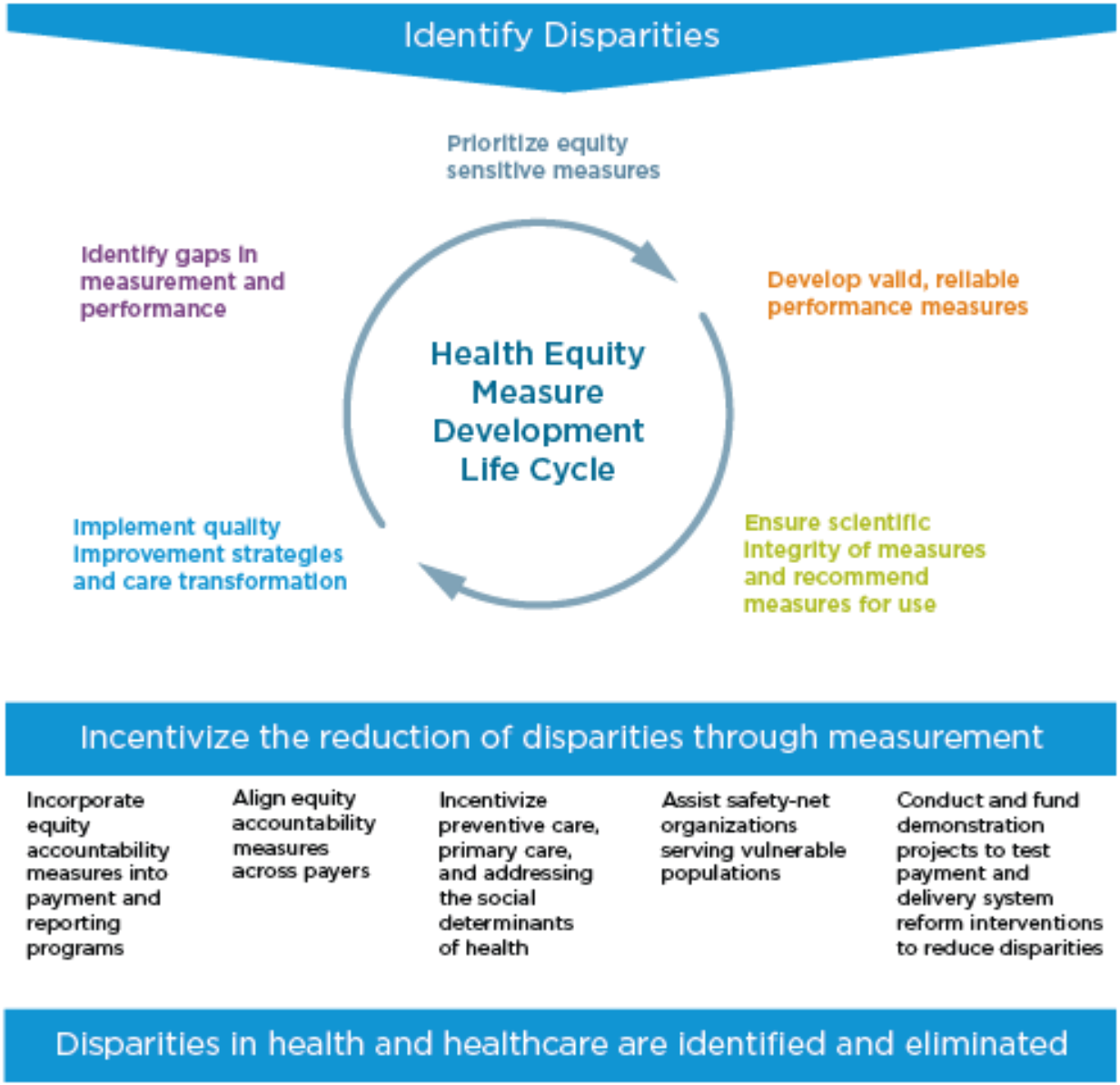
- Draft Roadmap
  - *Committee's previous conceptual framework*
  - *Modified Cooper et al. framework*
  - *NAM social risk factors*
  - *Identify measures and interventions that can be used by stakeholders across the system: patients, clinicians, facilities, systems, payers, and purchasers*



Source: National Academies of Sciences, Engineering, and Medicine, 2016.



Source: Cooper et. al., 2002


Identify Disparities
Prioritize equity sensitive measures
Develop valid, reliable performance measures
Ensure scientific integrity of measures and recommend measures for use
Implement quality improvement strategies and care transformation
Identify gaps in measurement and performance
Health Equity Measure Development Life Cycle
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

Report 2: *Effective Interventions in Reducing Disparities in Healthcare and Health Outcomes in Select Conditions*

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

Report 2 Findings: Literature Review

- Majority of research focused on improving outcomes
- Majority of interventions focused on disparities based on race and ethnicity
- Upstream interventions focus on:
  - *Education*
  - *Life style modification*
  - *Culturally tailored programs*

Updated Conceptual Framework/Roadmap

- Emphasizing a high-level approach to reduce disparities through measurement:
  - *Improve quality and access*
  - *Target the use of effective interventions*
- Identification and development of measures to assess equity
- Incentivize and support the reduction of disparities:
  - *incorporate health equity measures into accountability programs*
  - *align measures across payers*
  - *provide support for preventive care and primary care*
  - *consider social determinants of health*
  - *assist safety-net providers*
  - *test payment and delivery system reform interventions*

Report 2 Findings: Literature Review

- Cooper et al reviewed drivers and mediators of disparities:
  - *Recognize the influence of factors outside the control of the healthcare system*
  - *Healthcare organizations can best influence disparities by improving access to health and social services and by addressing behavioral risk factors*
  - *Consider interventions to reduce disparities in the context of quality improvement*

- AHRQ noted limited evidence but identified a number of promising interventions:
  - *collaborative care model*
  - *patient education that accounts for language and literacy.*

Report 2 Findings: Literature Review

- Chin et al. outlined best practices and promising interventions:
  - *commit to reducing disparities*
  - *establish mechanisms for quality improvements that integrate efforts to reduce disparities*
  - *Promising effective interventions are culturally tailored, use multidisciplinary teams, address disparities at multiple levels throughout the healthcare system*

Report 2 Findings: Literature Review

- IHI recommended five approaches to increase health equity:
  - *make health equity a strategic priority*
  - *develop structure and processes to support health equity work*
  - *deploy specific strategies to address the multiple determinants of health on which healthcare organizations can have a direct impact, such as healthcare services, socioeconomic status, physical environment, and healthy behaviors*
  - *decrease institutional racism within the organization*
  - *Develop partnerships with community organizations to improve health and equity.*
- Cautioned that quality improvement can sometimes unintentionally worsen disparities and recommended tailoring improvement efforts to meet the needs of individuals with social risk factors.

Report 2 Findings: Best Practices

- Commit to reducing disparities and promoting equity
- Collaborate with public health systems to address disparities across levels of prevention and levels of the system
- Collect data that allow for the detection of disparities
- Quality improvement frameworks must incorporate interventions to reduce disparities
- Partner with communities and ensure buy-in from patients
- Cultural competency, person and family engagement, and multidisciplinary teams focusing on care coordination can all help to reduce disparities

Condition Specific Findings

- Cardiovascular
  - *Majority of interventions attempt to reduce barriers to care*
  - *Predominantly upstream i.e. Lifestyle interventions*
  - *Few interventions successfully implemented*
- Cancer
  - *Majority of interventions focus on increasing rates of screening*
  - *Gaps: Interventions related to treatment*
  - *Existing interventions predominantly at community and organizational level*
- Diabetes and Chronic Kidney Disease
  - *Majority of interventions focus on patient education*
  - *Research focused on interventions based on socioeconomic status and racial/ethnic group*
  - *Gaps: rural communities, disabilities, sexual and gender minorities*

Condition Specific Findings

- Infant Mortality
  - *Interventions focus on improving access to care, educational outreach, management of high-risk pregnancies, promoting health behaviors and ensuring competent care*
  - *Need for improvement in prenatal and pediatric care*
  - *Importance of tracking the causes of infant mortality*
- Mental Illness
  - *Majority of interventions focus on improving access and quality*
  - *Few studies examine disparities reduction as a primary outcome of an intervention*
  - *Gaps: Disabilities, Rural, Elderly minority populations*

Next Steps

- Promoting equity requires increasing access and improving quality
- Quality care for people with social risk factors involves the use of effective interventions to reduce disparities
- Measurement is a tool to ensure people with social risk factors receive quality care
- Three-step plan to use measurement:
  - *Identify disparities through relevant process, structure, and outcome measures*
  - *Assess use of effective interventions*
  - *Incentivize and support the reduction of disparities*

Review of Related Work

Elisa Munthali, Vice President
Karen Johnson, Senior Director
Drew Anderson, Senior Project Manager
Cara James, Director, CMS Office of Minority Health
Ignatius Bau, NQF Consultant

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Multistakeholder Input on a National Priority: Improving Population Health by Working with Communities

Disparities Standing Committee
In-person meeting

March 27, 2017

Population Health Framework Standing Committee Members

- Kaye Bender, PhD, RN, FAAN (**Co-chair**)
- Steven M. Teutsch, MD, MPH (**Co-chair**)
- Catherine M. Baase, MD
- Georges C. Benjamin, MD, FACP, FACEP
- Scott D. Berns, MD, MPH, FAAP
- Christina Bethell, PhD, MBA, MPH
- Kevin L. Bowman, MD, MBA, MPH
- Debra L. Burns, MA
- Anne De Biasi
- Beverly Franklin-Thompson, PharmD, MBA
- Susan L. Freeman, MD, MS, FACPE, FACE
- Rahul Gupta, MD, MPH, FACP
- Shelley B. Hirshberg, MA
- Keith C. Kosel, PhD, MHSA, MBA
- Doris Lotz, MD, MPH
- J. Lloyd Michener, MD
- Doriane C. Miller, MD
- David B. Nash, MD, MBA
- Jeremy Sanders, MPA
- David Stevens, MD, FAAFP
- Matthew Stiefel, MS, MPA
- Julie Trocchio, RN, MS

Population Health Framework Field Testing Groups

- Colorado Cross-Agency Collaborative
- Community Service Council of Tulsa
- Designing a Strong and Healthy NY (DASH-NY)
- Empire Health Foundation
- Geneva Tower Health Collaborative
- Kanawha Coalition for Community Health Improvement
- Michigan Health Improvement Alliance
- Oberlin Community Services and The Institute for eHealth Equity
- Trenton Health Team, Inc.
- The University of Chicago Medicine Population Health Management Transformation

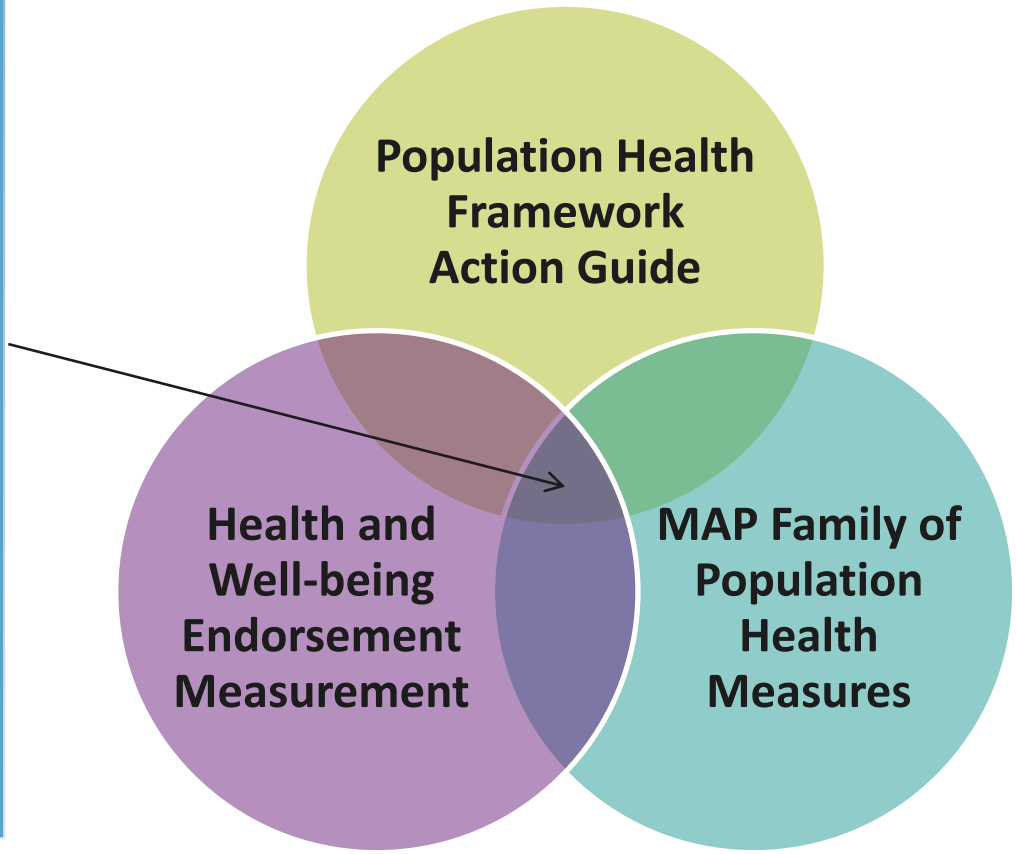
Project Goals and Objectives

- Address the need for a multistakeholder approach to population health improvement
- Agree on a common set of definitions and framework for creating health people and health communities
- Provide multistakeholder input on how federal, state, and local governments and private sector community stakeholders can most effectively engage in:
  - *Supporting proven interventions to address behavioral, social, and environmental determinants of health*
  - *Working with communities to promote wide use of best practices to enable healthy living*

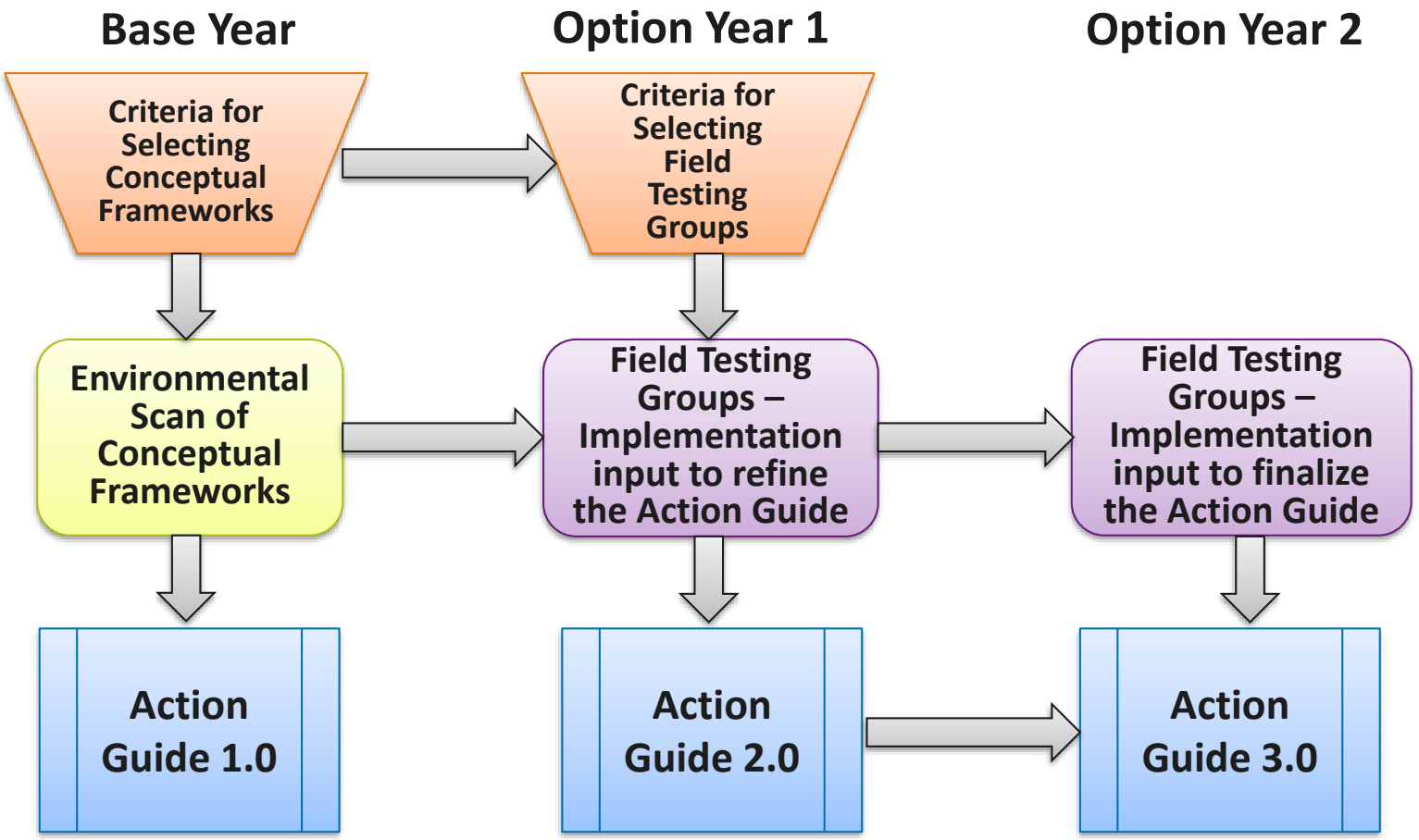
National Quality Strategy

NQF's Current Work on Population Health

- Aligned with NQS' Three-Part Aim
- Focus beyond medical model – increased emphasis on determinants of health and improvement activities
- Address measurement, measure gaps, methodological and other challenges of population health measure development
- Opportunity to leverage population health activities and to exchange ideas between committees



Starting with the End in Mind: Connections across Project Deliverables



Accomplishments, Lessons Learned and Future Population Health Work

Accomplishments

- Collaborated with Field Testing Groups (FTG) to deep dive in population health measurement and data sources
- Incorporated FTG implementation input into the Action Guide
- Analyzed the types of data sources used by the FTGs to conduct community health assessments and measure improvement
- Explored the types of incentives that appear to affect alignment and coordination of the FTG work to improve community health
- Assessed whether there are national measurement programs and/or measure sets that drive or support FTG decisions

Accomplishments

- Benefit from engaging the Field Testing Groups
  - *Two-way learning (local / regional ← → national)*
  - *Reality check*
    - » What works conceptually is often difficult or complex to implement
    - » Multi-stakeholder collaboration is varied and non-linear
    - » Data sources
      - *Not consistently relevant (some want more granularity, others want less)*
      - *Not consistently available (national data sets have 'holes' and state or local data sets can vary widely)*
- Connecting the dots to other NQF work

Lessons Learned

- Gaps in measures and in availability of high quality data
- Multitude of challenges regarding data sources, such as
  - Need for granular data to assess local interventions
  - Need to take granular data and roll it up for broader assessment
  - Variation in data collection across regions
  - Ability to integrate and share data among stakeholder partners
  - Timeliness of available data
  - Access to non-medical or health care data
  - Dealing with data privacy and security concerns

Examples of Population Health Data Sources Cited by the Field Testing Groups

PRAMStat

HEALTH INDICATORS WAREHOUSE

KIDS COUNT data center
A PROJECT OF THE ANNIE E. CASEY FOUNDATION

BRFSS™

NATIONAL CENTER FOR EDUCATION STATISTICS

OPEN DATA AT THE DEPARTMENT of JUSTICE

United States Census Bureau

Healthy People 2020

AirData
Access to monitored air quality data from EPA's Air Quality System (AQS) Data Mart

U.S. BUREAU OF LABOR STATISTICS

AMERICAN COMMUNITY SURVEY
U.S. CENSUS BUREAU

DATA.GOV

County Health Rankings & Roadmaps
A Healthier Nation, County by County

openFDA

NATIONAL CANCER INSTITUTE

The NSDUH Report

Future Population Health Work at NQF

- Deeper dive on data sources and measurement through a "learning community"
- Engage groups working at the local, state, and regional levels, including organizations partnering with "unusual suspects" (e.g., police department, school system)
- Identify data sources that are useable for priority measures of key population health improvement aspects, at the local, state, regional, and/or national levels
- Identify how best to develop measures that are needed for a future state of robust, multi-level population health measurement

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NQF's Rural Health Project

Karen Johnson

“Quality and Cost Efficiency Measurement Efforts Directed at Small-Practice and Low-Volume Providers”

- **Context**: The ACA and P4P

  "It's coming, and we need to be ready“

- **Provider types**:
  - *Critical Access Hospitals (CAHs)*
  - *Rural Health Clinics (RHCs)*
  - *Community Health Centers (CHCs)*
  - *Small rural non-CAH hospitals*
  - *Other small rural clinical practices*
  - *Clinicians who provide care in any of the above settings*

Key Issues for Measurement

- Geographic isolation

- Small practice size

Key Issues for Measurement

- Heterogeneity
  - *Population density/geography*
  - *Social disadvantage*
  - *Culture*
  - *Shortage areas*

- Low patient volume

Recommendations

Overarching recommendation:

Make participation in CMS programs mandatory for all rural providers, but allow a phased approach and address low volume explicitly

Supporting recommendations:

- **Development of rural-relevant measures**
- **Alignment of measures, data collection efforts, and improvement and informational resources**
- **Selection of measures**
- **P4P considerations**

NATIONAL QUALITY FORUM

Addressing Performance Measure Gaps in Home and Community-Based Services to Support Community Living

Andrew Anderson, MHA

What are home and community-based services?

HCBS Quality Project

Purpose:

- Provide multi-stakeholder guidance on the highest priorities for measurement of home and community-based services that support high-quality community living

Importance:

- Broad and inclusive orientation to community living and maximizes opportunities for public input
- Supports the aims of the Affordable Care Act, the National Quality Strategy, and HHS' Community Living Council
- Opportunity to address the gaps in HCBS measurement and provide direction for future performance measurement

HCBS Quality Measurement Domains

Equity Domain

The Committee defined the Equity domain as *the level to which HCBS are equitably available to all individuals who need long-term services and supports*

Four sub-domains:

- Equitable access and resource allocation
- Transparency and consistency
- Availability
- Reduction in health disparities and service disparities

Equity

- *Short-Term*
  - Identify equity measures currently in use in HCBS programs that examine differences in service delivery, utilization, and outcomes across age, gender, race/ethnicity, disability type, and other sociodemographic characteristics.
  - Identify existing measures of housing, homelessness, and transportation and assess their validity and reliability and expand their use.
- *Intermediate*
  - Invest in methods for enabling access to existing program data and developing those data into quality measures related to transparency.
  - Improve standardization and reporting of waiting list data for HCBS in order to improve accuracy and develop quality measures.
  - Examine the use of administrative data for obtaining information on race/ethnicity, age, gender, languages spoken, and other information for examining equity.
- *Long-Term*
  - Leverage technological innovations to develop systems for monitoring various indicators of health and service disparities.

Sources of Measures in HCBS

- State Programs such as 1915 waivers
  - Percent of HCBS consumers whose primary case manager asked about their preferences
  - Percent of HCBS consumers with paid employment

- Testing Experience Functional Tools (TEFT)
  - Experience of Care Survey-*CAHPS® Home- and Community-Based Services Survey*
    - » 19 performance measures—update on EOC

  - Functional Assessment Standardized Tools (FASI)

What this means for the DSC?

- The DSC can leverage the recommendations of the HCBS Committee to incorporate community-based services as a mechanism for addressing some of the causes of disparities

- The importance of linking healthcare services to community services to provide more holistic care
  - » Improving access to services that enable community living, can provide social support, transportation, patient education, and increased care coordination

- Potential to expand the scope of traditional measurement

National Council of Asian Pacific Islander Physicians

PSA

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and the Medical Community

Project Goal
By September 2017

To develop resources and educational materials for physicians and other health care providers to increase their awareness about and utilization of the National Standards for CLAS

Project Deliverables

1) A report on how the the National Standards for CLAS have been integrated into quality standards and measures
2) A logic model for how the National Standards for CLAS could be utilized in the implementation of quality improvement and practice improvement activities

Project Deliverables

3) A report on recommended strategies for continued integration of the National Standards for CLAS into quality standards and measures, and as part of quality improvement and practice improvement activities

4) A toolkit of resources and educational materials to implement the recommended strategies for continued integration of the National Standards for CLAS into quality standards and measures, and as part of quality improvement and practice improvement activities

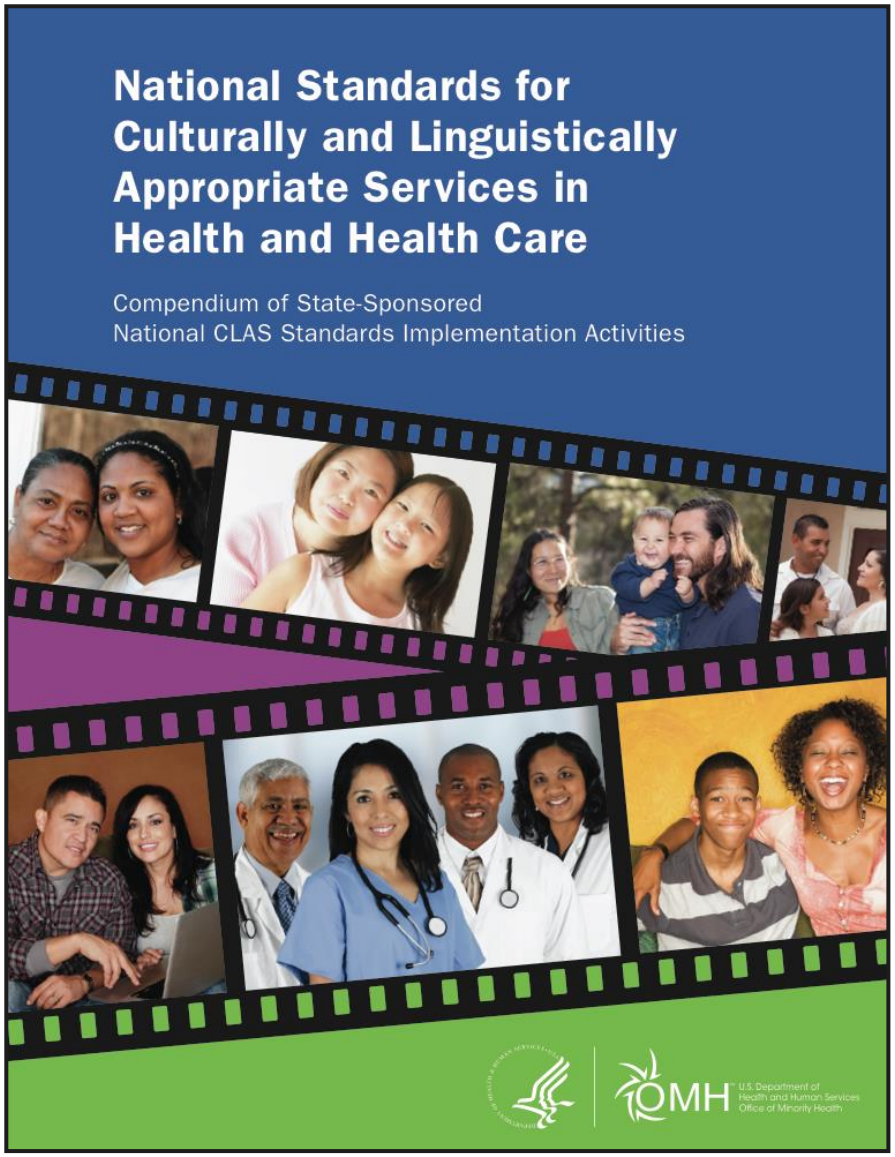
Technical Advisory Group

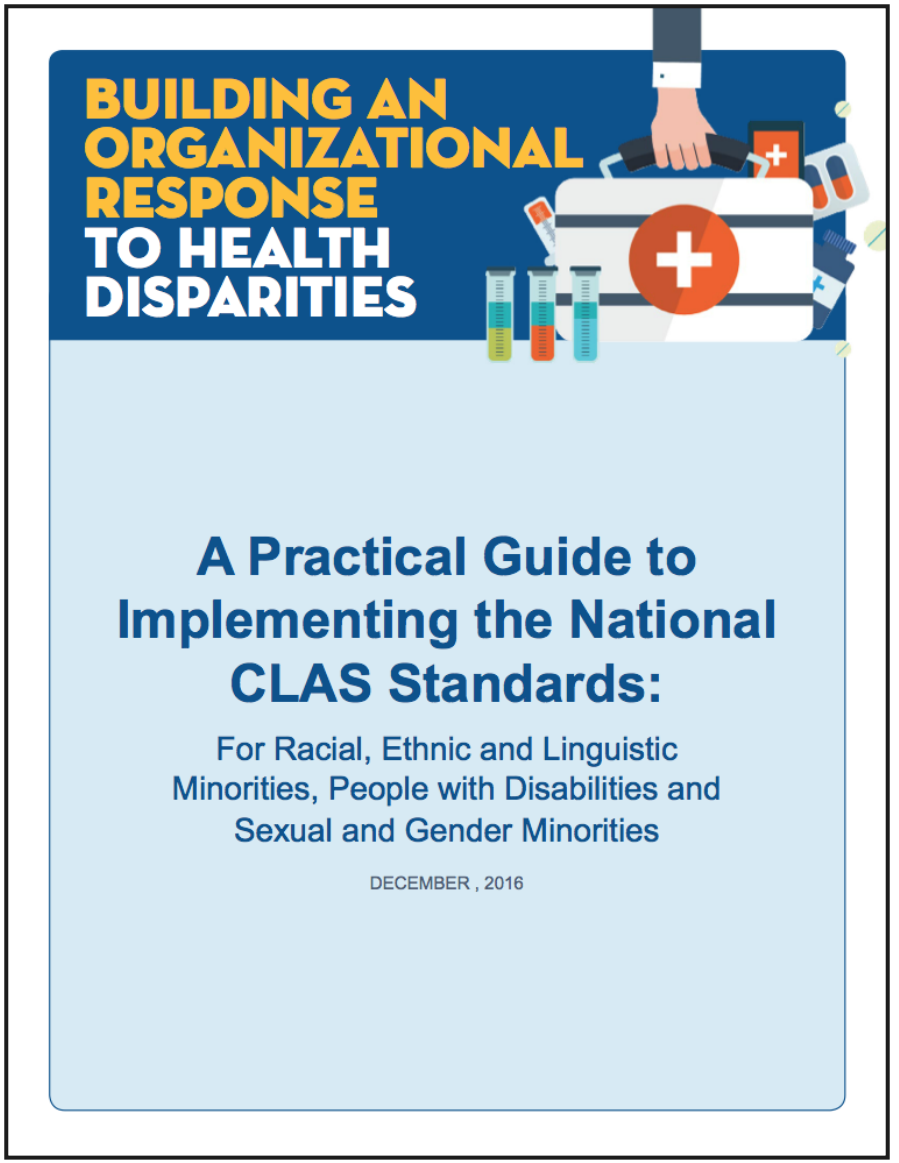
A Technical Advisory Group will provide technical advice on the development of the strategies, and will provide feedback on the drafts of the reports, logic model, and toolkit.

Technical Advisory Group

Wilma Alvarado-Little, MA, MSW
Christine M. Athmann, MD
Helen Burstin, MD, MPH
Arthur Chen, MD
Marshall Chin, MD, MPH
Christina L. Cordero, PhD, MPH
Cheryl Fattibene, MSN, MPH, CRNP
Hector Flores, MD
Chhaya J. Gandhi, PA-C
A. Seiji Hayashi, MD, MPH
Dora Hughes, MD, MPH
Martina L. Kamaka, MD
L. Eric Leung, MD

Dora A. Martinez, MD
Henry Ng, MD, MPH
Wayne Rawlins, MD, MBA
Andrew K. Sanderson II, MD, MPH
Sarah Scholle, PhD, MPH
Winston F. Wong, MD, MS


National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
Compendium of State-Sponsored National CLAS Standards Implementation Activities
OMH
U.S. Department of Health and Human Services
Office of Minority Health


BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES
A Practical Guide to Implementing the National CLAS Standards:
For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities
DECEMBER , 2016

The National Academies of SCIENCES ENGINEERING MEDICINE

HEALTH AND MEDICINE DIVISION

ROUNDTABLE ON HEALTH LITERACY

Quality Performance Measures for Integrating Health Literacy, Cultural Competence, and Language Access Services

October 2015 Workshop

Commissioned Paper

1) Identify measures of health literacy, cultural competence, and language access services
2) Describe how these measures can be used to improve quality and the patient-consumer experience
3) Propose an integrated approach to the measurement of the three domains

May 4, 2017 Workshop
Washington, DC

+ Presentation and discussion of the commissioned paper
+ Discussion of approaches to integrating measures from the three domains in health care organizations
+ Proceedings will be published in a workshop report

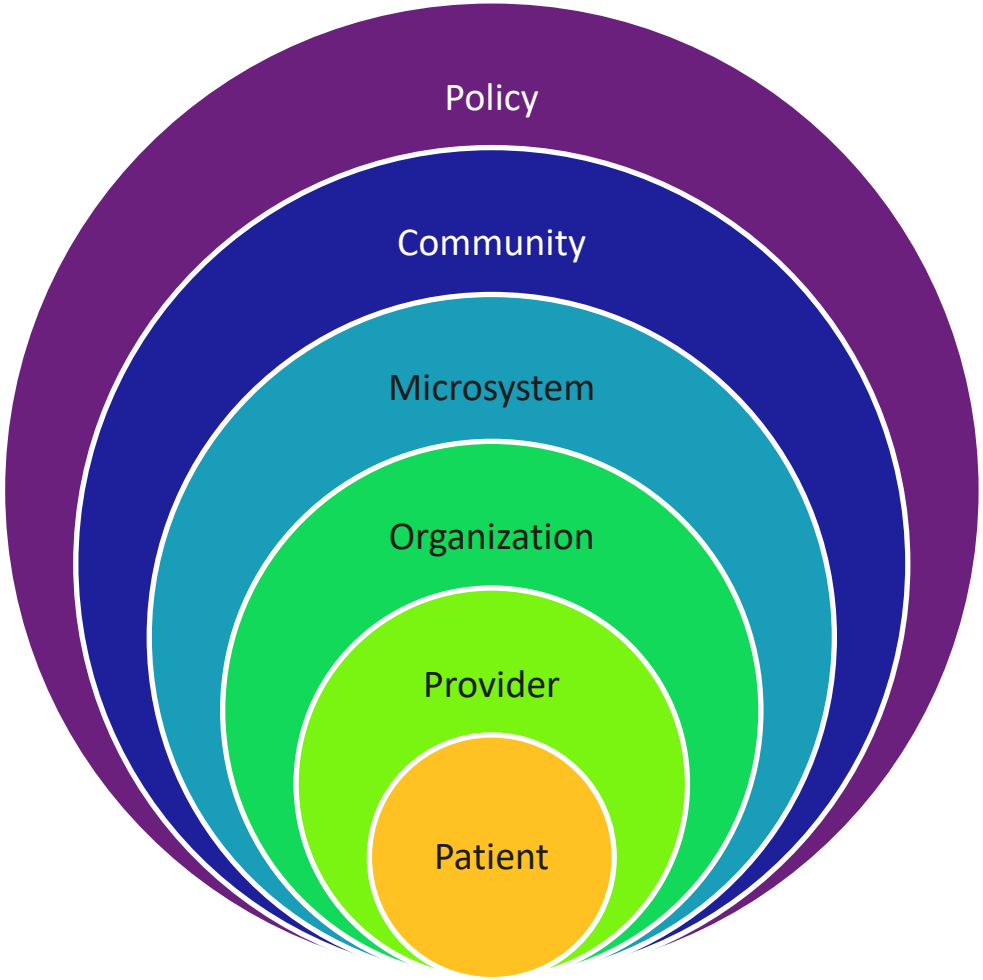
Second Commissioned Paper
By October 2017

+ Identify opportunities for inclusion of integrated approach to measurement of health literacy, cultural competence, and language access into value-based care
+ Articulate value proposition and propose business case for integration of health literacy, cultural competence, and language access activities and measures

Prioritized Areas of Measurement

Erin O'Rourke, Senior Director

Proposed Domains



Policy Level

- System Accountability
- System has equity as a meaningful goal
- System provides support for achieving equity
  - *Financial resources*
  - *Technical assistance*

Community Level

- Addresses social determinants of health
- Implements population health principles and strategies
  - *Risk-stratified, tailored care*
- Health care organization collaborates with community partners

Organization Level

- Culturally competent organizations
  - *Collects race, ethnicity, language, socioeconomic status, LGBTQ data*
  - *Measures and reports stratified performance measures*
  - *Culturally tailored QI that addresses specific challenges of at-risk populations*
  - *Effective language services for limited English proficiency patients*
- Telehealth
- Enabling services

Microsystem Level

- Team-based care
  - *Case management*
- Use of community health workers, patient navigators
- Involves families and patients' social networks in care

Provider Level

- Culturally competent workforce
- Effective shared decision making
  - *Tailored health educationLiteracy and numeracy*
  - *Cultural tailoring*
  - *Written materials*
  - *Oral processes*

Patient Level

- Activated, empowered patient
- Effective shared decision making

Opportunity for Public Comment

Lunch

12:00-12:30pm

Breakout Sessions

- ***Breakout session #1: Domain Selection***
  - *Review and discuss the proposed domains and sub-domains*
  - *Regroup and Debrief*

- ***Breakout session #2: Define Domains***
  - *Prioritize domains and subdomains using the impact/feasibility scale*
  - *Regroup and Debrief*

- ***Breakout session #3: Measure Concepts***
  - *Identify measure concepts using the measure concept worksheets*
  - *Regroup and Debrief*

Breakout Session #1

Domain Selection

Domain Selection Activity

- **Task:** Work in small groups to select domains using the strawman domains identified from the literature review

- **Domain** *is a categorization/grouping of high-level ideas and measure concepts that further describes the measurement framework*

- **Subdomain** *is a smaller categorization/grouping within a domain*

  - *Pre-assigned groups of 4-5 members*
  - *Each group will designate a note taker and a speaker*
  - *Each group will have an NQF staff member to help facilitate the discussion*
  - *The co-chairs will be floating from group to group to listen in on the discussions*

Group Assignments

Group 1: Erin

- Phillip Alberti, Susannah Bernheim, Sarah Scholle, and Christie Teigland

Group 2: Drew

- Lisa Cooper, Thomas Sequist, Juan Emilio Carrillo, and Kevin Fiscella

Group 3: Tara

- Traci Ferguson, Nancy Garrett, Romana Hasnain-Wynia, and Lisa Iezzoni

Group 4: Mauricio

- Yolonda Ogbolu, Bob Rauner, Mara Youdelman, and Eduardo Sanchez

Domain Selection Report Out

- What did you identify as missing from the proposed domains?
- Should any proposed domains be removed?

Breakout Session #2

Define Domains

Domain Definitions Activity

- **Task:** Work in small groups to develop draft definitions for each domain and sub-domain

  - *Pre-assigned groups of 4-5 members*
  - *Each group will designate a note taker and a speaker*
  - *Each group will have an NQF staff member to help facilitate the discussion*
  - *The co-chairs will be floating from group to group to listen in on the discussions*

Group Assignments

Group 1: Erin

- Phillip Alberti, Susannah Bernheim, Sarah Scholle, and Christie Teigland

Group 2: Drew

- Lisa Cooper, Thomas Sequist, Juan Emilio Carrillo, and Kevin Fiscella

Group 3: Tara

- Traci Ferguson, Nancy Garrett, Romana Hasnain-Wynia, and Lisa Iezzoni

Group 4: Mauricio

- Yolonda Ogbolu, Bob Rauner, Mara Youdelman, and Eduardo Sanchez

Dimensions

- Measurement Domains
- Level of Focus
- Accountable Entities
- Policy Levers

Level of Focus

- Policy – Ex: National/state
- Community
- Organization
- Microsystem – Ex: Care team
- Clinician
- Family/social network
- Patient

Accountable Entities

- National
- Regional and state
- City and county
- ACO's
- Health plans
- Hospitals
- Clinicians

Policy Levers

- Pay for performance
- Public reporting
- Accreditation organizations

Domain Definition Report Out

- Share definition.
- What important concepts is the definition meant to convey?

Break

3:15-3:30

Breakout Session #3

Identify Measure Concepts

Measure Concepts Activity

- **Task:** Work in small groups to create measure concepts (identifying a numerator, denominator, and a data source)
- **Measure concept** *is an idea for a measure that includes a description of the measure, including planned target and population.*
  - *Pre-assigned groups of 4-5 members*
  - *Each group will designate a note taker and a speaker*
  - *Record measure concept ideas using work sheet*
  - *Each group will have an NQF staff member to help facilitate the discussion*
  - *The co-chairs will be floating from group to group to listen in on the discussions*

Group Assignments

Group 1: Erin

- Phillip Alberti, Susannah Bernheim, Sarah Scholle, and Christie Teigland

Group 2: Drew

- Lisa Cooper, Thomas Sequist, Juan Emilio Carrillo, and Kevin Fiscella

Group 3: Tara

- Traci Ferguson, Nancy Garrett, Romana Hasnain-Wynia, and Lisa Iezzoni

Group 4: Mauricio

- Yolonda Ogbolu, Bob Rauner, Mara Youdelman, and Eduardo Sanchez

Measure Concept Report Out

- Share measure concepts.
- What are the potential challenges for measurement within the domain the measure concept resides?

Opportunity for Public Comment

Day 1 Closing Remarks

Day 2

Recap Day 1

Measurement Domains

- System preparedness
- Cultural competency
- Social risk/factors
  - *Cumulative structural disadvantage*
- Population health
- Community engagement
- Multisector collaboration
- Institutional cultural and structures for equity
- Equitable provision of care
  - *segregation*
- Equitable access to high quality care
- Bias
- Health literacy
- Social cohesion
- Economic burden
- Value and societal cost
- Patient experience

- Advocacy
- Leadership and responsibility
- Communication and comprehension
- Workforce diversity/opportunity for advancement
- Care delivery support/resources
- Policies
- Data and stratification
- Decision making
- Environment – policy and physical
  - Social attitudes
- Governance

Meeting Objectives

- Identify and prioritize areas measurement that can assess the extent to which stakeholders are employing effective interventions to reduce disparities
- **Day 2** — Refine the conceptual framework that will illustrate the Committee's path to reducing disparities through measurement
- **Day 2** — Discuss the environmental scan of performance measures based on the priority areas of measurement

Data Considerations

Karen Joynt, Office of the Assistant Secretary for Planning and Evaluation
Sarah Scholle, National Committee for Quality Assurance

Discussion Questions

- Are there additional data available currently available to assess social risk?
- What data are needed to support equity measurement?
- What data are needed to support risk adjustment for social risk factors?
- What does the ideal state of data availability look like?

Opportunity for Public Comment

Lunch

12:00-12:30pm

Unresolved Issues: Potential Use of Hospital and Community Level Factors

Helen Burstin, Chief Scientific Officer

Recommendations: Readmission Measures

- Given potential unintended effects of the readmission penalty program on patients, especially in safety net hospitals, NQF's MAP and the NQF Board are encouraged to consider other approaches to address these potential unintended consequences.
- NQF should focus efforts on the next generation of risk adjustment, including social risk as well as consideration of unmeasured clinical complexity.
- **The Disparities Standing Committee will address unresolved issues and concerns regarding risk adjustment approaches, including potential for adjustment at the hospital and community levels.**
- SES adjustor availability should be considered as part of the annual update process.

Unresolved Issues

- **Hospital and community level factors**
- Requirements for conceptual basis
- Consideration beyond outcome measures
- Stratification v adjustment
- Guidance on empirical approach to risk adjustment
- Others?

Hospital and Community Level Factors

- NQF's measure submission form currently asked what **patient-level SDS variables** were available and analyzed
- Some stakeholders have raised concerns that this should be broadened to include hospital and community level factors
- From SES Expert Panel Report:
  - *Use of Community Variables:*
    - » To characterize the patient's living environment
    - » As a proxy for patient-reported data
    - » To understand community factors affecting the healthcare unit

Discussion Questions

- Does the Committee have any guidance to measure developers on how to consider hospital and community level factors?
- Does the Committee have any guidance to the Standing Committees on how to consider hospital and community level factors?
- What hospital and community level factors should be explored?
- How should NQF address other unresolved issues?

SDS Trial Period Update and Evaluation Plan

Helen Burstin, Chief Scientific Officer

Background

- In April 2015, NQF began a two-year trial of a policy change that allows risk-adjustment of performance measures for SES and other demographic factors.
- Prior to this, NQF criteria and policy prohibited the inclusion of such factors in its risk adjustment approach and only allowed for inclusion of a patient's clinical factors present at the start of care.
- During the trial period, NQF policy restricting the use of SDS factors in statistical risk models was suspended and NQF implemented the Risk Adjustment Expert Panel's recommendations related to the appropriate use of SDS risk factors.

Background

- During the trial period, NQF's topical Standing Committees evaluated each individual measure to determine whether adjustment for SDS factors was appropriate.
- The Standing Committees considered both the conceptual and empirical basis for SDS adjustment utilizing standard guidelines for selecting risk factors.
- If SDS adjustment is determined to be appropriate for a given measure, NQF endorses one measure with specifications to compute the SDS-adjusted measure and stratification of the non-SDS adjusted measure. As recommended, specifications for stratification should always accompany an SDS-adjusted measure to provide transparency for disparities.

Background

- Role of the Disparities Standing Committee:
  - Develop a roadmap for how measurement and associated policy levers can be used to proactively eliminate disparities;
  - **Review implementation of the revised NQF policy regarding risk adjustment for SDS factors and evaluate the SDS trial period**;
  - Provide a cross-cutting emphasis on healthcare disparities across all of NQF's work.

Trial Period Update

- Since April 2015, NQF's Standing Committees were asked to consider the potential role of SDS risk factors in their evaluation of all submitted outcome measures.
- Readmission and cost/resource use measures that were endorsed with the condition that additional analyses be performed to determine the need for inclusion of SDS factors in risk adjustment models were also considered.

Trial Period Update

- The trial has highlighted a number of challenges for risk adjustment for SDS factors.
- Although a significant number of outcome measures have been submitted with a conceptual basis for SDS adjustment, empirical analyses with available adjustors have not generally led to inclusion of those factors.
- To support the trial period, NQF has monitored progress in the field on risk adjustment for sociodemographic status.

NAM Report Findings: Data Availability

Social Risk Indicators	Data Available for Use Now
Income	
Education level	
Dual eligibility for Medicare and Medicaid	YES
Wealth	
Race or ethnic group	
Language spoken	
Country of origin	YES
Extent of acculturation	
Gender identity	
Sexual orientation	
Marital or partnership status	
Living with others vs. alone	
Amount of social support	
Extent of neighborhood deprivation	
Urban vs. rural residence	YES
Adequacy of housing	
Other environmental factors	

Evaluation Plan

- The trial period will end in April 2017. The CSAC approved an initial evaluation plan for the trial period in September 2014.
- NQF staff are currently gathering information from the trial period to assess:
  - Measures submitted with SDS adjustment;
  - Measures with a conceptual basis for potential SDS adjustment but an empirical analysis did not support inclusion;
  - Measures submitted without any discussion of SDS factors but raised as a concern during evaluation;
  - SDS data variables used across all submissions

Evaluation Plan: Key Question to Explore

- Do SDS factors have a significant effect on the outcome being measured?
- If a strong conceptual relationship exists, does the analysis with specific SDS variables demonstrate an empirical relationship between those variables and performance?
- What SDS factors and variables are used in the analyses?
- What critical data gaps were identified in availability of SDS factors?

Evaluation Plan: Qualitative Review

- NQF will survey measure developers and standing committee members who considered trial use measures to collect qualitative information such as:
  - What are the costs and burdens on developers to comply with the new requirements?
  - What is the effectiveness of resource materials and technical assistance for developers?
  - What is the effectiveness of resource materials and technical assistance for committee members?
  - Did committee members have the information needed in evaluating the appropriateness of SDS adjustment? What additional information would have been valuable?
- NQF will also use public comments on measures as a source of qualitative data for the trial period evaluation.

Next Steps

- **March 27-28: Disparities Standing Committee Meeting**
  - *Committee will review and provide feedback on the evaluation plan*
- **June 14-15: Disparities Standing Committee Meeting**
  - *NQF staff will present the results of the trial period evaluation. The Disparities Standing Committee will review the trial period evaluation and offer further input to NQF.*
- **July 11-12: Consensus Standards Approval Committee**
  - *The CSAC will consider the input from Disparities Standing Committee and offer further input to the NQF Board of Directors.*
- **July 20, 2017: NQF Board of Directors**
  - *The NQF Board will receive input from the Disparities Standing Committee, and the CSAC, and NQF leadership regarding the future policy directions.*

Discussion Questions

- Does the trial period evaluation as specified meet the needs for the evaluation?
- Suggestions for further data gathering for evaluation of the trial period?

Environmental Scan

Andrew Anderson, Senior Project Manager

Purpose of Environmental Scan

- NQF will perform a scan for measures, measure concepts, and/or current or emerging evidence-based practices with respect to measurement of effective interventions to reduce disparities in health and health outcomes in the targeted conditions.

- The results of the scan for measures will be included in the third interim report.

Environmental Scan Approach

- The environmental scan will include:
  - *A review of the literature for performance measure, measure concepts, and/or current or emerging evidence-based practices*
  - *Key informant interviews with experts in the field*
  - *General and targeted outreach to the NQG membership and the public*
  - *A review of measure repositories including:*
    - NQF's portfolio of endorsed measures
    - AHRQ's National Quality Measure Clearinghouse and national Guidelines Clearinghouse
    - Health Indicators Warehouse
    - CMS Measures Inventory, including measures under development
  - *Recommendations from the following NQD Standing Committees: Cardiovascular, Cancer, Endocrine, Renal, Perinatal, and Behavioral Health.*
  - *Recommendations from Disparities Standing Committee members.*

Disparities-Sensitive Criteria- Overview

- The NQF Disparities-Sensitive criteria was developed in 2012 and is detailed in the report *Healthcare Disparities and Cultural Competency Consensus Standards: Disparities-Sensitive Measure Assessment*.

- The Committee developed first-tier and second-tier criteria for assessing performance measures' disparities sensitivity:

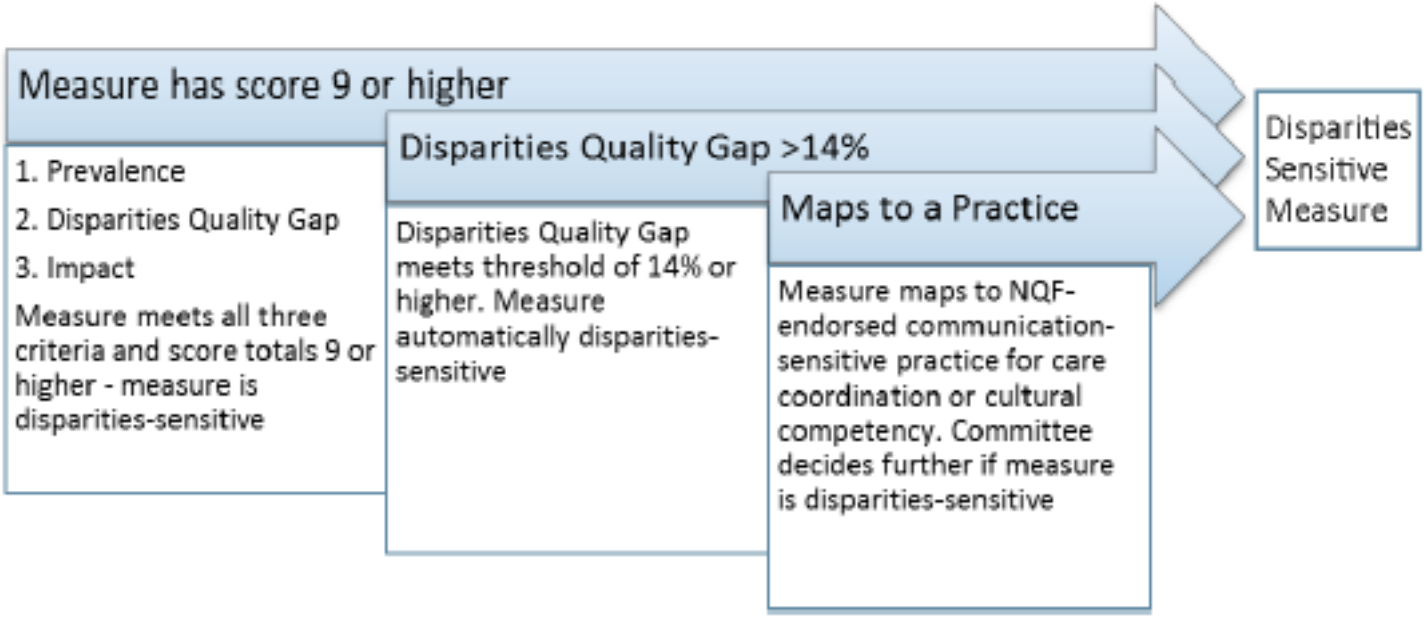
Tier 1

Prevalence
Quality Gap
Impact

Tier 2

Communication-Sensitive Services
High Degree of Discretion
Social-Determinant Dependent Measures

Disparities-Sensitive Criteria- Guidance Table



Opportunity for Public Comment

Next Steps

Mauricio Menendez, Project Analyst

Report 3: Identification of Performance Measures

- The 3rd interim report will:
  - *Documents the scan for measures, measure concepts, and/or current or emerging evidence-based practices with respect to measurement of effective interventions to reduce disparities*
  - *Include the most recent iteration of the conceptual framework to analyze, prioritize, and make recommendations to guide measurement of effective interventions to close disparities*
  - *Include the measure domains and concepts*

Final Report: Committee's Recommendations

- Recommendations for priority measures to be developed to assess efforts to reduce disparities for the targeted conditions
- Recommendations for use of measures that can eliminate disparities

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

Adjourn