NQF Social Risk Trial Web Meeting

Disparities Standing Committee

November 18, 2019

Welcome, Roll Call, and Objectives

NQF Project Team

- Elisa Munthali, MPH, Senior Vice President, Quality Measurement
- Jermane Bond, PhD, Senior Director
- Nicolette Mehas, PharmD, Director
- Nicole Williams, MPH, Director
- Tami Funk, MPH, Project Manager

Disparities Standing Committee

Disparities Standing Committee Members	
(co-chair) Marshall Chin, MD, MPH, FACP, University of Chicago	**David Nerenz**, PhD, Henry Ford Health System
(co-chair) Philip Alberti, PhD, Association of American Medical Colleges	**Yolanda Ogbolu**, PhD, CRNP-Neonatal, University of Maryland Baltimore, School of Nursing
Susannah Bernheim, MD, MHS, Yale New Haven Health System Center for Outcomes Research and Evaluation	**Ninez Ponce**, MPP, PhD, UCLA Center for Health Policy Research
Michelle Cabrera, SEIU California	**Bob Rauner,** MD, MPH, FAAFP, Partnership for a Healthy Lincoln
Juan Emilio Carrillo, MD, MPH, Massachusetts General Hospital	**Eduardo Sanchez**, MD, MPH, FAAFP, American Heart Association
Lisa Cooper, MD, MPH, FACP, Johns Hopkins University School of Medicine	**Jesse Schold**, PhD, Cleveland Clinic
Traci Ferguson, MD, MBA, CPE, WellCare Health Plans, Inc.	**Sarah Hudson Scholle**, MPH, DrPH, National Committee for Quality Assurance
Kevin Fiscella, MD, University of Rochester	**Thomas Sequist**, MD, MPH, Partners Healthcare System
Nancy Garrett, PhD, Hennepin County Medical Center	**Christie Teigland**, PhD, Inovalon, Inc.
Romana Hasnain-Wynia, PhD, Denver Health	**Mara Youdelman**, JD, LLM, National Health Law Program
Lisa Iezzoni, MD, MSc, Harvard Medical School	

Meeting Agenda

- **Trial Update**
  - *Review risk-adjusted measures submitted since spring 2019*
- **Guidance on Risk Adjustment – Committee Discussion**
  - *Risk-adjustment toolkit for measure developers*
- **Health Equity Roadmap**
  - *Status and future implications of Health Equity Roadmap*

Social Risk Trial Update

Background and Context

- In 2014, NQF convened an Expert Panel to review the NQF policy prohibiting the inclusion of social risk factors.
- The Panel recommended allowing the inclusion of social risk factors when there was a conceptual and empirical basis for doing so
- NQF Board approved a two-year trial period when social risk factors could be included
- The first trial demonstrated that adjusting measures for social risk factors is feasible but challenging
  - *Challenging to access data*
  - *Differing approaches to conceptual rationales and empirical analyses*
- In 2018, NQF launched a new three-year initiative to continue examining the impact of social risk factors

Overview of Fall 2019 Cycle Submissions

Measures Reviewed

- 55 measures submitted
- 21 were outcome (including intermediate outcome and PRO-PM)

Risk-Adjusted Measures

- 11 utilized some form of risk adjustment
- All 11 provided a conceptual rationale for potential impact of social risk factors.
- 10 used literature to support, 6 used internal data analysis, 1 used expert group consensus (not mutually exclusive)

Results are draft and subject to change

Overview of Fall 2019 Cycle Submissions

Measures with Conceptual Relationship

- 8 with conceptual rationale supporting inclusion of social risk factors

Measures Adjusted for Social Risk

- 6 included adjustment for social risk (2 did not consider race/ethnicity a social risk factor)

Reasons for not adjusting: no meaningful impact of SES adjustment, potential to mask poor performance and disparities in care, relatively constant distribution of patients with risk factors

Results are draft and subject to change

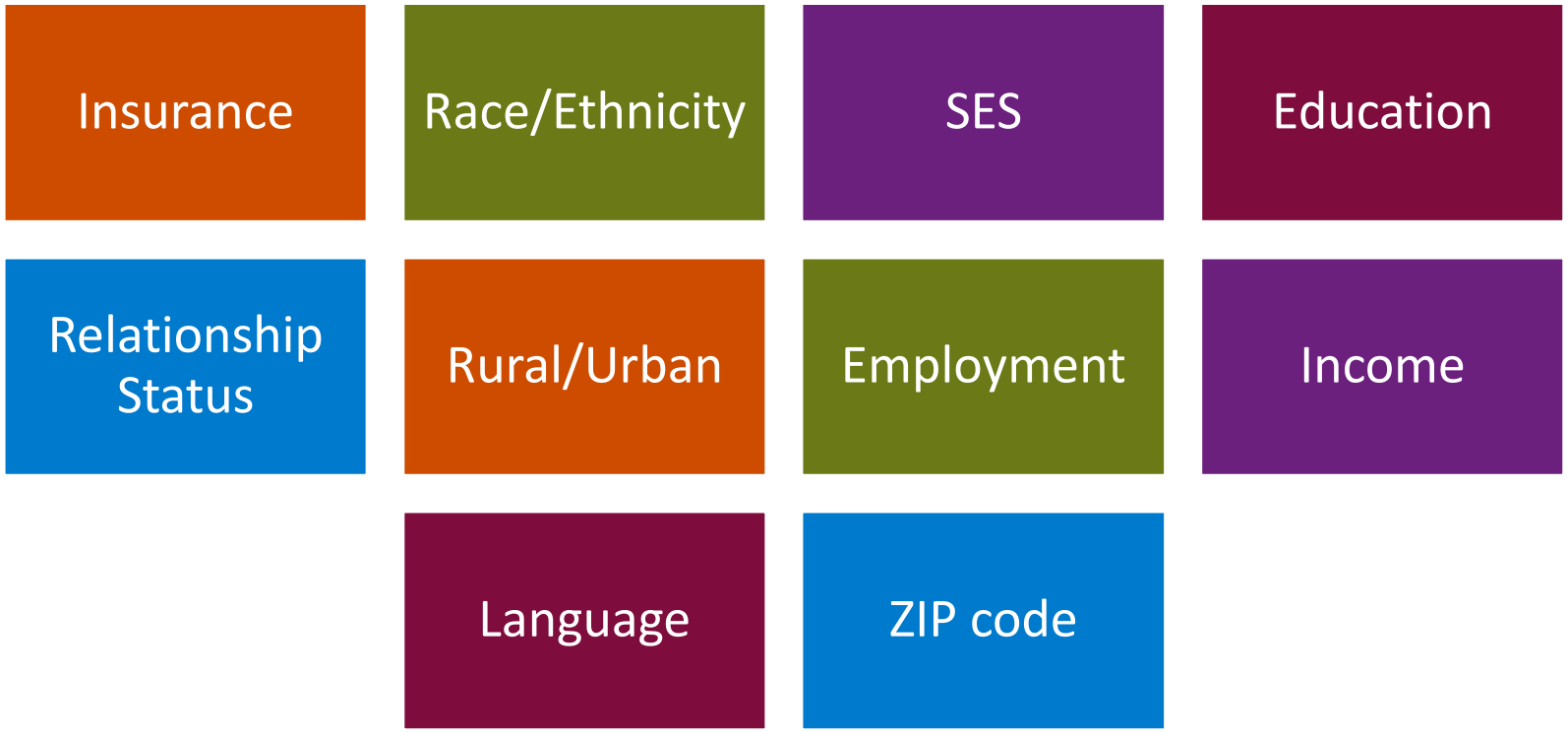
Summary of Submissions for Fall 2017-Fall 2019

Total Number of Measures Submitted	276
Measures Using Risk Adjustment	108
Measures with a Conceptual Model Outlining Impact of Social Risk*	100
Used published literature to develop rationale	76
Used "Expert Group Consensus" to develop rationale	16
Used "Internal Data Analysis" to develop rationale	52
Measures with a Social Risk Factor included in Model	30

*methods were not mutually exclusive

Results are draft and subject to change

Common Social Risk Factors Considered Fall 2017- Fall 2019



Early Findings

- Disconnect between conceptual relationship and empirical analysis
  - *Social risk factor may be statistically significant but does not improve model performance (e.g., C statistic is not improved)*
  - *Effect of social risk factor is often small based on testing provided*
  - *Access to data is limited*
  - *It is often not clear what a factor is serving as a proxy for based on the rationale provided*
- Many developers continue to examine race
  - *Some do not consider it a social risk factor*
  - *Many developers do not include race in final models*
- Ongoing concern about the need to account for social risk factors

Measures with Supportive Conceptual Rationale

- 50 measures included a conceptual rationale that supported the link between social risk factors and the measure
  - *18 measures included social risk factors adjustment*
    - » Projects represented: Geriatrics and Palliative Care, Patient Experience & Function, Cost and Efficiency, Behavioral Health, Primary Care & Chronic Illness
    - » Factors included: insurance product, deprivation index, education, language, relationship of veterans next-of-kin, disability, patient lives alone
  - *32 did not adjust for any social risk factors*
    - » Projects most commonly choosing not to adjust: All Cause Admissions & Readmissions, Cost & Efficiency, Patient Experience & Function, and Primary Care & Chronic Illness
    - » Reasons were varied, but many included lack of meaningful change or statistical significance and concerns about masking disparities

CDP Standing Committees: Topics Discussed

- Readmissions Standing Committee (SC) and Cost & Efficiency SC to discuss risk adjustment for measures in their portfolio; other SCs also discussing impact of social risk.
- Spring 2019 Cost & Efficiency SC noted the need to ensure that providers serving people with social risk factors are not penalized unfairly.

Discussion

- What are your general reflections on the trial results to date?
- Does the Disparities Standing Committee have any guidance for the CDP Standing Committees as they evaluate measures for appropriate adjustment for social risk?
- Does the Committee have any guidance on how the Standing Committees should consider concerns about masking disparities?

Risk Adjustment Guidance

Social Risk Trial: Project Goals

- Allow measure developers to submit measures for endorsement with social risk factors included in their risk-adjustment model
- Explore unresolved issues from the initial trial period to advance the science of risk adjustment
- Explore the challenges and opportunities related to including social risk factors in risk-adjustment models

Social Risk Considerations and Guidance

Unresolved Issues

- Preferred methodology
- Preferred data sources and factors
- Preferred method to build conceptual rationale
- Appropriate level of adjustment (system vs. individual vs. patient's community/neighborhood)

Current Developer Guidance

- The NQF *Measure Developer Guidebook* includes instructions for completing the risk-adjustment portion of the measure submission.

NQF Measure Developer Guidance

Guidance within Measure Submission Forms

- Measure Submission Form
- Evidence Attachment
- Testing Attachment
- Cost and Resource Use Measure Submission Form
- Composite Measure Submission Form
- Composite Testing Attachment

Current Guidance for Social Risk

- Applicable to:
  - *Cost/resource use measures*
  - *Health outcome measures*
  - *PRO-PMs*
  - *Intermediate outcome measures*
  - *Potentially applicable to some process measures*
- Enter patient-level social risk variables that were available and analyzed during measure development.
  - *If you ARE risk-adjusting your measure, describe the conceptual description (logical rationale or theory informed by literature and content experts) of the pathway between the patient social risk factors, patient clinical factors, quality of care, and outcome.*
  - *If you are NOT risk-adjusting your measure, include discussion of, and data for, social risk factors as part of the rationale and analysis.*

Guidance continued…

- Enter the analyses and interpretation resulting in the decision to include or not include social risk factors
- Enter reliability and validity testing for the measure
- Enter a comparison of performance scores with and without social risk factors in the risk-adjustment model
- If a performance measure includes social risk variables in its risk-adjustment model, provide the information required to stratify a clinically-adjusted-only version of the measure results for those social risk variables
  - *This information should include the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically adjusted version of the measure when appropriate.*
- Enter the details of the final statistical risk model and variables

Risk-Adjustment Toolkit

Toolkit could provide:

- Additional guidance and support for measure developers
- Specific methodological guidance on adjustment
- Practical examples of social risk adjustment

Potential collaboration with the Scientific Methods Panel

Discussion

- What are the key components that should be included in a risk-adjustment toolkit?
- What guidance does the Committee have for how developers should apply risk model results to future measures?
- What guidance does the Disparities Standing Committee have for developers when developing a new risk-adjusted measure?

Risk Adjustment Subcommittee

Create the case for a risk-adjustment Toolkit: What does it contain, who is the audience, what is the benefit?

The Subcommittee will work to answer the following questions:

1. What does the conceptual gold standard for risk adjustment look like?
   a) *What is most commonly used in the field?*
   b) *What are the innovations in risk adjustment? What are their benefits? What are their vulnerabilities?*
2. How should risk adjustment be contemplated by developers, at what stage, and in what way?
3. How does risk adjustment of measures connect to and promote equity in payment?
4. How does risk adjustment of measures connect to their application and use?

Health Equity Roadmap:
Current Status and Future Opportunity

Roadmap Recap

- The roadmap builds on the three aims of the National Quality Strategy: better care, healthy people/healthy communities, affordable care
- It integrates existing conceptual models and guidance to form a comprehensive set of strategies
  - *Sparks performance measure development*
  - *Incentivizes the use of measures for reducing disparities*
- It primarily focuses on ways in which the U.S. healthcare system (i.e., providers and payers) can use more traditional pathways to eliminate disparities
  - *Identifies areas where collaboration and community partnerships can be used to expand the healthcare system's role to better address disparities*

Overview of the Roadmap

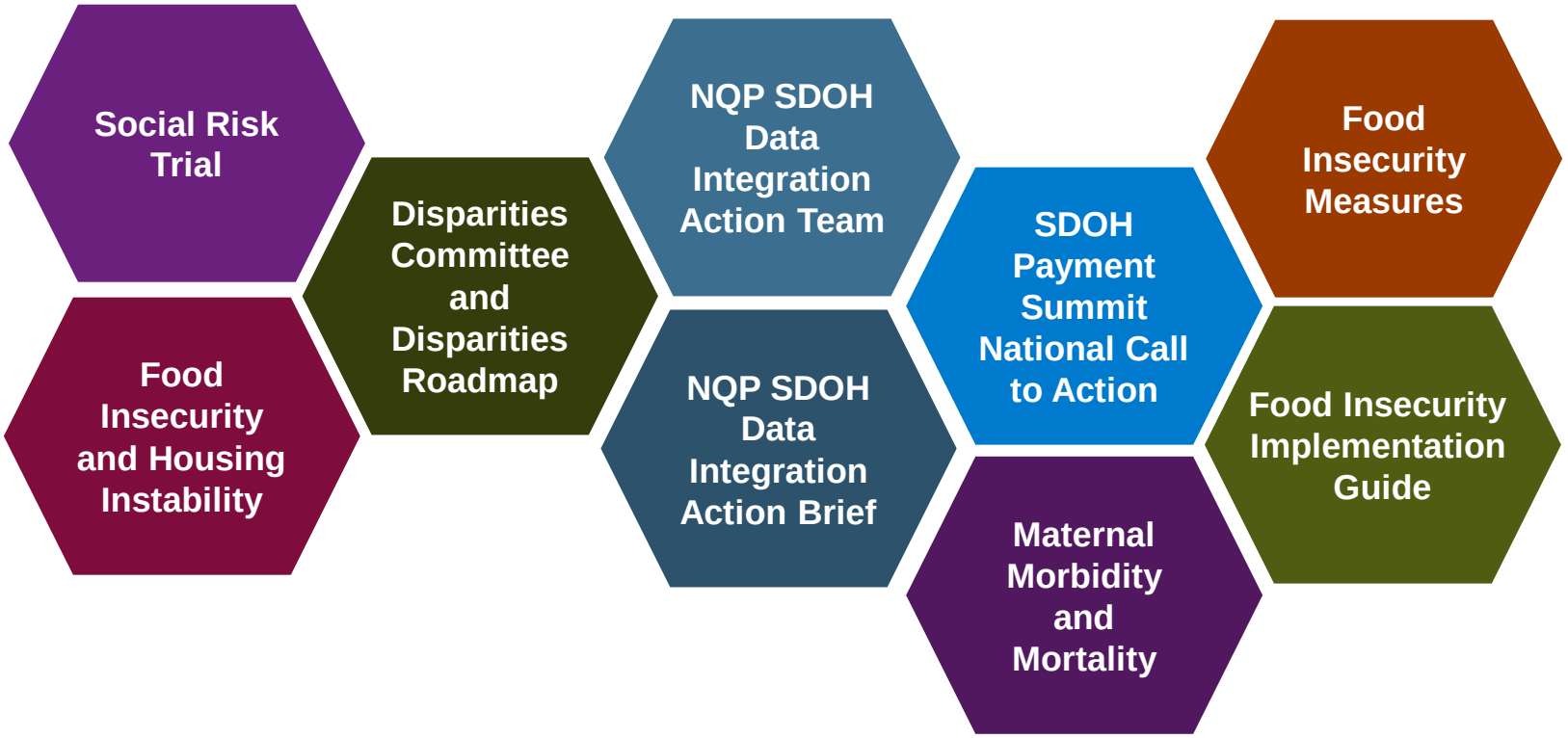
Four I's for Health Equity

1. **Identify** and prioritize reducing health disparities
2. **Implement** 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

Roadmap Recommendations

Recommendation 1:	Collect social risk factor data.
Recommendation 2:	Use and prioritize stratified health equity outcome measures.
Recommendation 3:	Prioritize measures in the domains of Equitable Access and Equitable High-Quality Care for accountability purposes.
Recommendation 4:	Invest in preventive and primary care for patients with social risk factors.
Recommendation 5:	Redesign payment models to support health equity.
Recommendation 6:	Link health equity measures to accreditation programs.
Recommendation 7:	Support outpatient and inpatient services with additional payment for patients with social risk factors.
Recommendation 8:	Ensure organizations disproportionately serving individuals with social risk can compete in value-based purchasing programs.
Recommendation 9:	Fund care delivery and payment reform demonstration projects to reduce disparities.
Recommendation 10:	Assess economic impact of disparities from multiple perspectives.

NQF's Commitment to Health Equity



Survey Question 1

- Based on the Health Equity Roadmap Recommendations listed below, in which areas have you seen the most progress thus far?

Survey Question 2

- In your opinion, which of the recommended areas present the best opportunity for impact **in the long-term**?

Survey Question 3

- In your experience, which of the recommended areas are most feasible for making progress **in the short-term**?

NQF Member and Public Comment

Next Steps

Adjourn