

Welcome

- Laptops and cell phones
 - ▣ *Wi-Fi network*
 - **User name “guest”**
 - **Password “NQFguest”**

Welcome

- Restrooms
 - *Exit main conference area, past elevators, on right.*
- Laptops and cell phones
 - *Wi-Fi network*
 - » User name: **guest**
 - » Password: **NQFguest**
 - *Please mute your cell phone during the meeting*



NATIONAL
QUALITY FORUM

Food Insecurity and Housing Instability Expert Panel Meeting

Multi-Stakeholder In-Person Meeting
1030 15th St, NW
Washington, DC 20005

October 18, 2017

Welcome

NQF Project Staff

- Andrew Anderson, MHA, Senior Director
- John Bernot, MD, Senior Director
- Jean-Luc Tilly, Senior Data Analytics Manager
- Vanessa Moy, MPH, Project Analyst

Agenda

- Welcome and Introductions
- Meeting Objectives and Project Scope
- Review of NQF Health Equity Roadmap
- Food Insecurity and Housing Instability and the Evidence
- Existing Data and Measures for Addressing Food Insecurity and Housing Instability
- Role of Food Insecurity and Housing Instability in Healthcare
- Assessing Strategies for Addressing Food Insecurity and Housing Instability
- Recommendations
- Opportunity for Public Comment

Introductions and Disclosures of Interest

Expert Panel

- **Ron Bialeck, MPP, CQIA**
 - *President, Public Health Foundation*
- **Traci Ferguson, MD, MBA, CPE**
 - *Vice President, Clinical Services Management, WellCare Health Plans, Inc.*
- **Rebecca Freeman, PhD, RN, PMP**
 - *Chief Nursing Office of the National Coordinator for Health Information Technology (ONC)*
- **Nancy Garrett, PhD**
 - *Chief Analytics Officer, Hennepin County Medical Center*
- **Laura Gottlieb, MD, MPH**
 - *UCSF Associate Professor of Family and Community Medicine, Director*
- **Romana Hasnain-Wynia, PhD, MS**
 - *Chief Research Officer, Denver Health*
- **Nancy Lawton-Kluck**
 - *Chief Philanthropy Officer, Geisinger Health System*
- **Lynn Knox**
 - *Statewide Health Care Liaison, Oregon Food Bank*
- **Amanda Reddy, MS**
 - *Executive Director, National Center for Healthy Housing*
- **Sarah Hudson Scholle, DrPH, MPH**
 - *Vice President, Research and Analysis, National Committee for Quality Assurance*
- **Prabhjot Singh, MD, PhD**
 - *Director of Arnhold Institute for Health, Chair of Department of Health System Design and Global Health at Mount Sinai Health System*
- **Clare Tanner, PhD, MS**
 - *Program Director, Center for Data Management and Translation Research at Michigan Public Health Institute*

Meeting Objectives and Project Scope

Meeting Objectives

- Discuss the role of the health care system in addressing food insecurity and housing instability
- Discuss current measurement of food insecurity and housing instability in health care
- Create recommendations for addressing food insecurity and housing instability in health care

Project Scope

- In collaboration with the Centers for Medicare & Medicaid Services (CMS), the National Quality Forum (NQF) is developing a measurement framework to provide guidance on health care systems role in addressing food insecurity and housing instability.
- To support this effort NQF will:
 - *Convene an expert panel with expertise in measurement, disparities, food insecurity, and housing instability*
 - *Conduct an environmental scan of measures and literature review to construct a straw man framework (using existing conceptual frameworks)*
 - *Identify gaps in measurement*
 - *Propose measure concepts that can be translated into performance measures*



Project Timeline

September 18 and 19, 2017:

- Webinar #1: Expert Panel Orientation

Week of September 25, 2017

- Conduct Key Informant Interviews

October 16, 2017

- Memo Summarizing Environmental Scan Findings

October 18, 2017

- In-Person Meeting

Week of early December (TBA)

- Webinar #2: Expert Panel Post-Comment

November 15-29, 2017

- Public and Expert Panel Commenting on Draft Report

November 15, 2017

- Submit Draft Report to CMS

Early November (TBA)

- Key Informant Web Meeting-Post Expert Panel Meeting Input

Mid-December (TBA)

- NQF Consensus Standards Approval Committee (CSAC)

December 22, 2017

- Final Report

Review of NQF Health Equity Roadmap

Project Purpose

The National Quality Forum (NQF), with funding from the Department of Health and Human Services, convened a multi-stakeholder group of experts to examine how measurement and its associated policy levers can be used to address health disparities

The Committee examined disparities based on the social risk factors identified *2016 National Academies Report Accounting for social risk factors in Medicare payment: Identifying social risk factors*

A Roadmap for Promoting Health Equity and Reducing Disparities



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 promote 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
- 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 health care quality

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 preventative and primary care for patients with social risk factors
- **Recommendation 5:** Redesign payment models to support health equity



Recommendations



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

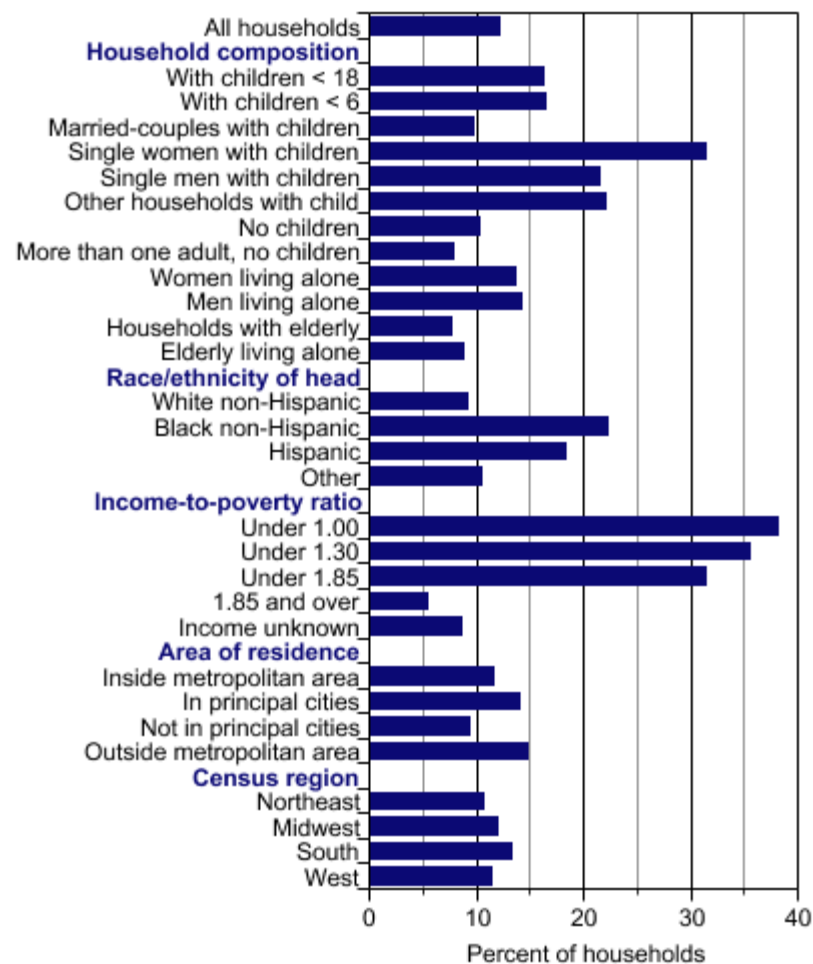
Recommendation 10: Assess economic impact of disparities from multiple perspectives

Food Insecurity and Housing Instability and the Evidence

Food Insecurity

- 12.3 percent (15.6 million) of U.S. households were food insecure at some time during 2016.
 - Essentially unchanged from 12.7 percent in 2015*
- Among U.S. households with children under age 18 83.5 percent were food secure in 2016.
- In 2016: 41.2 million people lived in food-insecure households.

Prevalence of food insecurity, 2016



Source: USDA, Economic Research Service, using data from the December 2016 Current Population Survey Food Security Supplement.

Measures of Food Insecurity

- Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways

- S.A. Andersen, ed., "Core Indicators of Nutritional State for Difficult to Sample Populations," *The Journal of Nutrition* 120:1557S-1600S, 1990.

USDA measures food security as:

- » High food security
- » Marginal food insecurity
- » Low food insecurity
- » Very low food security

- USDA describes households with high or marginal food security as food secure and those with low or very low food security as food insecure.

Percentage of households reporting indicators of adult food insecurity, by food security status, 2016



Source: USDA, Economic Research Service, using data from the December 2016 Current Population Survey Food Security Supplement.

Food Insecurity and Negative Health Outcomes

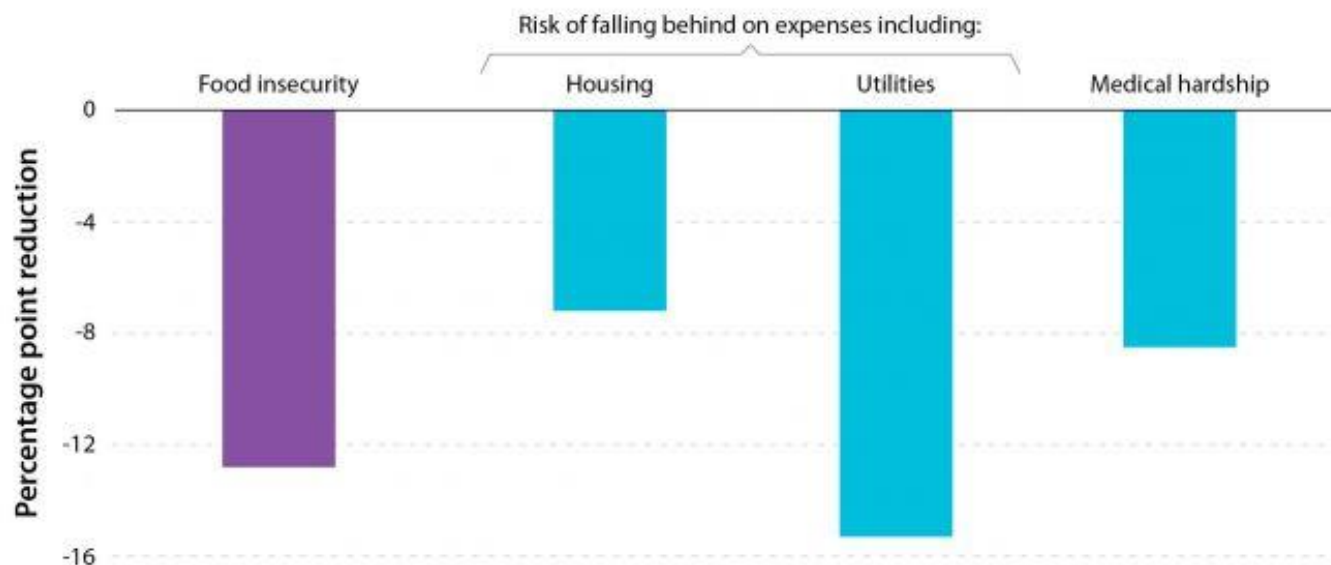
- Many studies have documented the impact of food insecurity on health outcomes using the Current Population Survey FSS
- Most studies have focused on **children**:
 - *Associated with increased risks of birth defects, anemia, lower nutrient intakes, cognitive problems, and aggression and anxiety*
 - *Higher risks of being hospitalized, asthma, behavioral problems, depression, and poorer general health*
- Less research on the impacts of food insecurity among **non-senior adults**
 - *Associated with decreased nutrient intakes, increased mental health problems, hypertension, and worse outcomes on health exams*
- Little work on food insecurity and health among **seniors**
 - *Associated with lower nutrient intakes, depression, limitations in activities of daily living*

Gundersen, Craig. "Food Insecurity And Health Outcomes." Health Affairs, Health Affairs , 1 Nov. 2015, content.healthaffairs.org/content/34/11/1830

FIGURE 12.

Impact of SNAP participation on food insecurity and other financial hardships

SNAP reduces food insecurity and diminishes other financial hardships.



Source: Shaefer and Gutierrez 2013.

Note: Sample includes low-income households with children. Medical hardship is measured as whether the interviewee reported that in the past 12 months someone in the household chose not to see a doctor or go to the hospital when needed because of cost.

Food Security in the U.S.

Comparing Renters and Owners

Households Where Access to Adequate Food is Limited by a Lack of Money or Other Resources



* The percentages of unknown owners and renters are not statistically different from each other.

Source: U.S. Census Bureau and U.S. Department of Housing and Urban Development, 2015 American Housing Survey
www.census.gov/programs-surveys/ahs

United States™
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov



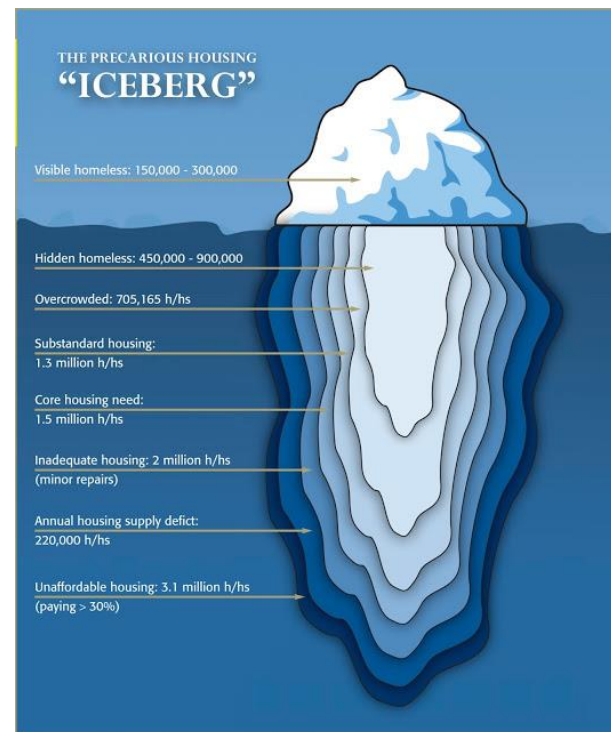
Housing Instability

- In 2012, an estimated 41 million US households paid more than 30% of their pre-tax income for housing.
 - *High housing costs make it difficult to afford other necessities, including food, transportation, and medical care.*
- In 2016, individuals who experience homelessness were 22% children, 69% over the age of 24, and nine percent between the ages of 18 and 24 have experienced homelessness.
- 8.3 million renters were classified as worst case needs or experience housing instability in 2015.



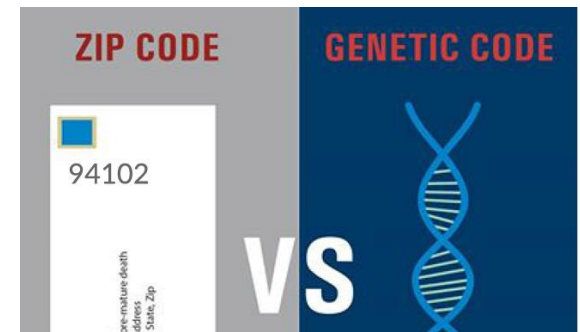
Measuring Housing Instability

- There are large gaps in knowledge about of different components of housing instability, the duration, and relationship between housing instability and other forms of hardship
- Much of the research treats the different dimensions of housing insecurity as discrete problems rather than part of a continuum of bad options for poor renters.
- The field needs better measures of housing instability and would benefit from a standard set of measures, and possibly a standardized scale, that could be adapted for use in surveys across different domains.



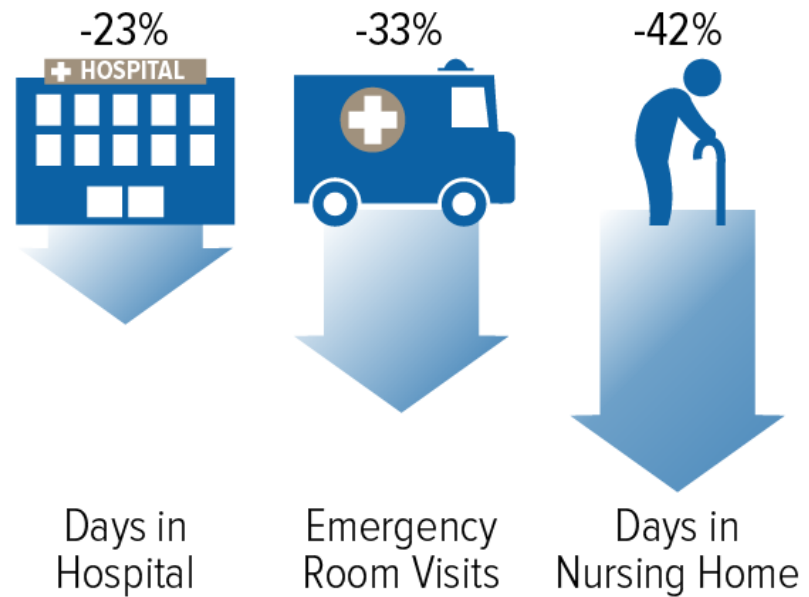
Housing Instability and Health Outcomes

- Housing instability is associated with food insecurity and its related health outcomes
- Housing instability has been associated with household and childhood food insecurity, poor health, developmental delays, and lower weight among very young children.
- Housing instability associated poor or fair health status or delay doctor visits because of costs
- Studies suggest that the stress associated with housing instability are linked to changes in health or health behaviors like depression, cardiovascular disease, substance abuse, and unhealthy eating.



Supportive Housing Can Produce Health Care Savings

Combining affordable housing with intensive services for a high-needs group saved an average of over \$6,000 a year per person in health care



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Discussion Questions

- What definitions should be used for measurement of food insecurity and housing instability?
- How can we best identify populations who are affected?
- What are the most promising measures of food insecurity and housing instability?

Break

SDOH Informed Care

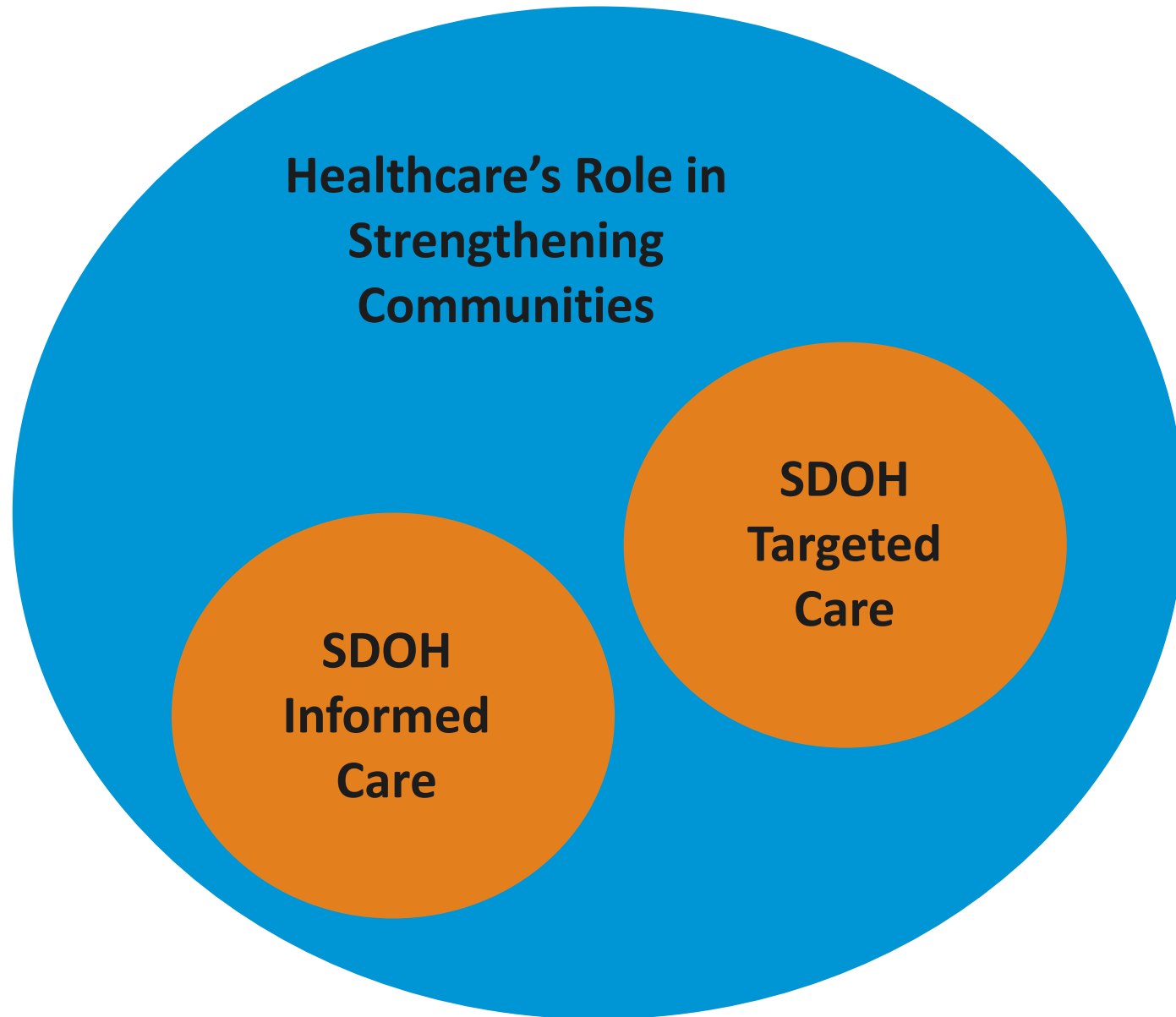
- Tweaking clinical care based on SDOH factors

SDOH Targeted Care

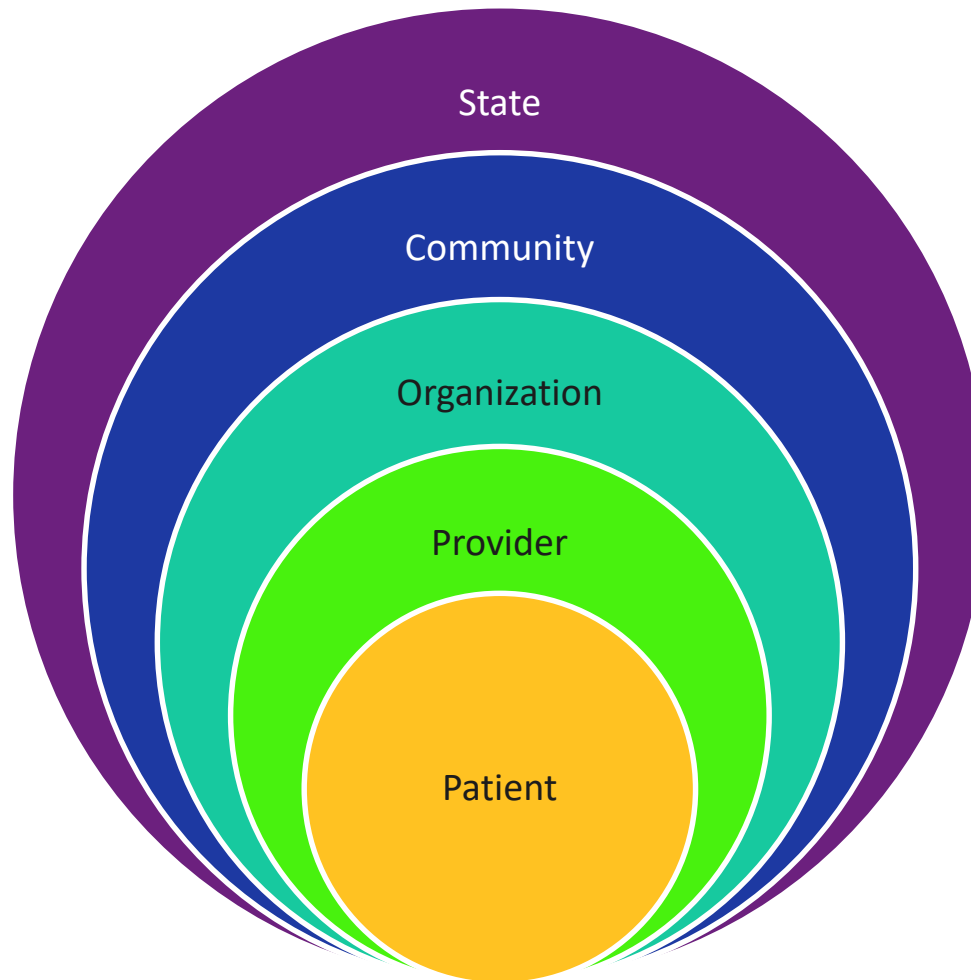
- Interventions focused on addressing SDOH (e.g. connecting to SNAP)

Health Care Anchor Institutions

- Health care systems can influence: hiring, pay, support community services



Levels of Analysis



Summary

- Framework:
 - *SDOH Informed Care*
 - *SDOH Targeted Care*
 - *Connecting Health Care Organizations to Community Resources*
 - *Use Cases*
- Potential Measure Concepts/ Themes
 - *Community readiness*
 - *Identify available resource*
 - *Mothers in Medicaid on WIC*
 - *Linking food insecurity and eligibility for SNAP*
 - *Linking the AVS (after visit summary) to community resources*
- What data are important to collect
- Is there an action associated with that data

Next Topic:

- *Existing Data*
- *Data for Collection based on Evidence*
- *Aspirational Data Collection*

Existing Data and Measures for Addressing Food Insecurity and Housing Instability

Example Measures: Food Insecurity

- Screening tools:
 - *Hunger Vital Sign (2-item)*
- Surveys:
 - *U.S. Household Food Security Survey Module (6 to 18 items)*
 - *Food Insecurity Household Access Scale (18-item)*
 - *BRFSS*
- Toolkits:
 - *Implementing Food Security Screening and Referral for Older Patients in Primary Care: A Resource Guide and Toolkit*
 - *Addressing Food Insecurity: A Toolkit for Pediatricians*

Example Measures: Housing Instability

- Surveys:
 - ▣ *American Community Survey*
 - ▣ *Annual Homeless Assessment*
 - ▣ *Veterans Transitional Housing Program Survey*
- Performance Measure:
 - ▣ *Primary Care Quality-Homeless (PCQ-H) Survey*

Example Measures: Both

- Screening tools:
 - *Accountable Health Communities Screening Tool*
 - *Health Leads Social Needs Screening Toolkit*
- Surveys:
 - *Hierarchical Resource Approach Survey*
- Toolkits:
 - *WellRx ToolKit*

Discussion Questions

- Are there any existing measurement tools NQF has overlooked?
- Where do these tools fall short? What are the gaps?

Role of Food Insecurity and Housing Instability in Healthcare

Community-Healthcare Linkages

- Overview of emerging strategies
- Which stakeholders should be engaged to establish community-healthcare linkages for addressing food insecurity and housing instability?

Healthcare System Activities

- Examples of clinical toolkits and strategies to identify patient needs that may be addressed through community services
- What are your thoughts on the use of EMRs and toolkits in the healthcare system?
- What are the benefits?
- What are the limitations/challenges?

Attribution

- Overview and definition of attribution
- Implications of attribution
- What are your thoughts on attribution as it pertains to housing/food?
- What models have you seen work?

Lunch

Role of Food Insecurity and Housing Instability in Healthcare (Continued)

Assessing Strategies for Addressing Food Insecurity and Housing Instability

Measuring Success

- Overview and definition of attribution
- Implications of attribution
- How will we know if a strategy is successful?
- How can we measure the impact of different strategies and interventions?

Overcoming Obstacles in Measurement

- Are there key challenges that we have not yet discussed?
- What solutions or strategies do you think are most likely to overcome these challenges?

Break

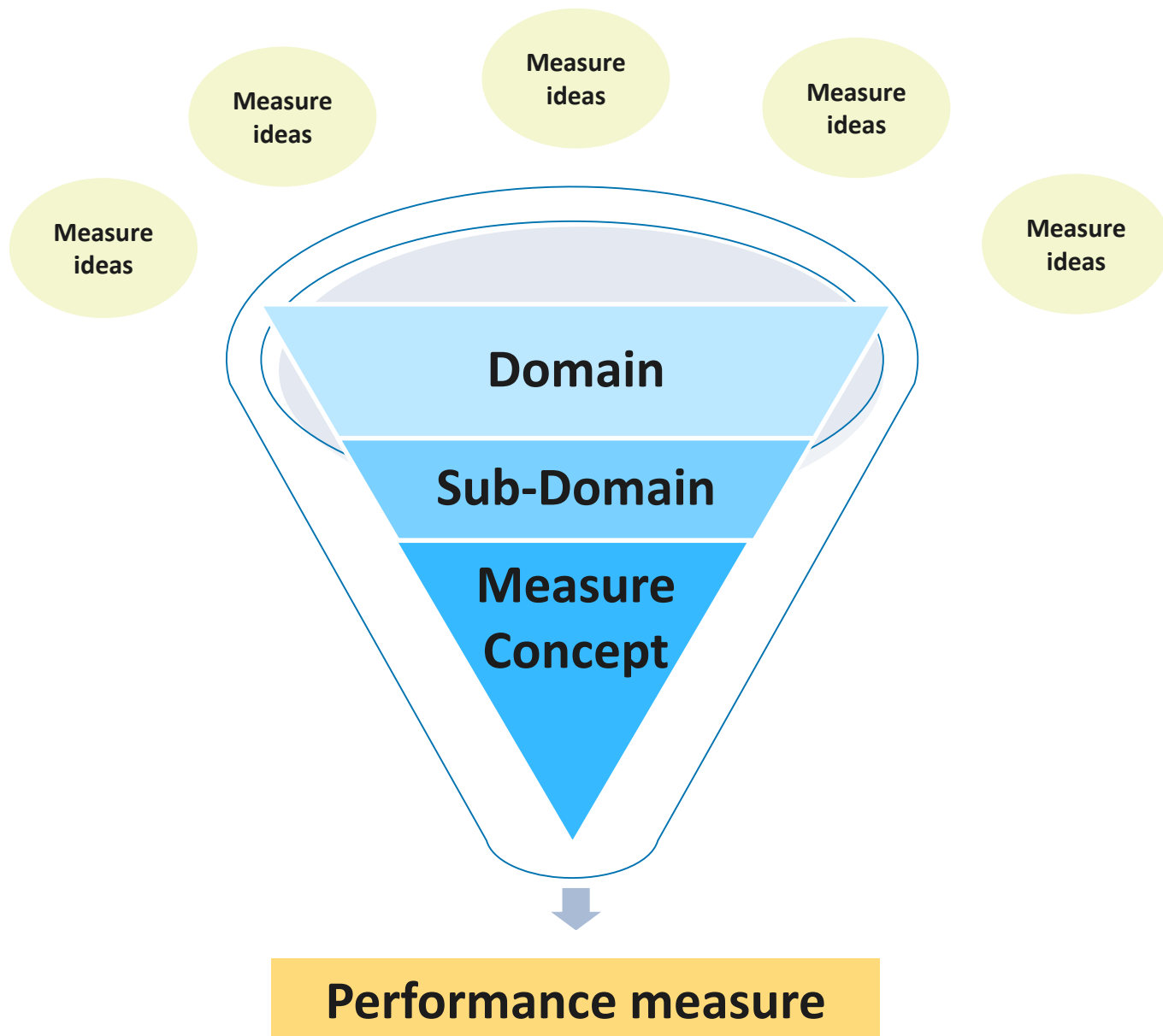
Assessing Strategies for Addressing Food Insecurity and Housing Instability (Continued)

Recommendations

Measurement Framework

- A **measurement framework** is a conceptual model for organizing ideas about what is important to measure in a topic area.
- Measurement frameworks are made up of:
 - *Domains of measurement*
 - *Subdomains of measurement*
 - *Measure Concepts*

Measurement frameworks provide a structure for organizing currently available measures, identifying gaps, and prioritizing measures for future development



Developing Subdomains

- Ensure consistency with the main domain (i.e., what subdomains would relate to health outcomes)
- Identify subdomains where measure concepts can be developed or where there are existing measures that would align with them
- Prioritize which subdomains are the most important and would have the most impact on food insecurity and housing instability

Distinction between a Measure and Measure Concept

- **Measure:** a fully developed metric that includes detailed specifications and may have undergone scientific testing
- **Measure Concept:** an idea for a measure that includes a description of the measure, ideally including planned target and population

Examples

- Proposed MEASURE CONCEPTS

- *Patient demonstrated increased understanding of care plan*
- *Patient demonstrated compliance with their care plan*
- *Telehealth services facilitated transitions of care*
- *Percentage of patients enrolled in a telehealth program for at least three months*

- Not MEASURE CONCEPTS (too broad and vague)

- *Increased communication*
- *Better transitions of care*
- *Reduction in costs*

NQF Member and Public Comment

Next Steps

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December 22, 2017

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Expert Panel Dinner

Georgia Brown Restaurant @6:00 p.m.

950 15th Street Northwest,

Washington, DC 20005

Phone: (202) 393-4499

Thank you.

Adjourn