Healthcare Disparities and Cultural Competency Consensus Standards Meeting of the Steering Committee July 11-12, 2011

The Liaison Hotel 415 New Jersey Avenue, NW Washington, DC 20001

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AGENDA

Day 1: Monday, July 11

8:00 am	Continental Breakfast
8:30 am	Welcome and Introductions
	Helen Burstin, MD, MPH, Sr. Vice President, Performance Measures, NQF
	Dennis Andrulis, PhD, MPH, Texas Health Institute Denice Cora-Bramble, MD, MBA, Children's National Medical Center
	Denice Cora-Bramote, MD, MBA, Chitaren's National Medical Center
8:40 am	Disclosure of Interests
	Ann Hammersmith, General Counsel, NQF
9:00 am	Healthcare Disparities and Cultural Competency Consensus Standards:
	Project Review
	Nicole McElveen, MPH, Sr. Project Manager, NQF
9:15 am	Expectations and Process for the Meeting
	Drs. Andrulis and Cora-Bramble

9:30 am Commissioned Paper: Healthcare Disparities Measurement

Scope and General Overview

Joel S. Weissman, Disparities Solutions Center, Massachusetts General Hospital Joseph R. Betancourt, Disparities Solutions Center

9:45 am Discussion / Q & A

10:30 am Break

10:45 am Disparities Measures and Indicators: What to Measure?

- *Selection Criteria (Section 3a and Section 5c)*
 - Should the NQF focus only on prevalence and quality gap as the criteria to select disparities-sensitive measures and assume that the other more general criteria are necessary for all measures?
 - The paper recommends that when known disparities do not exist, a "set of more subjective criteria" could be applied. Does the Committee concur with these proposed additional criteria? Is there greater specificity to any of these that should be articulated? Are there other criteria that should be considered?

12:00 pm Working Lunch / Priorities and Options for Quality Improvement and Public Reporting of Healthcare Disparities (section 5)

12:45 pm Disparities Measures and Indicators: What to Measure?

- Disparities Sentinel Measures (Section 3b)
 - Should the NQF adopt the disparities "sentinel" measures approach? Can the concepts of the paper be applied retrospectively to the existing NQF portfolio of measures? Should they be?
 - To what degree should sentinel measures be emphasized? Does the Committee have specific guidance for measure developers regarding disparities-sentinel measures? Should they be evaluated the same as all other performance measures?
- Measuring and Categorizing Disparities-Sensitive Measures (Sections 3c/d)
 - O Is a categorization scheme for identifying disparities measures useful? Does the Committee agree with the proposed breakout (practitioner, consumer surveys, etc.)? Should there be more or fewer or different categories?

2:00 pm Methodological Approaches to Disparities Measurement (Section 4)

- Reference Point (Section 4b). In addition to the sections noted here, see also Table 13. Should the reference point be the historically disadvantaged group, not the largest or best performing in an area?
- Absolute vs. Relative Disparities and Favorable vs. Adverse Measures (Section 4c) Should both absolute and relative statistics be calculated? Should public reporting of disparities calculate statistics using both favorable and adverse events?
- Paired Comparisons vs. Summary Statistics (Section 4e) Should a pairwise comparison using a historically advantaged group as the reference point be checked to see if a positive finding from the summary statistic reflects superior care received by the disadvantaged group?
- Normative Judgments About Disparity Measures (Section 4f) What can be recommended to minimize normative judgments in the selection of disparity-sensitive measures? Can objective criteria be identified in this regard?
- Interaction Effects (Section 4g) Does the Committee agree with the authors recommendation that when clear differences in quality exist by racial/ethnic sub-strata, further stratification of results will serve to highlight areas of the greatest potential for intervention?
- Sample Size Consideration (Section 4h) Does the Committee agree with these options to address the issue of small sample size? With the pros/cons for each? Are there other options that should be considered, and if so what are their advantages and disadvantages?
- *Risk Adjustment and Stratification (Section 4i.i)* Should stratification by race/ethnicity and primary language be performed when there is sufficient data to do so? Should NQF review its policy on risk adjustment vis-a-vis inclusion of race/ethnicity?
- Consideration of Socioeconomic and Other Demographic Variables (Section 4i.ii) Should performance reports stratified by race/ethnicity not be risk-adjusted by SES or other contributory factors, and instead should they be further stratified if the data permit?

3:30 pm Break

3:45 pm NQF's Portfolio of Measures: Overview
Nicole McElveen, MPH, Sr. Project Manager

4:30 pm NQF Member and Public Comment

5:00 pm Executive Session (Plans for Day 2)

5:30 pm Adjourn

Day 2: Tuesday, July 12, 2011

7:30 am	Continental Breakfast

8:00 am Opening Comments/Recap of Day 1

Nicole McElveen, MPH, Sr. Project Manager

8:30 am Identifying Disparities-sensitive Measures and the NQF Portfolio

10:00 am Call for Measures: Healthcare Disparities and Cultural Competency

 As a standard part of each process, NQF issues a Call for Measures to be considered in the project. For this project, it is especially important that the Call for Measures be carefully crafted so as to maximize the possibility of receiving measures that the Steering Committee feels are appropriate and meaningful for this project.

10:45 am Break

11:00 am NQF's Approach for Addressing Disparities Prospectively

- Should data stratification be mandated?
- What specific information is needed from measure developers to address disparities within the submission process?
- What would be considered an "ideal measure"?

12:30 pm Lunch

1:30 pm Finalize Recommendations from Committee

2:00 pm NQF Member and Public Comment

2:30 pm Next Steps/Adjourn