NATIONAL QUALITY FORUM

CALL FOR MEASURES: HEALTHCARE DISPARITIES AND CULTURAL COMPETENCY CONSENSUS STANDARDS

BACKGROUND

One essential step to improving the overall quality of healthcare performance is to eliminate disparities in care experienced by certain population groups. Many people consider healthcare disparities to be the result of factors such as late stage presentation of disease, specific health conditions, socioeconomic status and access to care. However, the Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* demonstrated that racial and ethnic minorities often receive lower-quality care than their white counterparts, even after controlling for factors such as insurance, socioeconomic status, comorbidities, and stage of presentation. Among other factors found to contribute to health disparities are poor patient-provider communication, a lack of culturally competent care, and inadequate linguistic access. To reduce healthcare disparities, healthcare systems likely will need to improve in all these areas. Accurate and meaningful metrics to measure healthcare disparities are needed to create a long-term agenda for improving healthcare quality for populations adversely affected by disparities. By analyzing the effectiveness of existing quality measures and identifying gaps, the National Quality Forum (NQF) aims to establish valid and reliable measurement of healthcare disparities across settings and populations.

The Healthcare Disparities and Cultural Competency Consensus Standards project seeks to enhance NQF's previous work addressing disparities and cultural competency, which included establishing criteria to evaluate disparities-sensitive measures and 35 disparity-sensitive measures for the ambulatory care setting endorsed in 2006 under the project *National Voluntary Consensus Standards for Ambulatory Care—Measuring Healthcare Disparities*. Also, in 2009, NQF completed an extensive project endorsing a definition, framework, and set of 45 preferred practices for measuring and reporting cultural competency under the project *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency*. The current 2011 project began with a commissioned paper, which provided guidance to NQF regarding the selection and evaluation of disparity-sensitive quality measures, outlining the methodological issues with disparities measurement, and identifying cross-cutting measurement gaps in disparities. The commissioned paper and this project are specifically focused on disparities for racial and ethnic minority populations.

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CALL FOR MEASURES

In this call, NQF is seeking to identify and endorse performance measures for public reporting and quality improvement in the following areas;

- racial/ethnic healthcare disparities;
- language barriers/improving language access services, which include interpreter services and translation;
- cultural competency, in particular measures related to the NQF-endorsed framework and preferred practices;
- health information technology system capacity to measure and improve healthcare disparities and cultural competency;
- integrating health communication (language, literacy, and culture);
- health-related quality of life;
- care coordination as it relates to improving healthcare disparities and cultural competency;
- patient perceptions/provider biases; and
- use of "navigation" services.

For example, NQF is seeking:

- cross-cutting measures applicable for all populations and care settings;
- system and/or structural measures (e.g., resource allocation, organizational assessments, staff training, interpreter services);
- measures of organizational diversity (e.g., leadership, staff, community advisors, and participation of community engagement);
- measures focused on larger global issues for quality improvement related to disparities or cultural competency (e.g., readmission measure stratified by race, ethnicity, and language); and
- to the extent possible, the inclusion of electronic specifications for the measures submitted to this project.

ADDITIONAL GUIDANCE FOR SUBMISSION

In addition to this project's Call for Measures, there are several definitions and other elements for consideration when submitting measures for this project.

Definition of Terms

NQF defines a disparity as the condition or fact of being unequal as in age, rank, or degree.[1] In this project, NQF seeks valid and reliable quality measures for which a difference in quality by race or ethnicity— i.e., a healthcare disparity—exists.

[1] National Quality Forum (NQF), *National Voluntary Consensus Standards for Ambulatory Care—Measuring Healthcare Disparities: A Consensus Report.* Washington, DC: NQF; 2008.

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NQF defines **cultural competency** as "the ongoing capacity of healthcare systems, organizations, and professionals to provide for diverse patient populations high-quality care that is safe, patient and family centered, evidence based, and equitable."[2]

COMPLETING THE MEASURE SUBMISSION FORM

- When identifying consensus standards related to cultural competency, please provide the applicable NQF-endorsed Practice or Cultural Competency Framework element.

- Risk Adjustment and Stratification: Stratification by race/ethnicity and primary language should be performed when there are sufficient data. Please note, however, that NQF maintains a policy that risk models should not include race/ethnicity adjusters, which may mask disparities in quality of care.

- 1a.1. Demonstrated High-Impact Aspect of Healthcare: Specifically address whether the measure could affect large numbers of minorities.

- 2c.1 Disparities in Care (Measure evaluation criterion 2c): Measures applicable for this project should be stratified for disparities.

(**NOTE**: Performance measures addressing social and environmental factors of healthcare may be more applicable for the NQF project focused on population health and prevention.)

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the **measure evaluation criteria:**

A. The measure steward is in public domain, or a **measure steward agreement** is signed.
B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.
C. The intended use of the measure includes both public reporting and quality improvement.
D. The measure must be fully specified and tested for reliability and validity.
E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

Measures without testing on reliability and validity will not be eligible for submission; however, a few exceptions may apply.

[2] National Quality Forum (NQF), *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: A Consensus Report.* Washington, DC: NQF; 2009.

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To submit a measure, please complete the following:

- **online measure submission form** and
- **measure steward agreement form**

Please note that all materials will not be accepted unless accompanied by a fully executed **measure steward agreement form**. All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by **6:00 pm ET** on **Tuesday, January 17, 2012**. If you have any questions, please contact Nicole McElveen at 202-783-1300 or disparities@qualityforum.org. Thank you for your assistance.