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Best Practices for Developing and Testing Risk Adjustment Models

Web Meeting #4

May 13, 2021

This project is funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I –75FCMC20F0001 - Best Practices for Developing and Testing Risk Adjustment Models.

Welcome



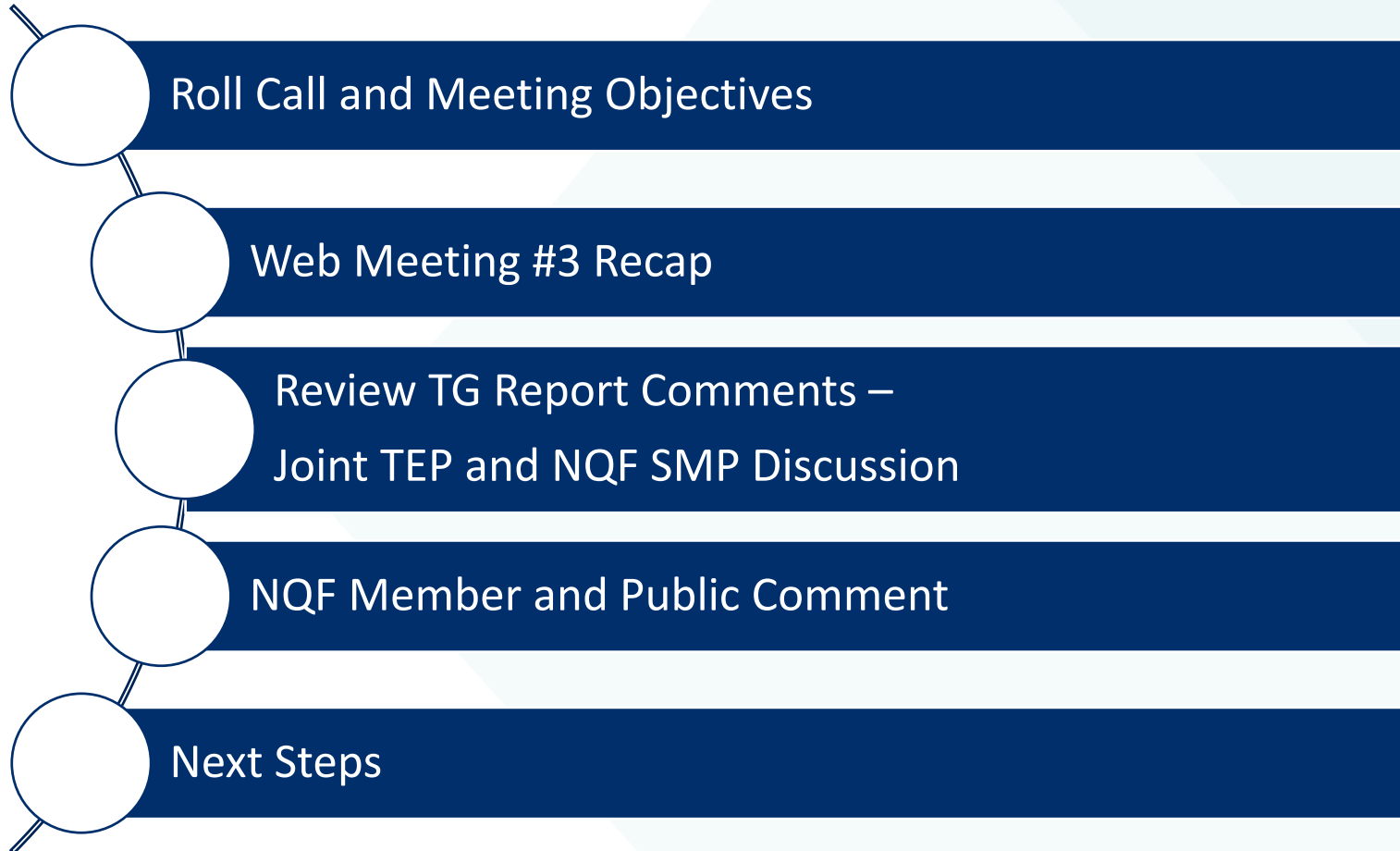
Welcome

- The RingCentral web platform will allow you to visually follow the presentation.
- Please mute your lines when you are not speaking to minimize background noise.
- You may submit questions to project staff via the RingCentral web platform chat function.

If you are experiencing technical issues, please contact the NQF project team at RAGuidance@qualityforum.org



Agenda



Roll Call and Meeting Objectives

Project Team

NQF Staff

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CMS Staff

CMS

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Helen Dollar-Maples, RN, MSN, Deputy Director, DPMS, CCSQ, CMS

Patrick Wynne, Senior Analyst, IDIQ COR, CCSQ, CMS



Technical Expert Panel (TEP) Members

Co-Chairs

Philip Alberti, PhD

Karen Joynt Maddox, MD, MPH

Arlene Ash, PhD

John Martin, PhD, MPH

Patrick Campbell, PhD, PharmD,
RPH

Shalini Prakash, MS

Elizabeth Drye, MD, SM

Sandra Richardson, MS

Marc Elliott, PhD, MA

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Rachel Harrington, PhD

Cristie Upshaw Travis, MSHHA

Bellinda King-Kallimanis, PhD, MSc

Janice Tufte

Vincent Liu, MD, MS

Katherine Vickery, MD, MSc.

Danielle Lloyd, MPH

Federal Liaisons

Federal Liaison	Affiliation
Andy Frankos-Rey, MA	CMCS/CMS
Craig Caplin, PhD	HRSA
David Nyweide, PhD	CMMI/CMS
Jesse Roach, MD	CCSQ/CMS
Joel Andress, PhD	CCSQ/CMS
Lok Wong Samson, PhD	ASPE
Maushami (Mia) DeSoto, PhD	AHRQ
Rachael Zuckerman, PhD	ASPE
Sarah Gaillot, PhD	CM/CMS
Shafa Al-Showk, PhD	CM/CMS



Scientific Methods Panel (SMP) Members

Co-Chairs	David Nerenz, PhD	
	Christie Teigland, PhD	
J. Matt Austin, PhD	Zhenqiu Lin, PhD	
Bijan Borah, MSc, PhD	Jack Needleman, PhD	
John Bott, MBA, MSSW	Eugene Nuccio, PhD	
Daniel Deutscher, PT, PhD	Sean O'Brien, PhD	
Lacy Fabian, PhD	Jennifer Perloff, PhD	
Marybeth Farquhar, PhD, MSN, RN	Patrick Romano, MD, MPH	
Jeffrey Geppert, EdM, JD	Sam Simon, PhD	
Laurent Glance, MD	Alex Sox-Harris, PhD, MS	
Joseph Hyder, MD	Ronald Walters, MD, MBA, MHA, MS	
Sherrie Kaplan, PhD, MPH	Terri Warholak, PhD, RPh, CPHQ, FAPhA	
Joseph Kunisch, PhD, RN-BC, CPHQ	Eric Weinhandl, PhD, MS	
Paul Kurlansky, MD	Susan White, PhD, RHIA, CHDA	

Meeting Objectives

- Obtain TEP input on the first draft of the Technical Guidance report
- Continue discussion on the appropriateness of a Standard Risk Adjustment Framework, including rationale for or against the use of the same set of risk factors for quality and resource use measures
- Discuss emerging good and best practices for social risk adjustment and best practices for functional status-related risk adjustment

Web Meeting #3 Recap

Web Meeting #3 Objectives

- Review and discuss public comments on the Environmental Scan Report (see Appendix)
- Review and discuss Technical Guidance draft outline (see Appendix)
- Discuss the appropriateness of a Standard Risk Adjustment Framework

Standard Risk Adjustment Framework Discussion

- Agreement for having a non-rigid and non-prescriptive standardized framework (opportunity for more consistency and credibility of risk adjustment models)
 - ▣ Highlighting data limitations
 - ▣ Inappropriateness of “one-size-fits-all” approach
- The Standard Risk Adjustment framework should be a minimum set of requirements
- The goal should be to provide standardized guidance and expectations that will advance the methods for risk adjustment, improve the uptake of better risk variable data, and facilitate clear articulation of tradeoffs related to adjusting for social and/or functional status factors.
- Framework should include an acknowledgement that due to the ongoing changes in this area, the framework should be continually updated.

Review TG Report Comments – Joint TEP and NQF SMP Discussion



TG Report Sections for Discussion

- Introduction
 - ▣ Core Principles
- Technical Guidance
 - ▣ Conceptualizing the Model
 - ▣ Describing the Rationale for Risk Adjustment
 - ▣ Identifying and Selecting Potential Data Sources and Variables
 - ▣ Empirically Testing Risk Factors
 - ▣ Empirically Testing the Adequacy of the Risk Model
 - ▣ Considerations for Determining the Final Risk Adjustment Model
- Other
- [Screenshare of TG Report]



Technical Guidance Report Next Steps

- NQF will incorporate the comments from the TEP and the federal liaisons and will update the TG report
- NQF will post the report on the web for NQF Member and Public Comments
- NQF will review and discuss the public comments received on the TG report during the next web meeting.

NQF Member and Public Comment

Next Steps

Next Steps

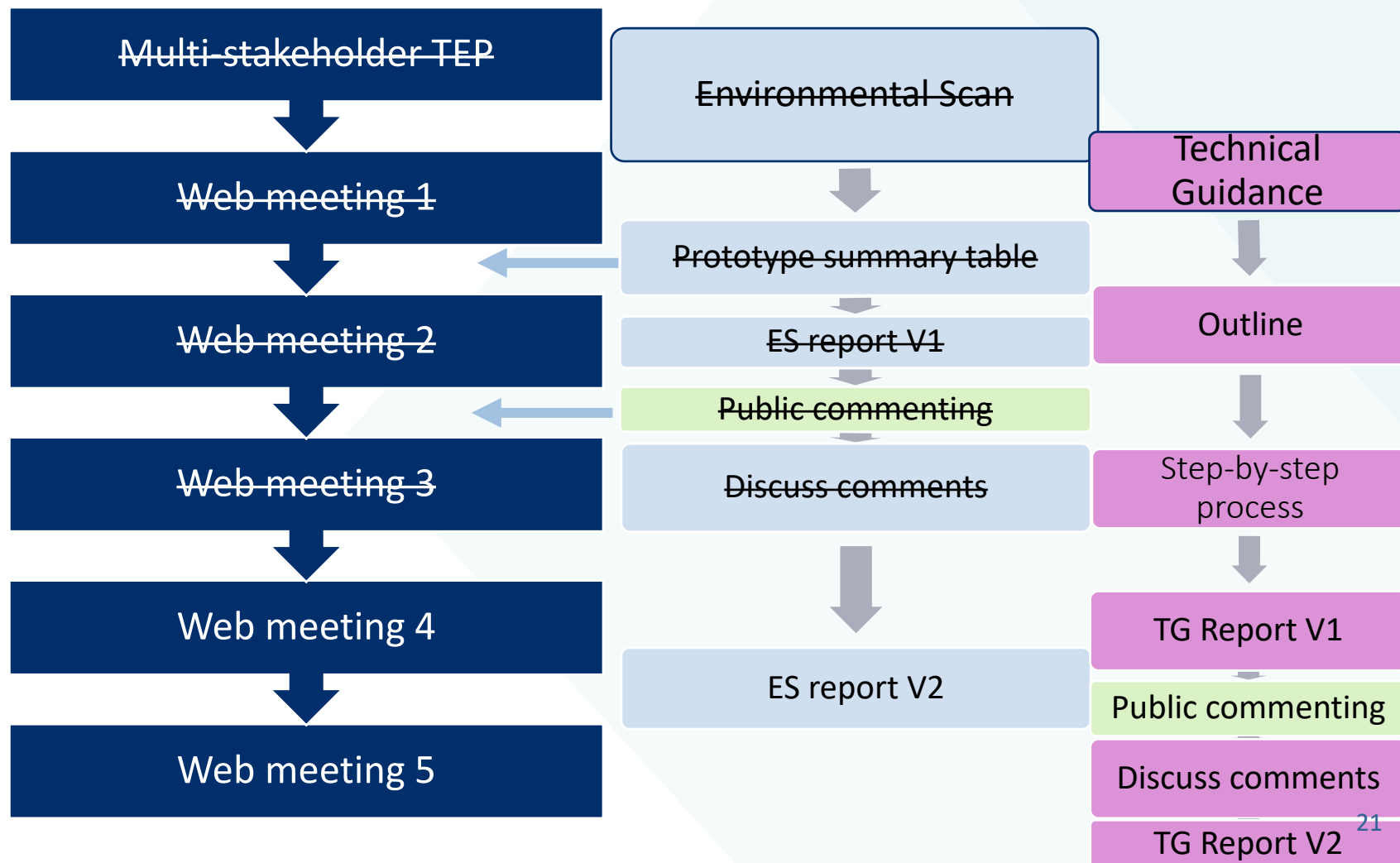
Meeting dates

Meeting (2 hours each)	Date/Time
Web Meeting 4: (TODAY!) Technical Guidance Feedback	May 13, 2021; 1-3pm ET
Web Meeting 5: Public Comment Feedback	July 14, 2021; 1-3pm ET

Upcoming

- NQF Member and Public Commenting Period on the Technical Guidance Report: **June 17 – July 19, 2021**

Key Milestones (*Base Year*)





Project Contact Info

- Email: RAGuidance@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
 - http://www.qualityforum.org/Risk_Adjustment_Guidance.aspx
- SharePoint site:
 - <https://share.qualityforum.org/portfolio/DevelopingandTestingRisk/SitePages/Home.aspx>

THANK YOU.

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Appendix

Discussion of the Public Comments

Key Themes Identified from the Public Comments:

- Emerging data sources
- Risk factors by care setting and/or level of analysis
- Principles
- Conceptual model
- Confounding of social and functional risk
- State programs (Minnesota Integrated Health Partnerships)
- Clarification edits

TEP Recommendations:

- Identifying disparities regardless of the adjustment of the risk factors
- Including language in the Technical Guidance (TG) report that the report is a living document that will need to be reviewed and updated regularly based on the emerging and changing data sources

TEP Recommendations for the Core Principles

- Consider using “case-mix” more broadly to include clinical factors, social determinants of health, etc.; explicitly stating that this includes adjustment of any patient-level factor.
- Describe the intent behind the core principles in the TG report.
- Refining the language for some of the core principles (esp., regarding race/ethnicity and socioeconomic status factors, defining the phrase “care received” and other nuance terms) as we move this work forward.

TEP Recommendations of the TG Outline

- Move the “Key Terms and Definitions” section before the “Core Principles” section
- Switch the first two main headings of Technical Guidance – first, conceptualizing a model and then providing a rationale for risk adjustment;
 - ▣ changing the conceptual risk adjustment model section to state “Conceptualizing the Model”
- Include data feasibility considerations and unintended consequences of risk adjustment
- Demonstrate the various pre-specific decision points in the TG outline as a flow diagram.
- Consider using the term “accountable entity” rather than “provider.”
- Mentioning that the testing model calibration should be conducted not just within the overall population, but also within sub-groups; being clear that this is distinct from discrimination within the sub-group.
- Revise the sub-header listed under “Considerations for Determining the Final Risk Adjustment” to read as “Stratification in the Absence and Presence of Adjustment.
- Consider the comprehensiveness of the guidance and the burden it might pose on the measure developers.