



**CALL FOR NOMINATIONS TO EXPERT PANEL  
Risk Adjustment and Socioeconomic Status Project 2013**

**BACKGROUND**

Risk adjustment is the process of controlling for intrinsic patient factors that could influence outcomes used as performance measures for assessing healthcare services and providers. The goal of performance measurement is to identify differences in performance (i.e., differences in quality of care) whether for purposes of deciding where to obtain surgery, which providers to give payment rewards, or where to focus a hospital's quality improvement efforts. The goal of risk adjustment is to control for differences in severity of the patients served so that differences in outcomes can be considered the result of differences in the care provided. The differences in care can include the interventions and treatments, the skill and experience of the healthcare staff, the length of care or volume of other resources, the safety culture, etc.

It is accepted practice to adjust for differences in patient severity of illness at the start of care because patients with more comorbidities and severity of illness are expected to have poorer outcomes than their more healthy counterparts. There is less agreement about socioeconomic status (SES) and inherent patient factors such as race, ethnicity, and gender that may be related to disparities in care. Although empirical relationships between SES, race, and ethnicity and outcomes have been demonstrated, they may be confounded with quality of care issues (e.g., disparities in care practices or failing to provide patient-centered care based on those factors). There are at least two divergent views on adjusting for differences in SES, race, and ethnicity: 1) adjustment obscures potential problems in equitable care and outcomes, and 2) adjustment is essential for fair comparisons among providers of healthcare services.

Views on risk adjustment have become more polarized in an environment of pay-for-performance and transparency of performance data. For example, even if there is agreement about shining a light on issues related to disparities in care, the question of fairness in performance assessment remains regarding the policy response when poorer outcomes are associated with patients with a lower SES. Although there are substantial and complex methodological issues that need to be addressed, it is important to recognize that some of the controversy represents potentially competing values and priorities held by various interested parties. Two basic principles will ground this work: 1) outcomes matter to both patients and healthcare providers, and 2) sound measurement science is essential to identifying "real" differences in quality among healthcare providers.

**Nominations Due By October 22, 2013, 6:00 PM ET**



This work will build on NQF's experience with endorsing outcome performance measures and reviewing a variety of approaches to risk adjustment as well as work on disparities. NQF has endorsement criteria specifically related to risk adjustment for outcome performance measures, has engaged multistakeholder discussions about the inclusion of SES in risk adjustment, and conducted recent work on disparities, including a white paper that touched on the topic of SES and risk adjustment.

The goals of the project are to:

- identify the potentially competing values and priorities driving the divergent views on risk adjustment for SES, race, and ethnicity and potential resolution;
- identify the effects, potential impact, and possible unintended consequences of risk adjustment for SES, race, and ethnicity on outcome performance measures;
- identify under what circumstances (if any), risk adjustment for SES, race, and ethnicity should occur (e.g., physiologic basis, time frames that extend beyond discharge from care);
- identify and evaluate the pros and cons of various approaches to control for SES, race, ethnicity in performance measurement (e.g., patient, provider, or community level indicators; stratification; various modeling methods); and
- review and modify as needed existing NQF criteria and guidance and/or provide additional recommendations for adjusting for SES, race, and ethnicity.

#### **EXPERT PANEL**

The Expert Panel will be comprised of 20-25 individuals representing multiple stakeholders, including measurement experts, patients and consumers, purchasers, providers, and policy makers. A majority of those stakeholders will be methodological experts in measurement science, risk adjustment, health services research and economics, and disparities.

**Participation in the Expert Panel requires a significant time commitment. To apply, potential Panel members must be available to participate in all currently scheduled calls/meetings.**

Occasionally, additional calls are scheduled or existing calls must be rescheduled; new dates are set based on the availability of the majority of the Panel. This project will last approximately eight (8) months, but the bulk of the Panel's participation is in the first five (5) months of the project.

**Nominations Due By October 22, 2013, 6:00 PM ET**



**Expert Panel participation includes:**

- Participate in the orientation call (2 hours): **Monday, December 9, 2013, 1:00-3:00pm ET**
- Contribute to developing and reviewing the background and meeting materials (4-8 hours)
- Participate in the in-person meeting to develop recommendations (2 full days in Washington, DC): **Wednesday, January 15 & Thursday, January 16, 2014, 8:30-4:00 ET both days**
- Review the draft recommendations and report (2 hours)
- Participate in two post-meeting calls to refine the draft recommendations and report (2 hours each): **Monday, February 10, 2014, 1:00-3:00pm ET and Tuesday, February 18, 2014, 12:00-2:00pm ET**
- Review comments received and assist with responses (2-4 hours depending on volume)
- Participate in the post-comment conference call to finalize recommendations (2 hours): **Wednesday, April 9, 2014, 1:00-3:00pm ET**
- Co-chairs participate in CSAC call to review final recommendations
- Participate in additional calls as necessary

NQF is seeking Panel members with expertise in:

- Measurement science, particularly outcome measures and risk models;
- Health service research and economics, particularly related to disparities;
- Consumers or consumer advocates;
- Measure development, specifically outcome performance measures;
- Purchasers (state, federal, and/or private); and
- Providers of healthcare services.

Please visit the NQF website for additional information about the [conflict of interest policy](#). All potential Expert Panel members must disclose any current and past activities during the nominations process.

**CONSIDERATION AND SUBSTITUTION**

Priority will be given to nominations from NQF Members. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls or meetings is not permitted.

**Nominations Due By October 22, 2013, 6:00 PM ET**



### **MATERIAL TO SUBMIT**

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Expert Panel, please send the following information:

- a completed [nominations form](#);
- confirmation of availability to participate in the following **scheduled call and meeting dates**:
  - Conference Call: Monday, December 9, 2013, 1:00-3:00pm ET
  - In Person Meeting: Wednesday, January 15 & Thursday, January 16, 2014, 8:30-4:00 ET both days
  - Conference Call: Monday, February 10, 2014, 1:00-3:00pm ET
  - Conference Call: Tuesday, February 18, 2014, 12:00-2:00pm ET
  - Conference Call: Wednesday, April 9, 2014, 1:00-3:00pm ET
- a 2-page letter of interest and a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development;
- curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*; and
- a completed [conflict of interest](#) form.

Materials should be submitted through the [project page on the NQF website](#).

### **DEADLINE FOR SUBMISSION**

All nominations *MUST* be submitted by **6:00 pm ET on October 22, 2013**.

### **QUESTIONS**

If you have any questions, please contact Karen Pace or Suzanne Theberge at 202-783-1300 or [raandses@qualityforum.org](mailto:raandses@qualityforum.org). Thank you for your assistance.

**Nominations Due By October 22, 2013, 6:00 PM ET**