Risk Adjustment & Sociodemographic Factors

Expert Panel Call, February 10, 2014

NATIONAL QUALITY FORUM

Welcome & Roll Call

Where we are in the NQF Process

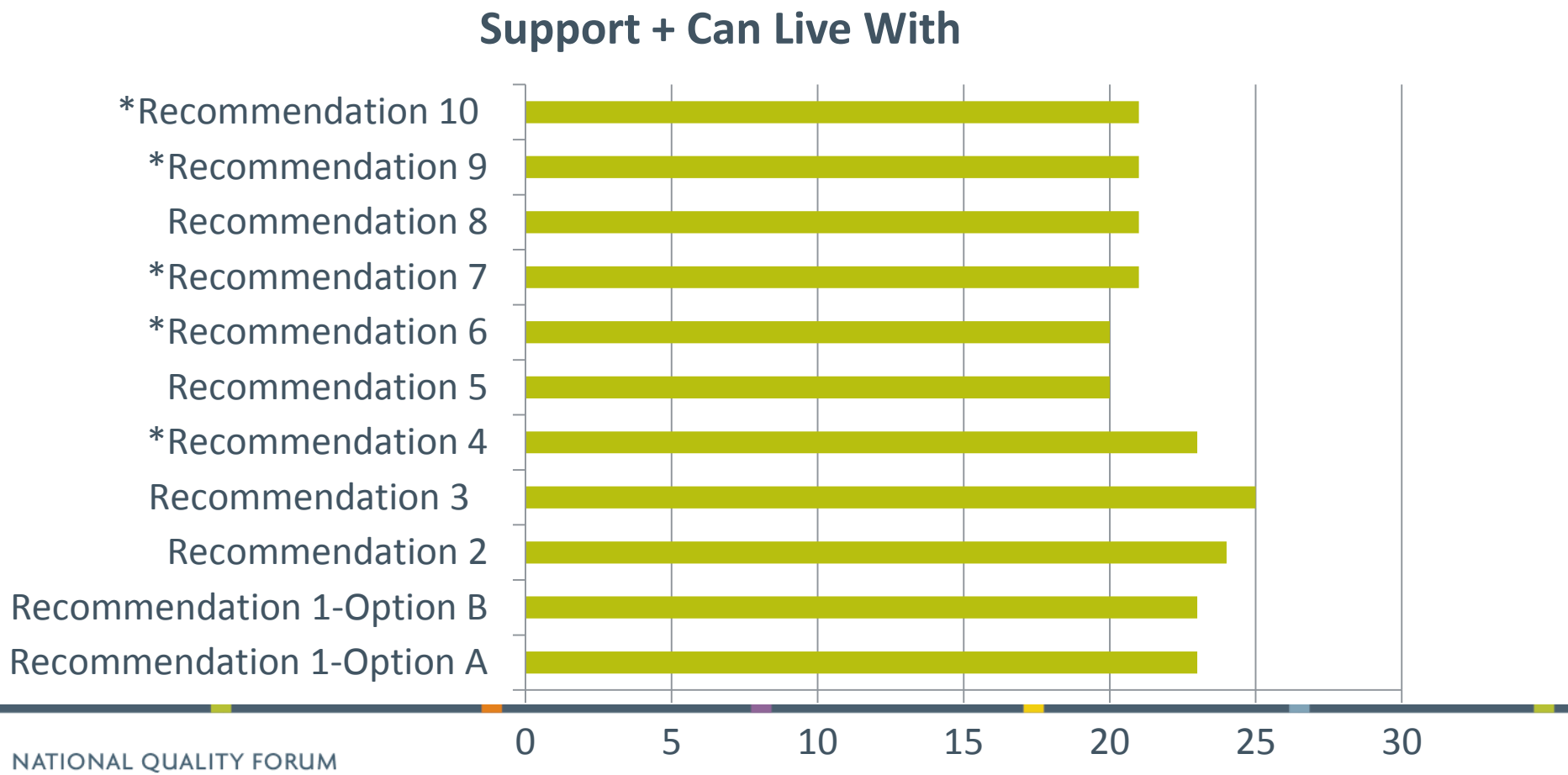
- Expert Panel examines issues and makes draft recommendations
- Draft report and recommendations posted for public comment to obtain broader input
- Expert Panel reviews comments on draft recommendations and modifies as indicated
- Consensus Standards Approval Committee (CSAC) reviews Panel's final recommendations as well as comments received
  - Potential Actions – approve, not approve, seek further input, modify
- Notify NQF Board

Objectives for Call

- Focus on issues that would benefit from further discussion
  - Will not have time to wordsmith on the call
- Identify fundamental objections
- Try to find common ground or identify potential exceptions when the proposed recommendation does not apply
- If differences remain, those will be noted in the report that is presented for public comment

Overall Support
All 26 members participated in the poll
(* Some items with 1-2 missing responses *)

- All recommendations – support or can live with by 20 or more (>75%)



Core Principles

1. Outcome performance measurement is critical to the aims of the national quality strategy.
2. Outcomes may be influenced by patient health status, clinical, and sociodemographic factors, in addition to the quality and effectiveness of healthcare services, treatments, and interventions.
3. When used in accountability applications, performance measures that are influenced by factors other than the care received, particularly outcomes, need to be adjusted for relevant differences in case mix to avoid incorrect inferences about performance.
4. Disparities in health and healthcare should be identified and reduced.
5. Performance measurement should not lead to increased disparities in health and healthcare.
6. Risk adjustment may be constrained by data limitations and data collection burden.

Risk Adjustment
(May revise but for today's discussion)

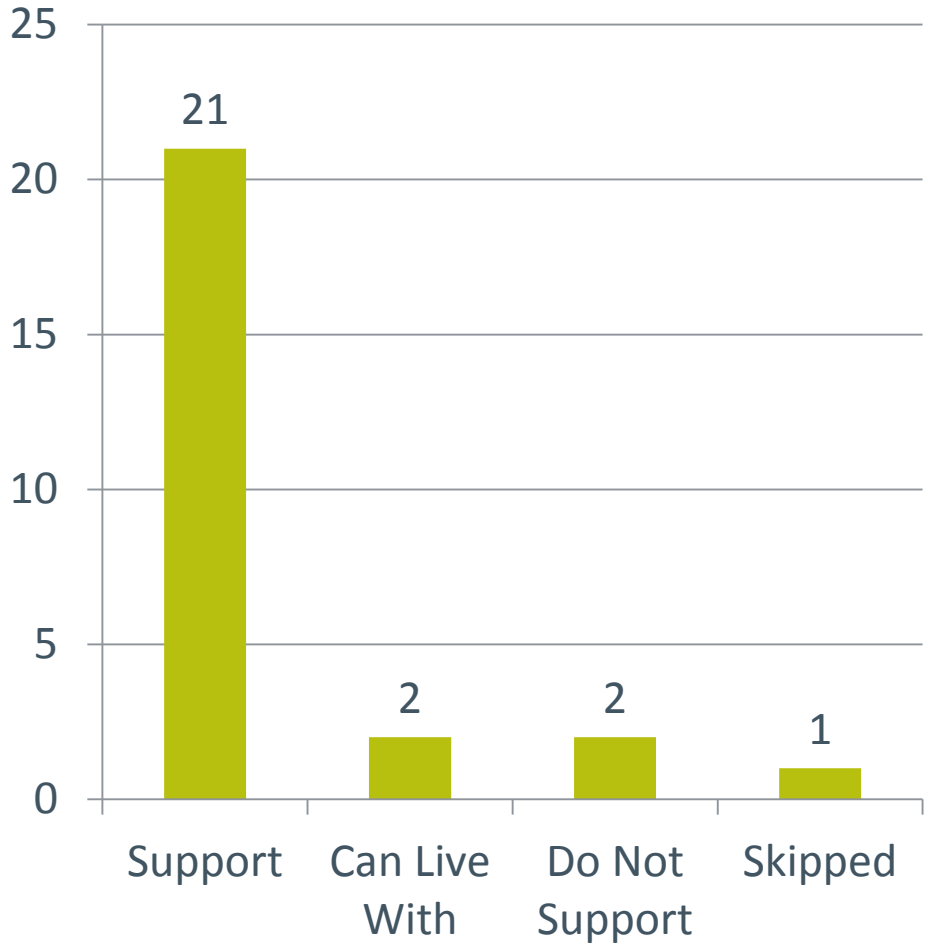
- The process of controlling or accounting for patient-related factors when examining outcomes of care, regardless of context.
- Comparison of observed to expected outcomes for an accountable entity
  - Indirect standardization/Direct standardization
  - Multivariable statistical models
- Stratification of scores for patient groups within an entity - each provider has multiple performance scores - for each category of patients
- Organizational stratification –to create peer groups or organizations with a similar patient mix; each provider has one score
  - Not typical – perhaps refer to it as an alternative
- Various combinations

Recommendation 4: The methods for adjustment, analyses, interpretations, and decisions should be

justified, demonstrated as meeting **NQF** criteria, and submitted for evaluation.

Comments

- Redundant to #3 or #3 indicates what is submitted
- What criteria?
- Need to be flexible for evolving science, but provide guidance



Recommendation 3: When submitting outcome performance measures for potential NQF endorsement, the following information about consideration of sociodemographic factors should be provided:

- Conceptual description - causal pathway between factors and outcome
  - Informed by review of literature, content experts
- Sociodemographic variables that were considered including different level of variables and approaches
  - Patient-level
    - Patient-reported (e.g., income, education, language)
    - Proxy (e.g., based on patient address, use census tract data to assign to a category of income, education, etc.)
  - Provider-level
    - Aggregation of patient-level data (e.g., proportion of patients at 200% or less of federal poverty level)
  - Community variables for service area (e.g., percent vacant housing)
- Analyses and interpretation resulting in decision to include or not
  - Prevalence of the factor across measured entities
  - Empirical association with the outcome
  - Contribution of unique variation in the outcome
  - Effect on performance score (including effect on ranking) with and without adjustment for sociodemographic factors

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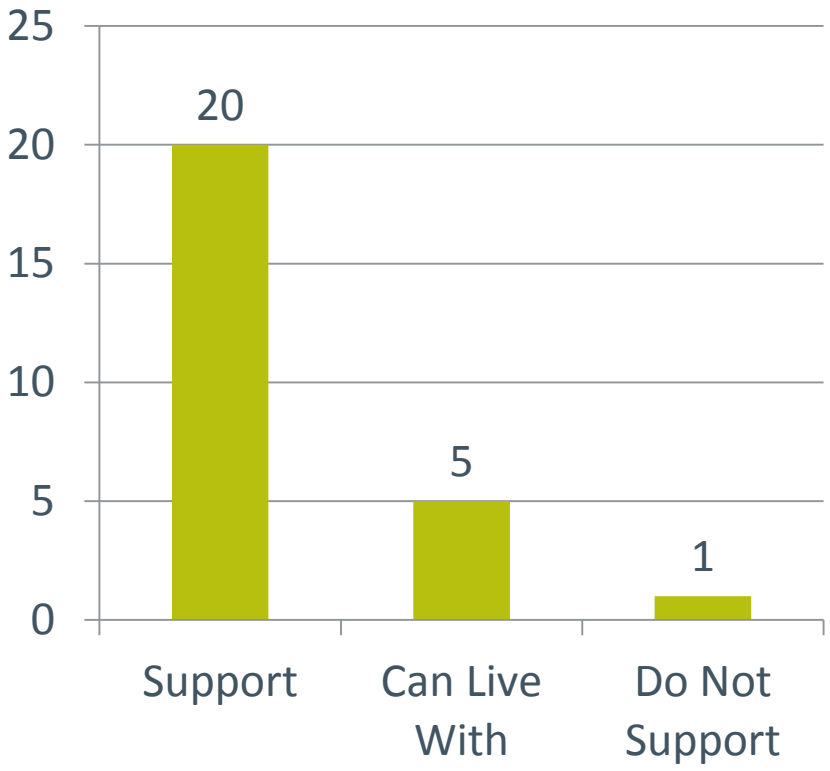


Comments

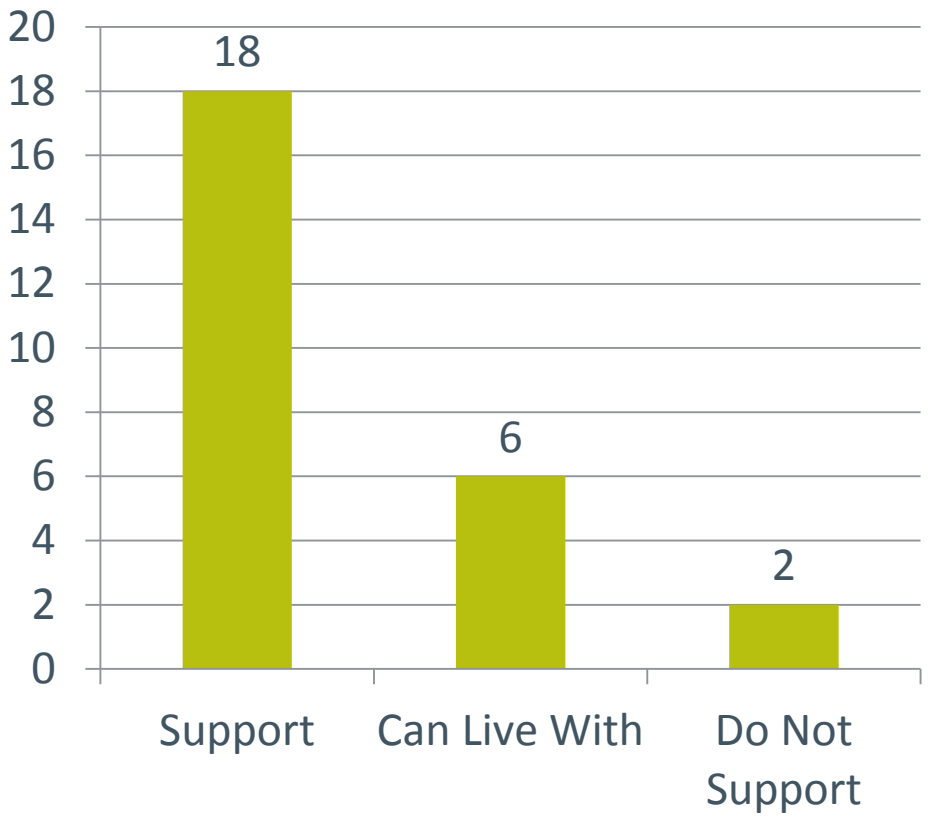
- Require detailed discussion with bullets as examples
- List the available options for sociodemographic factors
- Too prescriptive
- Is it about the measure or reporting?

Recommendation 2: The same principles for selecting clinical and health status risk factors for adjusting performance measures

should be applied to sociodemographic factors.

Comments

- Change to ‘may be usefully applied’
- Don’t agree with face validity
- Should not exclude on statistical grounds if conceptually relevant

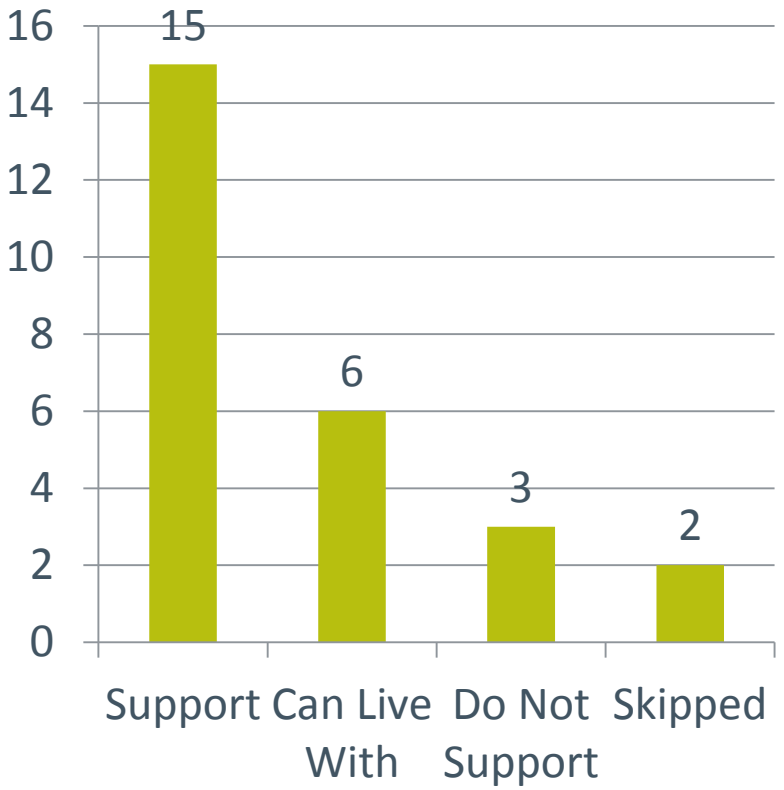


Recommendation 10: When sociodemographic factors affect the outcome, adjustment for sociodemographic factors of performance scores used for accountability

should preserve the ability to identify and address disparities.

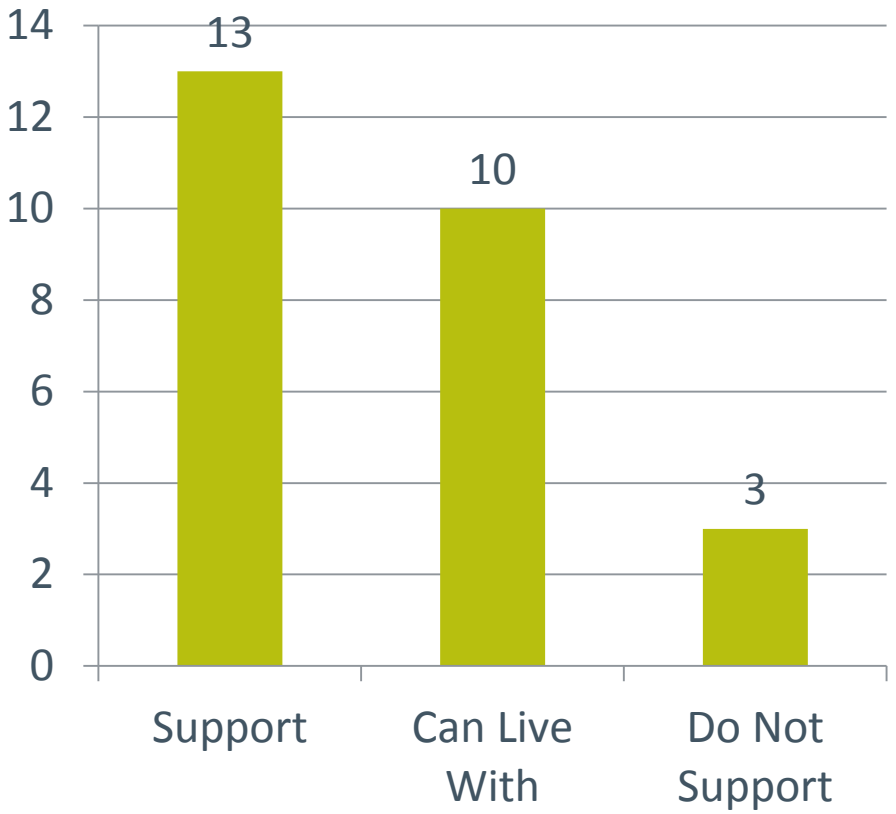
Comments

- Confusion re: term adjustment
- Discuss in report; don't make recommendation
- If not done for clinical factors, why sociodemographic?
- Stratification becomes complex with multiple sociodem factors
- Identified reasons to treat sociodem factors differently
- How are age/sex handled?



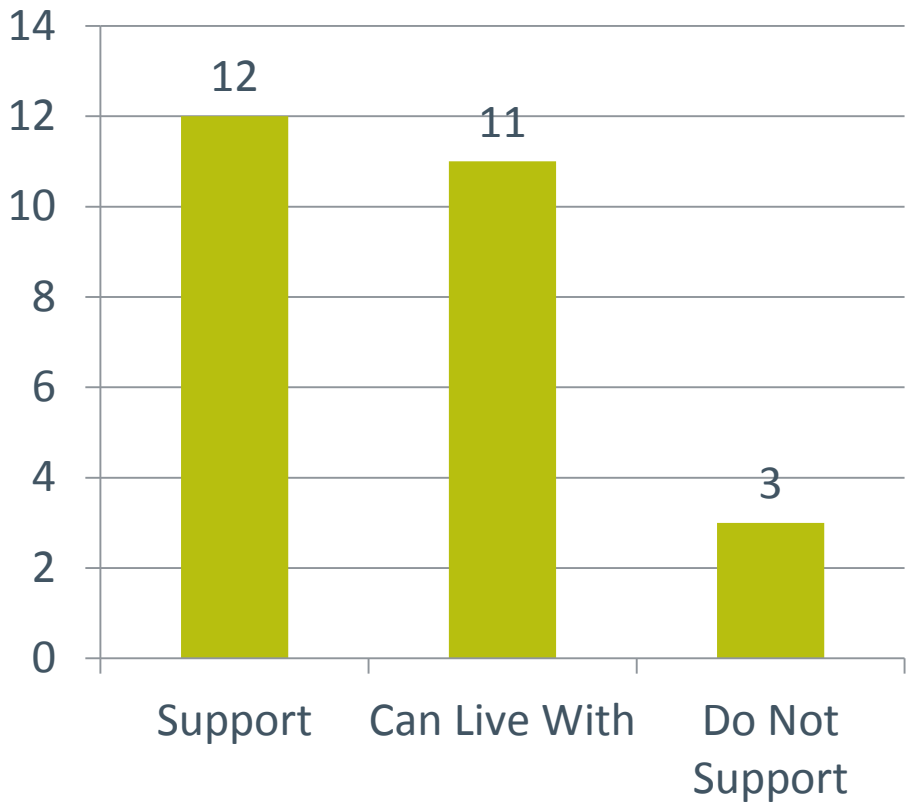
Recommendation 1-Option A: NQF should require that sociodemographic factors be considered for adjusting outcome performance measures and

require information about what factors, how they were considered, analyses, and rationale for adjusting or not adjusting (addressed in the following recommendations).



Recommendation 1-Option B: NQF should require that outcome performance measures be adjusted for sociodemographic factors unless

justification is presented for not adjusting for sociodemographic factors.



Recommendation 1 - Comments

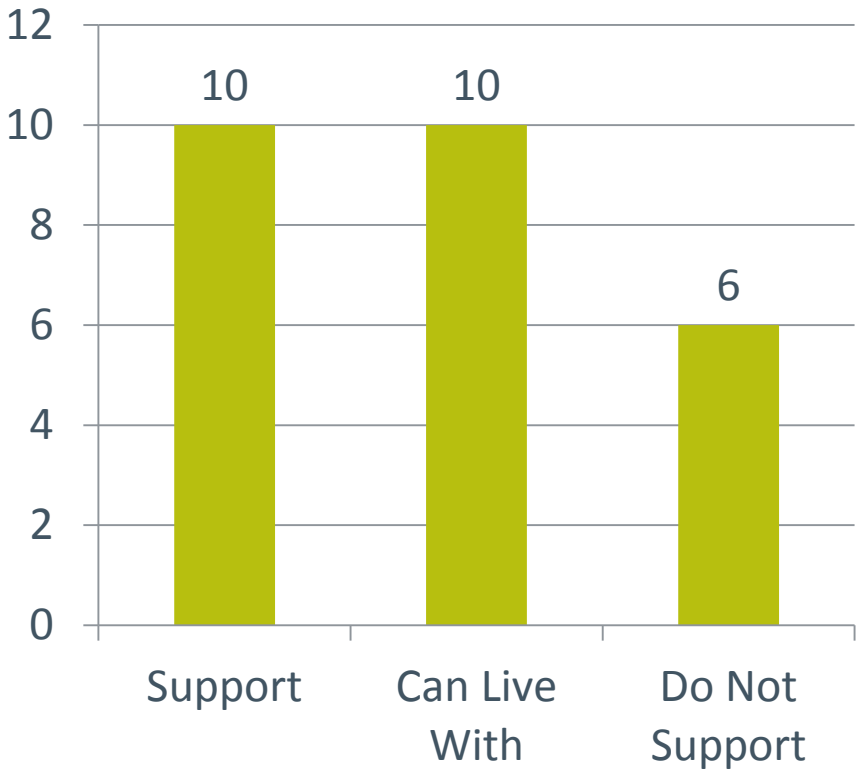
- Issue – how prescriptive
  - It isn't necessary for every outcome, impossible to know all potential situations or unintended consequences
  - Want a strong statement of importance
- May need preceding recommendation that as a matter of principle, the panel feels that performance measures should be adjusted for sociodemographic factors when appropriate and feasible (with details on what those two things mean in the following recommendations)
- Confusion about what adjustment means – may need to always include explanation:(standardization, multivariable statistical model, stratification of patient categories within entities, stratification of entities to create similar peer groups)

Recommendation 5: Sociodemographic factors that should always be considered for adjusting outcome performance measures include:

income, education, homelessness, English language proficiency, and insurance status.

Comments

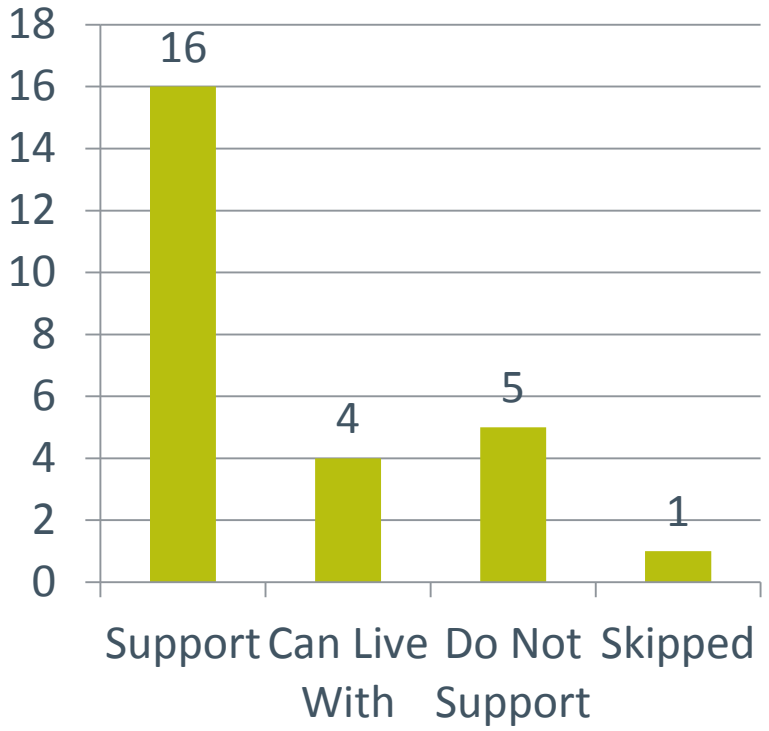
- Too prescriptive
- Disagree with what's listed or not
- Don't know enough to be so prescriptive
- Use as examples



Recommendation 6: Measures of processes that are not primarily under the control of the provider should be considered for potential adjustment for sociodemographic factors (e.g., patient accepting vaccination, getting prescription filled vs. administering the correct antibiotic to prevent surgical site infection).

Comments

- Could just say patients didn't follow orders vs. meaningful engagement
- Could be addressed as exclusions
- Need to include clinical factors
- All recommendations apply to process performance measures
- Should be adjusted if appropriate and feasible



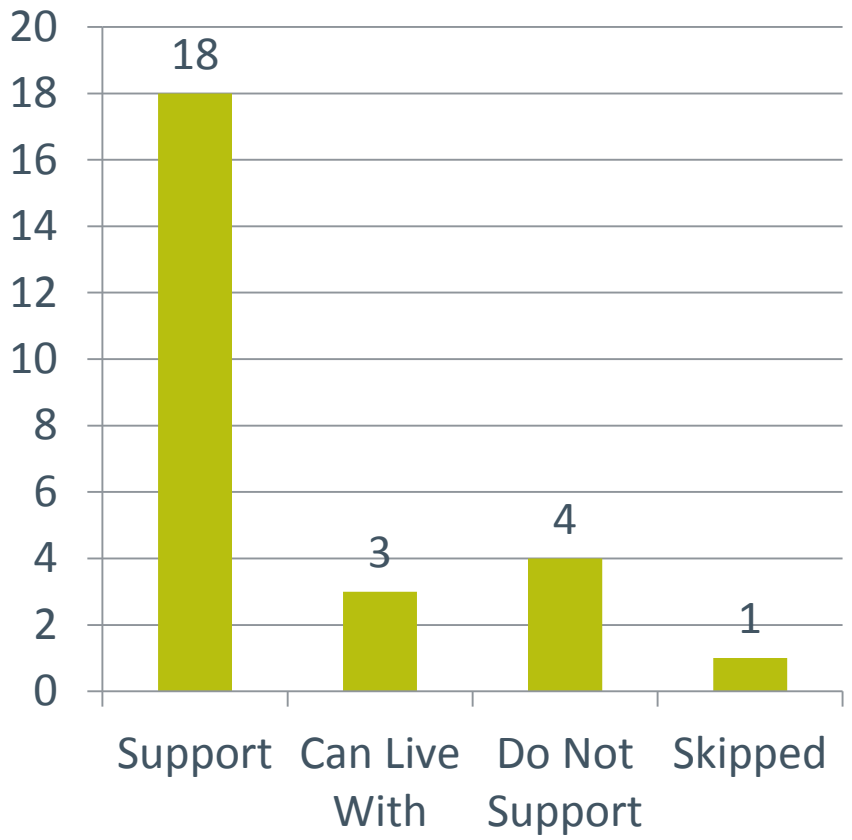
Recommendation 9: NQF should clarify that endorsement of a performance measure is for a specific context as specified and tested

for a specific patient population, data source, setting, and level of analysis. Use should not be expanded without review and usually additional testing.

Note – this is current NQF policy

Comments

- Don't apply to patient population
- Too broad
- Not related to SES issue
- NQF can't control use

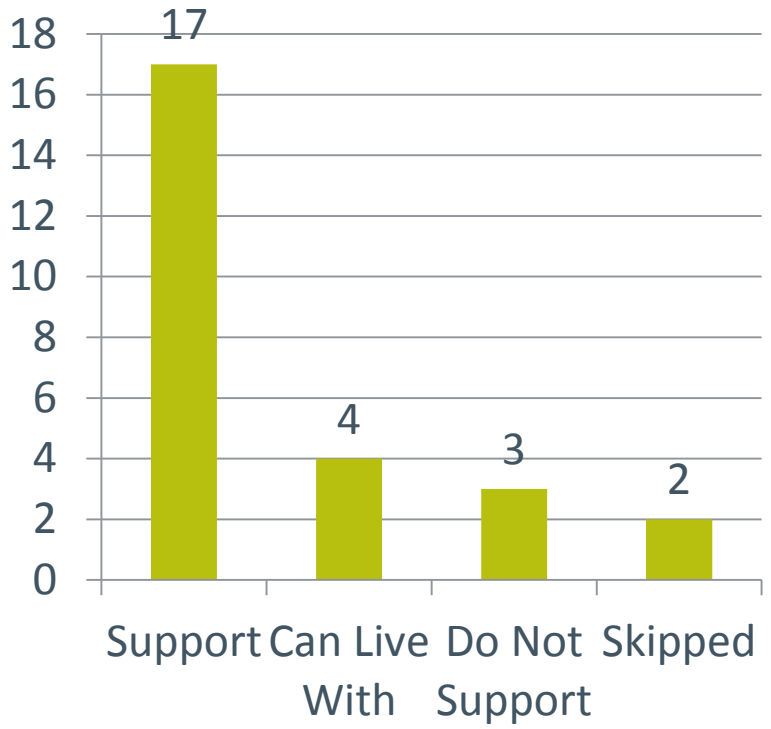


Recommendation 7: NQF should **consider** expanding its role to include guidance on implementation of performance measures.

Possibilities to explore include: guidance for each measure as part of the endorsement process or standards for different accountability applications.

Comments

- Split on general vs. specific measures
- Specific to the issue of safety net
- Not enough evidence on best practices for implementation
- Needs more discussion
- Not sure in scope



Recommendation 8: Developers should submit guidance on the intended use of the performance measure that is subject to review and evaluation.

Comments

- NQF should not address/police use
- Is this specific to SES, disparities or general?
- Need more discussion
- How different from #7?
- Why would assessment be different ?
- Not sure in scope