Risk Adjustment and Socioeconomic Status Expert Panel –Public Comments			
Name of Commenter: Stephen F. Jencks, M.D., M.P.H. Consultant in Healthcare Safety & Quality	Organization Affiliated:	Comment: It is difficult to tell from the bios, but it looks to me as if your panel is exceedingly strong in risk adjustment and SES at the individual patient level but I don't identify expertise in community-level adjustment, particularly in community characteristics that may act in parallel with individual characteristics. For example, there are good reports that living in a high-poverty community creates measurable increased risk beyond that of personal poverty. As we move toward population health measures it will be increasingly important to incorporate both perspectives.	Comment Received: 11/22/13
		Response: NQF agrees that the population health perspective is essential for this project. Due to the space constraints on our panel member biographies (100 words), our panel members were not able to include their full range of expertise in their bios. NQF also reviewed CVs and letters of interest/nomination letters for all applicants to this panel. Based on this expanded information, we have identified several panel members that have expertise in population health and community-level adjustment, including: Mary Barger, Marshall Chin, Kevin Fiscella (the panel's co-chair), Nancy Garrett, and Thu Quach. In addition, we have two panel members with expertise in homelessness (Monica Bharel and Nancy Sugg) and several panel members that work with or have worked with FQHCs and safety net institutions. Thank you for your input.	Response Sent: 12/19/13
Name of Commenter: William L. Rich III, MD, FACS AAO Medical Director for Health Policy	Organization Affiliated: American Academy of Opthomology	Comment: The NQF has put together a roster of accomplished experts in the area of risk adjustment, however, the perspective of specialty physicians and surgeons is notably absent from the roster. As the panel grapples with difficult questions concerning risk adjustment and develops its recommendations on the inclusion of socioeconomic status (SES), it will be critically important to include the perspectives of specialists and surgeons. **The Academy recommends that NQF reconsider the panel composition and, if necessary, reopen the nomination period to fill the gaps in specialty and surgical expertise on the panel.** As you know, there can be vast differences in the course of disease or response to care between groups of patients with the same diagnosis. The overall course of treatment for many conditions can vary greatly along the lines of socioeconomic status. Socioeconomics can impact care utilization and	Comment Received: 11/26/13

		access, as well as compliance with self- management guidelines. Such variations can be difficult to measure and have significant implications for surgical decision making. Some evidence suggests that patients' socioeconomic status can be a predictor of poor patient surgical outcomes in some procedures. The Surgical Quality Alliance, an organization of surgical specialties convened to define the principles of surgical patient quality measurement and develop awareness among interested parties about issues related to surgical care and quality in all surgical settings, recommends that surgical quality and resource use measures utilize proper risk adjustment, as determined by the appropriate specialty society, to lend legitimacy to surgical quality and resource use data and ensure that measurement does not inhibit ongoing access to care for patients who are at a higher risk of complications and poor outcomes. The recommendations developed by the expert panel will have wide ranging implications not only for NQF's work, but for future value based purchasing initiatives in the public and private spheres. Surgical specialties must have a voice in this process.	
		Response: NQF agrees that someone with surgical expertise is needed. We have seated Mark Cohen, PhD, the Statistical Manager, Continuous Quality Improvement, Division of Research and Optimal Patient Care, at the American College of Surgeons, to fill this gap. Thank you for your input.	Response Sent: 12/19/13
Name of Commenter: David B. Hoyt, MD, FACS Executive Director	Organization Affiliated: American College of Surgeons	Comment: The ACS nominated Bruce Hall, MD, PhD, MBA, FACS, who has extensive experience in risk adjustment methodologies and has served on several NQF expert panels, but he was not appointed to panel. Currently, there is no surgical representation on the roster and therefore, we strongly urge NQF to appoint a surgical representative. **In order to validate the clinical validity of risk adjustment algorithms for surgical patients, it is critical that surgeons contribute to the NQF risk adjustment criteria and guidance**. Surgical care encompasses many specialties, each of which has unique characteristics based on patient need. As modern surgical care has continued to become more sophisticated and technologically complex, it has stimulated the emergence of many subspecialties dedicated to specific types of diseases or special patient populations making the task of quality comparisons between physicians more	Comment Received: 11/26/13

		complex. This highly precise yet multifaceted focus on very specific populations, while undoubtedly improving quality and outcomes, has in many cases also made processes of quality comparison irrelevant and functionally impossible. There can be vast differences in the course of disease or response to care between groups of patients with the same diagnoses. The variations are difficult to measure and have significant implications on surgical decision-making. Other conditions that increase the complexity of surgery are difficult to account for in risk adjustment models. Additionally, there is growing evidence that patients' socioeconomic status can be a predictor of poor patient surgical outcomes in some surgical procedures. Through the use of clinical registries and programs such as the National Surgical Quality Improvement Program (ACS NSQIP), surgery has developed extensive expertise in the area of risk adjustment. ACS NSQIP became the first nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care. ACS NSQIP is an institution-based, peer controlled, multispecialty surgical registry of 30 day postoperative outcomes and patient risk factors. Continuously updated hospital performance reports and benchmarking analyses are available in real time and nationally benchmarked and risk- adjusted reports are provided semiannually while employing validated appropriate analytical methodologies to evaluate surgical outcomes. The ACS NSQIP is the most successful surgical outcomes registry and has been recognized as "the best in the nation" by the Institute of Medicine.i A recent study demonstrated that over 80 percent of the ACS NSQIP participating hospitals statistically significantly decreased their surgical complication rates, and over 60 percent significantly decreased their mortality rates. Without a surgical representative and expertise in risk adjustment methodologies for surgical care, there is a critical gap in the current SES and Risk Adjustment Expert Panel Roster. Therefore, we strongly urge NQF to consider a surgical representative for this panel.	
		Response: Dr. Hall is serving as Co-Chair of NQF's Readmissions Standing Committee, and therefore could not be seated on this panel. However, we agree that someone with surgical expertise is needed. We have seated Mark Cohen, PhD, the Statistical Manager, Continuous Quality Improvement, Division of Research and Optimal Patient Care, at the American College of Surgeons, to fill this gap. Thank you for your input.	Response Sent: 12/19/13