



BACKGROUND

Disparities in healthcare have been linked to inadequate resources, poor patient-provider communication, a lack of culturally competent care, and inadequate linguistic access, among other factors. In order to promote equal treatment of all patients who enter the healthcare system and reduce healthcare disparities in health outcomes, the healthcare system must be deliberate about addressing these factors and mitigating their impact. Accurate and meaningful metrics that consider for socioeconomic and demographic patient factors, as well as, measures that address healthcare disparities and culturally competent care are needed to create a long-term agenda for improving healthcare quality. These measures are essential to promoting the health of populations adversely affected by disparities and ensuring equitable allocation of healthcare resources.

Since 2006, NQF has embarked on several efforts focused on disparities including:

- Establishing criteria to evaluate disparities-sensitive measures and [endorsing 35 disparity-sensitive measures](#) for the ambulatory care setting (2006)
- Endorsing a [definition, framework, and set of 45 preferred practices](#) for measuring and reporting cultural competency(2009)
- Developing of a [commissioned paper focused](#) on measurement implications for healthcare disparities (2011)
- [Identifying performance measures](#) for healthcare disparities and cultural competency and developing a [protocol for assessing disparity-sensitive measures](#)(2012)
- [Exploring the adjustment of performance measures for sociodemographic status \(SDS\) when appropriate](#)(2014)

To build on NQF's prior efforts focused on disparities, NQF will convene a Disparities Standing Committee (DSC) to complement our extensive work in quality measurement to provide a cross-cutting emphasis on healthcare disparities across all of NQF's work. The Committee would not be asked to serve as a primary reviewer of performance measures. Instead, their primary role would be to serve as a resource for all of NQF's activities, including measure evaluation, selection, consideration of use, and improvement. The DSC will provide guidance to the Consensus Standards Approval Committee (CSAC), Measure Applications Partnership (MAP) and NQF Standing Committees. As appropriate, the DSC may make recommendations regarding evaluation criteria to the CSAC and MAP.

Nominations Due By Friday, October 9, 2015 6:00 PM ET

COMMITTEE CHARGE

The DSC will include individuals possessing broad breadth and depth of expertise and experience in disparities measurement and improvement. And will serve in an advisory capacity to the CSAC, MAP and the Board of Directors on emerging issues in healthcare disparities.

The DSC is intended to accomplish the following:

- Enhance NQF's breadth and depth of disparities knowledge through the provision of expertise on emerging issues in measurement science and disparities (e.g., risk adjustment, stratification, and cross-cultural effects on patient surveys).
 - In the near term, the DSC will be asked to review implementation of the revised NQF policy regarding risk-adjustment for socioeconomic and other demographic factors and evaluate the two-year SES trial period. It would also assess trends in disparities and review and provide guidance related to methodologies for adjustment and stratification and standard sociodemographic data collection. The DSC will also assess emerging evidence of the impact of adjusted measures on patients and providers and monitor for unintended consequences of the policy change.
- Develop a high-level roadmap for disparities measurement and reduction into the broader NQF evaluation and strategic framework. This will include consideration of how measurement can be used to proactively reduce disparities.
- Provide advice and/or technical expertise on disparities to other committees (i.e. cross cutting committees or the MAP)
- Building on prior NQF disparities work, provide strategic direction and guidance to NQF and the measurement field on enhancing measure development activity and growth of the NQF portfolio of disparity-sensitive and cultural competency measures.

STANDING COMMITTEE STRUCTURE

This Committee will be seated as a standing committee comprised of 15-17 individuals. All Committee members will serve as individuals, not representatives of a particular organization, association or other group and would be subject to the same disclosure/conflict policy that is applied to other Standing Committees.

Terms

Standing Committee members will initially be appointed to a 2 or 3 year term. Each term thereafter will be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

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Participation on the Committee requires a significant time commitment.

The Committee will meet at least once per year in person and more frequently via conference call or webinar as needed.

Committee participation includes:

- Attending scheduled meetings

Table of scheduled meeting dates

Meeting	Date/Time
Orientation webinar	Thursday, December 3, 2015; 2PM-4PM ET
In-person meeting (2 days in Washington, DC)	Wednesday, January 20-Thursdays, January 21, 2016
Quarterly conference calls:	Tuesday, April 26, 2016; 2PM-4PMET
	Thursday, July 21, 2016; 12PM-2PM ET
	Wednesday, October 19 ; 2PM-4PM ET

PREFERRED EXPERTISE & COMPOSITION

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement. NQF is seeking individuals with expertise in all aspects of disparities and measurement, including, but not limited to, experience with quality of care for racial/ethnic minorities, persons with disabilities, vulnerable populations, persons of low literacy or low socioeconomic status, measurement methodologies (including risk adjustment), public reporting, transitions of care, and experience with disparity-sensitive conditions. Nominees should have demonstrated experience with a variety of clinical experiences and stakeholder perspectives, including physicians, nurses, therapists, social workers and case managers, health systems, hospitals, outpatient community health centers, home and community based services, , as well as health plans and purchasers.

Please review the [NQF Conflict of interest policy](#) to learn about how NQF identifies potential conflict of interest. All potential [Committee] members must disclose any current and past activities prior to and during the nomination process in order to be considered.

NQF will require Committee members who have a conflict of interest directly related to the subject matter to recuse themselves from discussion and any voting associated. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or

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other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals is *not permitted*.

APPLICATION REQUIREMENTS

Nominations are sought for individuals. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual, please submit the following information:

- a completed [online nomination form](#), including:
 - a brief statement of interest
 - a brief description of nominee expertise highlighting experience relevant to the committee
 - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above.
 - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- a completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Friday, October 9th**.

QUESTIONS

If you have any questions, please contact disparities@qualityforum.org. Thank you for your interest.