NQF Social Risk Trial

Web Meeting 7

June 11, 2021

Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order 75FCMC18F0001

Agenda

- Welcome, Roll Call, and Meeting Objectives
- Social Risk Trial Overview
- Overview of Draft Recommendation Report and Public Comments
- Discussion: Comments received on the Draft Report
- Open Discussion
- Next Steps
- Closing Remarks

Welcome, Roll Call, and Meeting Objectives

NQF Project Staff

- Wunmi Isijola, MPH, Senior Managing Director
- Nicole Williams, MPH, Director
- Elizabeth Flashner, MHA, Manager
- Isaac Sakyi, MSGH, NQF Senior Analyst
- Sai Ma, PhD, NQF Senior Consultant
- Sharon Hibay, DNP, RN, NQF Senior Consultant

NATIONAL
QUALITY FORUM

Roll Call

- **Philip Alberti, PhD (co-chair)**
- **Nancy Garrett, PhD (co-chair)**
- Susannah Bernheim, MD, MHS
- Michelle Cabrera, SEIU
- Juan Emilio Carrillo, MD, MPH
- Marshall Chin, MD, MPH, FACP
- Lisa Cooper, MD, MPH, FACP
- Traci Ferguson, MD, MBA, CPE
- Kevin Fiscella, MD
- Romana Hasnain-Wynia, PhD
- Lisa Lezzoni, MD, MSc
- David Nerenz, PhD
- Yolanda Ogbolu, PhD, CRNP
- Ninez Ponce, NPP, PhD
- Bob Rauner, MD,MPH, FAAFP
- Eduardo Sanchez, MD, MPH, FAAFP
- Jesse Schold, PhD
- Sarah Hudson Scholle, MPH, DrPH
- Thomas Sequist, MD, MPH
- Christie Teigland, PhD
- Mara Youdelman, JD, LLM

NATIONAL QUALITY FORUM

CMS Representatives

- LaWanda G. Burwell, ScD, TO COR, CCSQ, QMVIG, DPMS, CMS
- Sophia Chan, PhD, MA, MPH, CCSQ, DPMS, CMS
- Maria Durham, MS, MBA, Director Division of Program and Measurement Support, (DPMS), CCSQ, QMVIG, CMS
- Helen Dollar-Maples, RN, MSN, Deputy Director, DPMS, CCSQ, DPMS, CMS
- Meagan Khau, MHA, Director, Data and Analysis Group, OMH, CMS
- Jessica Maksut, PhD, OMH, CMS

NQF would like to thank CMS for funding this very important work.

Meeting Objectives

- Reach consensus on the recommendations for the second Social Risk Trial Report
- Consider the content, findings, and gaps for the overall Draft Final Report and recommendations in the report
- Consider the content, findings, and gaps for the public comment recommendations
- Prioritize actionable recommendations by measurement community stakeholders

Social Risk Trial Overview

Background and Context

- In 2014, NQF created the Disparities Standing Committee with the core belief that **inequities in health and healthcare should be identified and reduced**, and that **performance measurement should neither lead to increased disparities nor should it penalize providers who care for large proportions of marginalized patients**.
- Under the guidance of the Disparities Standing Committee, NQF continued a multi-year journey to test the inclusion of social risk factors in measure endorsement and implementation processes to answer this **key question**:

Should quality measures adjust for social risk factors?

NQF's Journey

- **2014**: NQF and the Disparities Standing Committee NQF convened the Risk Adjustment Technical Expert Panel (TEP)
- **2015**: NQF began the initial two-year Social Risk Trial and requested developers evaluate social risk factors in the risk adjustment models
- **2017**: NQF's Disparities Standing Committee published *A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity*
- **2017**: NQF initiated the second (multi-year) Social Risk Trial period
- **2021**: NQF publishes Social Risk Final Report (anticipated in July 2021)

Demographics versus Social Risk Factors

- Combined with other national tensions related to bias and discrimination, the COVID-19 pandemic demonstrated and intensified the stark inequities and effects that social risk factors have on healthcare access and health outcomes. The **demographic concepts of <u>race</u>, <u>ethnicity</u>, and <u>gender</u> are widely available and used to differentiate population characteristics** and performance in healthcare delivery, research, and measurement.
- Many disparities experts state that **these demographic factors <u>do not</u> and <u>should not</u> represent inherent and measurable social risks.** Having the characteristics of a certain race, ethnicity, or gender does not present a risk to health outcomes. Rather, implicit and explicit discrimination or bias of these factors is a social phenomenon that acts as a risk to health outcomes.
- The influence of social risk factors underscores the importance of considering and analyzing all applicable sociodemographic risk factors in performance measurement to ensure **that comparisons reflect population-defined needs** and **providers are fairly compared based on those needs**.

Methods & Findings

NATIONAL
QUALITY FORUM

Trial Measures

- NQF staff collected, aggregated, and analyzed data from measure submissions relating to **adjustment for social risk during fall 2017 through spring 2020 measure evaluation cycles**.
- These data included **general measure information** (e.g., NQF #, title, and measure type), responses for submission questions related to the **consideration and inclusion of risk adjustment models** and social risk data elements, as well as process, recommendation, and decisions throughout the steps of measure evaluations.
- **Information was collected throughout measure reviews** including Intent to Submit, Scientific Methods Panel (SMP) reviews, measure evaluation or post comment (i.e., for consensus not reached only), and after final Consensus Standards Approval Committee (CSAC) endorsement recommendations.

Overview of Measures Submitted

- Measures Reviewed in the second Social Risk Trial (n=317)
  - Outcome or intermediate outcome (n = 135)
  - Process (n = 142)
  - Resources Use (n = 17)
  - Composite (n = 13)
  - Structural (n = 6)
  - Efficiency (n = 4)
- Risk Adjusted Measures*
  - Included some form of risk adjustment in the measure (n = 125)
  - Conceptual rationale supported inclusion of social risk factors (n = 74)
  - Included social risk factors in the final risk adjustment approach (n = 38)

*Adjustment models included demographic, clinical, or social risk factors.

Common Social Risk Factors Considered

- **Race and Ethnicity**
  - Race
  - Ethnicity
  - White versus non-White
  - African Americans
- **Insurance**
  - Insurance product
  - Payment source
  - Insurance status
  - Dual eligibility
  - Payer
  - Medicare/Medicaid
- **Relationship Status**
  - Percentage of single females with child
  - Relationship of veteran next of kin
  - Marital status
  - Lives alone
- **Income and Socioeconomic Status (SES)**
  - Percentage on public assistance
  - AHRQ SES Index
- **Other**
  - Hospital safety-net status
  - Home ownership
  - Regional healthcare provider shortage
  - Disability/disability status
  - Undocumented immigrant
  - History of social risks (e.g., substance abuse)
  - Gender
  - Health literacy
- **Social risk concept not required**
  - Education
  - Language
  - Rural/Urban
  - Employment status

Social Risk Adjustment Rationale and Inclusion

Type of Rationale for Social Risk Adjustment	Number of Measures*	Percent of Measures*
Total Risk-Adjusted Measures	**125**	**100%**
Measures that used "Published Literature" to develop rationale for social risk factors	92	73%
Measures that used "Expert Group Consensus" to develop rationale for social risk factors	14	11%
Measures that used "Internal Data Analysis" to develop rationale for social risk factors	68	54%
Measures with conceptual rationale that supported inclusion of social risk factors	74	59%
Measures that included social risk factor(s) in final risk adjustment approach	38	30%

*Column numbers and percentages are more than 125 measures and 100% as more than one social risk factor was considered for many measures.

Social Risk Factors Considered and Included

Social Risk Factor	Percent of risk-adjusted measures that considered the social risk factor*	Percent of risk-adjusted measures that included the social risk factor⁺
Insurance	59%	14%
Race and Ethnicity	51%	8%
Socioeconomic Status (SES)	32%	2%
Education	19%	6%
Employment	17%	1%
Other	12%	7%
Income	11%	0%
Relationship Status	9%	2%
Rural/Urban	9%	0%
Language	7%	3%
Disadvantaged areas	5%	0%

*Some measures considered more than one social risk factor for risk adjustment; therefore, percentages are more than 100.

⁺Most measures did not include social risk factors in the final specification; therefore, percentages are less than 100.

Draft Final Report Themes and Recommendations

Second Social Risk Trial Themes

- The **entire measurement community has an obligation** to rectify long-standing societal, health and health inequities; therefore, bears responsibility for its part of the remedy.
- In discussions of **race and ethnicity,** independent of SES, it is important to **recognize the unquantifiable effects, are cumulative in nature,** including:
  - Differences in genetics and biology
  - Long-term exposure to social, economic, structural, and environmental induced stress
  - Direct, negative physical effects of decreased immunity for marginalized individuals and communities exposed to racism and discrimination
  - Neurohormonal responses to stress pathways that induce chronic psychological and behavioral responses

Second Social Risk Trial Themes (continued)

- Demographic **proxies for social risk (i.e., race, ethnicity, and sex) are temporary** until more suitable alternatives are identified.
- The **inclusion of social risk factors in risk adjustment models** throughout performance measurement **will require additional exploration, clarity, and guidance** to fully grasp the effects and unintended consequences in measure programs, payment models, and other incentivization and high-stakes uses.
- Measures often include **a conceptual rationale that supports the inclusion** of social risk in adjustment models, **yet social risk factors are not included** in final models.
- **Additional research and guidance is needed** to determine when to include social risk factors when model performance is not improved in testing (e.g., C-statistic is not improved) or small effect size is noted.

Key Draft Final Report Recommendations for All

- **Declare the elimination of health and healthcare inequities a top national and performance measurement priority.**
- **Consistently collect, report, and submit demographic and social risks data**, such as race and ethnicity, education, and language.
- **Each submitted measure should be individually assessed** to determine the appropriateness of adjustment for social risk factors.
- The measurement community should **assess the effects and unintended consequences of social risks for marginalized populations** and providers who treat them to ensure measure alignment with program and policy goals.
- **Prioritize the identification of demographic risk alternatives to current social risk proxies** (i.e., race, ethnicity, and sex) for consideration and inclusion in risk adjustment.

Draft Final Report Recommendations for NQF

- NQF should formalize the consideration and analysis of **social risk factors a permanent component of the requirement for endorsement and maintenance measure evaluations**.
- NQF should work with the SMP, Standing Committee members, and the Risk Adjustment TEP to **update the evaluation guidance and set clear expectations for the inclusion of social risk factors in risk adjustment** and stratifying measure performance reporting to identify care delivery inequities between populations and settings.
- NQF should i**ncrease the technical assistance capacity and available resources to developers** and the measurement community to support measure development and submissions that consider and include adjustment for social risks, particularly for emerging measure developers.

Draft Final Report Recommendations for Developers

- Developers, who advance measurement science in each submission, should strive to explore, test, and report the **effects of social risks on healthcare delivery and outcomes inequities** to ensure accurate reporting of care quality that reduces harm and unintended consequences to marginalized patients and their providers.
- Developers should **stratify performance data in measure submissions by adjustment variables** (i.e., clinical, demographic, and social risks) when data is accessible.
- Developers should **clearly define the conceptual and empirical relationships between social risk factors and outcomes, and the rationale for including (or not) social risks** in adjustment models.
- Developers are encouraged to **seek NQF technical assistance** for adjustment for social risks support in measure submissions.

Draft Final Report Recommendations for Stakeholders

- All stakeholders should **commit to** ide**ntifying, prioritizing, and implementing evidence-based interventions** that **eliminate health and healthcare inequities**.
- Providers should **collect and analyze social risks data** to understand population care needs and for care delivery and case-mix complexity.
- Policy makers should **incentivize social risks data** standardization, infrastructure, collection, and research data concepts and effects.
- Policy makers should fund research on **the effects and unintended consequences of considering, including, and implementing social risks** in adjustment models, measures programs, and payment models.
- Researchers should **develop a standardized set of social risk concepts** from known data sets to advance adjustment beyond proxy identifiers, including feasible data elements that quantify social risk bias and unjust distribution of resources and opportunity.

Public Comment Recommendations

Overview of Commenters

Comments were submitted by ten individuals from nine organizations:

- Association of American Medical Colleges
- American Association on Health and Disability
- American College of Physicians
- America's Health Insurance Plans
- American Medical Association
- Hassanah Consulting
- Henry Ford Health System
- Next Wave, Inc.
- SNP Alliance

Public Comment Social Risks Recommendations

NQF received very positive support from commenters to continue leading the efforts of “fairly and accurately measuring and reporting the quality of care provided by health care entities”. – A. Plum, Henry Ford Health System

1. NQF should formalize adjusting for social risks
2. Social risks data is pivotal to reversing inequities
3. Social risks extend beyond measure endorsement
4. Stakeholders request detailed social risks guidance

Disparities Standing Committee Discussion

- The Disparities Standing Committee will consider the content, findings and gaps for the following overall report and recommendations, and public comments:
  - Which recommendations resonate with you?
  - What should be prioritized?
  - Is it actionable?
  - What are immediate, short-, and long-term goals?
  - What stakeholder takes the lead?
  - What are we missing?

Public Comment Recommendation 1: NQF Should Formalize Adjusting for Social Risks

- All commenters were **highly in favor** of this recommendation.
- **Each measure submission** should be **individually assessed for risk adjustment** (i.e., demographic, clinical, and social risks) appropriateness.
- NQF should **formalize and adhere to the equal application of risk adjustment** (i.e., demographic, clinical, and social risks) in the evaluation criterion and for each measure submission.
- NQF should **formalize and adhere to reporting and stratifying of demographic, clinical, and social risks performance data** in the evaluation criterion and for each measure submission.

Public Comment Recommendation 2: Social Risks Data is Pivotal to Reversing Inequities

- Policy changes are needed to:
  - **Develop a national social risks data reporting infrastructure** that uses standardized and interoperable data elements for collection, aggregation, and risk adjustment
  - **Incentivize data collection** to remedy reversible societal and healthcare inequities, and fairly measure population-defined social risks needs and care quality
  - **Incentive and reimburse providers** for the care of patient with high clinical, demographic, and social risk needs
  - **Examine measure programs and payment models** for any unintended consequences of risk adjusting (or not), and the measure implementation requirements

Public Comment Recommendation 2: (continued) Social Risks Data is Pivotal to Reversing Inequities

- Feasible data elements that quantify social risk factors and capture the actual risks of bias and unjust distribution of resources and opportunity
- Select social risks data elements are accessible, yet very minimally collected:
  - ICD-10 Z-Codes for Social Determinants of Health
  - Electronic Clinical Quality Measure (eCQM) Supplemental Data Elements (SDE)
  - Race, ethnicity, education, and language (REaL)
  - Nine-digit zip codes (e.g., food insecurity, transportation, and broadband)
  - Dual eligible, low-income status (DE-LIS)
  - Other data elements identified from the public comments include disability status, housing instability, social isolation, sexual orientation, gender identity, rural/urban, service setting.

Patient Perspectives on Social Risks

- Commenters included both **patient/family/consumer** and **healthcare professional voices**. Overall, there was resounding support for collecting data on social risk factors.
- Commenters sought information on **care choices** and want the **ability to differentiate care between providers using stratification** (rather than risk adjustment), as well as with the same provider for patient groups with varying social risk. They specifically requested the **capture of data that represents patient priorities**.
- **Consumers want to define their healthcare priorities**, specifically marginalized, vulnerable, and low-volume populations that may have the greatest social risk needs.
- Consumers find that **social risks data** that is collected in healthcare should be **utilized for non-healthcare social and community supports** to improve overall **quality of life and reduce societal inequities**.

Public Comment Recommendation 3: Social Risks Extend Beyond Measure Endorsement

- **Developers should evaluate the effects and unintended consequences** to patients and providers when adjusting (or not) for social risks before and after implementation in incentive programs.

- **Providers should collect and aggregate social risks data** to identify and to tailor care delivery to patient-defined needs and reduce quality of care inequities.

- Researchers should **evaluate the effects and unintended consequences of social risks to patient outcomes in measure programs and payment models** for patient care and outcome inequities and test model updates to ensure providers caring for populations with increased social risks can compete and be incentivized fairly.

Public Comment Recommendation 4: Stakeholders Request Detailed Social Risks Guidance

- NQF should **catalogue available and tested social risk data** for reporting and risk adjustment consideration, identifying standardized, new, and emerging data sources and application.
- NQF should **provide developers guidance and technical assistance** for data feasibility, collection standardization, and risk adjustment uses.
- NQF should provide detailed **guidance and technical assistance** on developing **conceptual risk models** and **testing and analysis** methods, emphasizing frequently used social risks data and models.
- NQF should **broaden technical assistance to measure users**, including states, providers, and consumers to collect, report, and understand the purposes and uses of social risks data.

Overall Discussion of Project

Opportunity for Public and Member Comment

Next Steps

NATIONAL
QUALITY FORUM

Next Steps For Project

- The Social Risk Trial Final Report will be released on July 14, 2021.

Ongoing Related NQF Projects

- Two main goals in *A Strategic Plan for Achieving The Care We Need*, NQF's 2021 five-year strategic plan, is to "Advance health equity and address disparities" and "Become a national leader in defining measures for equitable patient and family engagement". NQF values its role in reducing health and healthcare inequities for our nation and this vital NQF work will continue.
- NQF's Risk Adjustment project is producing technical guidance for social and functional risks adjustment.

Project Contact Info

- Email: socialrisk@qualityforum.org
- NQF phone: 202-783-1300
- Project page: https://www.qualityforum.org/Social_Risk_Trial.aspx

THANK YOU.

NATIONAL QUALITY FORUM

http://www.qualityforum.org