



# NQF Social Risk Trial Orientation Web Meeting

Disparities Standing Committee

*November 5, 2018*

# Welcome and Roll Call

# NQF Project Team

- Elisa Munthali, MPH, Senior Vice President, Quality Measurement
- Erin O'Rourke, Senior Director
- Nicolette Mehas, PharmD, Director
- Shaconna Gorham, MS, PMP, Senior Project Manager
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- Taroon Amin, PhD, Consultant

# Disparities Standing Committee

## Disparities Committee Members

**(co-chair) Marshall Chin**, MD, MPH, FACP, University of Chicago

**Nancy Garrett**, PhD, Hennepin County Medical Center

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**Michelle Cabrera**, SEIU California

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**Juan Emilio Carrillo**, MD, MPH, Massachusetts General Hospital

**Bob Rauner**, MD, MPH, FAAFP, Partnership for a Healthy Lincoln

**Lisa Cooper**, MD, MPH, FACP, Johns Hopkins University School of Medicine

**Eduardo Sanchez**, MD, MPH, FAAFP, American Heart Association

**Ronald Copeland**, MD, FACS, Kaiser Permanente

**Sarah Hudson Scholle**, MPH, DrPH, National Committee for Quality Assurance

**José Escarce**, MD, PhD, UCLA David Geffen School of Medicine

**Thomas Sequist**, MD, MPH, Partners Healthcare System

**Traci Ferguson**, MD, MBA, CPE, WellCare Health Plans, Inc.

**Christie Teigland**, PhD, Inovalon, Inc.

**Kevin Fiscella**, MD, University of Rochester

**Mara Youdelman**, JD, LLM, National Health Law Program

# Meeting Objectives

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Provide an overview of work related to disparities

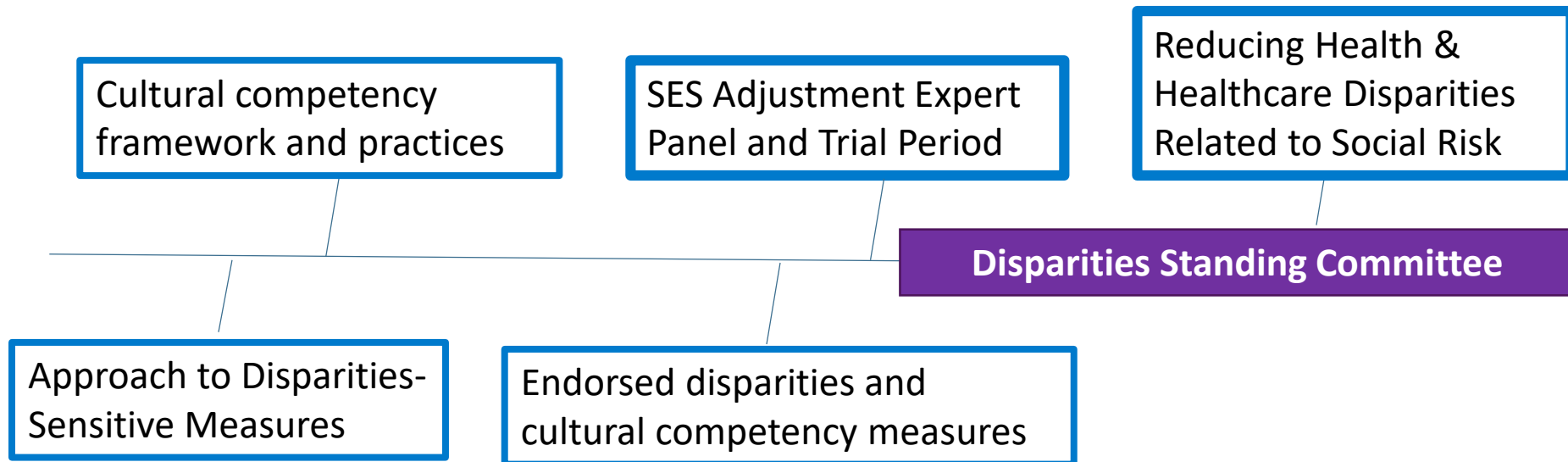
Introduce the new Social Risk Trial project

Review risk-adjusted measures submitted since fall 2017

Discuss Standing Committee and developer guidance

# Committee Charge and Overview of Past Work

# NQF's Disparities-Related Work





# Disparities Standing Committee

NQF Disparities Standing Committee will provide guidance across all of NQF's work:

- Provide a cross-cutting emphasis on healthcare disparities across all of NQF's work.
- Develop guidance for how measurement can be used to proactively address disparities
- Evaluate results of the social risk trial

# A Roadmap for Promoting Health Equity and Reducing Disparities



# Incentivize the Reduction of Health Disparities and Achievement of Health Equity

- Implement health equity measures
- Incentivize health equity through payment reform
- **Support organizations that disproportionately serve individuals with social risk factors**
- Develop and implement demonstration projects, evaluation, and research to achieve equity through use of equity measures in payment and quality improvement

# Support Organizations Disproportionately Serving Patients with Social Risk Factors

- Ensure organizations disproportionately serving individuals with social risk can compete in value-based purchasing
  - ▣ *Risk adjust for social risk factors when appropriate and stratify performance measures*
  - ▣ *Consider peer-to-peer comparisons*
  - ▣ *Monitor financial impact on safety net providers*
  - ▣ *Ensure safety net providers can participate*
- Consider additional payments for organizational factors outside the control of safety net organizations
- Provide coaching and technical assistance in QI and disparities reduction

# NQF's Initial Trial Period for Social Risk Adjustment 2015-2017

# Social Risk Trial Background and Context

- Prior to 2014, NQF's policy prohibited the inclusion of social risk factors in the risk-adjustment models of NQF-endorsed measures.
- The NQF Board of Directors approved a two-year trial period in 2015 that allowed measures submitted for endorsement consideration to include risk adjustment for social factors.

# Risk Adjustment for SDS: Expert Panel Guidance

- Each measure must be assessed individually to determine if social risk adjustment is appropriate.
- Not all measures should be adjusted for SDS.
  - *Need conceptual basis (logical rationale, theory) and empirical evidence.*
- Recommendations apply to any level of analysis including health plans, facilities, and individual clinicians.
- During the trial period, if adjustment was determined to be appropriate for a given measure, NQF endorses one measure with specifications to compute:
  - *Adjusted measure with social risk factor(s)*
  - *Nonadjusted version of the measure (clinically adjusted only) to allow for stratification of the measure by social risk factor(s)*

# Key Recommendations from the Risk Adjustment Expert Panel

- **Recommendation 1:** When there is a conceptual relationship between sociodemographic factors and outcomes or processes of care and empirical evidence that sociodemographic factors affect an outcome or process of care reflected in a performance measure:
  - *those sociodemographic factors should be included in risk adjustment of the performance score (using accepted guidelines for selecting risk factors) unless there are conceptual reasons or empirical evidence indicating that adjustment is unnecessary or inappropriate;*
- AND
- *the performance measure specifications must also include specifications for stratification of a clinically-adjusted version of the measure based on the sociodemographic factors used in risk adjustment.*
- **Recommendation 4:** The NQF criteria for endorsing performance measures used in **accountability applications** (e.g., public reporting, pay-for-performance) should be revised
- **Recommendation 6:** When there is a conceptual relationship and evidence that sociodemographic factors affect an outcome or process of care reflected in a performance measure submitted to NQF for endorsement, the following information should be included in the submission:
  - *Rationale and decisions for selecting or not selecting sociodemographic risk factors and methods of adjustment*
  - *In addition to identifying current and planned use of the performance measure, a discussion of the limitations and risks for misuse of the specified performance measure.*



# Key Recommendations from the Risk Adjustment Expert Panel

- **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;*
  - *guidance for different accountability applications*
- **Recommendation 8:** NQF should make explicit the existing policy that endorsement is for a specific context as specified and tested for a specific patient population, data source, care setting, and level of analysis. Endorsement should not be extended to expanded specifications without review and usually additional testing.
- **Recommendation 9:** When performance measures are used for accountability applications users of performance measures should assess the potential impact on disadvantaged patient populations and the providers/health plans serving them to identify unintended consequences and to ensure alignment with program and policy goals. Additional actions such as creating peer groups for comparison purposes could be applied.
- **Recommendation 10:** NQF should develop strategies to identify a standard set of sociodemographic variables (patient and community-level) to be collected and made available for performance measurement and identifying disparities

# Implementation of the Initial Trial Period

- From April 2015-April 2017, any measure submitted for endorsement was included in the trial.
- The initial trial period focused on risk-adjusted outcome measures
- Measure developers were required to provide information on the conceptual relationship between social risk factors and the outcome of interest
- If a conceptual relationship existed, developers were also required to conduct empirical analyses to evaluate the strength of the relationship between social risk factors and the outcome of interest
- Risk-adjustment models were evaluated by the relevant Standing Committees under the validity criterion

# Overview of Measures in the First Trial

## Measures Reviewed

- 303 measures reviewed in the trial
- 126 were outcome or intermediate outcome measures

## Risk-Adjusted Measures

- 93 utilized some form of risk adjustment
- 65 had a conceptual basis for adjusting for social risk factors

## Measures with Conceptual Relationship

- 43 small effect, social risk factors not included
- 21 submitted with adjustment for social risk factors
- 17 endorsed with adjustment for social risk

# Findings from First Trial

- The first trial demonstrated that adjusting measures for social risk factors is feasible but challenging
  - ▣ *Challenging to access data*
  - ▣ *Differing approaches to conceptual rationales and empirical analyses*
- The NQF Board of Directors recommended that NQF extend the trial period to continue examining the impacts of social risk factors

# Overview of the New Social Risk Trial Project 2018-2021

# NQF Social Risk Trial Overview

- In May 2018, NQF was awarded a contract from CMS to implement a Social Risk Factor Trial to review measures submitted for initial endorsement or maintenance review over a three-year period.
  - ▣ *The new effort is in follow-up to the initial two-year Socioeconomic Status (SES) trial funded by NQF that ended in April 2017.*
  - ▣ *Opportunity to explore challenges from the initial trial and the Committee's recommendation to explore adjustment for social risk factors where appropriate.*

# Project Goals

- NQF and the Disparities Standing Committee will build on the initial trial period in order to:
  - ▣ *explore the inclusion of social risk factors in risk-adjustment models, and*
  - ▣ *inform NQF's policy on whether or not to allow the inclusion of such factors in measures submitted for endorsement.*

# Project Approach and Scope

- **In order to meet the project goals, NQF will**
  - *allow measure developers to submit measures for endorsement with social risk factors included in their risk-adjustment model,*
  - *explore unresolved issues from the initial trial period to advance the science of risk adjustment, and*
  - *explore the challenges and opportunities related to including social risk factors in risk-adjustment models.*
  
- **NQF will also explore several unresolved issues from the previous trial:**
  - *Clarifying the preferred methodology to identify a conceptual basis for adjustment;*
  - *Providing guidance for measure developers on risk factor selection and on the empirical analyses to support adjustment;*
  - *Exploring alternative data sources, including use of commercial data sets and community-level data, and providing greater guidance to the field on how to obtain and measure advanced social risk factors;*
  - *Exploring the impact of social risk adjustment on reimbursement and access to care, including the impact of implementation of measures in value-based purchasing on providers caring for populations at extremes of social risk; and*
  - *Considering opportunities to reduce disparities as part of NQF's measure endorsement and selection work.*



# New Social Risk Trial – Updates From Previous Trial

The findings from the first trial period informed a number of policy and methodological questions that need to be addressed prior to a permanent change to NQF's policy.

- NQF is collecting additional information from measure developers to support the Standing Committee's review of risk-adjustment models.
- NQF will examine additional details on how the model was developed and the risk factors that were considered.
- NQF will utilize the new Scientific Methods Panel to provide guidance on the appropriateness of the methods used by measure developers.
- NQF has posted a list of all measures included in the trial period to the Social Risk Trial project page. The list includes key details regarding risk adjustment for simple measure tracking by members of the public. This list will be updated every June and December.
- NQF will provide stakeholders with the opportunity to provide meaningful input into the review and appropriateness of a measure.

# Activities to Date

- NQF has reviewed and compiled and shared the first list of measures, which includes measure information for those measures that were submitted to the fall 2017 and spring 2018 endorsement review cycle.
- NQF has shared an FAQ guidance document for members of the public who may wish to follow or engage with the measures included in the trial.
- NQF has collected measures information and begun reviewing measures submitted to the fall 2018 review cycle.

# Project Timeline and Deliverables

Task	Date
Bi-Annual List of Measures Included in the Trial (1/6)- <i>Complete</i>	June 13, 2018
Disparities Standing Committee Meeting #1- Orientation	November 5, 2018
Bi-Annual List of Measures Included in the Trial (2/6)	December, 2018
Disparities Standing Committee Meeting #2	May 2, 2019
Bi-Annual List of Measures Included in the Trial (3/6)	May 2019
Disparities Standing Committee Meeting #3	November, 2019
Bi-Annual List of Measures Included in the Trial (4/6)	December, 2019
Disparities Standing Committee Meeting #4	May, 2020
Bi-Annual List of Measures Included in the Trial (5/6)	May, 2020
Disparities Standing Committee Meeting #5	October, 2020
Disparities Standing Committee Meeting #6- Full Trial Review	November, 2020
Bi-Annual List of Measures Included in the Trial (6/6)	December, 2020
Disparities Standing Committee Meeting #7- Post-Public Comment Period	February, 2021
Draft Report for Review by HHS/CMS, the Disparities Standing Committee, CSAC, and the CDP Standing Committees/Public	January, 2021
Final report to HHS/CMS	May 15, 2021

# Review of Risk-Adjusted Measures Evaluated during the Fall 2017, Spring 2018, and Fall 2018 Cycles

# Summary of Submissions for Fall 2017-Fall 2018

- 172 measures submitted from fall 2017-2018
- 69 utilized some form of risk adjustment
- 65 measures were submitted with a conceptual model outlining the potential impact of social risk:
  - ▣ *Risk-adjusted measures that used published literature to develop rationale: 53*
  - ▣ *Risk-adjusted measures that used “Expert Group Consensus” to develop rationale: 19*
  - ▣ *Risk-adjusted measures that used “Internal Data Analysis” to develop rationale: 32*
- 23 measures submitted with a social risk factor included in their model
  - ▣ *Measures are still undergoing the endorsement process (none were received for the Fall 2017 cycle)*

# Social Risk Factors Considered Fall 2017-Fall 2018 Review Cycles and Frequency

- Black (race) 22
- Hispanic (race) 19
- Dual Eligibility 14
- Asian (race) 11
- AHRQ SES Index 8
- Education 8
- Race/Ethnicity 6
- Employment Status 6
- Zip Code 5
- Rural Location 5
- Medicare Status 4
- Payer/ Insurance Product 4
- Language 4
- Race 3
- Ethnicity 2
- Insurance Status 1
- Relationship to next of kin 1
- Percent of residents below the federal poverty line (FPL) in the patient's home zip code 1
- Legal status 1
- Gender 1

# Early Findings

- Many developers continue to examine race as a potential variable.
  - *However, some do not consider it a social risk factor*
- Disconnect between conceptual relationship and empirical analysis
  - *Social risk factor may be statistically significant but does not improve model performance (e.g., C statistic is not improved)*
  - *Effect of social risk factor may often be small*
  - *Access to data can be limited*
- Ongoing concerns about potential differences in quality and the impact on disparities; however, growing evidence in the literature about the impact on access if measures are not adjusted

# Standing Committee and Developer Guidance



# Current Guidance for Developers

The NQF Measure Developer Guidebook includes instructions for completing the risk-adjustment portion of the measure submission and includes:

- Examples of social risk factors (patient-level, proxy variables, and patient community characteristics)
- Instructions for noting the conceptual rationale that supports/does not support risk adjustment
- Types of analyses that would be appropriate for determining whether a measure should include risk adjustment for social risk factors
- Instructions for comparing performance scores with and without social risk factors in the model
- Request for updated reliability and validity testing if necessary; details of the final statistical risk model; information required to stratify a version of the measure that is clinically adjusted only and the measure results of the social risk variables.

# Current Guidance for Standing Committees

- The NQF Standing Committee Guidebook provides an overview of risk adjustment and background on NQF's work in healthcare disparities and social risk adjustment.
- The Guidebook lists considerations that should be taken when deciding whether risk adjustment is appropriate and an overview of what information a developer must provide the Committee to inform their decision.

# Discussion

# Discussion

- How should the Disparities Committee explore the impact of social risk adjustment on reimbursement and access to care, including the impact of the implementation of measures in value-based purchasing on providers caring for populations at extremes of social risk?
  - ▣ *What are the Committee members' reactions to the scenario Bob shared?*
  - ▣ *What is role of stratification?*
- What does the Disparities Committee think are the most important unresolved issues to solve with the new Social Risk Trial?
  - ▣ *What data and analyses would the Committee like to see to support your input at the end of the trial period?*
  - ▣ *Does the Committee have any initial reflections on the data gathered to date?*
  - ▣ *Are measure developers adhering to the recommendations of the NQF Risk Adjustment for SES Report?*

# Discussion

- Does the Committee have any guidance for the Standing Committees and CSAC evaluating measures or measure developers?
  - ▣ *Is NQF adhering to the recommendations of the NQF Risk Adjustment for SES Report?*
  - ▣ *Is reporting both adjusted and unadjusted rates a path forward? What rate should be used to determine payment?*
  - ▣ *To date we've focused on outcome measures in the trial. Should outcome measures be the sole focus of adjustment for social factors or are there scenarios when process measures should also be considered for adjustment?*
  - ▣ *What methodological guidance would be useful for reviewing developer's decisions to adjust or not adjust?*
    - » Should NQF be more prescriptive in methodology or data used?
    - » Are there certain social risk factors the Committee would encourage developers to explore?

# NQF Member and Public Comment

# Next Steps

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- NQF will submit the second biannual list of measures in the trial to CMS in December.
- NQF will review the measures submitted to the Spring 2018 review cycle.
- The Disparities Standing Committee will meet May 2, 2019 to review the measures submitted to the spring 2019 cycle and continue discussion on key issues related to risk adjustment.



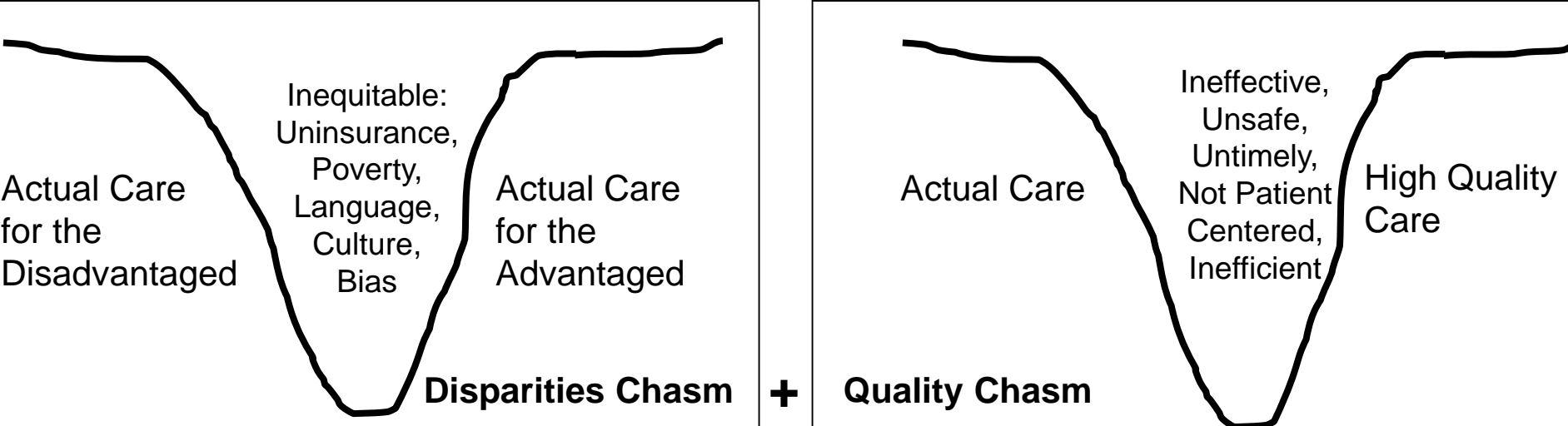
# Next Steps: Topics to Discuss

- Explore methods for risk adjustment and discuss the relative pros/cons
- Catalog sources of social risk data for measure development

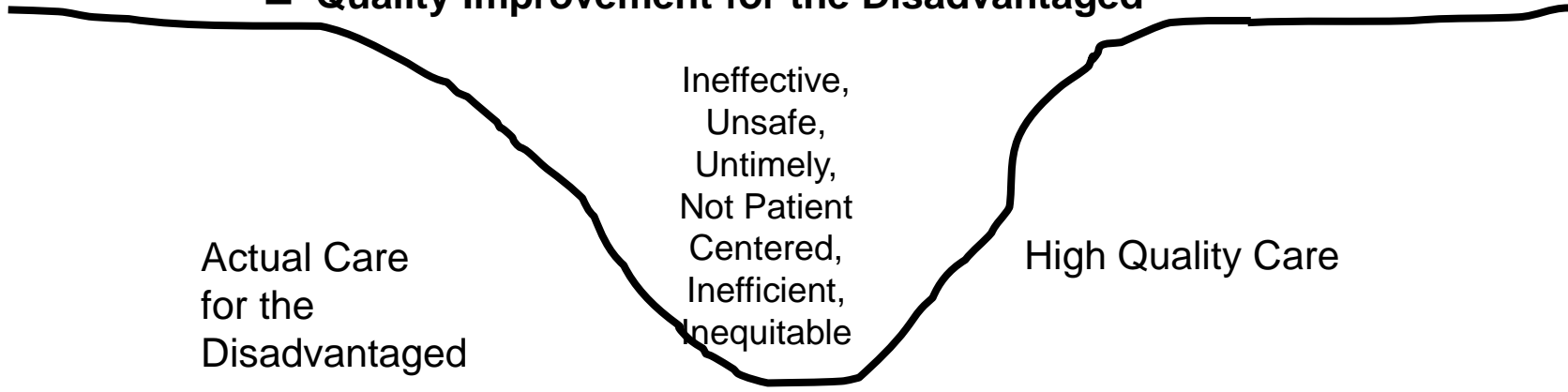
# Adjourn

# Appendix: Background Information

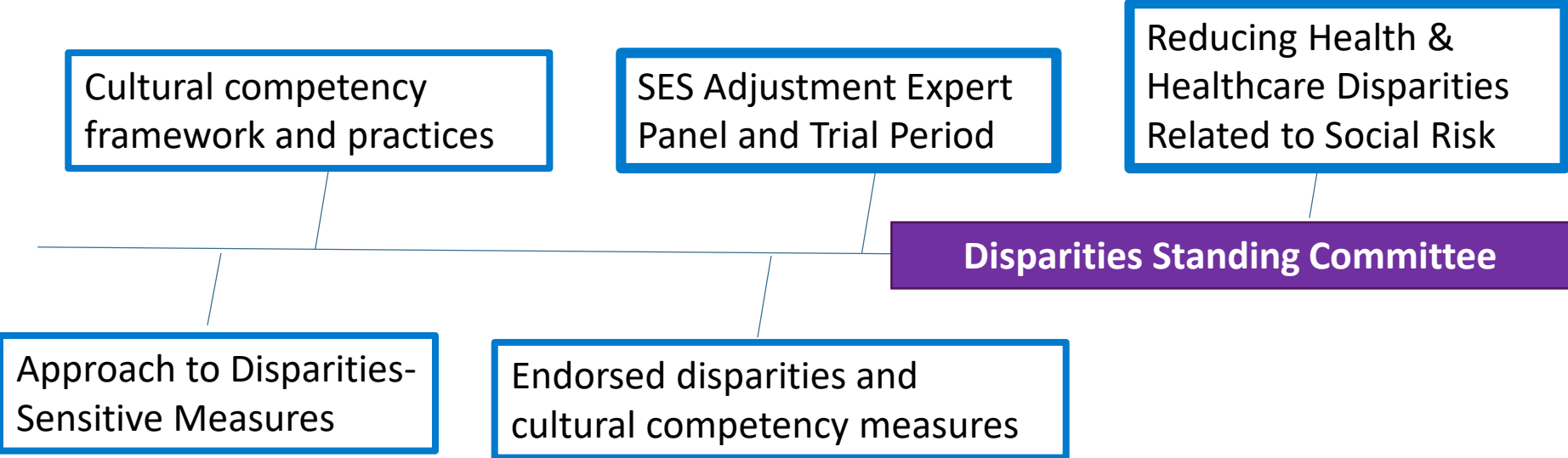
# Linking Disparities and Quality



**= Quality Improvement for the Disadvantaged**



# NQF's Disparities-Related Work

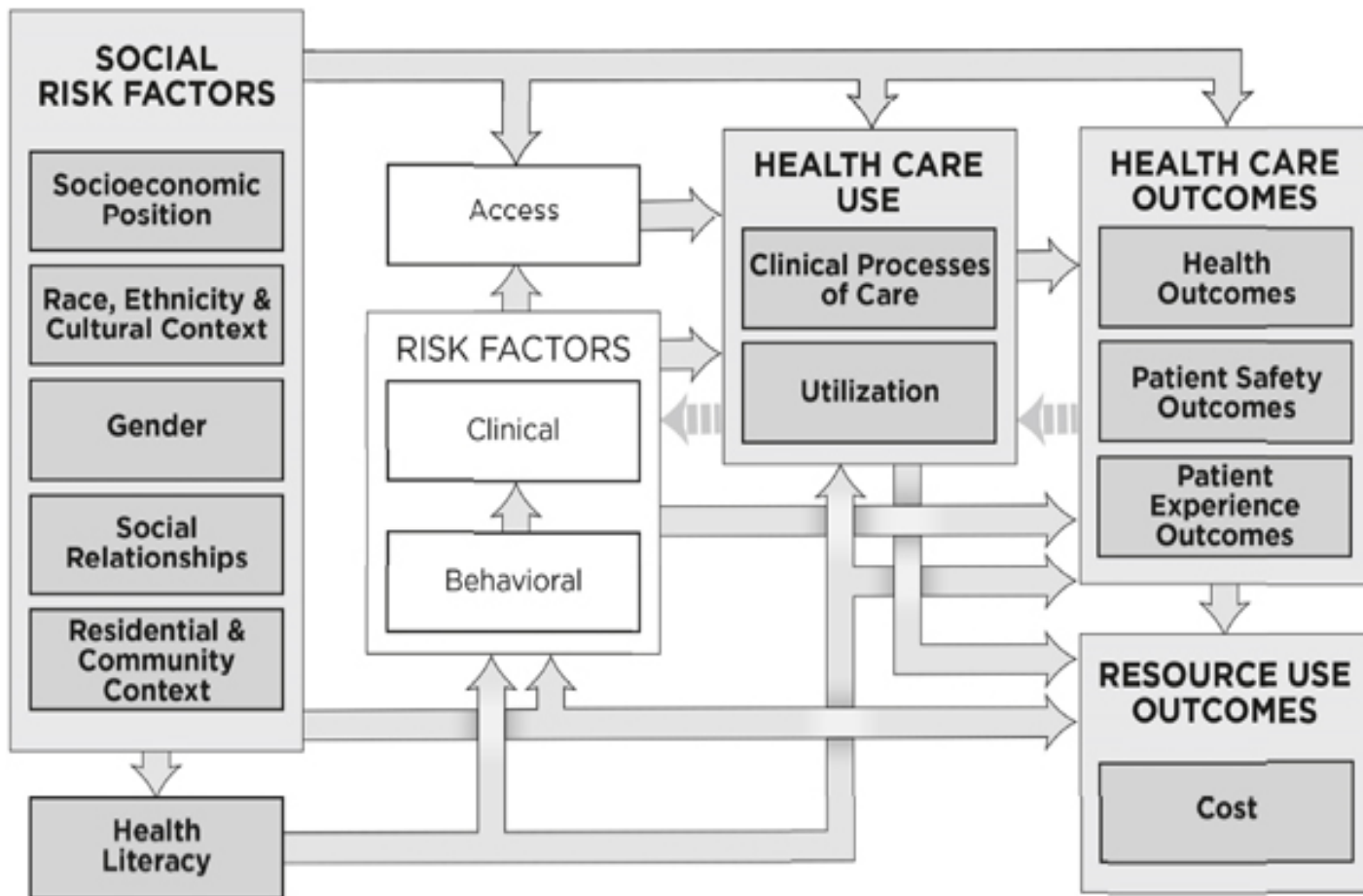


# NQF Roadmap to Reduce Health and Healthcare Disparities through Measurement

- Measurement is a tool that can identify, assess, and incentivize the reduction of disparities
- The Disparities Standing Committee developed a four-step roadmap to achieve equity through measurement:
  - ▣ *Prioritize disparities sensitive measures*
  - ▣ *Identify evidence-based interventions to reduce disparities*
  - ▣ *Select and use health equity performance measures*
  - ▣ *Incentivize the reduction of health disparities and achievement of equity through measurement*

# A Roadmap for Promoting Health Equity and Reducing Disparities





Source: National Academies of Sciences, Engineering, and Medicine, 2016.



# Prioritize Disparities Sensitive Measures

## Disparities Sensitive Measure Selection Criteria

1

PREVALENCE

2

SIZE OF  
DISPARITY

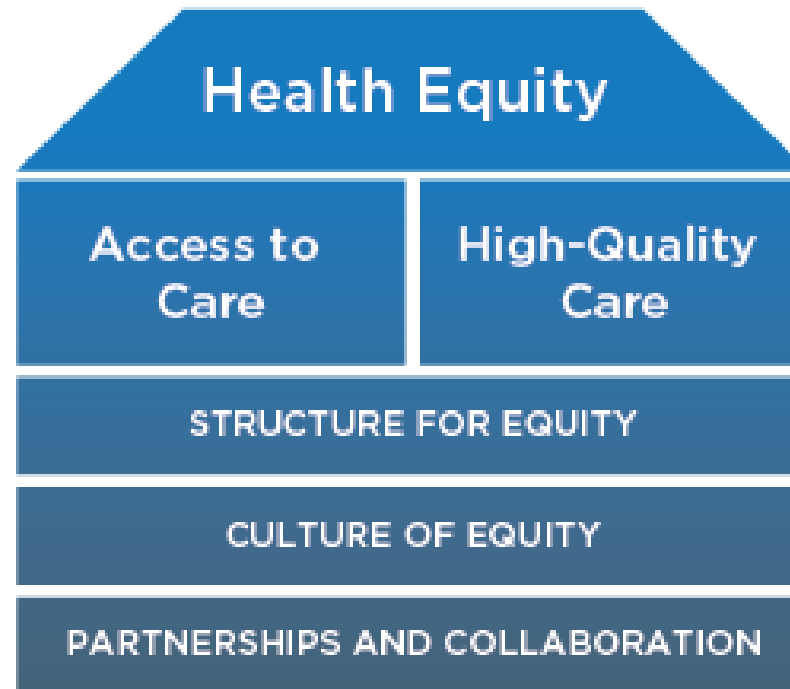
3

IMPACT OF  
THE QUALITY  
PROCESS

4

EASE AND  
FEASIBILITY  
OF IMPROVING  
THE QUALITY  
PROCESS

# Domains of Health Equity Performance Measurement



# Incentivize the Reduction of Health Disparities and Achievement of Health Equity

- Implement health equity measures
- Incentivize health equity through payment reform
- **Support organizations that disproportionately serve individuals with social risk factors**
- Develop and implement demonstration projects, evaluation, and research to achieve equity through use of equity measures in payment and quality improvement

# Recommendations from the Roadmap

1. Collect social risk factor data
2. Use and prioritize stratified health equity outcome measures.
3. Prioritize measures in the domains of Equitable Access and Equitable High-Quality Care for accountability purposes
4. Invest in preventive and primary care for patients with social risk factors
5. Redesign payment models to support health equity.
6. Link health equity measures to accreditation programs
7. Support outpatient and inpatient services with additional payment for patients with social risk factors
8. Ensure organizations disproportionately serving individuals with social risk can compete in value-based purchasing programs
9. Fund care delivery and payment reform demonstration projects to reduce disparities
10. Assess economic impact of disparities from multiple perspectives

# Support Organizations Disproportionately Serving Patients with Social Risk Factors

- Ensure organizations disproportionately serving individuals with social risk can compete in value-based purchasing
  - ▣ *Risk adjust for social risk factors when appropriate and stratify performance measures*
  - ▣ *Consider peer-to-peer comparisons*
  - ▣ *Monitor financial impact on safety net providers*
  - ▣ *Ensure safety net providers can participate*
- Consider additional payments for organizational factors outside the control of safety net organizations
- Provide coaching and technical assistance in QI and disparities reduction