



Disparities Standing Committee Web Meeting 5

The National Quality Forum (NQF) convened a public web meeting for the Disparities Standing Committee on October 20, 2020.

Welcome, Introductions, and Review of Web Meeting Objectives

Nicole Williams, NQF Director, welcomed participants to the web meeting. Ngozi Ihenacho, NQF Analyst, took roll call for Committee members. Committee Co-chairs Philip Alberti and Nancy Garrett also provided opening remarks prior to the review of the meeting objectives. The objectives for this meeting included providing an update on the social risk trial data collection, reviewing early findings along with discussing final recommendations for the report.

Overview of Disparities Standing Committee Work

Sheri Winsper, Senior Vice President of Quality Measurement, introduced herself to the committee commending their work towards improving health disparities and highlighting the National Quality Forum's (NQF) future work on disparities and health equity. She discussed the contributions made by the Committee through the Health Equity roadmap and acknowledged the contributions of committee members in the SDoH Payment Summit last year. It was mentioned that the NQF Board of Directors is working on finalizing a five-year strategic plan that will include health equity and disparities; specifically, how to utilize health equity measurements to ensure that gaps in care are addressed. Ms. Winsper informed the committee that following the conclusion of the social risk trial in May 2021, NQF will continue addressing health disparities and health equity through two new projects focused on risk adjustment and housing instability.

Ms. Williams informed the committee of the Quality Innovation Department's new project to address social determinants of health, with a focus on inadequate housing, housing instability, homelessness and transportation. This project will include two strategy sessions to identify potential measure concepts and to develop a supplemental field guide to prepare health care leaders for future quality measures. This work is being supported by the Nebraska Health Information Initiative for which funding is provided by the Nebraska Department of Health and Human Services, as well as the Centers for Medicare & Medicaid Services. A committee member had a question about the conclusion of the Disparities Standing Committee (DSC) in May 2021. Ms. Winsper confirmed that May 2021 would be the end of the funding and contract for the Social Risk Trial, but there will be additional opportunities on the horizon.

Risk Adjustment Models (New NQF Project)

Ms. Williams shared information about a new task order that was recently awarded to NQF in June 2020. This new project focuses on Risk Adjustment and will build upon the data that has been collected within the current social risk project. The final deliverables for the Risk Adjustment project include an Environmental Scan and a Technical Guidance Report for measure developers. Sai Ma, NQF Managing Director, acknowledged that there will be some overlap between this risk adjustment and social risk trial

projects. While the social risk trial has focused on why social risk factors were important, the new risk adjustment project will focus on how and under what conditions should measures be considered for risk adjustment.

The environmental scan will take a three-pronged approach. The first is to leverage the current work under supervision of the Disparities standing committee; the second is to conduct a wide literature review of measures that go beyond those submitted to NQF; and lastly, reviewing measures that are publicly reported through programs on value-based payment. There were questions from the committee on the level of engagement the Disparities Committee would have with the Risk Adjustment TEP and the funding for this new project. Ms. Ma and Ms. Winsper explained that the Risk Adjustment TEP is separate from the Disparities Standing Committee; however, there may be opportunities for members of the Committee to potentially serve on the Risk Adjustment TEP. Ms. Ma shared that all the meetings under the new project are public facing and there will be a public commenting period for both Environmental Scan Report and the Technical Guidance Report.

Social Risk Trial Update

Ms. Williams reviewed the Social Risk project goals with the Committee and highlighted the data that was collected during the Spring 2020 Consensus Development Cycles submissions. NQF received 44 measures submitted across the 14 CDPs with 17 outcome measures and almost half utilized risk adjustment in some form. About 15 measures provided a conceptual rationale about the impact of social risk factors. There are about 19 measures with a conceptual rationale supporting the inclusion of social risk factors. Common social risk factors gleaned from the data included: insurance, race/ethnicity, SES, education, relationship status, employment, income, language, and zip code.

Ms. Williams also provided a summary of the data collected over the duration of the project since Fall 2017. Out of the 300 measures that were submitted, about 37 measures included the use of social risk factors. Among the 37 measures, 13% of factors included insurance, 8% included race/ethnicity, 3% included language, and 2% included relationship status. One of the committee members inquired about the conceptual rationale for the impact of social risk adjustment, which was noted within the data collection spreadsheet as “internal data analysis,”. Ms. Williams clarified that the stated rationale was provided by the measure developer and is intended to explain why a measure might or might not have been risk adjusted, and it helps the developer to determine what type of additional analysis might be needed to find other social risk factors.

Early Findings

Ms. Williams discussed the early findings/conclusions of the data with the Committee members, relaying to them that:

- there is a disconnect between the conceptual relationship and empirical analysis,
- there is lack of clarity around whether factors might be potential proxies based on the developer's rationale, and
- there is an ongoing concern about the best ways to account for the social risk factors.

The Social Risk project team noted that there were certain projects that received a higher number of risk adjustment measures, these included the cost and efficiency and hospital readmission projects. With that in mind, one of the goals of the scope of work was to encourage the NQF Board of Directors to come to a final decision regarding the role of social risk factors in our risk adjustment policy. The committee members were asked whether social risk factors should continue to be considered beyond the scope of the Social Risk Trial. As a caveat, Ms. Williams also mentioned to the committee that it

would be important to provide recommendations based on the collected data during the duration of the project.

Discussion of Final Recommendations

Overall, many committee members agreed that NQF should continue to track social risk factors and should take advantage of new data sources that become released as more organizations continue to collect data on social risk.

The Committee had an open discussion of recommendations that should be considered for the final report:

- Stratify the measures, in addition to, risk adjustment to decrease the risk of masking disparities. The Committee noted the importance of stratification and for developers to provide a clear rationale on why stratification was not included, if applicable.
- The inclusion of social risk factors can positively influence empirical analysis. The committee noted that failure to adjust for social risk factors could affect treatment options for patients and acknowledged the rise of disparities during the pandemic and COVID-19. The importance of collecting social risk factors may be more evident as disadvantaged communities are currently experiencing high mortality rates and high prevalence rates of COVID-19.
- Develop a clear process on how the social risk factors can be used for risk adjustment and request feedback from measure developers about their ability to collect the data used to measure social risk factors. The committee also discussed allowing measure developers to provide feedback to NQF about their experience with collecting social risk data.

Discussion of challenges to continued social risk adjustment

One challenge that the committee members discussed was the use of proxy social risk factors that would represent other social risk factors (i.e., gender, race, or ethnicity). Another challenge is access to the right data that will allow collection of social risk factors. It was cited by the committee that data is not universally available to measure developers. Another major issue that was observed was that there seems to be a lack of concordance between the proposed conceptual framework and the interpretation of that framework as developers are completing analysis of social risk factors within measures. If the models used for testing are not improved, then these tests should not be considered the gold standard of measuring the efficacy of these variables.

Multiple committee members also agreed that there was a challenge in distinguishing patient contributions vs provider contributions to social risk factors. For example, providers that take care of more high-risk patients compared to the overall provider population would naturally have more complex cases, thus making it more difficult to achieve equal outcomes. It was also noted that the medical field tends to be more provider centric, and the patient perspectives are not always considered as much as they should be. A committee member responded that there is also the unintended adverse financial impact on safety net providers. Other providers that have access to better resources for patient care generally perform better care.

Public Comment

Ms. Williams opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Williams summarized next steps to close out the call. NQF will post the final list of measures and data collected for the duration of this project by the end of December.