



Social Risk Trial Orientation Web Meeting

The National Quality Forum (NQF) convened the Disparities Standing Committee (DSC) for a web meeting on November 5, 2018. The objectives of the meeting were to:

- 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

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Disparities Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves.

Committee Charge and Overview of Past Work

Erin O'Rourke, senior director, provided an overview of the Disparities Standing Committee's charge noting the Committee's role to 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; and evaluate results of the social risk trial. Ms. O'Rourke provided an overview of the Committee's previous work including the Roadmap for Promoting Health Equity and Reducing Disparities.

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

Ms. O'Rourke presented a summary of the initial social risk trial period including the previous recommendations put forth by the Risk Adjustment Expert Panel and an overview of the measures included in the initial trial period.

Elisa Munthali, senior vice president, provided a brief overview of the NQF Health Equity Initiative.

Overview of the New Social Risk Trial

Nicolette Mehas, director, gave an overview of the new Social Risk Trial project. Dr. Mehas reviewed the project goals to explore the inclusion of social risk factors in risk-adjustment models and inform NQF's policy on whether to allow the inclusion of such factors in measures submitted for endorsement. Dr. Mehas reviewed the project approach and noted the unresolved issues from the previous trial that the new work will address. These unresolved issues include:

- 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.

Dr. Mehas also updated the Committee on the changes NQF has made under the new trial period. Specifically, NQF has begun collecting additional information from measure developers to support the Standing Committee's review of risk-adjustment models; examining additional details on how the model was developed and the risk factors that were considered; and using 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.

Dr. Mehas also presented the project's timeline and deliverables.

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

Shaonna Gorham, senior project manager, presented information on the measures that have been submitted to the new trial period to date. Ms. Gorham provided a high-level overview of the measures, including the number of measures that included risk adjustment, the types of conceptual models that were used, and the various social risk factors that developers explored.

Ms. Gorham presented the early findings of the new trial period, noting that many developers continue to examine race as a potential variable. NQF also reported a disconnect between the conceptual relationship and the empirical analysis provided by developers. Ms. Gorham noted ongoing concerns about potential differences in quality and the impact on disparities. There is growing evidence in the literature that suggests an impact on access if measures are not adjusted.

Standing Committee and Developer Guidance

Ms. O'Rourke gave a brief overview of the current guidance that NQF provides Standing Committees and developers on risk adjustment for social risk factors. The NQF Measure Developer Guidebook includes instructions for completing the risk-adjustment portion of the measure submission.

Marshall Chin, co-chair, began Disparity Standing Committee discussion by inviting Bob Rauner, Committee member, to share an experience related to the Committee's discussion of risk adjustment for social risk factors. Dr. Rauner described a recent situation in which new safety net clinics that were recently added into a Nebraska ACO incurred a large financial cost. David Nerenz, Committee member, noted how the scenario is a good example of the potential negative effect of not risk adjusting measures and inadvertently penalizing providers that serve populations with increased social risk.

The Committee discussed the use of quality measures in payment programs and the alternative approach of addressing disparities through payment models by setting thresholds for payment based on the populations served rather than tying payment to the results of a measure. Susannah Bernheim, Committee member, highlighted the approach to payment adjustments for social risk for the Hospital Readmission Reductions Program mandated by the 21st Century Cures Act. Dr. Bernheim highlighted potential advantages of making adjustments through the program rather than directly adjusting the measure. Several members noted that the details of payment, including multiplier enhancement, can only be addressed through payment tied to measurement. The Committee also voiced concern that the scope of the current Social Risk Trial project does not allow the Committee to address relevant issues of payment or broader issues that play a role in eliminating disparities.

The Committee also discussed the use and collection of specific social risk factors. One Committee member shared that Denver Health is collecting social risk factor data into Epic, but the data is currently used to identify need and take action to help patients experiencing social risk rather than to inform measure development. Another Committee member noted that measures that are coming to NQF are still mostly using dual eligible status in their risk-adjustment models despite evidence for including a variety of additional factors. Another Committee member expressed concern that none of the measure submissions considered disability as a risk factor. The Committee reiterated the need for better data on social risk factors and highlighted the potential to leverage the more detailed data collected through the EHR.

Committee discussion also addressed the incorporation of the NQF Scientific Methods Panel into the review of measures in the trial. Ms. O'Rourke noted that the role of the Methods Panel is to evaluate individual measures, while the Disparities Standing Committee will take a broader view of the trial and develop guidance for the use of social risk factors in risk-adjustment models. NQF is working to ensure that the efforts of the Methods Panel and the Disparities Standing Committee are aligned.

The Committee considered whether NQF should be more prescriptive in how individual measures address risk adjustment. One member noted that preferred social risk factors should be those that are most actionable such as household income and household size of one. The Committee recognized that fragmentation in the healthcare system poses many challenges to aligning incentives around risk and making comparisons across groups. The Committee cautioned that race should not be used as a proxy for socioeconomic status but recognized the importance of identifying the factors that are driving these differences by race/ethnicity. One member also proposed referring to Maslow's hierarchy of needs when determining priority risk factors for consideration. The Committee considered establishing a base set of variables that all measures should consider. The Committee will continue to explore these possibilities as the trial progresses.

The Committee agreed that over the course of the trial the Committee should dive deeper into the specific risk-adjustment models and conceptual models that developers are currently using to inform the development of NQF criteria for risk adjustment. This effort would include more closely examining which risk factors are being used for both individual and community-level factors. It would also involve providing more qualitative information to the Standing Committee in order to better understand whether developers are adhering to the recommendation of the trial

and to support the Committee's discussion on additional guidance. A Committee member also commented that it would be helpful to categorize the published list of measures by relevant groupings such as risk factor or risk adjustment model.

NQF Member and Public Comment

Two NQF members shared comments during the meeting. John Shaw of Next Wave supported the discussion, and he commented that measures and risk adjustment are only tools in improving health and health equity. He suggested that in the future there should be accountability for measure users to use measures appropriately. He also emphasized the need for additional resources for those serving socially disadvantaged populations. Finally, he shared the importance of understanding the specific actions needed to achieve similar quality outcomes in disadvantaged populations and considering this information when providing guidance to measure developers.

Koryn Rubin from the American Medical Association commented on the need to refine benchmark methodologies used in payment and reporting programs in order to consider social risk factors and other clinical factors that impact the ability of providers that serve populations with more risk factors to achieve set targets. She emphasized the need for better risk-adjustment methodology and recommended that the Committee consider including additional risk factors in adjustment models. She also asked whether there will be alignment between NQF and the Assistant Secretary for Planning and Evaluation's (ASPE) work on social risk adjustment. Ms. O'Rourke and Ms. Munthali responded that NQF aims for alignment and will keep the communication open between the organizations and CMS.