

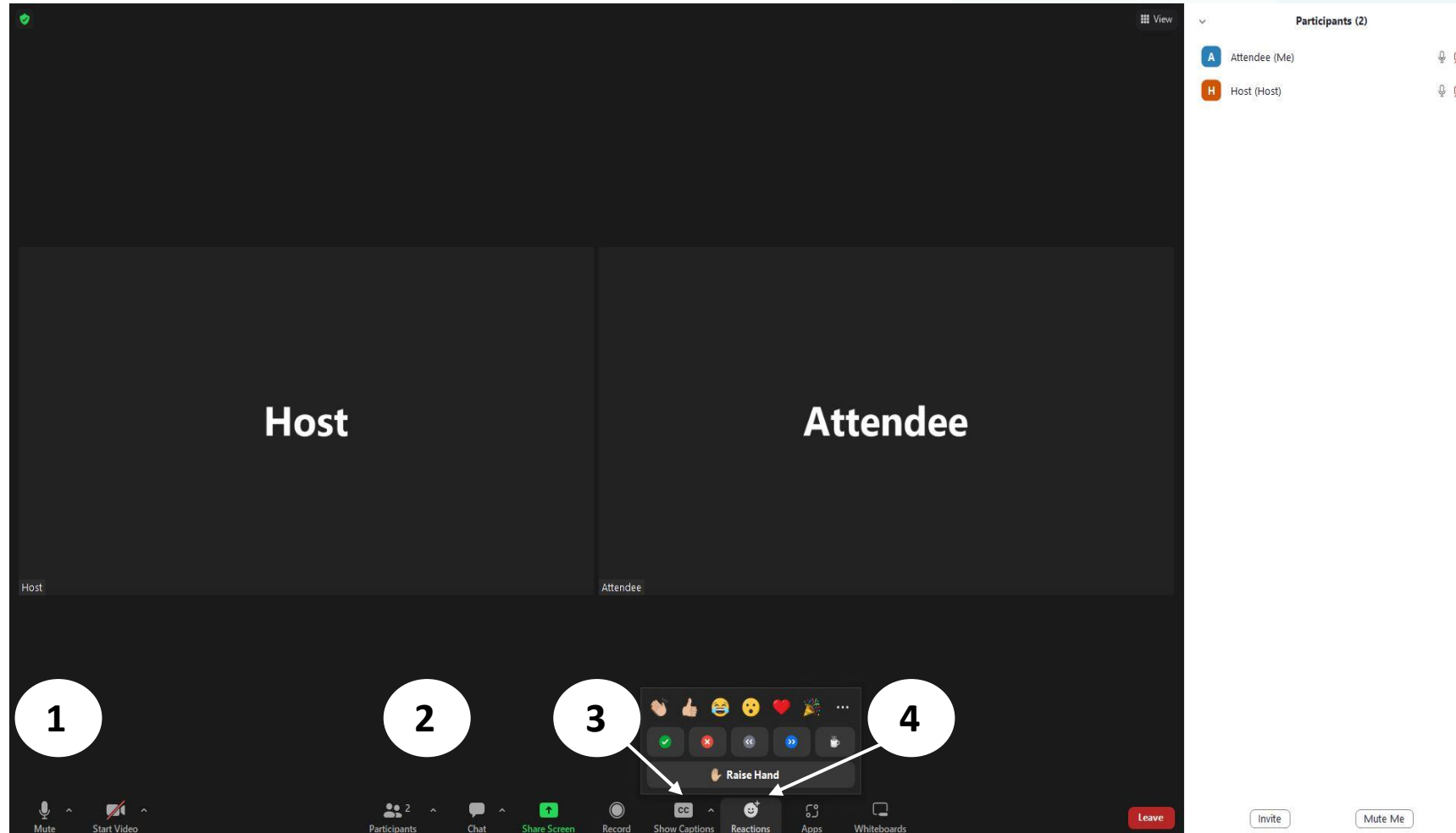
CQMC Health Equity Workgroup

February Web Meeting

February 16, 2023

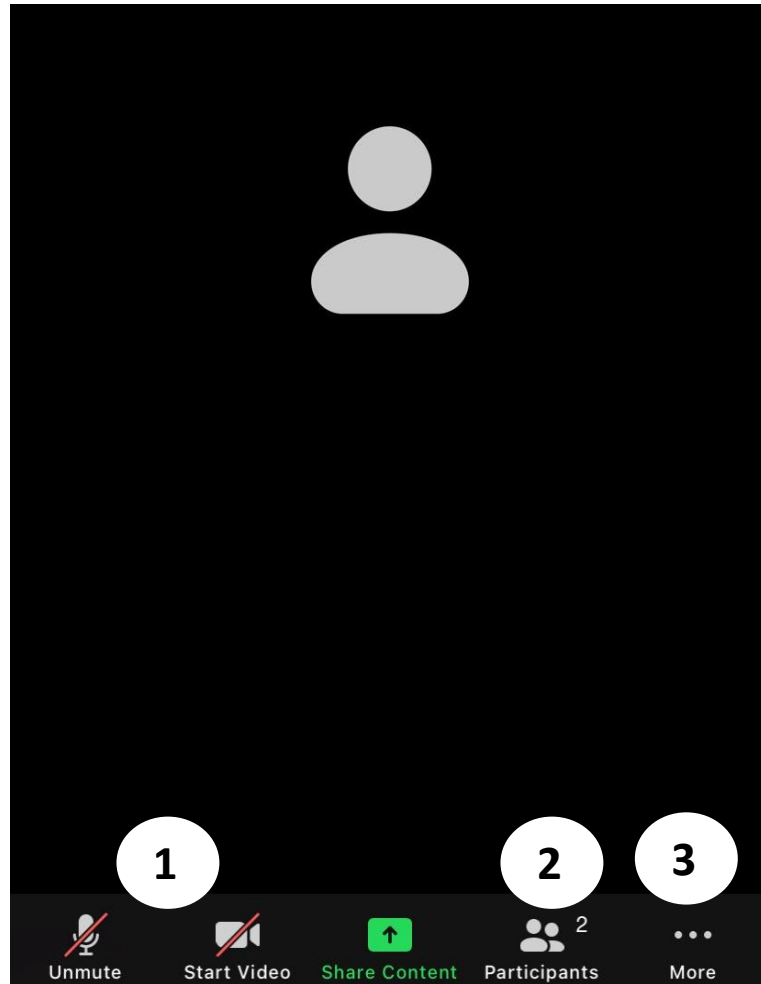
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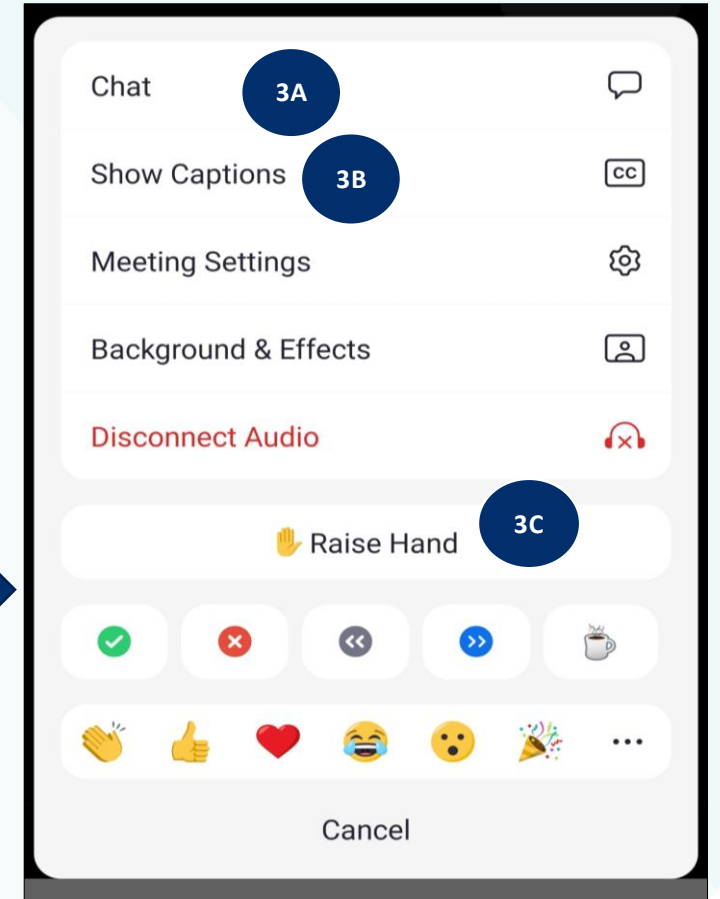


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Reviewed on January 9, 2020

This call is being recorded and will be deleted as soon as reasonably practical.

Funding Statement

The CQMC is a membership-driven and funded effort, with additional funding provided by CMS and AHIP.



**NATIONAL
QUALITY FORUM**
Driving measurable health
improvements together



Agenda

- Welcome, Attendance, and Review of Meeting Objectives
- Benefits and Opportunities of CQMC Health Equity Work
- Health Equity Measure Selection
- Prioritization Process and Scoring Criteria
- Cardiology and Pediatrics Core Sets Prioritization Results
- Discussion: Prioritization Criteria
- Opportunity for Public Comment
- Next Steps

Welcome, Attendance, and Review of Meeting Objectives

Health Equity Workgroup Roster

- **Rama Salhi, MD, MHS, MS, American College of Emergency Physicians (Co-chair)**
- **Sai Ma, PhD, Humana Inc. (Co-chair)**
- Lia Rodriguez, MD, Aetna
- Stephanie A. Whyte, MD, MBA, CHCQM, CHIE, Aetna
- Natasha Avery, DrPH, LMSW, CHES, CPHQ, Alliant Health Solutions
- Danielle Lloyd, MPH, America's Health Insurance Plans (AHIP)
- Erin O'Rourke, AHIP
- Koryn Rubin, MHA, American Medical Association (AMA)
- Kevin Bowman, MD, MBA, MPH, Anthem, Inc.
- Phoebe Ramsey, JD, Association of Medical Colleges (AAMC)
- Kellie Goodson, MS, CPXP, ATW Health Solutions Inc.
- Richard Antonelli, MD, MS, Boston Children's Hospital
- Asia Woods, MBA, MS, RN, Blue Cross Blue Shield Association
- Wei Ying, MD, MS, MBA, Blue Cross Blue Shield of Massachusetts
- Jennifer Hefele, PhD, Booz Allen Hamilton
- Katherine Haynes, MBA, California Health Care Foundation (CHFC)
- Erin DeLoreto, MPAP, CareAllies
- Osama Alsaleh, MA, Cerner Corporation
- Troy Kaji, MD, Contra Costa Health Services
- Kristen Welker-Hood, ScD, MSN, RN, PMP, LSSBB, Abt Associates
- Anna Lee Amarnath, MD, MPH, Integrated Healthcare Association (IHA)
- Nikolas Matthes, MD, PhD, MPH, IPRO
- Yvonne Commodore-Mensah, PhD, MHS, RN, FAHA, FPCNA, FAAN, John Hopkins School of Nursing
- Stephanie Clouser, MA, Kentuckiana Health Collaborative (KHC)
- Aswita Tan-McGory, MBA, MSPH, Mass General Hospital

Health Equity Workgroup Roster (Continued)

- Sarah Shih, MPH, National Committee for Quality Assurance (NCQA)
- Melissa Castora-Binkley, PhD, Pharmacy Quality Alliance (PQA)
- Sarah Duggan Goldstein, DrPHc, MPH, Phreesia
- Caprice Vanderkolk, RN, BS, MS, BC-NE, Renal Healthcare Association
- Deborah Paone, DrPH, MHSA, SNP Alliance
- Bridget McCabe, MD, MPH, FAAP, Teladoc Health
- Christina Davidson, MD, Texas Children's Hospital
- Catherine Oliveros, DrPH, MPH, Texas Health Resources
- Brenda Jones, DHSc, MSN, LSSGB, CPPS, The Joint Commission
- Kate Koplan, MD, MPH, The SouthEAST Kaiser Permanente Georgia (KPGA)
- Donna Washington, MD, MPH, Veterans Health Administration
- Abbey Harburn, MPH, Wisconsin Collaborative for Healthcare Quality (WCHQ)

Federal Representatives

- Patrick Wynne, Centers for Medicare & Medicaid Services (CMS)
- Jessica Lee, MD, MSHP, CMS
- Tamyra Garcia, MPH, CMS
- Tiffany Wiggins, MD, MPH, CMS
- Mia DeSoto, PhD, MHA, Health Resources and Services Administration (HRSA)
- Girma Alemu, MD, MPH, HRSA

NQF Staff Supporting the Health Equity Workgroup

- **Chelsea Lynch, MPH, MSN, RN, CIC**, Director
- **Meredith Gerland, MPH, CPHQ, CIC**, Senior Director
- **Deidra Smith-Fisher, MBA, PMP**, Director, Project Management
- **Becky Payne, MPH**, Manager
- **Simone Bernateau**, Analyst

Meeting Objectives

- Discuss strategies to identify and recommend measures promoting health equity for possible addition in to the CQMC core sets
- Review the results of applied prioritization criteria within the CQMC Pediatrics and Cardiology core sets
- Discuss the implemented prioritization scoring criteria and identify potential modifications

Benefits and Opportunities of CQMC Health Equity Work

Benefits and Opportunities of Health Equity Work in the CQMC

- The CQMC Health Equity Workgroup applies a health equity lens across the work of the CQMC to **empower healthcare stakeholders to take meaningful and measurable action to reduce disparities and improve health equity** by:
 - Identifying measures that promote health equity for future consideration in CQMC core sets
 - Identifying and prioritizing measures already in CQMC core sets that are disparities-sensitive
- This initial work is designed to serve as a **first step to improve and integrate health equity throughout the CQMC core sets**, and will set the stage for organizations to use these measures to identify gaps and develop strategies to decrease disparities and address health equity.

Leveraging the CQMC to Advance Health Equity



Health Equity Measure Selection

Leveraging the CQMC to Advance Health Equity – Measures of Health Equity



Previously Identified Health Equity Measures

- Enablers of Cultural Responsiveness
 - ▣ **NQF #1904** Clinician/Groups Cultural Competence Based on the CAHPS Cultural Competence Item Set (endorsement removed)
 - ▣ **MUC2021-106** Hospital Commitment to Health Equity
- Access
 - ▣ **NQF #1896** Language Services Measure Derived From Language Services Domain of the C-CAT (endorsement removed)
 - ▣ **NQF #1824 L1A:** Screening for Preferred Spoken Language for Healthcare (endorsement removed)
 - ▣ **Patient-Centered Medical Home Patients' Experiences**

Previously Identified Health Equity Measures (Continued)

- Social Needs/Risks
 - ▣ **Social Determinants of Health Screening**
 - ▣ **MUC2021-134** Screen Positive Rate for Social Drivers of Health (measure concept under development)
 - ▣ **MUC2021-136** Screening for Social Drivers of Health (measure concept under development)
 - ▣ **Screening and Referral for Transportation Insecurity** (measure under development from CyncHealth)
- Quality of Care
 - ▣ **NQF #0520** Drug Education on All Medications Provided to Patient/Caregiver During Short-Term Episode of Care (endorsement removed)
- Equity Ecosystem
 - ▣ **A Minimum of 3% of Total Enrollment Shall be Served by Community Health Workers or Similar Support Workers** (page 354)

Additional Health Equity Measures Examples

- **Measures Under Consideration (MUCs) in the 2022-2023 Measure Applications Partnership (MAP) Clinician Workgroup**
 - ▣ **MUC2022-098: Connection to Community Service Provider**
 - » **Description:** Percent of patients 18 years or older who screen positive for one or more of the following health related social needs (HRSNs): food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least 1 of their HRSNs within 60 days after screening.
 - ▣ **MUC2022-111: Resolution of At Least 1 Health-Related Social Need**
 - » **Description:** Percent of patients 18 years or older who screen positive for one or more of the following HRSNs: food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and report that at least 1 of their HRSNs was resolved within 12 months after screening.
- Both measures received **conditional support for rulemaking** pending endorsement

Health Equity Measure Discussion Questions

- What should CQMC Workgroups look for in health equity measures?
- How should health equity measures be considered for use in CQMC core sets going forward?
 - ▣ Should all core sets include the same health equity measures?
 - ▣ Are there aspects of health equity more relevant to certain core sets that should be considered in CQMC measure selection?
- Should any of the identified health equity measures be recommended for possible use in CQMC core sets?

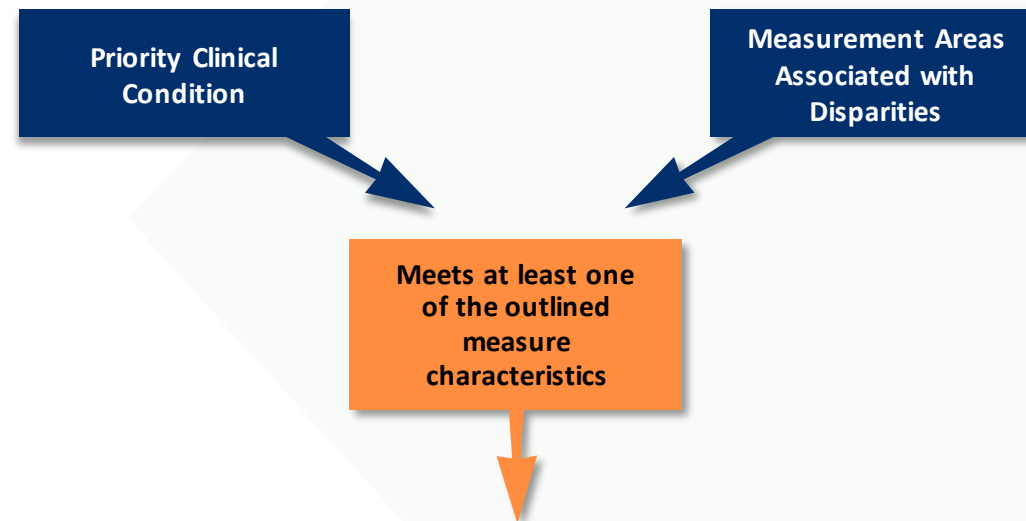
Prioritization Process and Scoring Criteria

Leveraging the CQMC to Advance Health Equity – Prioritizing Disparities-Sensitive Measures



Initial Approach to Identify Disparities-Sensitive Measures in CQMC Core Sets

- If the CQMC core set measure is in an identified priority clinical area **OR** within a measurement area associated with disparities **AND** meets one outlined measure characteristic (i.e., the measure's denominator includes many patients affected by social risk factors, or is specified for non-inpatient settings, or the measure assesses outcomes), the measure will be considered disparities-sensitive.



Disparities-Sensitive Measure

137 of 150 CQMC measures identified as disparities-sensitive

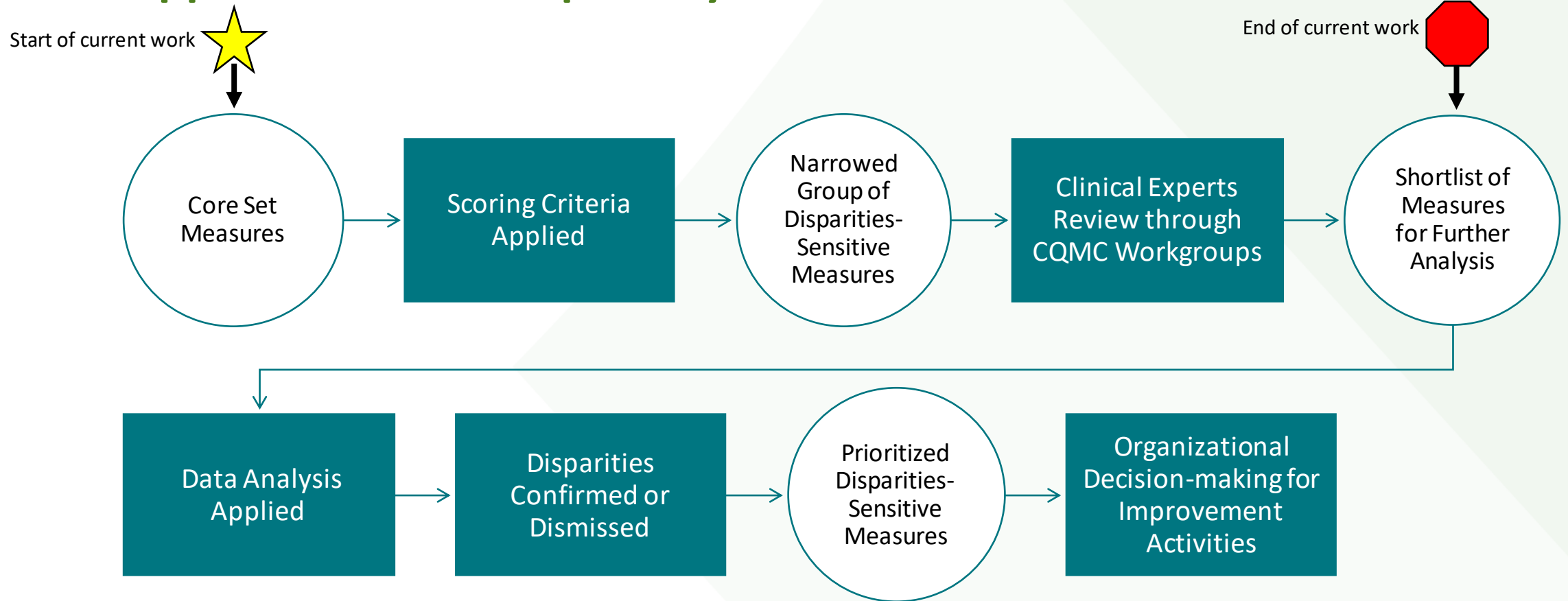
Findings for Disparities-Sensitive Measures in CQMC Core Sets

CQMC Core Set	Meets 3 Measure Characteristics	Meets 2 Measure Characteristics	Meets 1 Measure Characteristic	Unmeasured Disparities	Total
ACO/PCMH/PC	3	13	4	2	22
Behavioral Health	2	7	3	0	12
Cardiology	5	20	2	0	27
Gastroenterology	1	3	4	0	8
HIV/Hepatitis C	1	7	0	0	8
Medical Oncology	4	6	6	1	17
Neurology	0	3	2	0	5
Obstetrics and Gynecology	3	12	3	1	19
Orthopedics	0	15	2	3	20
Pediatrics	0	4	2	6	12
Total	19	90	28	13	150

Key Takeaways from Previous Prioritization Discussions

- The list of disparities-sensitive measures requires further refinement to be actionable
 - ▣ Additional criteria might be needed to identify initial groups of measures for data review
- Data analysis would provide the most accurate picture of disparities in CQMC core set measures
 - ▣ Data availability and organizational resources may limit analysis options

Opportunities for Empirically Informed Prioritization



Current CQMC Work to Prioritize Measures



- The Health Equity Workgroup has created the foundations for scoring criteria that can identify and narrow groups of disparities-sensitive measures
- Narrowed groups of measures reviewed in collaboration with specific CQMC Workgroups for refinement
- This clinical expert review results in a shortlist of measures from CQMC core sets identified as prime candidates for further work to assess disparities

Potential Next Steps in Prioritization



- Measures that have been shortlisted by CQMC Workgroups can be pursued for public or private data analysis
- Organizations can use the results of this data analysis to identify measures with significant disparities and determine where to direct resources and quality improvement efforts

Approach for Today's Discussions

- Review the scoring process based on previously identified criteria
- Review and discuss clinical insights and impacts of the results
- Discuss possible refinements to this approach

Scoring Criteria and Process

Step 1: Classify and group by type of measure

- Outcome (including intermediate-outcomes)
- Non-Outcome (e.g., process, composite)

Step 2: Calculate score of criteria related to assessing disparities (1 point each)

- Priority clinical condition (e.g., cardiovascular disease, behavioral health, sickle cell anemia)
- Measurement area associated with disparities (e.g., transitions, patient-reported assessments)
- Denominator includes patients disproportionately affected by social risks compared to the general population
- Measure specified for ambulatory settings

Step 3: Calculate score of criteria related to impact and feasibility of measure (0.5 point each)

- Measure used in multiple core sets
- Measure uses electronically extracted data

Highest possible score: 5
Scores identified for prioritization: ≥ 3.5 (70%)

Overview of Results

- Initial Approach
 - ▣ **Cardiology:** 27 of 27 measures identified as disparities-sensitive
 - ▣ **Pediatrics:** 6 of 12 measures identified as disparities-sensitive

- Refined Approach
 - ▣ **Cardiology:**
 - » **Outcome:** 2 of 16 measures
 - » **Non-Outcome:** 6 of 11 measures
 - ▣ **Pediatrics*:**
 - » **Outcome:** 0 of 1 measures
 - » **Non-Outcome:** 4 of 13 measures

**Two new measures were added to the Pediatrics core set after the initial approach*

Cardiology Core Set Prioritization Results

Results of Applying Scoring Criteria: Cardiology Core Set *Outcome Measures*

ID Number	Measure Title	Score for Disparities Criteria (out of 4)	Score for Impact and Feasibility Criteria (out of 1)	Total Score (out of 5)
NQF #0018	Controlling High Blood Pressure	3	1	4
NQF #0694	Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator	3	0.5	3.5
MIPS ID 441	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (MIPS ID 441)	3	0	3
NQF #0505	Hospital 30-day all-cause risk standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization	3	0	3
NQF #0230	Hospital 30-day, all-cause, risk standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older	3	0	3
NQF #0229	Hospital 30-day, all-cause, risk standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older	3	0	3
NQF #0330	Hospital 30-day, all-cause, risk standardized readmission rate (RSRR) following heart failure hospitalization	3	0	3
NQF #2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery	3	0	3

Results of Applying Scoring Criteria: Cardiology Core Set *Outcome Measures (cont.)*

ID Number	Measure Title	Score for Disparities Criteria (out of 4)	Score for Impact and Feasibility Criteria (out of 1)	Total Score (out of 5)
NQF #2515	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery	3	0	3
NQF #0535	30-day all-cause risk standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock	3	0	3
NQF #0536	30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock	3	0	3
NQF #0733	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories	3	0	3
NQF #2514	Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate (30-days)	3	0	3
NQF #0119	Risk-Adjusted Operative Mortality for CABG	3	0	3
NQF #2474	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	3	0	3
NQF #2459	In-hospital Risk Adjusted Rate of Bleeding Events for Patients Undergoing PCI	2	0	2

Results of Applying Scoring Criteria: Cardiology Core Set *Non-outcome Measures*

ID Number	Measure Title	Score for Disparities Criteria (out of 4)	Score for Impact and Feasibility Criteria (out of 1)	Total Score (out of 5)
MIPS ID 377	Functional Status Assessments for Congestive Heart Failure	4	0.5	4.5
NQF #0028/0028e	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	4	0.5	4.5
NQF #0070/0070e	Chronic Stable Coronary Artery Disease: Beta-Blocker Therapy-- Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF)	3	0.5	3.5
NQF #0081 / 0081e	Heart Failure (HF): Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	3	0.5	3.5
NQF #0083 / 0083e	Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	3	0.5	3.5
MIPS ID 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	3	0.5	3.5

Results of Applying Scoring Criteria: Cardiology Core Set *Non-outcome Measures (cont.)*

ID Number	Measure Title	Score for Disparities Criteria (out of 4)	Score for Impact and Feasibility Criteria (out of 1)	Total Score (out of 5)
NQF #0964	Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients	3	0	3
NQF #0066	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF)	3	0	3
NQF #0067	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy	3	0	3
NQF #1525	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	3	0	3
NQF #2377	Overall Defect Free Care for AMI (Composite Measure)	2	0	2

Summary List: Cardiology Core Set Prioritized Measures

- **Outcome Measures**

- ▣ NQF #0018 Controlling High Blood Pressure
- ▣ NQF #0694 Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator

- **Non-outcome Measures**

- ▣ MIPS ID 377 Functional Status Assessments for Congestive Heart Failure
- ▣ NQF #0028/0028e Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention
- ▣ NQF #0070/0070e Chronic Stable Coronary Artery Disease: Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVSD)
- ▣ NQF #0081/0081e Heart Failure: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for LVSD
- ▣ NQF #0083/00832 Heart Failure (HF): Beta Blocker Therapy for LVSD
- ▣ MIPS ID 438 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Discussion and Clinical Insights: Cardiology Core Set

- Do Cardiology and Health Equity Workgroup members agree with the prioritization of these measures?
 - ▣ Did the scoring criteria identify appropriate measures for prioritization?
 - ▣ If not, what scoring criteria should be included or modified to identify these measures?
- Are there additional measures that should be included in this list?
 - ▣ If so, why?

Scoring Criteria

Priority clinical condition | Measurement area associated with disparities | Social risk factors
Use in non-inpatient settings | Use in multiple CQMC core sets | Uses electronically extracted data

Pediatrics Core Set Prioritization Results

Results of Applying Scoring Criteria: Pediatrics Core Set *Outcome Measures*

ID Number	Measure Title	Score for Disparities Criteria (out of 4)	Score for Impact and Feasibility Criteria (out of 1)	Total Score (out of 5)
<u>NQF #0005</u>	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child	2	0.5	2.5

Results of Applying Scoring Criteria: Pediatrics Core Set *Non-outcome Measures*

ID Number	Measure Title	Score for Disparities Criteria (out of 4)	Score for Impact and Feasibility Criteria (out of 1)	Total Score (out of 5)
<u>NQF #0418/0418e (no longer endorsed)</u>	Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	4	1	5
<u>NQF #2797</u>	Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia	4	0	4
<u>NQF #0033</u>	Chlamydia Screening for Women	3	0.5	3.5
<u>NQF #1800</u>	Asthma Medication Ratio	3	0.5	3.5
<u>NQF #3595</u>	Hydroxyurea Use Among Children with Sickle Cell Anemia	3	0	3
<u>NQF #0024</u>	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	2	0.5	2.5
<u>NQF #1516</u>	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	2	0.5	2.5
<u>NQF #1448 (no longer endorsed)</u>	Developmental Screening in the First Three Years of Life	1	0.5	1.5

Results of Applying Scoring Criteria: Pediatrics Core Set *Non-outcome Measures (cont.)*

ID Number	Measure Title	Score for Disparities Criteria (out of 4)	Score for Impact and Feasibility Criteria (out of 1)	Total Score (out of 5)
NQF #0038	Childhood Immunization Status (CIS)	1	0.5	1.5
NQF #1407	Immunizations for Adolescents (IMA)	1	0.5	1.5
NQF #2811e	Acute Otitis Media - Appropriate First-Line Antibiotics	1	0.5	1.5
NQF #0002 (no longer endorsed)	Appropriate Testing for Children With Pharyngitis (CWP)	1	0.5	1.5
NQF #0069	Appropriate Treatment for Children With Upper Respiratory Infection (URI)	1	0	1

Summary List: Pediatrics Core Set Prioritized Measures

- **Outcome Measures**

- ▣ None

- **Non-outcome Measures**

- ▣ NQF #0418/0418e Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan
- ▣ NQF #2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia
- ▣ NQF #0033 Chlamydia Screening for Women
- ▣ NQF #1800 Asthma Medication Ratio

Discussion and Clinical Insights: Pediatrics Core Set

- Do Pediatrics and Health Equity Workgroup members agree with the prioritization of these measures?
 - ▣ Did the scoring criteria identify appropriate measures for prioritization?
 - ▣ If not, what scoring criteria should be included or modified to identify these measures?
- Are there additional measures that should be included in this list?
 - ▣ If so, why?

Scoring Criteria

Priority clinical condition | Measurement area associated with disparities | Social risk factors
Use in non-inpatient settings | Use in multiple CQMC core sets | Uses electronically extracted data

Discussion: Prioritization Criteria

Discussion Questions

- Should these criteria be applied equally across core sets?
 - ▣ Are some criteria more important for certain core sets?
- Is data analysis the correct next step to confirm if significant disparities are present and determine where to direct resources and quality improvement efforts?
 - ▣ If so, what could that look like?

Scoring Criteria

Priority clinical condition | Measurement area associated with disparities | Social risk factors
Use in non-inpatient settings | Use in multiple CQMC core sets | Uses electronically extracted data

Opportunity for Public Comment

Next Steps

Health Equity Workgroup Next Steps

- A summary of this web meeting will be posted to the [CQMC website](#)
- CQMC members are encouraged to disseminate the CQMC Health Equity Workgroup [Final Report](#)
- Please reach out to the team with any questions or comments.

Contacts

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