CQMC Core Quality Measures Collaborative

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CQMC Health Equity Workgroup

Meeting 1

April 7, 2022

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Reviewed on January 9, 2020

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

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Funding Statement

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

CMS
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Driving measurable health improvements together

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CQMC Health Equity Workgroup Purpose

- The CQMC aims to advance health equity through value-based payment models by identifying measures and approaches to assessing disparities that can be aligned across payers.

Meeting Purpose and Agenda

Purpose

- To build consensus on priority health equity domains, share preliminary findings of disparities-sensitive and health equity measures and gather Workgroup feedback, and begin establishing stratification considerations for the CQMC.

Agenda

- Opening Remarks Dana Gelb Safran, ScD, President/CEO NQF
- Review Definitions of Health Equity and Disparities-Sensitive Measurement
- Discuss and Prioritize Measurement Domains
- Present Preliminary Measure Scan Findings
- Discuss Data Source and Stratification Considerations

Welcome and Roll Call

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Welcoming Remarks from NQF Leadership

Dana Gelb Safran, ScD
President & CEO
National Quality Forum (NQF)

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Disclosure of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable
- Briefly note any of the following disclosures *relevant to the project:*
  - Engagement with project sponsors *(CMS & AHIP)*
  - Research funding, consulting/speaking fees, honoraria
  - Ownership interest
  - Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining rural-specific health issues funded by XYZ Organization.

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Health Equity Workgroup

- **Rama Salhi, MD, MHS, MS, American College of Emergency Physicians (Co-chair)**
- **Sai Ma, PhD, Humana Inc. (Co-chair)**
- Lia Rodriguez, MD, Aetna
- 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
- Sarah Duggan Goldstein, DrPHc, MPH, Blue Cross Blue Association (BCBSA)
- 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, General Dynamics Information Technology
- Anna Lee Amarnath, MD, MPH, Integrated Healthcare Association (IHA)
- Nikolas Matthes, MD, PhD, MPH, IPRO
- Stephanie Clouser, MA, Kentuckiana Health Collaborative (KHC)
- Aswita Tan-McGory, MBA, MSPH, Mass General Hospital
- Sarah Shih, MPH, National Committee for Quality Assurance (NCQA)

Health Equity Workgroup (cont.)

- Melissa Castora-Binkley, PhD, Pharmacy Quality Alliance (PQA)
- Caprice Vanderkolk, RN, BS, MS, BC-NE, Renal Healthcare Association
- Deborah Paone, DrPH, SNP Alliance
- Bridget McCabe, MD, MPH, FAAP, Teladoc Health
- 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)
- Abbey Harburn, MPH, Wisconsin Collaborative for Healthcare Quality (WCHQ)

Federal Representatives

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

CQMC Health Equity Team

- Health Equity Staff Lead: Carol Sieck, PhD, RN, Director
- Nicolette Mehas, PharmD, Senior Director
- Teresa Brown, MHA, MA, Director
- Simone Bernateau, Analyst

CQMC Orientation

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CQMC Background

- Founded in 2015, the Core Quality Measures Collaborative (CQMC) is a public-private partnership that includes healthcare leaders representing more than 75 quality stakeholders, including but not limited to consumer groups, medical associations, health insurance providers, and purchasers.
- Goal: Develop and recommend core sets of performance measures and measurement initiatives that should be prioritized for use across the nation, aimed at improving the quality of healthcare for all.
- The CQMC works to forge alignment in measures and methods use by payers in order to facilitate the success of value-based purchasing and other initiatives that have measurement at their core.

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CQMC Aims

- Identify high-value, high-impact, evidence-based measures that promote better patient outcomes, and provide useful information for improvement, decision-making and outcomes-based payment.
- Align measures across public and private health insurance providers to achieve congruence in the measures being used for quality improvement, transparency, and payment purposes.
- Reduce the burden of measurement by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications and reporting requirements across public and private health insurance providers.

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Activities

- In 2020-2021, CQMC achieved the following:
  - Performed ad hoc maintenance on ten core sets, including ACO/PCMH/Primary Care, Cardiology, Gastroenterology, HIV/Hepatitis C, Medical Oncology, Obstetrics & Gynecology, Orthopedics, Pediatrics, Behavioral Health, and Neurology
  - Updated documents including Approaches to Future Core Set Prioritization, Measure Selection Criteria, and the Implementation Guide
  - Convened the Measure Model Alignment, Digital Measurement, Cross-Cutting, and Implementation Workgroups
- In 2022, CQMC has updated the Analysis of Measurement Gap Areas and Measure Alignment report and posted updated core sets
- The CQMC primarily focuses on clinician/clinician group level measurement in the ambulatory setting.

Health Equity Workgroup Objectives

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Objectives

- Review and prioritize health equity measurement domains for the CQMC
- Identify current CQMC measures that are disparities-sensitive
- Prioritize existing health equity measures for use across payers in value-based contracts
- Recommend strategies to implement and adopt CQMC measures that assess existing inequities
- Outline future opportunities for the CQMC to advance heath equity measurement

Definitions & Domains of Health Equity

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Health Equity Definitions

- NQF shared Health Equity definitions from Healthy People 2030, the Robert Wood Johnson Foundation, CMS, World Health Organization, HCP-LAN HEAT

- Shared components
  - Fair and just opportunity to achieve the highest level of health for all individuals regardless of race, sexual orientation, gender identity, socioeconomic status, geography, preferred language or other factors affecting access and health outcomes
  - Supporting societal efforts to address avoidable inequalities, historical and contemporary injustice, which includes systemic racism, the elimination of health and health care disparities which may manifest as negative outcomes impacting life expectancy, disease burden, disability and quality of life

Measure Definitions

Health equity measures

- Measures linked to interventions that are known to reduce disparities in populations with social risk factors and/or aligned with the priority domains of measurement. NQF Roadmap for Promoting Health Equity
- Illustrates or summarizes the extent to which the quality of health care provided by an organization contributes to reducing disparities in health and health care at the population level for those patients with greater social risk factor burden by improving the care and health of those patients. ASPE-HHS Rand Project Report

Disparities-sensitive measures

- Detecting not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (race/ethnicity, language, etc.) NQF Commissioned Paper: Healthcare Disparities Measurement

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Health Equity Frameworks and Domains

- The CQMC will use a framework and domains to help inform how health equity measures are identified, prioritized, and aligned. It will also serve as a foundation for the CQMC to build upon over time as health equity measurement advances.
- We have outlined six frameworks and their domains for purposes of discussion.

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Potential Frameworks to Shape the CQMC's Equity Work

*	2017 A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity	*	New England Journal of Medicine's Health Care Equity: From Fragmentation to Transformation	*	Institute of Medicine's Six Domains of Quality
Access to Care	• Availability • Accessibility • Affordability • Convenience	**Access**	Level one, defined as access, refers to whether patients can even gain entry to the health care system.	**Safe**	Avoiding harm to patients from the care that is intended to help them.
Structure for Equity	• Capacity and resources to promote equity • Collection of data to monitor the outcomes of individuals with social risk factors • Population health management • Systematic community needs assessments • Policies and procedures that advance equity • Transparency, public reporting, and accountability for efforts to advance equity	**Transitions**	The level two measure, defined broadly here as transitions, refers to whether patients will be offered services equitably as they transit the health care system.	**Timely**	Reducing waits and sometimes harmful delays for both those who receive and those who give care.
High-Quality Care	• Person- and family- centeredness • Continuous improvements across clinical structure, process, and outcome performance measures stratified by social risk factors • Use of effective interventions to reduce disparities in healthcare quality	**Quality of Care**	The level three measure refers to the quality of care delivered, commonly described through clinical outcomes and associated process measures.	**Effective**	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
Culture of Equity	• Equity is high priority • Safe and accessible environments for individuals from diverse backgrounds • Cultural competency • Advocacy for public and private policies that advance equity	**Socioeconomic/ Environmental Impact**	The fourth and final level refers to the vitality of the socioeconomic and environmental conditions in the neighborhoods and communities served by the institution.	**Efficient**	Avoiding waste, including waste of equipment, supplies, ideas, and energy.
Partnerships and Collaboration	• Collaboration across health and nonhealth sectors • Community and health system linkages • Build and sustain social capital and social inclusion • Promotion of public and private policies that advance equity			**Equitable**	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
				Patient-centered	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

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Additional Frameworks to Consider

*	IHI's Achieving Health Equity: A Guide for Health Care Organizations	*	NCQA Multicultural Health Care Distinction	*	RWJF Health Equity Health Action Framework
Make Health Equity a Strategic Priority for the Health Care Organization	• Demonstrate Leadership Commitment to Improving Health Equity at All Levels of the Organization • Secure Sustainable Funding Through New Payment Models	**Race/Ethnicity and Language Data**	Collect and analyze data on members' race, ethnicity and language to help provide culturally and linguistically appropriate services (CLAS)	**Making Health a Shared Value**	• Mindset and Expectations: Prioritizing and promoting health and well-being • Civic Engagement: Participating in activities that advance the public good • Sense of Community: Strong social connections help communities thrive
Develop Structure and Processes to Support Health Equity Work	• Establish a Governance Committee to Oversee and Manage Equity Work across the Organization • Dedicate Resources in the Budget to Support Equity Work	**Language Services**	Communicate effectively with patients by providing materials and services in the language patients use and understand.	**Fostering Cross-Sector Collaboration to Improve Well-Being**	• Number and Quality of Partnerships: Organizations working together and seeing successful outcomes • Investment in Collaboration: Sustained support enables successful partnerships • Policies that Support Collaboration: Creating incentives and methods to encourage ongoing collaboration
Deploy Specific Strategies to Address the Multiple Determinants of Health on Which Health Care Organizations Can Have a Direct Impact	• Healthcare Services - Collect and analyze data to understand where disparities exist • Socioeconomic Status - Provide economic and development opportunities for staff at all levels. • Physical Environment • Healthy Behaviors	**Practitioner Network Cultural Responsiveness**	Collect data on the language, race and ethnicity of clinicians and other providers.	**Creating Healthier, More Equitable Communities**	• Built Environment: Creating safe and inclusive environments that support well-being • Social and Economic Environment: Improving social conditions and economic opportunities • Policy and Governance: Policies promoting collaboration and improving health
Decrease Institutional Racism within the Organization	• Physical Space: Buildings and Design (e.g., Accessibility, Parking [fees], Waiting times, Cleanliness, Décor, etc.) • Health Insurance Plans: Another aspect of institutional racism is reflected in the type of health insurance accepted by the organization. • Reduce Implicit Bias	**CLAS Standards Program**	Develop and analyze progress on goals to reduce health disparities.	**Strengthening Integration of Health Services and Systems**	• Access to Care: Making comprehensive, continuous care and health services available to all • Balance and Integration: Improving health by balancing and integrating health care, public health, and social services • Consumer Experience and Quality: Improving population health by providing consumer-driven care
Develop Partnerships with Community Organizations to Work Together on Community Issues Related to Improving Health and Health Equity	Health systems can invest financial and in-kind contributions in multisectoral partnerships in the community to improve health outside of the health care setting, such as reducing childhood obesity by offering healthier lunches in schools and developing programs that provide academic support to at-risk children.	**Reducing Health Care Disparities**	Develop and implement targeted interventions to improve disparities and analyze health care quality and the patient experience.	*	*

* Indicates Cell Intentionally left blank

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Comparison of Frameworks and Domains

- Quality is the overarching goal of the IOM framework, while other frameworks include quality as a specific domain
- Access to care (timeliness) is consistent across several frameworks
- Several of these frameworks emphasize community partnerships (e.g., Roadmap, NEJM, IHI, RWJF)
- NEJM and RWJF include a unique perspective related to the socioeconomic and environmental impact to the community

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Draft Health Equity Measurement Domains for CQMC Discussion

Quality of Care	Access	Cultural Competency	Social Needs/Risks	Culture of Equity
• Person-centered • Interventions to reduce disparities • Effectiveness	• Availability • Accessibility	• Linguistically appropriate	• Screen for social risk • Assistance with social needs (food, transportation, etc.)	• Partnerships with community organizations • Collect data to identify disparities/social needs

Disparities-Sensitive Measurement

- Is anything missing from these domains for measuring health equity?
- Which domains or topics are most relevant to the CQMC's efforts related to health equity? Are any aspects of these domains outside of the CQMC's scope?
- Which domains should be prioritized for alignment across payers?

Measure Scan Findings

Measure Scan: Progress To Date

- NQF performed a scan to synthesize related initiatives, identify disparities-sensitive measures, and identify additional health equity measures
- NQF reviewed related initiatives and literature to inform discussion and to determine the CQMC's role in advancing health equity (resources referenced in appendix)
- Measures identified as disparities-sensitive through the literature were compared to the current CQMC core set measures
- Additional measures that address health equity were identified for consideration by the CQMC

Analysis of Disparities-Sensitive Measures in CQMC Core Sets: Methods

- Applied the following frameworks to the 150 current CQMC measures across 10 core sets assessing disparities-sensitivity:
  - NQF's 2008 National Voluntary Consensus Standards for Ambulatory Care – Measuring Healthcare Disparities
  - NQF's 2012 Disparities-Sensitive Measure Assessment
  - NQF's 2017 Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity
  - NCQA's 2021 State of Health Equity White Paper

Analysis of Disparities-Sensitive Measures in CQMC Core Sets: Preliminary Findings

Frameworks/Core Sets	Pediatrics	OB/GYN	Ortho	Medical Oncology	ACO/ PCMH/ PC	Cardiology	Behavioral Health
2008 NQF National Voluntary Consensus Standards for Ambulatory Care – Measuring Healthcare Disparities	-	2	-	-	5	1	-
2012 Disparities- Sensitive Measure Assessment	-	3	-	3	4	3	-
2017 A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity	1	4	1	1	8	3	4
2021 NCQA State of Health Equity White Paper	7	9	1	1	15	4	11
Measures Identified in >1 Framework	**1**	**2**	**-**	**-**	**6**	**1**	**1**

*HIV/Hep C, Gastroenterology, and Neurology core sets did not have disparities-sensitive measures identified

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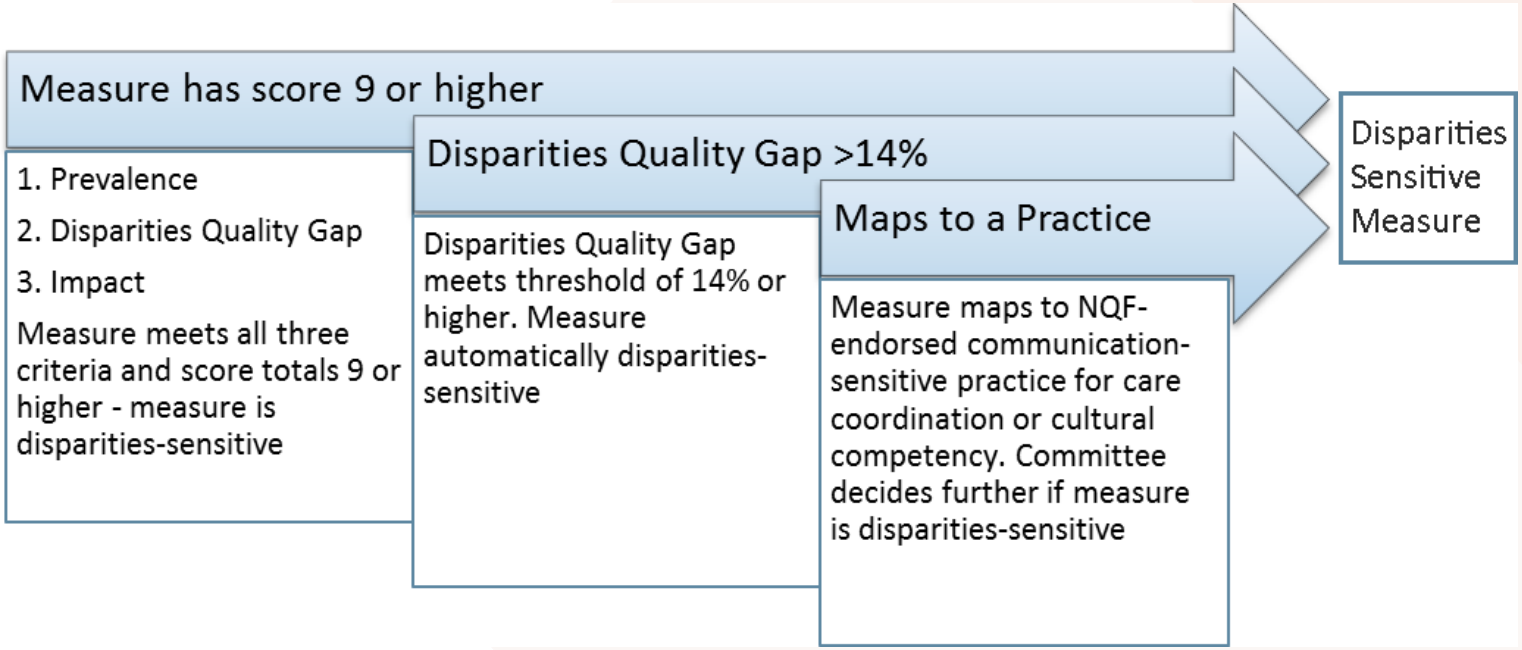
NQF's Disparities-Sensitive Protocol (2012)

- **Defined the evaluation of a disparities-sensitive measure** as capturing the following data: prevalence among disadvantaged groups, impact of the condition and quality gap along with domains in two tiers of review which were assigned points
  - **Tier 1 awarded points for the three areas**
    - » Prevalence= 0-3 points
    - » Impact= 0-1 point
    - » Quality gap= 0-2 points
  - **Tier 2 awarded points if the measure addressed if demonstrates both NQF domains: competency & care coordination**
    - » Demonstrates both domains= 2 points
  - **Miscellaneous points**
    - » All disease conditions= 1 point
    - » Extent of quality gap between disadvantaged/advantaged populations= 0-2 points and if greater than 14%= 4 points
    - » Extent of impact, meeting National Quality Strategy or goal= 1 point
- **Disparities sensitive measure benchmark= minimum of 9 points or >14% quality gap**

Guidance for Identifying Disparities-Sensitive Measures (2012)



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Discussion and Next Steps

- Do you agree with applying the 2012 NQF Disparities-Sensitive Methodology to identify additional measures within the CQMC core sets?
- Have you adapted this methodology or used a different method in your efforts to identify disparities-sensitive measures?

- NQF plans to apply the disparities-sensitive methodology to additional core set measures (e.g., measures not NQF endorsed, measures endorsed since previous methodology was applied) based on feedback from the Workgroup.
- NQF will refine the list of disparities-sensitive measures in the core sets for further discussion during meeting 2.

Preliminary Health Equity Literature Measure Scan

- Searched foundational literature, the Measures Under Consideration list, NQF Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity, and NCQA State of Equity White Paper to identify health equity-related measures.
- Identified 30 measures in the areas of:
  - Social Determinants Of Health
  - Transportation
  - Cultural Competency
  - Convenience
  - Accessibility
  - Availability
  - Evidence-based interventions to reduce disparities

Preliminary Database Scan for Health Equity Measures

- NQF searched CMIT and QPS for the following search terms, resulting in 14 measures preliminarily identified as related to health equity.
- Search terms
  - Access
  - Equity
  - Timeliness
  - Social Determinants of Health
  - Social Drivers
  - Social Need
  - Culture
  - Cultural Competency
  - Transitions
  - Disparity
  - Disparities-Sensitive

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Next Steps and Discussion

- NQF will use content from discussion to refine the health equity measure search, identify additional measures, and categorize the identified measure by domain.
- NQF will then narrow the list of measures based on Workgroup's priorities to bring forward for discussion during meeting 2.

- Which topics areas/domains of health equity measures are most important for the CQMC?
- What measure attributes (e.g., denominator/prevalence, ability to impact care or health disparity) are most important for the CQMC to consider when selecting health equity measures?

Data Source and Stratification Considerations

NCQA's Health Equity and Social Determinants of Health in HEDIS: Data for Measurement (2021)

Identified strategic recommendations as follows:

1. Stratification of HEDIS measures by race, ethnicity, and socioeconomic status
2. Holding plans accountable for interventions when gaps in equity and social needs gaps are identified
3. While SDOH are not currently captured in HEDIS outside of SES, there is acknowledgement that this may represent an area of future measurement
4. Limitations of capturing race, ethnicity and social needs in administrative claims data
5. Caution in using proxy demographics to capture race, ethnicity and social needs due to loss of accurate patient level data

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Select Findings from NQF Risk Adjustment Technical Guidance (2021) Related to Stratification

- CMS recently funded NQF to develop Technical Guidance for Social and Functional Status-Related Risk Adjustment
- While the report focuses on risk adjustment, it summarizes various social factors that are currently being used in the literature and for quality measurement (Environmental Scan, Table 4; list not exhaustive)
- As it relates to stratification, the TEP recommended that risk stratification should be tested in conjunction with risk adjustment to maximize the measure's ability to identify healthcare disparities. (Guidance report pg. 25)
- The TEP also suggests that "developers should report stratification specifications by specific and relevant subgroup categories, such as racial/ethnic categories, gender, SES, and functional status." (Guidance Report pg. 25)

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Discussion

- What opportunities exist to align how measures are stratified?
- Which data sources does the CQMC recommend should be collected consistently across payers and used for stratification?
- Does the data used for stratification need to align with the levers for improvement (e.g., stratified results should be actionable by providers)?
- When should stratification data be validated person-level data? When can proxies (e.g., census or area-level data) be used? Is there a difference based on the intent of measurement?
- What is the opportunity to compare provider and patient characteristics (e.g., age, race, language) related to outcomes?

Public Comment

Next Steps

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Next Steps

- NQF will continue analysis of disparities-sensitive measures and health equity measures to discuss during web meeting 2 (tentatively planned for May)
- Web meeting 2 objectives:
  - Continue measure discussion/prioritization
  - Continue stratification recommendations discussion
  - Put forward considerations for implementing health equity measures
  - Identify CQMC health equity measure gaps & future priorities
- Content from both web meetings will inform a Health Equity Report.
  - Aims to provide measure recommendations to payers and purchasers to advance health equity as part of value-based models and outlines key future opportunities for the CQMC to continue its health equity work
  - The draft Health Equity Report will be posted for public comment in mid July and finalized by late August

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Appendix

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NQF's National Voluntary Consensus Studies for Ambulatory Care: Reviewing Disparities (2008)

- Foundational ambulatory care review from 2006 in defining NQF measures for disparity sensitivity
- Identified key attributes in evaluating measures including:
  - Prevalence
  - Impact
  - Quality Gap
  - Ease of improving process

NQF's Healthcare Disparities and Cultural Competency Consensus Standards: Disparities-Sensitive Measure Assessment (2012)

- Two phased approach:
  - Development of a commissioned paper focused on measurement implications for healthcare disparities utilizing two tiers of review that served as a foundation for identifying measures as disparities-sensitive
    - » Guidance to the NQF's Steering Committee charged with selecting and evaluating disparity-sensitive quality measures
    - » Reviewed methodological issues with disparities measurement
    - » Identified cross-cutting measurement gaps in disparities
  - Identified performance measures for healthcare disparities and cultural competency

RWJF Commissioned Paper: Healthcare Disparities Measurement (2012)

- Grant funded from the Robert Wood Johnson Foundation and in association with Massachusetts General Hospital & Harvard Medical School to provide guidance on selecting and evaluating disparity sensitive performance measures; describe methodological issues with disparities measurement; and identify cross-cutting measurement gaps in disparities as well as prioritizing measures stakeholder approaches for payers and providers

  - **Measure Prioritization**
  - Assess the portfolio of NQF performance measures using disparities-sensitive principles, with special emphasis on quality gap and prevalence
  - Apply new criteria for disparities sensitivity
  - Develop new disparities-specific measures

NQF's Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity (2017)

- Identified the portfolio of NQF performance measures using disparities-sensitive principles, with special emphasis on quality gap and prevalence
- Simplified criteria for disparities sensitivity
- Recommendation on the need to develop new disparities-specific measures

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ASPE's Developing Health Equity Measures (2017)

- Focus on important disparities-sensitive populations or culturally appropriate care
- Demonstrate evidence on the relationship between a social risk factor and health/ healthcare outcome
- Incentivize achievement or improvement for at-risk beneficiaries, including having a valid and appropriate benchmark and/or reference group if comparisons to benchmarks and/or reference groups are made
- Guard against unintended consequences of worsening quality or access or disincentivizing resources for any beneficiaries, including the at-risk beneficiaries who are the focus of health equity measurement through the design
- Measurable requirements ensuring reliable distinctions between health care providers in their health equity performance
- Capture information about small subgroups, where possible, while limiting the influence of imprecise estimates of provider performance.

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NCQA's Health Equity Measurement in Medicaid: White Paper (2021)

- Systematic review of literature with input from seven state Medicaid Agencies to identify strategic recommendations as follows:
  1. Recommendation to implement an overall equity strategy for state Medicare programs
  2. Identified priority populations
  3. Suggested stratification of measures by race, ethnicity and socioeconomic basis
  4. Recommended holding plans accountable to address identified disparities
  5. Suggested expanding the portfolio of social determinants of health measures
  6. Supported the important role of stakeholder and community engagement

Resources

- National Quality Forum. (2017). A roadmap for promoting health equity and eliminating disparities: the four I's for health equity. Washington, DC: National Quality Forum. https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86035
- Health Care Equity: From Transformation to Transformation (2021), NEJM https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0414
- ASPE-HHS RAND Project Report Developing Health Equity Measures (May 2021) https://aspe.hhs.gov/reports/developing-health-equity-measures
- Weissman, J. S., Betancourt, J. R., Green, A. R., Meyer, G. S., Tan-McGrory, A., Nudel, J. D., & Carrillo, J. E. RWF Commissioned Paper: Healthcare Disparities Measurement. Disparities Solution Center of Massachusetts General Hospital (2011). https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=67965
- NCQA: Health Equity on SDOH in HEDIS: Data for Measurement https://www.ncqa.org/wp-content/uploads/2021/06/20210622_NCQA_Health_Equity_Social_Determinants_of_Health_in_HEDIS.pdf .
- NCQA: White Paper: Evaluating Medicaid's Use of Quality Measurement to Achieve Equity Goals https://www.ncqa.org/health-equity/measure-accountability/
- AHRQ 2021 National Healthcare Quality & Disparities Report https://www.ahrq.gov/research/findings/nhqrdr/nhqdr21/index.html
- Evaluation of the NQF Trial Period for Risk Adjustment for Social Factors, 2017 https://www.qualityforum.org/ProjectDescription.aspx?projectID=9361
- National Quality Forum (2012). Healthcare disparities and cultural competency consensus statement: Disparities-sensitive measure assessment technical report. https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72347
- 2008 NQF National Voluntary Consensus Standards for Ambulatory Care—Measuring Healthcare Disparities