CQMC Core Quality Measures Collaborative

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CQMC Health Equity Workgroup

Meeting 2

May 23, 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.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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AHIP

Agenda

- Welcome and Attendance
- CQMC Overview, Review Health Equity Workgroup Objectives, and Recap Previous Discussions
- Align on an Updated Approach for Identifying Disparities-Sensitive Measures within the CQMC Core Sets
- Refine Domains that Promote Health Equity Measurement and Review Measures that Promote Health Equity
- Opportunity for Public Comment
- Next Steps

Welcome and Attendance

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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
- 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
- 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
- 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 (cont.)

- Sarah Shih, MPH, National Committee for Quality Assurance (NCQA)
- Melissa Castora-Binkley, PhD, Pharmacy Quality Alliance (PQA)
- 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, 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

- Nicolette Mehas, PharmD, Senior Director
- Teresa Brown, MHA, MA, Director
- Chelsea Lynch, MPH, MSN, RN, CIC, Director
- Simone Bernateau, Analyst

CQMC Overview, Review Health Equity Workgroup Objectives, and Recap Previous Discussions

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CQMC Background

- Broad-based coalition of healthcare leaders working to facilitate cross-payer measure alignment through the development of core sets of measures to assess the quality of healthcare in the United States
- Founded in 2015, the CQMC is a public-private partnership between America's Health Insurance Plans (AHIP) and the Centers for Medicare & Medicaid Services (CMS) housed at NQF
- Membership-driven and funded effort, with additional funding provided by the CMS and
- Diverse membership:
  - Health insurance providers
  - Medical associations
  - Consumer groups
  - Purchasers and employer groups
  - Regional quality collaboratives

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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 payment.
- Align measures across public and private payers 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 quality measure reporting requirements across payers.
- Achieved by creating ***core measure sets***: parsimonious groups of scientifically sound measures that efficiently promote a patient-centered assessment of quality and should be prioritized for adoption in value-based purchasing and alternative payment models
  (Note: CQMC core sets primarily focus on outpatient, clinician-level measurement)

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Current Core Measure Sets

Core Set	Number of Measures*
Accountable Care Organizations (ACO), Patient Centered Medical Homes (PCMH), and Primary Care	22
Behavioral Health	12
Cardiology	27
Gastroenterology	8
Human Immunodeficiency Virus (HIV) and Hepatitis C (HIV/Hep C)	8
Medical Oncology	17
Neurology	5
Obstetrics and Gynecology (OB/GYN)	19
Orthopedics	20
Pediatrics	12

*As of last update in 2021

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Health Equity Workgroup Objectives

- To advance CQMC's ability to support stakeholder efforts to measure and improve health equity, the Health Equity Workgroup aims to:
  - Define domains that promote health equity measurement
  - Identify existing measures that promote health equity for use across payers in value-based contracts
  - Identify current measures in CQMC Core Sets that are disparities-sensitive
  - Recommend strategies to implement and adopt CQMC measures that assess existing inequities
  - Outline future opportunities for the CQMC to advance heath equity measurement

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Health Equity Workgroup Meeting 1 Themes

Key domains for health equity (e.g., quality, access, SDOH, patient experience of care & cultural responsiveness) should be used to prioritize clinician-level measure alignment

Criteria to determine a measure's sensitivity to disparities should be refined and simplified, with clear and transparent guidelines for application

Providers may lack resources to provide interventions for identified gaps in social needs

Critical for disparities-sensitive measure data to be actionable by providers and payers to address quality gaps

Full Collaborative Health Equity Discussion

- The full Collaborative met on **April 19th** to discuss the role of CQMC in advancing health equity measurement
- Key themes from this discussion included:
  - Equity is a universal issue requiring a collaborative effort from various stakeholders
  - Absence of standardized, interoperable demographic and social risk data is a key barrier to action
  - Alignment on standards for data content and data exchange for data required to measure and improve health equity (e.g., demographic and social risk data) is needed
  - Stratification of available measures would be useful and guidance for prioritizing which measures to stratify would be helpful
  - Self-reported data are the "gold standard" for evaluating patient experience, patient demographics, and social risk factors
  - Assure feasibility and usability of equity measures

Align on an Updated Approach for Identifying Disparities-Sensitive Measures Within CQMC Core Sets

Feedback on Approach from Meeting 1

- Prevalence and the quality gap benchmark of 14% should be reconsidered since they could exclude low-volume, high burden diseases that disproportionately impact underserved communities (e.g., sickle cell, HIV)
- Some organizations use the NQF Disparities Sensitivity Protocol to assess measure sensitivity with modifications as it is difficult to apply
- Members noted the NQF methodology may benefit from close review and updating

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Considerations for Updated Approach

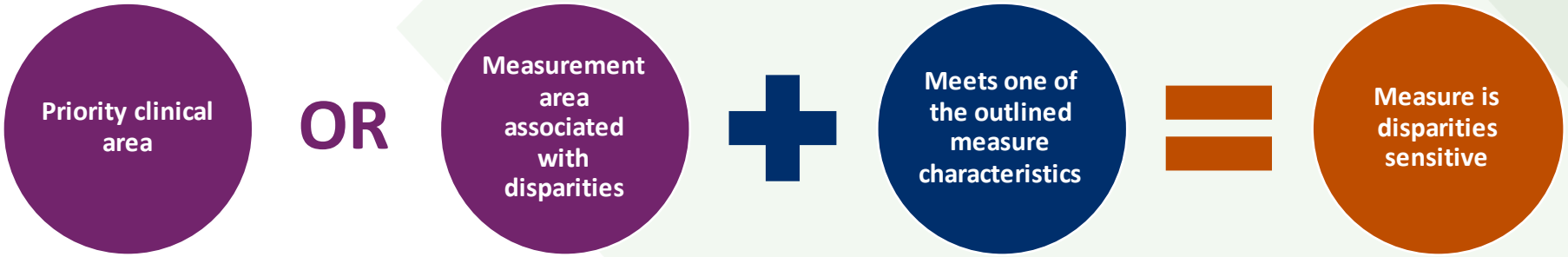
- Establish prevalence or priority of clinical conditions associated with disparities through CMS, Office of Minority Health (OMH), and Agency for Healthcare Research and Quality (AHRQ)
- Consider measurement areas associated with disparities (e.g., transitions, care coordination, patient surveys)
- Gather measure attributes (e.g., level of analysis, measure type) following recommendations from Robert Wood Johnson Foundation (RWJF) and NQF
- If available, collect testing data from measures submitted to NQF for endorsement consideration to assess quality gap

Limitations of the Updated Approach

- Pragmatic approach that may not capture all categories of measures that could be disparities sensitive
- Research approach may limit the identified disparities-sensitive clinical conditions
- Measure characteristics are limited by CQMC scope
- The approach does not consider the measure's testing and performance data as data were inconsistently available

Updated Approach to Identify Disparities-Sensitive Measures in 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, the measure will be considered disparities-sensitive.



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Priority Clinical Conditions

- The following reports were reviewed to identify priority clinical conditions:
  - CMS Framework on Health Equity
  - OMH Focus Areas
  - AHRQ 2021 National Healthcare Quality and Disparities Report
- Resulting in the following list of conditions:
  - Substance use disorder (e.g., opioid use)
  - Cardiovascular disease (e.g., hypertension, congestive heart failure)
  - Maternal and infant health
  - Sickle cell disease and trait
  - Diabetes (e.g., prevention of peripheral artery and kidney disease)
  - Lupus
  - Cancer (e.g., stomach, liver, and cervical)
  - Dementia and Alzheimer's
  - Asthma
  - Behavioral health (e.g., major depressive diagnosis or episode)
  - HIV/AIDS
  - COVID-19

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Measurement Areas Associated with Disparities

- RWJF's 2011 Commissioned Paper: Healthcare Disparities includes measurement areas as likely disparities-sensitive, such as:
  - Transition (e.g., discharge, referral)
  - Readmissions
  - Patient/Consumer Surveys
  - Patient Reported Outcomes (e.g., depression assessments)
  - Patient Education
  - Screening
- NQF's 2012 Disparities-Sensitive Measure Assessment
  - Communication-Sensitive Services (e.g., care coordination)
  - Care with a High Degree of Discretion (e.g., practices that do not have a standard protocol)
  - Social Determinant-Dependent Measures (e.g., measures that are linked to social risks)

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Measure Characteristics

- NQF's 2017 A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity considers the following measure characteristics to further disparities sensitivity evaluation:
  - Measures for which the denominator includes a large number of patients affected by a social risk factor or set of risk factors
  - Measures for which the denominator is specified for non-inpatient settings (i.e., focus on ambulatory care settings)
  - Outcome measures where there is a clear link between the outcome being measured and a set of actions

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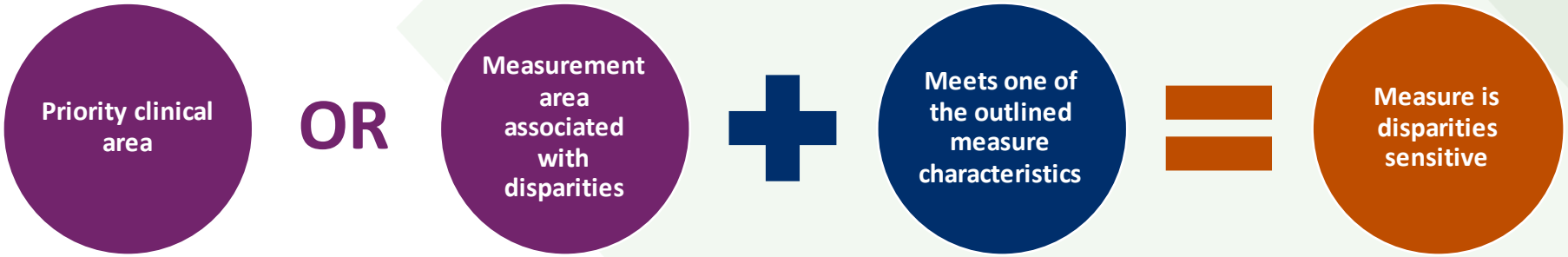
Assessing Quality Gap

- NQF gathered testing data submitted with applications for endorsement consideration to review for quality gap by race and/or ethnicity
- These data were incomplete and/or outdated, resulting in limited ability to draw conclusions

Updated Approach to Identify Disparities-Sensitive Measures in Core Sets (Cont.)

- 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, the measure will be considered disparities-sensitive.



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Example of Applying the Approach to a Core Set: HIV/Hepatitis C

Identification Number (links to specifications)	Measure Title	Priority clinical area OR measurement area associated with disparities	Meets at least one of the outlined measure characteristics	Disparities Sensitive?
MIPS ID 475	HIV Screening	HIV	Patients affected by social risk factors; Outpatient Services	Yes
NQF #2080	Gap in HIV Medical Visits	HIV	Patients affected by social risk factors; Outpatient Services	Yes
NQF #0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	HIV	Patients affected by social risk factors; Outpatient Services	Yes
NQF #0409	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis	HIV	Patients affected by social risk factors; Outpatient Services	Yes
NQF #2082 / NQF #3210e	HIV Viral Load Suppression	HIV	Patients affected by social risk factors; Outpatient Services; Outcome Measure	Yes
NQF #2079 / NQF #3209e	HIV Medical Visit Frequency	HIV	Patients affected by social risk factors; Outpatient Services	Yes
MIPS ID 401	Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis	Cancer	Patients affected by social risk factors; Hospital: Outpatient Department (HOD)	Yes
NQF #3059e / MIPS ID 400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	Screening	Patients affected by social risk factors; Outpatient Services	Yes

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Example of Applying the Approach to a Core Set: Neurology

Identification Number (links to specifications)	Measure Title	Priority clinical area OR measurement area associated with disparities	Meets at least one of the outlined measure characteristics	Disparities Sensitive?
NQF #2624	Functional Outcome Assessment	Patient survey/assessment	Outpatient Services	Yes
MIPS ID 187	Stroke and Stroke Rehabilitation: Thrombolytic Therapy	No	Not applicable	No
NQF #0005	CAHPS Clinician & Group Surveys (CG-CAHPS)	Patient-reported outcome	Outpatient Services; Outcome measure	Yes
NQF #0097	Medication Reconciliation	Communication-sensitive services	Outpatient Services	Yes
NQF #0419e	Documentation of Current Medications in the Medical Record	Communication-sensitive services	Outpatient Services	Yes

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Discussion

- Is this an effective approach to identify measures within the CQMC Core Sets as disparities sensitive?
- The current approach may identify many disparities-sensitive measures in the CQMC Core Sets. Are there any unintended consequences with this approach?
- What could be added to the approach to help prioritize the measures identified as being disparities sensitive?
  - Examples: Meeting more than one measure characteristic, meeting a specific measure characteristic (i.e., outcome measures)
- How should measures identified as being disparities sensitive within the CQMC Core Sets be considered?

Refine Domains that Promote Health Equity Measurement and Review Measures that Promote Health Equity

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Updated Domains that Promote Health Equity Measurement

Enablers of Cultural Responsiveness	Access	Social Needs/Risks	Quality of Care	Equity Ecosystem
• Governance and leadership* • Workforce diversity* • Learning systems* • Collect standardized demographic data (REaL, SOGI)	• Availability • Accessibility • Digital support • Linguistically appropriate	• Screen for SDOH • Assistance with social needs (food, transportation, etc.) • Health literacy	• Interventions to reduce disparities • Effectiveness • Patient engagement* • Workforce safety*	• Partnership with community organizations • Coordinate care with other healthcare entities
Person-Centered Care, Disparities Sensitivity				

*Derived from Achieving Zero Inequity: Lessons Learned from Patient Safety

Discussion Question: Do these domains adequately represent a starting points for providing a complete view of health equity measurement?

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Existing Health Equity Measure Scan

- To identify existing health equity-related measures, NQF searched:
  - Foundational literature including NQF Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity and NCQA State of Equity White Paper
  - Measure Applications Partnership (MAP) Measures Under Consideration (MUC) list
  - CMS Measure Inventory Tool (CMIT)
  - NQF Quality Positioning System (QPS)
- The scan identified 32 measures and measure concepts within:
  - Social determinants of health
  - Cultural competency
  - Accessibility
  - Availability
  - Evidence-based interventions to reduce disparities

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CQMC Measure Selection Principles

- Based on CQMC's measure selection principles, measures in the core set should be:
  - Person-centered and holistic
  - Relevant, meaningful and actionable
  - Parsimonious, promoting alignment and efficiency
  - Scientifically sound
  - Balanced between burden and innovation
  - Unlikely to promote unintended adverse consequences
- CQMC focus is on clinician-level, outpatient measurement in value-based programs

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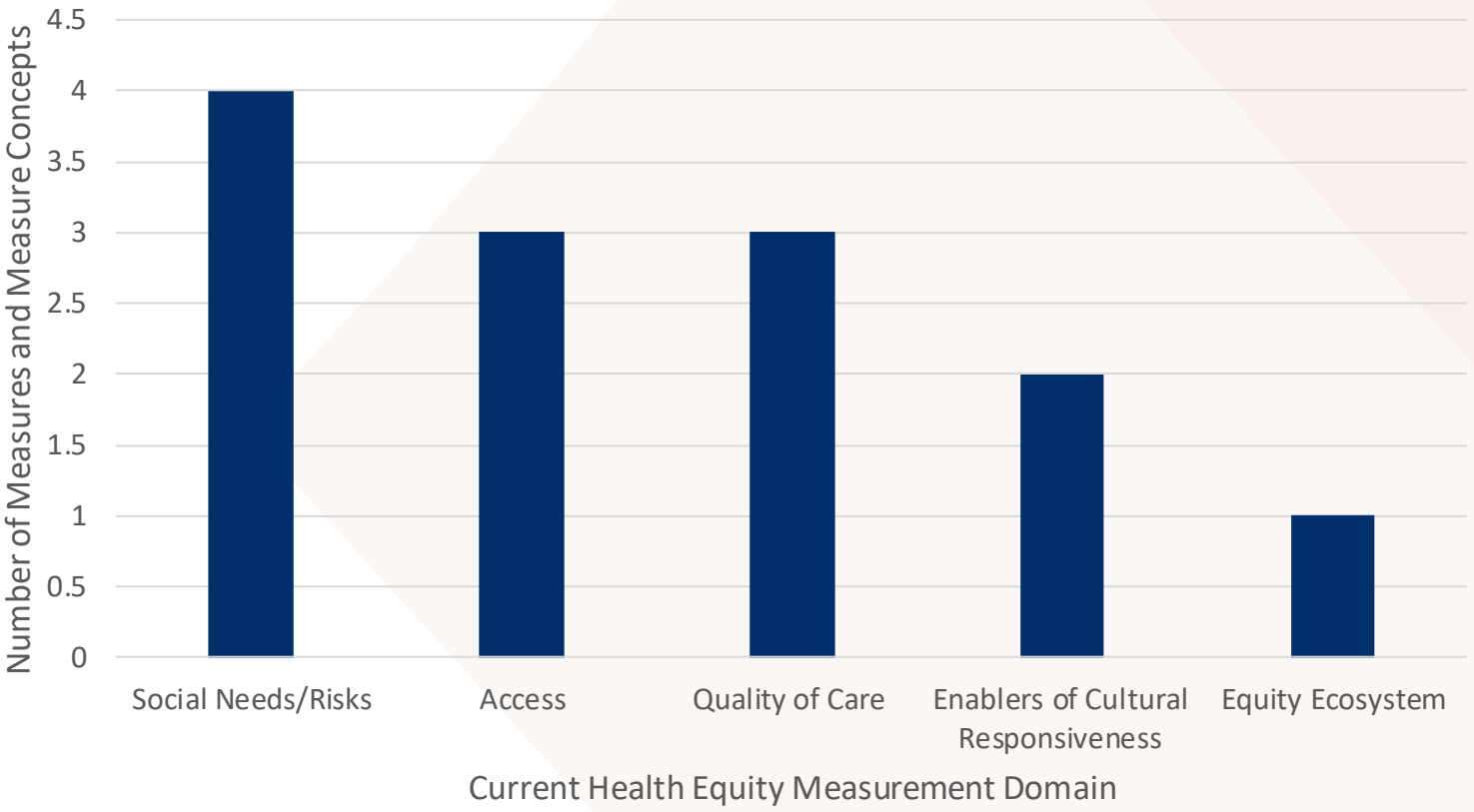
Health Equity Measures and Measure Concepts that Meet CQMC's Measure Selection Principles by Domain

- The CQMC Measure Selection Principles were applied to the scan findings
- 13 of 32 measures and measure concepts meet the following levels of analysis:
  - 8 at the clinician level
  - 3 at the facility level
  - 2 at the plan level
- 19 of 32 measures and measure concepts were population level or index measures

Existing Health Equity Measures and Measure Concepts by Domain



Existing Health Equity Measures and Measure Concepts by Domain (cont.)

- **Enablers of Cultural Responsiveness**
  - NQF #1904 Clinician/Groups Cultural Competence Based on the CAHPS Cultural Competence Item Set *(endorsement removed)*
  - Hospital Commitment to Health Equity *(measure concept)*
- **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 Health Care *(endorsement removed)*
  - Patient-Centered Medical Home Patients' Experiences (related to parents/guardians' ability to get the care their child needs during evenings, weekends, or holidays)

Existing Health Equity Measures and Measure Concepts by Domain (cont.)[2]

- **Social Needs/Risks**
  - Screening and Referral for Transportation Insecurity
  - Social Determinants of Health Screening
  - Screen Positive Rate for Social Drivers of Health *(measure concept)*
  - Screening for Social Drivers of Health *(measure concept)*
- **Quality of Care**
  - NQF #0520 Drug Education on All Medications Provided to Patient/Caregiver During Short Term Episode of Care *(endorsement removed)*
  - NQF #1885 Depression Care: Percentage of Patients 18 Years of Age or Older with Major Depression or Dysthymia Who Demonstrated a Response to Treatment 12 Months (+/- 30 Days) After an Index Visit
  - Adverse Outcome Index

Existing Health Equity Measures and Measure Concepts by Domain (cont.)[3]

- **Culture of Equity/Improving Equity**
  - A Minimum of 3% of Total Enrollment Shall be Served by Community Health Workers or Similar Support Workers

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Discussion

- Are there any additional clinician-level measures or measure concepts related to health equity missing from the list?
- If there were actionable data for these measures and measure concepts, would we have a good view of health equity? If not, what measures are missing?
- What future role could these existing health equity measures and measure concepts play in relation to the CQMC Core Sets (e.g., as an advisory source for CQMC Workgroups, as a separate Core Set for parallel consideration by payers)?

Opportunity for Public Comment

Next Steps

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Next Steps

- NQF will apply the disparities-sensitive approach if approved during today's meeting and share a list of CQMC measures that meet criteria
- NQF will reach out to schedule additional meetings to further this work tentatively in late June and early August

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Contacts

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