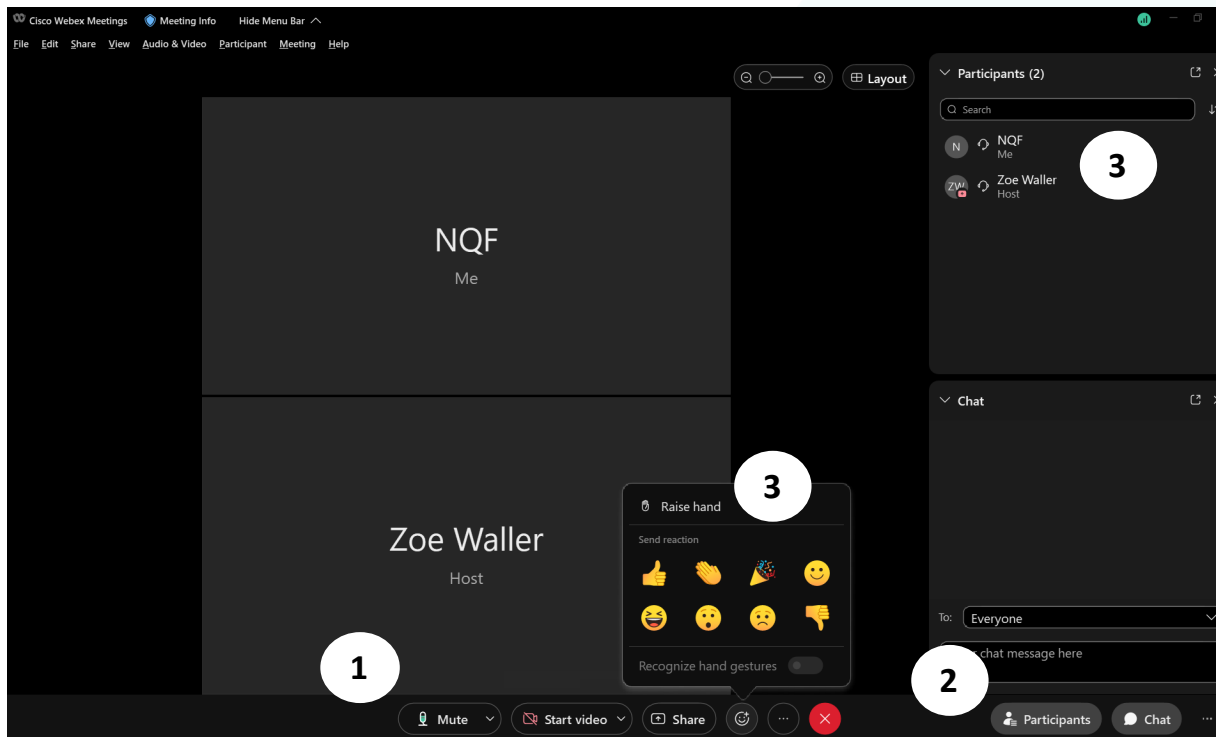


CQMC Health Equity Workgroup Meeting

Meeting 3

June 30, 2022

Using the WebEx Platform



- 1 Click the lower part of your screen to mute/unmute, start or pause video, and access the raised hand feature
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab or the raised hand next to your name in the participant's window

Antitrust Compliance Statement

It is the policy of the Core Quality Measures Collaborative (CQMC) to conduct all of its activities in compliance with federal and state antitrust Laws.

During CQMC meetings and other association activities, including all informal or social discussions, each member shall refrain from discussing or exchanging competitively sensitive information with any other member.

Such information includes, but may not be limited to:

- Prices, premiums, or reimbursement charged or paid for products or services
- Allocation of customers, enrollees, sales territories, sales of any product or contracts with providers
- Refusal to deal with any customer, class or group of customers
- Refusal to deal with any provider, class or group of providers
- What products or services will be offered to enrollees
- Any other competitively sensitive information that is proprietary to a member company

If you have any questions or antitrust concerns related to CQMC programs, meetings, or activities, consult with your own counsel.

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.



Agenda

- Welcome and Attendance
- CQMC Overview, Review Health Equity Workgroup Objectives, and Recap Previous Discussions
- Review CQMC Disparities-Sensitive Measures and Discuss Strategies for Addressing Disparities Observed in CQMC Measures
- Explore Future Opportunities for the CQMC to Advance Health Equity
- Opportunity for Public Comment
- Next Steps

Meeting Objectives

- To advance CQMC's ability to support stakeholder efforts to measure and improve health equity by:
 - ▣ Reviewing results of applying the approach to identify disparities-sensitive measures in CQMC core sets
 - ▣ Discussing strategies for addressing disparities observed in CQMC measures
 - ▣ Exploring future opportunities for the CQMC to advance health equity

Welcome and Attendance

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 Hefe, 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 Meeting

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

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)

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

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:
 - ▣ Identify current measures in CQMC core sets that are disparities-sensitive
 - ▣ Prioritize existing health equity measures for use across payers in value-based contracts
 - ▣ Define domains to categorize measures for the CQMC that promote health equity measurement
 - ▣ Recommend strategies for methods that will enable identifying and prioritizing disparities observed within measures comprising CQMC core sets
 - ▣ Outline future opportunities for the CQMC to advance health equity measurement



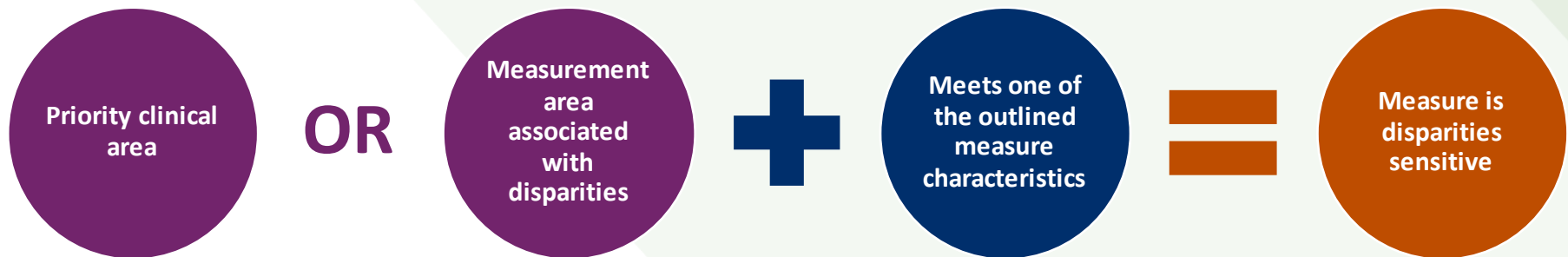
Health Equity Workgroup Meeting 2 Recap

- Aligned on an updated approach for identifying disparities-sensitive measures in CQMC core sets
- Refined domains that categorize measures that promote health equity
- Reviewed available measures that promote health equity that align with CQMC's measure selection principles

Review CQMC Disparities-Sensitive Measures and Discuss Strategies for Addressing Disparities Observed in CQMC Measures

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 (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.



Priority Clinical Conditions

- The following resources 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

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)

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

Findings for Disparities-Sensitive Measures in CQMC Core Sets

CQMC Core Set	Meets 3 Characteristics	Meets 2 Characteristics	Meets 1 Characteristic	Meets No Characteristics	Total Measures in Core Set
ACO/PCMH/Primary Care	3	10	6	3	22
Cardiology	4	20	3	0	27
Gastroenterology	0	3	5	0	8
HIV/Hepatitis C	1	6	1	0	8
Medical Oncology	3	7	6	1	17
OB/GYN	4	11	3	1	19
Orthopedics	0	13	4	3	20
Pediatrics	0	2	4	6	12
Neurology	0	2	3	0	5
Behavioral Health	2	6	4	0	12
Total	17	80	39	14	150

Example Strategies for Addressing Disparities-Sensitive Measures

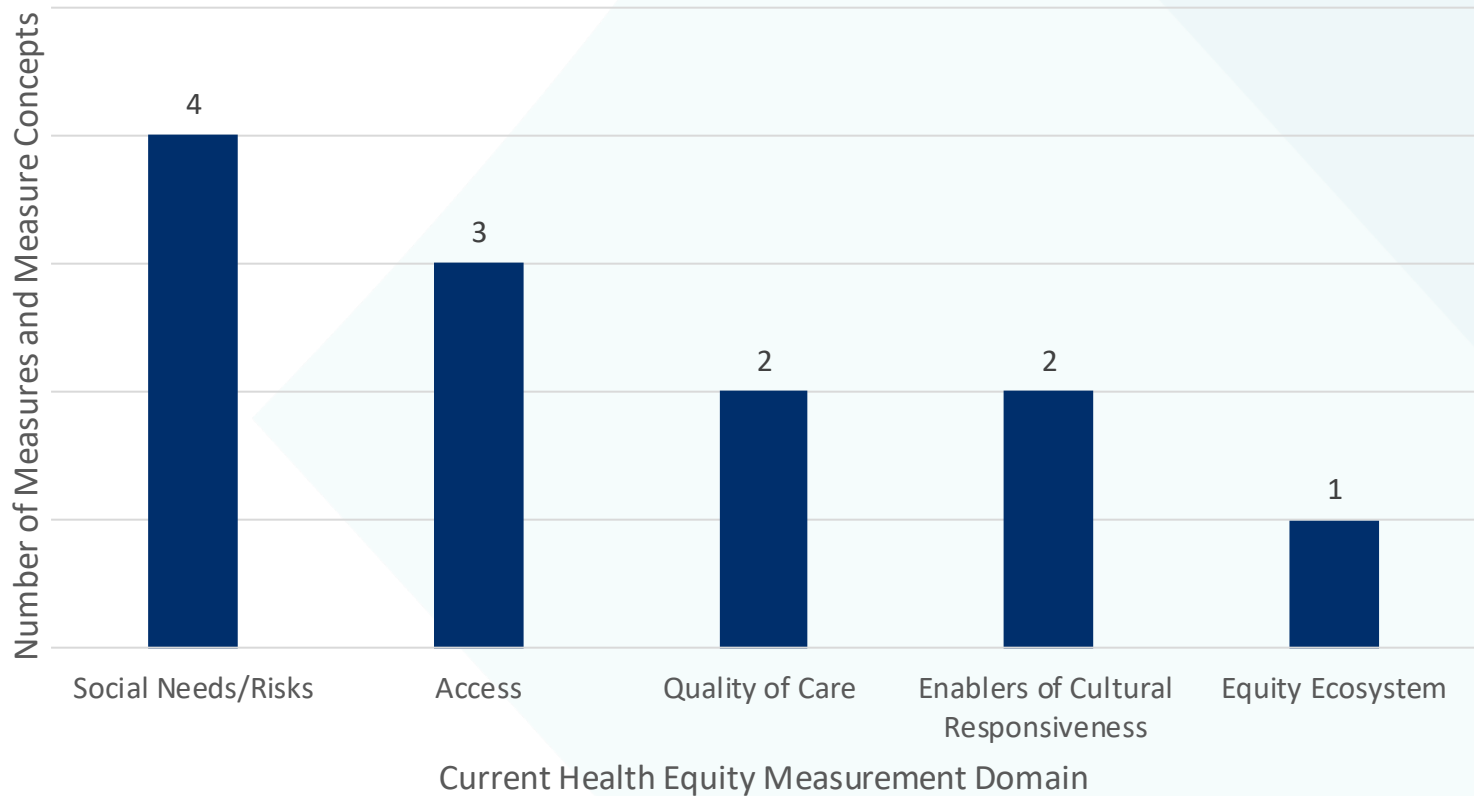
- Prioritize the measures to dedicate resources to by:
 - ▣ Obtaining input from the target population about which measures are most important
 - ▣ Considering the impact of the disparity, or how much benefit is missed based on differences in treatment
 - ▣ Evaluating screening and outcome measures together
- Use data stratification to assess disparities for:
 - ▣ Internal quality improvement purposes among providers
 - ▣ External accountability with payer programs
- Assess stratified results to inform setting benchmarks
- Recommend modifications to measure specifications to enable stratification

Discussion Questions

- The approach to identify disparities-sensitive measures in CQMC core sets identified 136 out of 150 measures as disparities-sensitive. What considerations should be made related to these findings?
- How should measures identified as meeting one/two/three characteristic(s) be considered? What terminology should be used to categorize these measures?
- What are the next steps for organizations to take regarding disparities-sensitive measures?
- What additional strategies for addressing disparities-sensitive measures in CQMC core sets should be considered?
- What are some considerations if consistent and comprehensive performance data were readily available?

Explore Future Opportunities for the CQMC to Advance Health Equity

Existing Health Equity Measures and Measure Concepts by Domain



List of Existing Health Equity Measures and Measure Concepts by Domain

Domain	Existing Health Equity Measures and Measure Concepts
Social Needs/Risks	<ul style="list-style-type: none"> • Screening and Referral for Transportation Insecurity • Social Determinants of Health Screening • Screen Positive Rate for Social Drivers of Health (<i>measure concept</i>) • Screening for Social Drivers of Health (<i>measure concept</i>)
Access	<ul style="list-style-type: none"> • NQF #1896 Language Services Measure Derived from Language Services Domain of the C-CAT (<i>endorsement removed</i>) • NQF #1824 L1A: Screening for Preferred Spoken Language for Health Care (<i>endorsement removed</i>) • Patient-Centered Medical Home Patients' Experiences (related to parents/guardians' ability to get the care their child needs during evenings, weekends, or holidays)
Quality of Care	<ul style="list-style-type: none"> • NQF #0520 Drug Education on All Medications Provided to Patient/Caregiver During Short Term Episode of Care (<i>endorsement removed</i>) • Adverse Outcome Index
Enablers of Cultural Responsiveness	<ul style="list-style-type: none"> • NQF #1904 Clinician/Groups Cultural Competence Based on the CAHPS Cultural Competence Item Set (<i>endorsement removed</i>) • Hospital Commitment to Health Equity (<i>measure concept</i>)
Equity Ecosystem	<ul style="list-style-type: none"> • A Minimum of 3% of Total Enrollment Shall be Served by Community Health Workers or Similar Support Workers

Discussion Questions

- How do you integrate health equity considerations into the core sets?
- How should measures be used to promote health equity in CQMC core sets?
 - ▣ Add health equity-related measures to every core set
 - ▣ Develop a health equity CQMC core set
- What health equity measurement gaps should be prioritized to promote health equity in the CQMC (clinician-level, ambulatory settings)?
- What additional opportunities should the CQCM explore to advance health equity?

Opportunity for Public Comment

Next Steps

Next Steps (continued)

- NQF will update the measure scan based on Workgroup, CMS, and AHIP feedback
- NQF will draft a Health Equity Report reflecting the discussions with the Workgroup
 - ▣ The draft report will be shared with the Workgroup during public comment, which will occur in early August
- NQF will reach out to schedule Meeting 4 to discuss public comments received, tentatively to take place in late August

Contacts

- Email: CQMC@qualityforum.org
- SharePoint Log In
<https://login.qualityforum.org/login.aspx?returnURL>
- CQMC webpage: <http://www.qualityforum.org/cqmc/>

THANK YOU.

NATIONAL QUALITY FORUM

<https://www.qualityforum.org>