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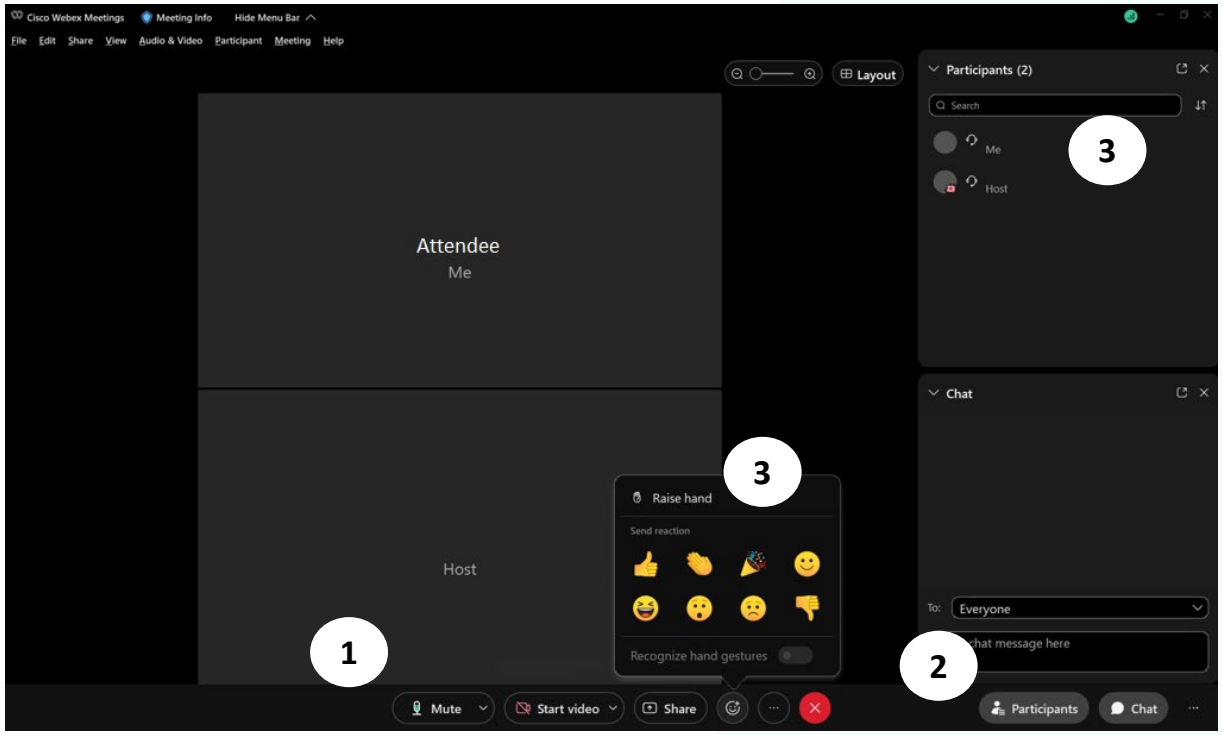

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https://www.qualityforum.org/cqmc/

CQMC Health Equity Workgroup

Meeting 4

August 29, 2022

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Reviewed on January 9, 2020

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Funding Statement

The CQMC is a membership-driven and funded effort, with additional funding provided by the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

NATIONAL QUALITY FORUM
Driving measurable health improvements together

AHIP

Welcome, Review of Meeting Objectives, and Roll Call

Agenda

- Welcome, Review Meeting Objectives, and Roll Call
- Overview of Final Report
- Review and Discuss Public Comments
- Refining Disparities-Sensitive Measure Identification in CQMC Core Sets: AHIP Case Example and Discussion
- Opportunity for Public Comment
- Next Steps

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Meeting Objectives

- Review public comments received on the draft report and proposed responses, and
- Discuss approaches to refine disparities-sensitive measure identification in CQMC core sets

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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, 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 (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

- Chelsea Lynch, MPH, MSN, RN, CIC, Director
- Nicolette Mehas, PharmD, Senior Director
- Becky Payne, MPH, Manager
- Simone Bernateau, Analyst

Overview of Final Report

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Health Equity Report Overview

- The Health Equity Report highlights the Workgroup's efforts by describing:
  - The approach for, and results of, **identifying disparities-sensitive measures** within the CQMC core sets
  - Strategies to enable **identifying and prioritizing disparities observed** within the measures that compose the CQMC core sets
  - Classifications of **domains** to categorize measures for the CQMC that **promote health equity** measurement
  - The list of **existing measures and measure concepts that promote health equity** and align with the CQMC's measure selection criteria
  - **Opportunities** for the CQMC to advance **health equity measurement** in the future

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Strategies to Enable Future Disparities-Sensitive Measure Identification

- Determine measures for prioritization and resource allocation
- Support and advance the development of electronic data elements and data sharing standards
- Stratify data to assess disparities and inform benchmark-setting

Future Opportunities for the CQMC

Encouraging **stratification of all existing measures** in the core sets to help assess and address disparities

Incorporating measures that directly assess the drivers of health equity (e.g., social needs assessment, access to care) into each core set

Supporting and aligning with initiatives related to **standardizing health equity-related electronic data elements**

Creating "how to" resources to guide organizations in their efforts to stratify data to assess disparities and to leverage the data to address the disparities identified

Closing identified measurement gaps to promote health equity in the CQMC

Review and Discuss Public Comments

Overview of Public Comments Received

- The public commenting period was open from August 11 – August 24, 2022
- NQF received 8 comments from 3 organizations and individuals
- Comments are grouped by question prompts from the public commenting portal.

Comments on Disparities-Sensitive Measures

- Support for use of priority conditions to identify disparities-sensitive measures
- Some conditions known to have population disparities, such as gastric cancer screenings and sickle cell anemia, are not included in CQMC core sets.
- Recommendation that disparities-sensitive measures be based on a consensus or evidence-based definition of “disparities” and should include patient engagement or patient-reported measure sets.
- **Proposed response:**
  - Recognition of the limitations of only examining measures in CQMC core sets for disparities-sensitive measures
  - Approach to identify disparities-sensitive measures utilized established definitions and existing literature, but could be refined for future iterations

Comments on Strategies for Identifying and Prioritizing Disparities

- Support for the three strategies recommended by the Workgroup
- Support for future iterations approach that will allow these strategies to evolve
- **Proposed response:**
  - NQF and the CQMC Health Equity Workgroup appreciate the support for the strategies identified in the report

Comments on Existing Measures and Measure Concepts for Health Equity

- Suggestion for use of an existing framework or development of a new framework to address care gaps and transitions of care as patients shift between care settings towards end-of-life care
- **Proposed response:**
  - The 2022 CQMC Health Equity Final Report is informed by several existing frameworks for health equity
  - Support for holistic examination of health equity throughout a patient's care trajectory

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Comments on Future Opportunities to Advance Health Equity Measurement

- Support for call to diversify the workforce and create learning systems that create cultural responsiveness
- Support for providing linguistically appropriate care and increasing health literacy
- Support for the opportunities described in the report and suggestion for additions of communications and resources for small providers that may not be primarily responsible for patient outcomes or may lack resources to implement additional health equity measures
- **Proposed response:**
  - Report includes future opportunity to create "how to" resources for organizations of varying size, resources, and populations
  - **Discussion Question:** What approaches could the CQMC take, in addition to creating "how to" resources, to facilitate cross-organizational sharing of best practices?

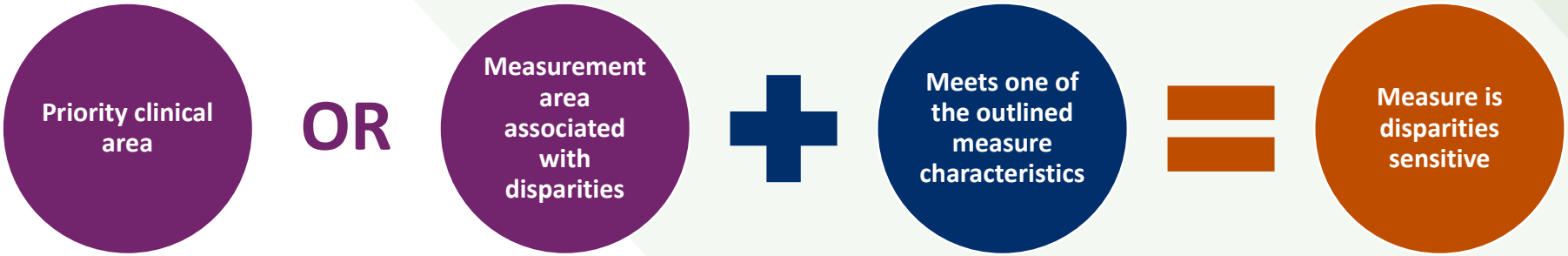
Other comments and feedback

- Comment that patients should be equitably served by health care systems in all settings, including hospice and palliative care.
- **Proposed response:**
  - The CQMC Medical Oncology Core Set includes several measures related to hospice and end-of-life care that were included in the review for this report
  - Agreement that it is imperative to promote health equity across the care continuum

Refining Disparities-Sensitive Measure Identification in CQMC Core Sets: AHIP Case Example and Discussion

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.



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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

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Considering Further Refinement to the Disparities-Sensitive Measures in CQMC Core Sets

- 137 out of 150 measures in CQMC core sets were identified as disparities-sensitive
- As next steps, further prioritizing the measures identified as disparities-sensitive in CQMC core sets may help organizations focus their resources to identify and address disparities

AHIP Case Example: Health Equity Measures for Value-Based Care

AHIP's Health Equity Measures for Value-Based Care

Erin O'Rourke, Executive Director, Clinical Performance and Transformation, AHIP

Michelle Jester, Executive Director of Social Determinants of Health, AHIP

Workgroup Charge

Rationale for Workgroup

- COVID-19 has shown the urgency of reducing healthcare disparities and promoting health equity
- Racial and ethnic minorities, individuals with disabilities, individuals who have low incomes, individuals who live in rural or inner urban areas, and individuals with other social risk factors are more likely to face barriers to care and receive lower quality care
- Performance measurement is increasingly serving as a driver for healthcare payment through the adoption of value-based care and alternative payment models
  - However, there are few driving incentives to focus on reducing disparities or advancing health equity

Addressing SDOH & Health Disparities to Achieve Health Equity

Goal: Health Equity

Everyone has a fair and just opportunity to be as healthy as possible

=

To Achieve Health Equity, have to address:

Social Determinants of Health

- Socioeconomic living conditions
- Availability of good-paying jobs
- Access to healthy and affordable foods & housing
- Quality education
- Transportation
- Safety of lived environments

Health Disparities

- Health care access
  - Availability of cultural & linguistically appropriate providers
  - Costs
- Health care coverage
- Quality of care
- Outcomes

Which Requires:

- Just policies that promote equity
- Funding for infrastructure & resources
- Cross-sector partnerships
- Actions at all levels (payers, providers, social sector, governments)

Need Incentives to Propel This Work

- Measures
- Payments

NQF's 2017 Health Equity Roadmap: Four I's for Health Equity

- National Quality Forum's Roadmap for Promoting Health Equity and Eliminating Disparities recommended:
  - Stratifying existing performance measures to identify disparities
  - Implementing measures that directly assess health equity and interventions to achieve it

Measuring Health Equity

- NQF defined health equity measures as performance measures that can drive reductions in disparities by:
  - Incentivizing providers, health systems, and health plans to use interventions known to improve disparities or test new interventions to reduce them,
  - Investigate their own practice and community, and
  - Test new processes to improve equity.

- Equity requires access, opportunity, and quality

- NQF noted a role for both:
  - Stratified performance measures that directly measure whether results are equitable and
  - Measures that can help guide and incentivize efforts to improve systems of care

AHIP Equity Measures for VBC Workgroup

- Building on these recommendations, AHIP has convened a workgroup to develop a set of recommended health equity measures for value-based care.

- Our process:
  - Meet at least monthly
  - Develop framework and vet measure selection criteria
  - Identify priority conditions and settings of care
  - Identify potential measures for Workgroup review
  - Develop set of measures for prioritized health equity measures
  - Vet with other stakeholders (e.g., consumers, providers, credentialing organizations, etc.)
  - Partner with measure developers and policy makers to support

Selection Principles for Equity Measures Intended for Quality Improvement

- Measures meaningfully advance health equity or reduce healthcare disparities
  - Emerging evidence or evidence unavailable is acceptable
  - Advocate for directional improvement
- Measures are unlikely to promote unintended adverse consequences
- Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
- Provide meaningful and usable information
- Incentivize work on disparities reduction and improvement rather than penalize providers and payers who serve more socially disadvantaged patients
- Tailored to specific community needs and socioeconomic circumstances and focus on improvements within those populations rather than exist as flat standards to meet
- Measure can be impacted by an intervention
- Data exists to accurately fill in measure

Selection Criteria for Equity Measures Intended for Value-Based Payment

- Measures meaningfully advance health equity or reduce healthcare disparities
- Measures are unlikely to promote unintended adverse consequences
- Focus on fully developed, accepted, and implemented measures (e.g., NQF-endorsed, in use by health plans and/or CMS/states, used by NCQA or other similar entities)
  - Ensure appropriate mix of process, outcome, structure measures
- Measures should be implementable in value-based purchasing or alternative payment models
  - Initial levels of analysis to focus on could be hospitals, large practices
  - Expand to develop set of measures plans could be assessed on
- Measures should be within the locus of control of the measured entity
- Measures should incentivize the reduction of disparities while protecting the safety-net
  - Consider encouragement of contracting with safety net, rural, Medicaid providers
- Balance between innovation and feasibility, minimize burden
  - Stronger level of evidence necessary to include in VBP

Framework for Equity Measurement

- Prioritize culture of equity
  - Implement structures and processes to promote equity
  - Diversify staff, leadership, governance, networks, vendors, partners
  - Decrease institutional racism within organization
- Quality
  - Use stratified measures to identify disparities
  - Reduce disparities in quality
  - Ensure providers use evidence-based interventions to reduce disparities
- Data
  - Collect data to identify disparities, promote equity (e.g., SDOH data)
  - Share data & coordinate services
- Accountability
  - Drive transparency, public reporting, and accountability to advance equity
- Access
  - Ensure access to high quality care by promoting affordability, convenience, accessibility
  - Understand utilization patterns and whether services offered equitably
  - Improve quality of culturally and linguistically appropriate services (CLAS)
- Community partnerships
  - Strengthen relationships and work with community partners
  - Data sharing and referral systems between health & social service sectors
  - Collaboration across health and non-health sectors
- Member Experience
  - Person-centered care that meets individual's needs
  - Improve cultural competency/cultural humility
  - Reduce discrimination
  - Build trusting relationships

Sources Reviewed

NQF Roadmap to Health Equity	NCQA: Multi-Cultural Care	AHA Equity Metrics	IHI Framework for Health Equity	RWJF Roadmap to Reduce Disparities	4 Tier Equity Model (Sivashanker, NEJM)
Access to Care: affordability, accessibility, convenience	Collecting race/ethnicity and language data	Data Collection, Stratification, and Use: REL, Disability, SOGI, other SDOH	Make health equity a strategic priority	Link Quality and Equity: Quality care is equitable care, tailor and target services	Access: gain entry into health care system (% of Medicaid or uninsured)
High quality care: QI, cultural competency, stratified measure reduce disparities, person-centered	Providing language assistance: data on language and competent translators	Cultural Competency Training: # staff trained, # complaints, patient satisfaction scores	Develop structure and processes to support health equity work	Create Culture of Equity: committed to reducing disparities, accountability, diverse workforce, comm-engagement	Transitions: Being offered services equitably
Structure for Equity: data collection, CHNA, pop health mgmt, accountability	QI of culturally and linguistically appropriate services (CLAS)	Diversity & Inclusion in Governance & Leadership: transparency, accountability	Decrease institutional racism within organization	Diagnose the Disparity: Root cause analysis with equity lens, prioritize	Quality: clinical outcomes and associated process measures
Culture of Equity: cultural competency, advocacy	Reduction of disparities: clinical quality & pt experience	Strengthen community partnerships	Deploy strategies to address things health orgs can have direct impact	Design the Intervention: tailor evidence-based programs	Socioeconomic/ Environmental Impact: impact of org on local community
Partnerships & Collaborations: advocacy, capital	Cultural responsiveness: language needs	-	Develop partnerships with CBOs	Secure Buy-In: From leadership to staff to patients/communities	-
-	-	-	-	Implement & Sustain Change: PDSA	-

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Categories of Measures

- Health Equity Measures
  - Measure actions taken to reduce disparities
  - Encourage providers to address health equity through service enhancements, patient engagement activities, and adoption of best practices
  - ASPE found limited availability
- Cost/Quality Measures to prioritize for stratification
  - Goal is to identify disparities
  - Will depend on data availability to support stratification

- Within each category, we'll identify the measures we believe should be 1) prioritized for quality improvement, 2) prioritized for VBP or 3) not prioritized

Process

- Review available health equity measures by framework domain
  - Is there value in identifying gaps and areas where health insurance providers would like to see measure development?
- Review cost/quality measures to identify measures to prioritized for stratification
  - Could include key conditions identified by the workgroup (e.g., maternal health, infant mortality, CKD, diabetes, cancer, behavioral health) and cross-cutting topics (e.g., admissions/readmissions, access)
- Discuss data available to support stratification and measure equity
- Sources of Measures:
  - NQF disparities project compendium of measures (built on measures from QPS, AHRQ)
  - CMIT
  - NCQA (HEDIS, MHC Distinction)
  - AHA Health Equity Metrics
  - Four-Tiered Model for Health Equity
  - Measures identified by members
  - Are there other sources we should consider?

Identified Measures in the Quality Domain

Potential Sources of Measures

Health Plan	Hospital	Clinician
HEDIS	Inpatient Quality Reporting Program	CQMC Core Sets
MA Stars	Hospital Readmissions Reduction Program	MIPS
Qualified Health Plan Quality Rating System	Hospital Acquired Condition Reduction Program	HEDIS
Adult and Child Medicaid Core Sets	Outpatient Quality Reporting Program	Medicare Shared Savings Program

Prioritization Criteria

- Prioritize measures address conditions/aspects of care with known disparities:
  - Maternal health
  - Respiratory diseases
  - Behavioral health
  - Cancer
  - Cardiovascular disease
  - Diabetes
  - Chronic kidney disease (ultimately no measures were selected specifically addressing CKD)
  - Pediatrics
- Focus on a smaller set of measures to address disparities
- Focus on measures that are broadly applicable
  - Emphasize measures addressing concepts like screening, other upstream care to prevent downstream disparities and increase likelihood of a robust denominator to support stratification
- Ensure data sources are available
  - Claims data is feasible but recognize desire to move beyond claims

Maternal Health Measures

NQF Number	Title	Level of Analysis	Used in
1517	Prenatal and Postpartum Care (PPC)	Health Plan	HEDIS, Adult Medicaid Core Set, Child Medicaid Core Set, QRS

Noted interest in a measure of maternal morbidity. Current gap but could be difficult to hold providers accountable for rare events.

Respiratory Disease Measures

NQF #	Title	Level of Analysis	Used in
0283	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	Population	Medicaid Adult Core Set
1893	Hospital 30-Day, All-Cause, Risk Standardized Mortality Rate (RSMR), following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Facility	Hospital Value-Based Purchasing
1891	Hospital 30-Day, All-Cause, Risk-Standardization readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Facility	Hospital Readmissions Reduction Program
0275	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	Population	Medicaid Adult Core Set

Notes: Readmission measures should be used with caution and monitored for potential adverse consequences such as increased mortality

Behavioral Health Measures

NQF Number	Title	Level of Analysis	Used in
1885	Depression Response at Twelve Months-Progress Towards Remission	Facility, Clinician	CQMC Behavioral Health Core Set, MIPS
0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Clinician	CQMC Behavioral Health Core Set
0576	Follow-Up After Hospitalization for Mental Illness (FUH	Health Plan	CQMC Behavioral Health Core Set, QRS, Medicaid Adult Core Set
3489	Follow-Up After Emergency Department Visit for Mental Illness	Health Plan	CQMC Behavioral Health Core Set, HEDIS, QRS, Medicaid Adult Core Set
NA	Prenatal Depression Screening and Follow-up (PND)	Health Plan	HEDIS
NA	Postpartum Depression Screening and Follow-up (PDS)	Health Plan	HEDIS
NA	Improving or Maintaining Mental Health	Health Plan	Medicare Star Ratings
2607	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)^	Health Plan	Medicaid Adult Core Set
2940	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)^	Health Plan	Medicaid Adult Core Set

Cancer Measures

NQF #	Title	Level of Analysis	Used in
0032	Cervical Cancer Screening (CCS)	Health Plan	HEDIS, CQMC OB/GYN Core Set, QRS
2372	Breast Cancer Screening	Health Plan	HEDIS, CQMC OB/GYN Core Set, Medicare Part C Ratings, MIPS, QRS
0034	Colorectal Cancer Screening	Health Plan	HEDIS, Medicare Part C Ratings, MIPS, MSSP, QRS

Cancer Measures (continued)

NQF #	Title	Level of Analysis	Used in
3188	30-Day Unplanned Readmissions for Cancer Patients	Facility	Prospective Payment System-Exempt Cancer Hospital Quality Reporting, CQMC Medical Oncology Core Set
NA	OCM-6 Patient-Reported Experience of Care	-	CQMC Medical Oncology Core Set, Oncology Care Model
0215	Proportion of patients who died from cancer not admitted to hospice	Clinician	CQMC Medical Oncology Core Set
0216	Proportion of patients who died from cancer admitted to hospice for less than 3 days	Clinician	CQMC Medical Oncology Core Set

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Notes: Readmission measures should be monitored for potential adverse consequences such as increased morality. A measure gap may exist in appropriate treatment at the end of life. Currently available measures address chemotherapy use but also need to monitor for high-dose radiation therapy at the end of life.

Cardiovascular Measures

NQF Number	Title	Level of Analysis	Used in
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	Facility	CQMC Cardiovascular Core Set
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	-	CQMC Cardiovascular Core Set
NA	Adult BMI Assessment (ABA)	Health Plan	HEDIS
NA	Annual Monitoring for Patients on Persistent Medications (MPM)	Health Plan	HEDIS

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Cardiovascular Measures (continued)

NQF Number	Title	Level of Analysis	Used in
0669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Facility, Other, Population: Regional and State	OQR
0671	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	Facility, Clinician: Group/Practice	CQMC Cardiovascular Core Set, MIPS
0672	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	Facility, Clinician: Group/Practice	MIPS
2474	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	Facility, Clinician: Individual	CQMC Cardiovascular Core Set, MIPS
1525	Chronic Anticoagulation Therapy	Clinician: Individual	CQMC Cardiovascular Core Set
0066	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Clinician: Individual	CQMC Cardiovascular Core Set, MIPS
0067	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy	Clinician: Individual	CQMC Cardiovascular Core Set, MIPS

Cardiovascular Measures (continued 2)

NQF #	Title	Level of Analysis	Use In
0505	Hospital 30-Day, All-Cause, Risk-Standardization Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Facility	CQMC Cardiovascular Core Set, IQR
0229	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure (HF) Hospitalization	Facility	CQMC Cardiovascular Core Set, IQR
0230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization	Facility	CQMC Cardiovascular Core Set, IQR
0330	Hospital 30-Day, All-Cause, Risk-Standardization Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization	Facility	CQMC Cardiovascular Core Set, IQR
0018	Controlling High Blood Pressure	Health Plan	HEDIS, QRS, Medicaid Adult Core Set , CQMC Cardiology Core Set
2515	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardization Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	Facility	CQMC Cardiovascular Core Set, IQR
0541	Medication Adherence for Cholesterol (Statins)	Health Plan	Medicare Part D Star Rating
0541	Medication Adherence for Hypertension (RAS antagonists)	-	Medicare Part D Star Rating
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Clinician: Group/Practice, Clinician: Individual	CQMC Cardiovascular Core Set
0119	Risk-Adjusted Operative Mortality for CABG	Clinician: Group/Practice, Facility	CQMC Cardiovascular Core Set, MIPS

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Diabetes Measures

NQF Number	Title	Level of Analysis	Used in
0055	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	Clinician: Group/Practice, Health Plan, Clinician: Individual	QRS
0575	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	Health Plan	QRS
0061	Comprehensive Diabetes Control: BP control (<140/90 mm Hg)	Health Plan	-

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Pediatrics Measures

NQF #	Title	Level of Analysis of Analysis	Used In
1407	Immunizations for Adolescents	Health Plan, Clinician	HEDIS, QRS, Medicaid Child Core Set, MIPS, Medicaid Child Core Set
0038	Childhood Immunization Status (CIS-CH)	-	QRS, Medicaid Child Core Set, HEDIS, CQMC Pediatrics Core Set
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	-	HEDIS, QRS, Medicaid Child Core Set, CQMC Pediatrics Core Set
NA	Follow-Up Care for Children Prescribed ADHD Medication (ADD) (eCQM)	Health Plan, Clinician	HEDIS, MIPS, Medicaid Child Core Set
1448	Developmental Screening in the First Three Years of Life	Population	CQMC Pediatrics Core Set, Medicaid Child Core Set
NA	Child and Adolescent Well-Care Visits	Health Plan	QRS, Medicaid Child Core Set

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Next Steps

Next Steps (continued)

- Continue to identify priority measures and measure concepts for remaining domains of equity measurement
- Vet measure set with other stakeholder groups
- Identify challenges and solutions to implementation
- Consider ways to spur development of priority measure concepts

Thank You

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Possible Approaches to Refine the Identification of Disparities-Sensitive Measures in CQMC Core Sets

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Consider the Lens of Refining by Meeting Three Measure Characteristics

- Measure characteristics from the approach to identify disparities-sensitive measures
  - Measures for which the denominator includes patients disproportionally affected by social risks compared to the general population
  - Measures specified for ambulatory settings
  - Measures classified as an outcome measure

- 19 out of 150 measures meet all three measure characteristics

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Disparities-Sensitive Measures that Meet Three Measure Characteristics (1 of 3)

- ACO/PCMH/Primary Care:
  - NQF #0059 Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
  - NQF #0018 Controlling High Blood Pressure
  - NQF #1885 Depression Response at 12 Months – Progress Towards Remission
- Cardiology:
  - NQF #0018 Controlling High Blood Pressure
  - NQF #2474 Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation
  - MIPS ID 377 Functional Status Assessments for Congestive Heart Failure
  - NQF #0694 Hospital Risk-Standardized Complication Rate Following Implantation of Implantable Cardioverter-Defibrillator
  - MIPS ID 441 Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)

Disparities-Sensitive Measures that Meet Three Measure Characteristics (2 of 3)

- HIV/Hepatitis C:
  - NQF #2082/NQF #3210e HIV Viral Load Suppression
- Gastroenterology:
  - MIPS ID 343 Screening Colonoscopy Adenoma Detection Rate Measure
- Medical Oncology:
  - NQF #3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
  - NQF #0384/NQF #0384e Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology
  - OCM-6 Patient-Reported Experience of Care
  - NQF #0211 Proportion of Patients Who Died From Cancer With More Than One Emergency Room Visit in the Last 30 Days of Life

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Disparities-Sensitive Measures that Meet Three Measure Characteristics (3 of 3)

- Obstetrics and Gynecology:
  - NQF #2902 Contraceptive Care – Postpartum
  - NQF #3543 Person-Centered Contraceptive Counseling (PCCC) Measure
  - HEDIS Postpartum Depression Screening and Follow-Up (PDS)
- Behavioral Health:
  - NQF #1884 Depression Response at Six Months – Progress Towards Remission
  - NQF #1885 Depression Response at 12 Months – Progress Towards Remission

Consider the Lens of Measures that are Broadly Applicable

- Builds on the approach to identify disparities-sensitive measures in CQMC core sets
- Considers additional categorization by:
  - Measures used in multiple CQMC core sets
  - Measures identified as broadly applicable (i.e., “cross-cutting”) in previous CQMC efforts
    - Cross-cutting measures identified within 2022 Analysis of Measurement Gap Areas and Measure Alignment*
    - Measures Identified in 2021 Cross-Cutting Workgroup*

**Approaches outlined in Appendix B*

Results of Applying this Lens to Disparities-Sensitives Measures in CQMC Core Sets

NQF Number (links to specs)	Measure Title	Disparities-Sensitive Measure Characteristics Met	Alignment Across CQMC Core Sets	Number of Core Sets in Which the Measure is Included	Identified as Cross-Cutting in Previous CQMC Efforts
0018	Controlling High Blood Pressure	3	ACO/PCMH, Cardiology	2	Yes
1885	Depression Response at Twelve Months- Progress Towards Remission	3	ACO/PCMH, Behavioral Health	2	-
0418/0418e (no longer endorsed)	Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	2	MedOnc, OB/GYN, ACO/PCMH/PC, Behavioral Health, Pediatrics	5	Yes
0005	CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 - Adult, Child	2	Pediatrics, Neurology, ACO/PCMH	3	Yes
0028/0028e	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2	Cardiology, Behavioral Health, ACO/PCMH/PC	3	Yes
3059e / MIPS ID 400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	2	HIV/Hep C, Gastro, ACO/PCMH	3	-
2372	Breast Cancer Screening	2	ACO/PCMH/PC, OB/GYN	2	Yes
0032	Cervical Cancer Screening	2	ACO/PCMH, OB/GYN	2	Yes
MIPS ID 475	HIV Screening	2	OB/GYN, HIV/Hep C	2	Yes
MIPS ID 443	Non-recommended Cervical Cancer Screening in Adolescent Females	2	ACO/PCMH, OB/GYN	2	Yes

Results of Applying this Lens to Disparities-Sensitives Measures in CQMC Core Sets (cont.)

NQF Number (links to specs)	Measure Title	Disparities-Sensitive Measure Characteristics Met	Alignment Across CQMC Core Sets	Number of Core Sets in Which the Measure is Included	Identified as Cross-Cutting in Previous CQMC Efforts
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	2	Behavioral Health, ACO/PCMH/PC	2	Yes
1800	Asthma Medication Ratio	2	ACO/PCMH/PC, Pediatrics	2	-
0033	Chlamydia Screening in Women	2	Pediatrics, OB/GYN	2	-
MIPS ID 401	Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis	2	Gastro, HIV/Hep C	2	-
0034	Colorectal Cancer Screening	2	ACO/PCMH Only	1	Yes
2624	Functional Outcome Assessment	2	Neurology Only	1	Yes
1741	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey	2	Orthopedics only	1	Yes
2962	Shared Decision-Making Process	2	Orthopedics only	1	Yes
0097	Medication Reconciliation	1	ACO/PCMH/PC, Neurology	2	Yes
2651	CAHPS® Hospice Survey (experience with care)	1	Med Onc only	1	Yes
0419e	Documentation of Current Medications in the Medical Record	1	Neurology Only	1	Yes
0421/0421e	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	1	ACO/PCMH/PC Only	1	Yes
1768	Plan All-Cause Readmissions (PCR)	1	ACO/PCMH/PC Only	1	Yes

Cells marked by a dash (-) are intentionally left blank.

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Findings

- Out of 129 unique measures within the CQMC core sets, 23 met at least one criterion of being broadly applicable
- Two measures of those 23 also met all three measure characteristics of being a disparities-sensitive measure
  - NQF #0018 Controlling High Blood Pressure
  - NQF #1885 Depression Response at Twelve Months – Progress Towards Remission

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Findings, cont.

- Nine measures of those 23 are in multiple core sets AND were identified as being broadly applicable
  - NQF #0018 Controlling High Blood Pressure
  - NQF #0418/0418e Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan (no longer endorsed)
  - NQF #0005 CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 - Adult, Child
  - NQF #0028/0028e Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
  - NQF #2372 Breast Cancer Screening
  - NQF #0032 Cervical Cancer Screening
  - MIPS ID 475 HIV Screening
  - MIPS ID 443 Non-recommended Cervical Cancer Screening in Adolescent Females
  - NQF #2152 Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

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Discussion

- What general feedback do you have on these approaches?
- What are the pros and cons of further refining the disparities-sensitive measures?
- What other lenses could be applied to help refine the disparities-sensitive measures?
  - Examples:
    - Measure is used in multiple value-based payment programs
    - Available data reveals significant disparities

Opportunity for Public Comment

Health Equity Workgroup Next Steps

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Next Steps for the Health Equity Workgroup

- NQF will update the CQMC Health Equity Report based on public comment, Committee feedback, and today's discussion.
- NQF will follow up with additional next steps for the Workgroup soon.

Contact

- Email: CQMC@qualityforum.org
- SharePoint Log In
- CQMC webpage

THANK YOU.

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Appendix A

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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) convened by NQF
- Membership-driven and funded effort, with additional funding provided by the CMS and AHIP
- 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)

Appendix B

Cross-Cutting Measures Identified Within 2022 Gaps Analysis and Measure Variation Report

- Measures were defined as cross-cutting in which the denominator was the general population or a reasonable subpopulation (e.g., “all adults 15-65,” “screening for [condition] in all adults not already diagnosed with [condition]”). Measures were also deemed as cross-cutting if they were listed as cross-cutting measures for the Quality Payment Program 2019 performance period.

Approach from 2021 Cross-Cutting Workgroup

- In 2021, the CQMC convened a new Cross-Cutting Workgroup. This Workgroup met four times to agree upon a common definition and scope for cross-cutting measures within the CQMC and identify useful measures in these areas.

- This Workgroup also agreed that the CQMC should focus on cross-cutting measures for use at the clinician level of analysis and agreed upon the following definition for cross-cutting measures:

  - Cross-cutting measures are measures that address essential aspects of healthcare quality that apply broadly across the following areas:

    - Conditions, disease areas, or specialties
    - Levels of prevention (i.e., primary, secondary, tertiary)
    - Episodes of care
    - Multiple populations (including persons with co-occurring conditions)
    - Different provider types

Approach from 2021 Cross-Cutting Workgroup (cont.)

- The Cross-Cutting Workgroup identified five major cross-cutting domains in which measures should be considered:
  - (1) Patient Safety (e.g., diagnostic accuracy, medication safety),
  - (2) Patient and Family Engagement (e.g., patient-reported outcomes [PROs], including pain management, functional status, and quality of life; patient experience; patient activation and shared decision making),
  - (3) Care Coordination (e.g., transitions of care, follow-up),
  - (4) Equity (e.g., access, utilization, and social determinants of health [SDOH]), and
  - (5) Population Health (e.g., immunizations, screenings). However, the Cross-Cutting Workgroup did not identify cross-cutting patient safety measures or equity measures currently ready for use in the CQMC core sets.