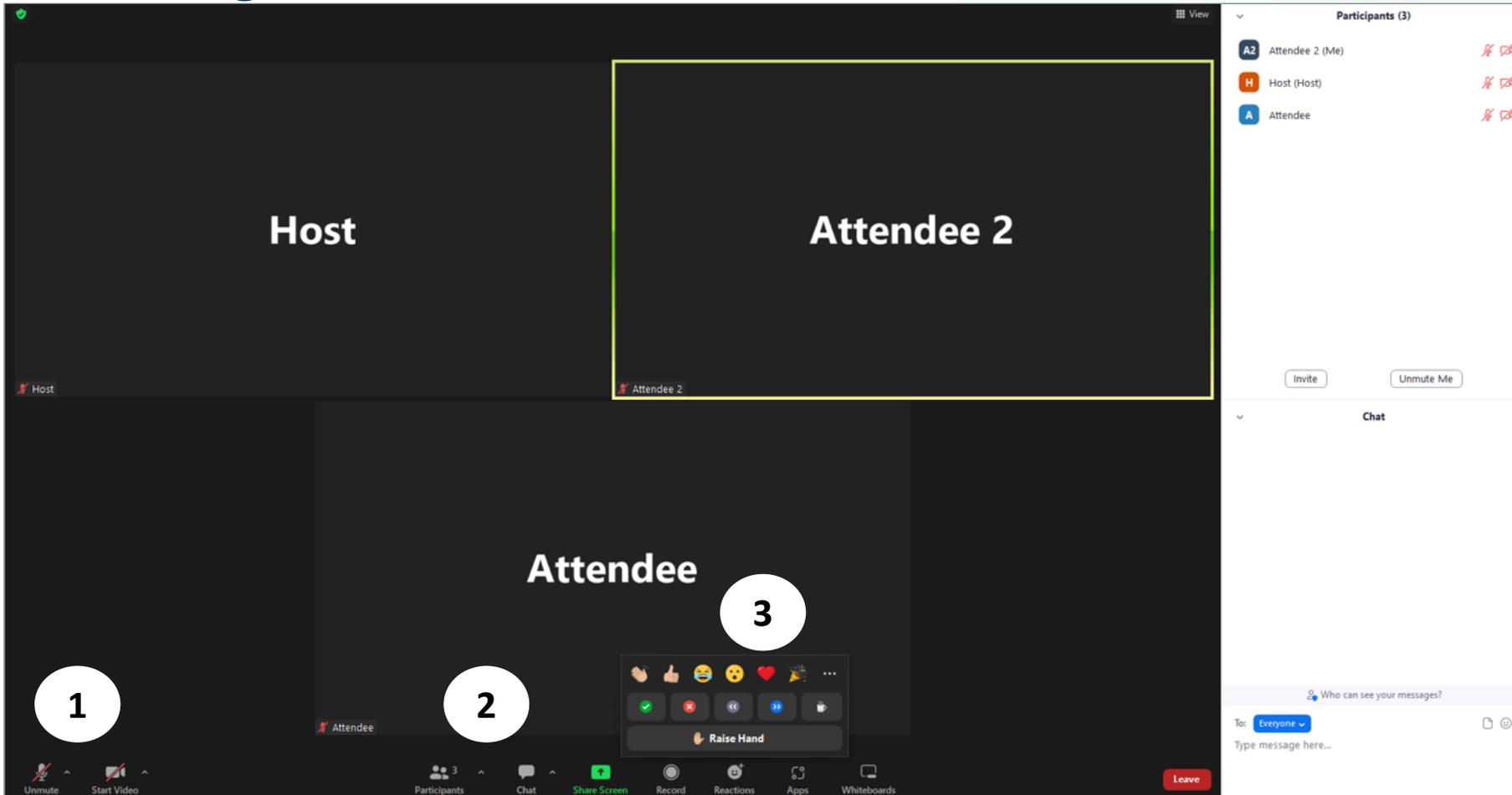


# CQMC Health Equity Workgroup

November Meeting

*November 17, 2022*

## Using the Zoom Platform



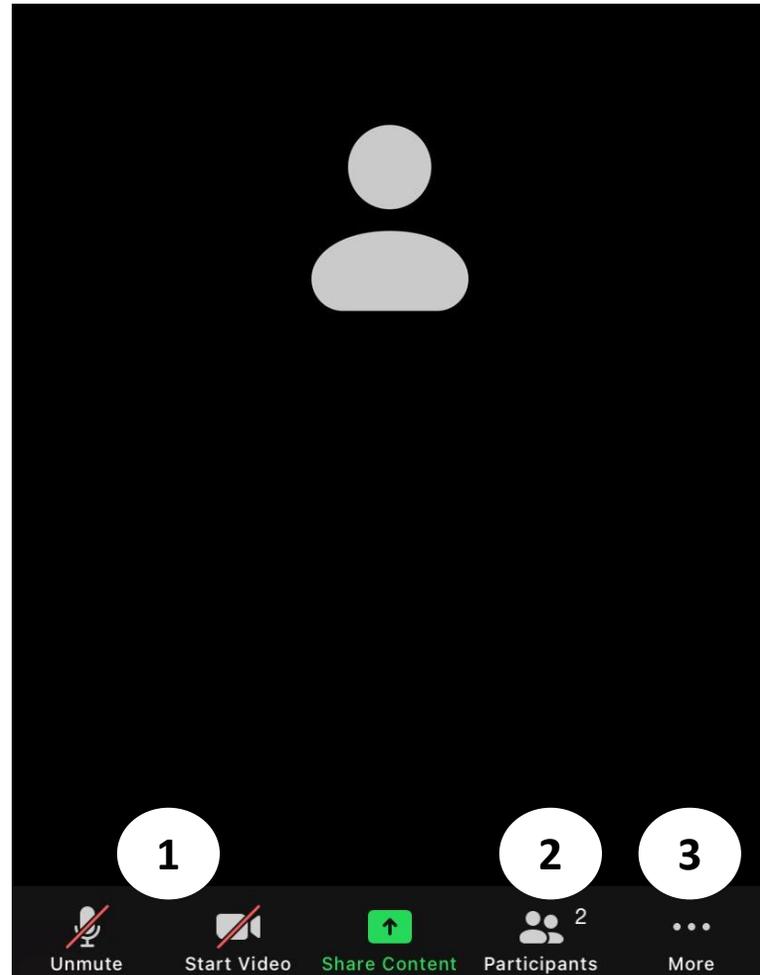
The screenshot shows a Zoom meeting interface with three numbered callouts:

- 1**: Points to the bottom-left corner of the meeting window, where the 'Unmute' and 'Start Video' buttons are located.
- 2**: Points to the 'Participants' button in the bottom toolbar.
- 3**: Points to the 'Reactions' button in the bottom toolbar, which is open to show the 'Raise Hand' option.

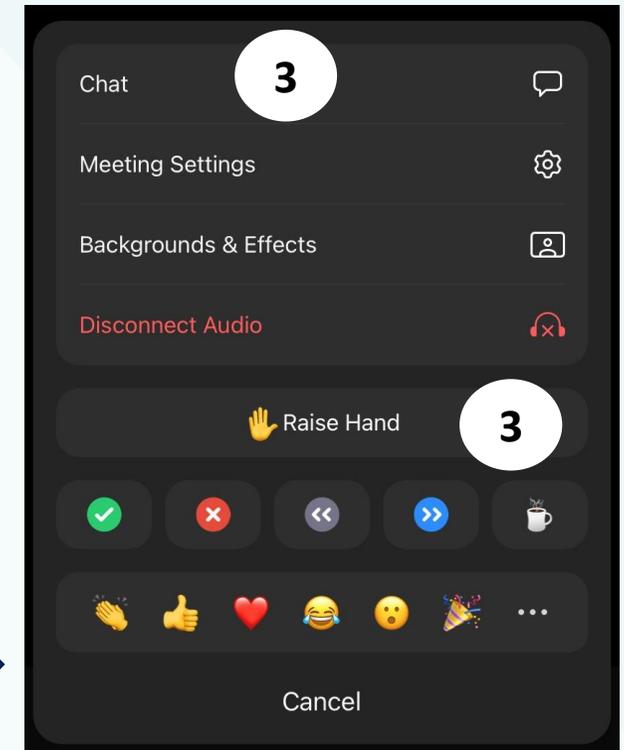
The main meeting area shows a 'Host' on the left and 'Attendee 2' on the right. The 'Attendee 2' window is highlighted with a yellow border. The bottom toolbar includes buttons for 'Unmute', 'Start Video', 'Participants', 'Chat', 'Share Screen', 'Record', 'Reactions', 'Apps', 'Whiteboards', and 'Leave'.

- 1** Click the lower part of your screen to mute/unmute, start or pause video
- 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

## Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button to view the chat box or raise your hand. To raise your hand, select the raised hand function under the reactions tab



## 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, the following:

- ▣ Prices, premiums, or reimbursement charged or paid for products or services
- ▣ Allocation of customers, enrollees, sales territories, and 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 Review of Meeting Objectives
- Discussion on Approaches to Further Prioritize Disparities-Sensitive Measures in CQMC Core Sets
- Discussion on Approaches to Identify Possible Health Equity Measures for CQMC Core Sets
- Opportunity for Public Comment
- Next Steps
- Adjourn

**Welcome**

## Overview of Work – Six-Month Extension

### November 2022: Workgroup Web Meeting

- The Health Equity Workgroup will convene to provide feedback on criteria to further prioritize disparities-sensitive measures in CQMC core sets and on approaches to recommend health equity measures for CQMC core sets



### November 2022- February 2023

- NQF staff will apply the criteria supported by Health Equity Workgroup members to the Pediatrics and Cardiology CQMC Core Sets



### February 2023: Workgroup Web Meeting

- The Health Equity Workgroup will convene to discuss and refine the results of applying prioritization criteria to the Pediatrics and Cardiology CQMC Core Sets, and will discuss recommendations on health equity measures for these core sets

Results of this work will inform broader application across all CQMC core sets.

## Meeting Objectives

- Provide feedback on approaches to further prioritize disparities-sensitive measures in the CQMC core sets
- Provide feedback on approaches to identify health equity measures for individual CQMC core sets

## Health Equity Workgroup Roster

- **Rama Salhi, MD, MHS, MS, American College of Emergency Physicians (Co-chair)**
- **Sai Ma, PhD, Humana Inc. (Co-chair)**
- Lia Rodriguez, MD, Aetna
- Stephanie A. Whyte, MD, MBA, CHCQM, CHIE, Aetna
- Natasha Avery, DrPH, LMSW, CHES, CPHQ, Alliant Health Solutions
- Danielle Lloyd, MPH, America's Health Insurance Plans (AHIP)
- Erin O'Rourke, AHIP
- Koryn Rubin, MHA, American Medical Association (AMA)
- Kevin Bowman, MD, MBA, MPH, Anthem, Inc.
- Phoebe Ramsey, JD, Association of Medical Colleges (AAMC)
- Kellie Goodson, MS, CPXP, ATW Health Solutions Inc.
- Richard Antonelli, MD, MS, Boston Children's Hospital
- 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 Roster (Continued)

- 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, MD, MSHP, CMS
- Tamyra Garcia, MPH, CMS
- Tiffany Wiggins, MD, MPH, CMS
- Mia DeSoto, PhD, MHA, Health Resources and Services Administration (HRSA)
- Girma Alemu, MD, MPH, HRSA

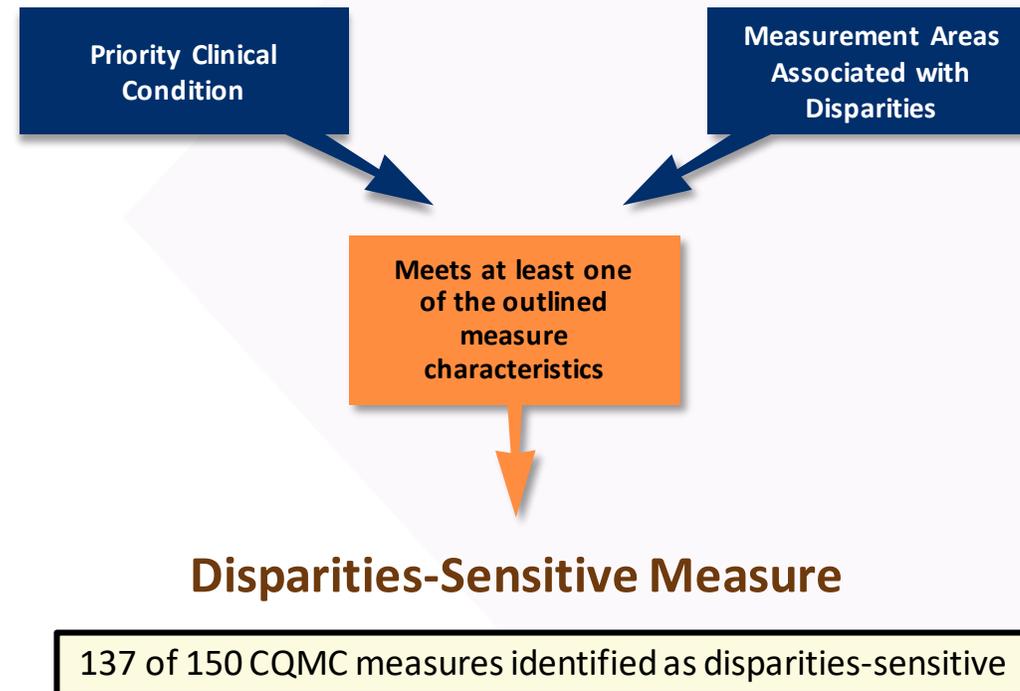
## **NQF Staff Supporting the Health Equity Workgroup**

- Chelsea Lynch, MPH, MSN, RN, CIC, Director
- Nicolette Mehas, PharmD, Senior Director
- Deidra Smith-Fisher, MBA, PMP, Director, Project Management
- Becky Payne, MPH, Manager
- Simone Bernateau, Analyst

# Discussion on Approaches to Further Prioritize Disparities-Sensitive Measures in CQMC Core Sets

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

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



## 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
<b>Total</b>	19	90	28	13	150

## Need for Prioritization

- All measures likely have some level of disparity; however, the disparities may not have been measured yet, or more resources are needed in those areas to assess the disparities.
- From a practical perspective, it may be helpful to prioritize the identified disparities-sensitive measures to:
  - ▣ focus potentially limited resources
  - ▣ understand how to best begin addressing disparities

## Proposed Criteria for Prioritizing Disparities-Sensitive Measures

### Impact-Based Criteria

- Broadly Applicable Measure
- Used in Multiple Value-Based Programs
- Outcome Measures
- Evidence of Disparities\*

### Feasibility-Based Criteria

- Meets Three Measure Criteria From Initial Approach
- Uses Electronically Extracted Data

*\*Depends on data availability, may be more appropriate for use in future work*

## Proposed Process

- NQF will apply the agreed upon prioritization criteria to the Cardiology and Pediatrics core sets
- Results will be shared with the Health Equity and core set Workgroups at the February 2023 meeting
  - ▣ Both Workgroups will have the opportunity to discuss the results. For example, NQF will seek Workgroup input on:
    - Do the prioritized measure accurately depict where most disparities are seen?
    - Should other measures be prioritized instead? If so, why?

## Discussion Questions

- What general feedback do you have on these criteria?
- What is missing from these criteria?
- Which criteria are most useful for our prioritization approach?
- What additional considerations should be included when applying prioritization criteria to specific CQMC core sets?
- What general feedback do you have on the proposed process of applying the criteria?

# Discussion on Approaches to Identify Possible Health Equity Measures for CQMC Core Sets

## 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
- Measure selection principles were updated in 2022 to ensure continued relevance over time
- Updated principles emphasize the importance of developing measure sets that include outcome measures and digital measures and address topics such as care coordination and health equity
- CQMC will not consider cost measures going forward

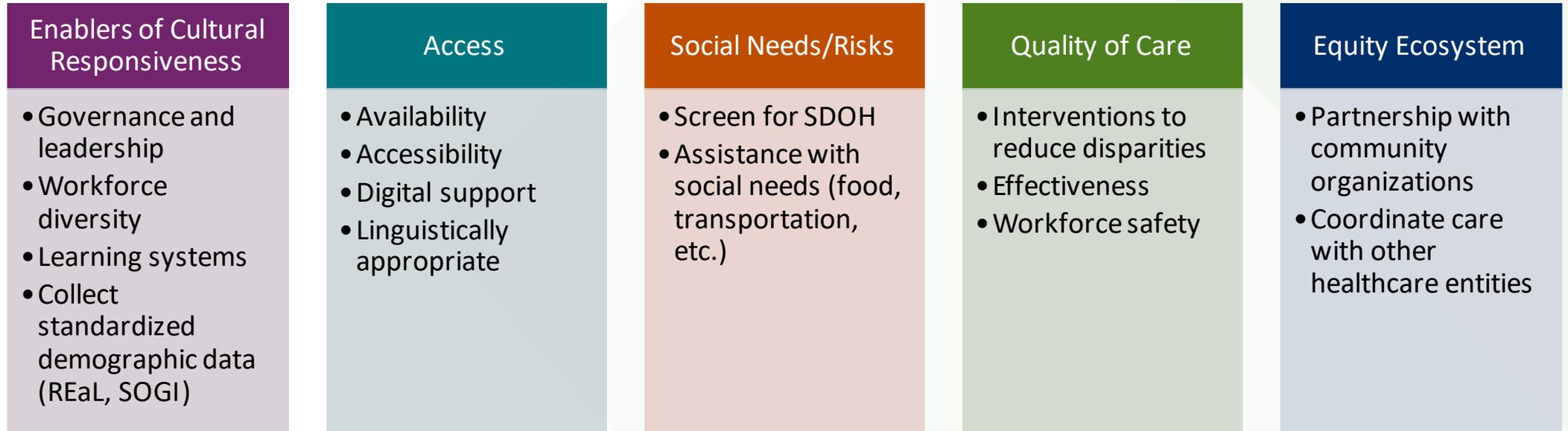
## Intent of Core Sets

- Measures in the core sets are primarily intended for use in **value-based payment programs**
- Because of their use in these programs, CQMC measures focus on **quality**, not cost of care
- CQMC core sets typically focus on **ambulatory care measures** that have been tested and specified at the **clinician level of analysis**
  - ▣ Workgroups may choose to discuss and include measures at levels of analysis other than clinician/group
  - ▣ However, there should be clear rationale for considering these measures (e.g., facility-level measures may be considered for special topics where care occurs at the hospital level, or if a high-priority topic is not addressed by existing clinician-level measures)
  - ▣ Measures at different levels of analysis will also be clearly delineated in the final core set presentations

## Health Equity

- Health equity is the **fair and just opportunity to achieve the highest level of health** for all individuals regardless of **race, sexual orientation, gender identity, disability, socioeconomic status, geography, preferred language, or other factors** that can affect access to healthcare and health outcomes<sup>1-5</sup>
- There are numerous definitions of health equity with overarching themes, such as the **support of societal efforts to address avoidable inequities** (i.e., “systemic differences in the health status of different population groups”)<sup>6</sup> and **historical and contemporary injustices, including systemic racism**, and the **elimination of health and healthcare disparities** (i.e., “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages”),<sup>7</sup> which may manifest as negative outcomes impacting life expectancy, disease burden, disability, and quality of life<sup>1-5</sup>

## CQMC Domains of Equity Measurement



## Health Equity Measures

### Enablers of Cultural Responsiveness

- 2 measures

### Access

- 3 measures

### Social Needs/Risks

- 4 measures

### Quality of Care

- 1 measures

### Equity Ecosystem

- 1 measures

- **10** general health equity measures
- **1** condition-specific measures
- **4** Measure concepts under development
- **4** Measures with NQF endorsement removed

## Draft AHIP Principles for Prioritizing Measures for Value-Based Care

- Measures **meaningfully advance health equity** or reduce **healthcare disparities** with strong level of evidence necessary to include in value-based pay arrangements;
- Measures are **unlikely to promote unintended adverse consequences**;
- Measures are **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);
- Measures should represent a **balanced mix of process, outcome, and structural** measures;
- Measures should be **implementable** in value-based purchasing or alternative payment models;
- Measures should be **within the locus of control of the measured entity**;
- Measures should **incentivize the reduction of disparities** while protecting the safety-net; and
- Measures should **balance between innovation and feasibility** while minimizing burden.

## Discussion on Health Equity Measures

- Workgroup consensus is to incorporate equity measures into each core set, rather than creating a unique core set for health equity. Are there any concerns with this approach?
- Should CQMC core sets use general health equity measures, or condition-specific measures?
  - What are the pros and cons to each approach?
- What additional considerations should be included for the selection of equity measures in CQMC core sets?
- Are there any existing health equity measures that might meet the CQMC measure selection criteria that the project team has not yet identified?

# Opportunity for Public Comment

# Next Steps

## Next Steps for the Health Equity Workgroup

- Please save the date for our next web meeting on **Thursday, February 16, 2023**, from **1:30-3:30pm ET**. Register for this meeting using this [zoom meeting link](#).
- Share any existing health equity measures, additional thoughts, or comments with the team at [CQMC@qualityforum.org](mailto:CQMC@qualityforum.org)
- [The NQF Annual Conference](#) will be held on **February 21-22, 2023**. We hope to see you there!

## Contacts

- Email: [CQMC@qualityforum.org](mailto:CQMC@qualityforum.org)
- SharePoint Log In <https://login.qualityforum.org/login.aspx?returnURL>
- CQMC webpage: <https://www.qualityforum.org/cqmc/>

**THANK YOU.**

**NATIONAL QUALITY FORUM**

<https://www.qualityforum.org>

# Appendix

## Previously Identified Health Equity Measures

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

## Previously Identified Health Equity Measures (Continued)

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

## Review of Broadly Applicable Measures

- 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
- Out of 129 unique measures within the CQMC core sets, 23 met at least one criterion of being broadly applicable

## Results of Applying Broadly Applicable Lens to Disparities-Sensitive 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
<a href="#">0018</a>	Controlling High Blood Pressure	3	ACO/PCMH, Cardiology	2	Yes
<a href="#">1885</a>	Depression Response at Twelve Months- Progress Towards Remission	3	ACO/PCMH, Behavioral Health	2	-
<a href="#">0418/0418e (no longer endorsed)</a>	Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	2	MedOnc, OB/GYN, ACO/PCMH/PC, Behavioral Health, Pediatrics	5	Yes
<a href="#">0005</a>	CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 -Adult, Child	2	Pediatrics, Neurology, ACO/PCMH	3	Yes
<a href="#">0028/0028e</a>	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2	Cardiology, Behavioral Health, ACO/PCMH/PC	3	Yes
<a href="#">3059e/ MIPS ID 400</a>	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	2	HIV/Hep C, Gastro, ACO/PCMH	3	-
<a href="#">2372</a>	Breast Cancer Screening	2	ACO/PCMH/PC, OB/GYN	2	Yes
<a href="#">0032</a>	Cervical Cancer Screening	2	ACO/PCMH, OB/GYN	2	Yes
<a href="#">MIPS ID 475</a>	HIV Screening	2	OB/GYN, HIV/Hep C	2	Yes
<a href="#">MIPS ID 443</a>	Non-recommended Cervical Cancer Screening in Adolescent Females	2	ACO/PCMH, OB/GYN	2	Yes

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

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

## AHIP Principles for Prioritizing Measures for Equity Measures

- Measures meaningfully advance health equity or reduce healthcare disparities;
- Measures are unlikely to promote unintended adverse consequences;
- Measures provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care;
- Measures provide meaningful and usable information;
- Measures incentivize work on disparities reduction and improvement rather than penalize providers and payers who serve more socially disadvantaged patients;
- Measures are tailored to specific community needs and socioeconomic circumstances and focus on improvements within those populations rather than exist as flat standards to meet;
- Measures can be impacted by an intervention; and
- Data exists and is readily accessible to accurately support measurement.

## References

1. U.S. Department of Health and Human Services. Healthy People 2030 Questions & Answers | health.gov. <https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers>. Published April 6, 2022. Last accessed June 2022.
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6. World Health Organization. Health inequities and their causes. <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>. Published February 22, 2018. Last accessed August 2022.
7. Office of Disease Prevention and Health Promotion. Disparities. <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities#:~:text=Healthy%20People%202020%20defines%20a,%2C%20and%20For%20environmental%20disadvantage>. Published February 6, 2022.