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NQF Social Risk Trial Web Meeting 6

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Agenda

- Welcome, Roll Call, and Meeting Objectives
- Social Risk Trial Update
- Discussion: Final Report Recommendations
- Next Steps

Welcome, Roll Call, and Meeting Objectives

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NQF Project Staff

- Sai Ma, PhD, NQF Managing Director
- Nicole Williams, MPH, NQF Director
- Isaac Sakyi, MSGH, NQF Analyst
- Ngozi Ihenacho, MPH, NQF Analyst

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Roll Call

- **Philip Alberti, PhD (co-chair)**
- **Nancy Garrett, PhD (co-chair)**
- Susannah Bernheim, MD, MHS
- Michelle Cabrera, SEIU
- Juan Emilio Carrillo, MD, MPH
- Marshall Chin, MD, MPH, FACP
- Lisa Cooper, MD, MPH, FACP
- Traci Ferguson, MD, MBA, CPE
- Kevin Fiscella, MD
- Romana Hasnain-Wynia, PhD
- Lisa Lizzoni, MD, MSc
- David Nerenz, PhD
- Yolanda Ogbolu, PhD, CRNP
- Ninez Ponce, NPP, PhD
- Bob Rauner, MD,MPH, FAAFP
- Eduardo Sanchez, MD, MPH, FAAFP
- Jesse Schold, PhD
- Sarah Hudson Scholle, MPH, DrPH
- Thomas Sequist, MD, MPH
- Christie Teigland, PhD
- Mara Youdelman, JD, LLM

Social Risk Trial Update

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Background and Context

Social Risk Trial: Project Goals

- Allow measure developers to submit measures for endorsement with social risk factors included in their risk-adjustment model
- Explore unresolved issues from the initial trial period to advance the science of risk adjustment
- Explore the challenges and opportunities related to including social risk factors in risk-adjustment models

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Analysis of Preliminary Results from Trial

Measures Reviewed
317 measures reviewed in the trial
133 (42%) were outcome or intermediate outcome measures
Risk-Adjusted Measures
124 (39%) used some form of risk adjustment
119 had a conceptual basis for adjusting for social risk factors
Measures with Conceptual Relationship
74 (23%) measures with conceptual rationale that supported inclusion of social risk factors
37 (11.6%) measures include social risk factor(s) included in final risk adjustment approach

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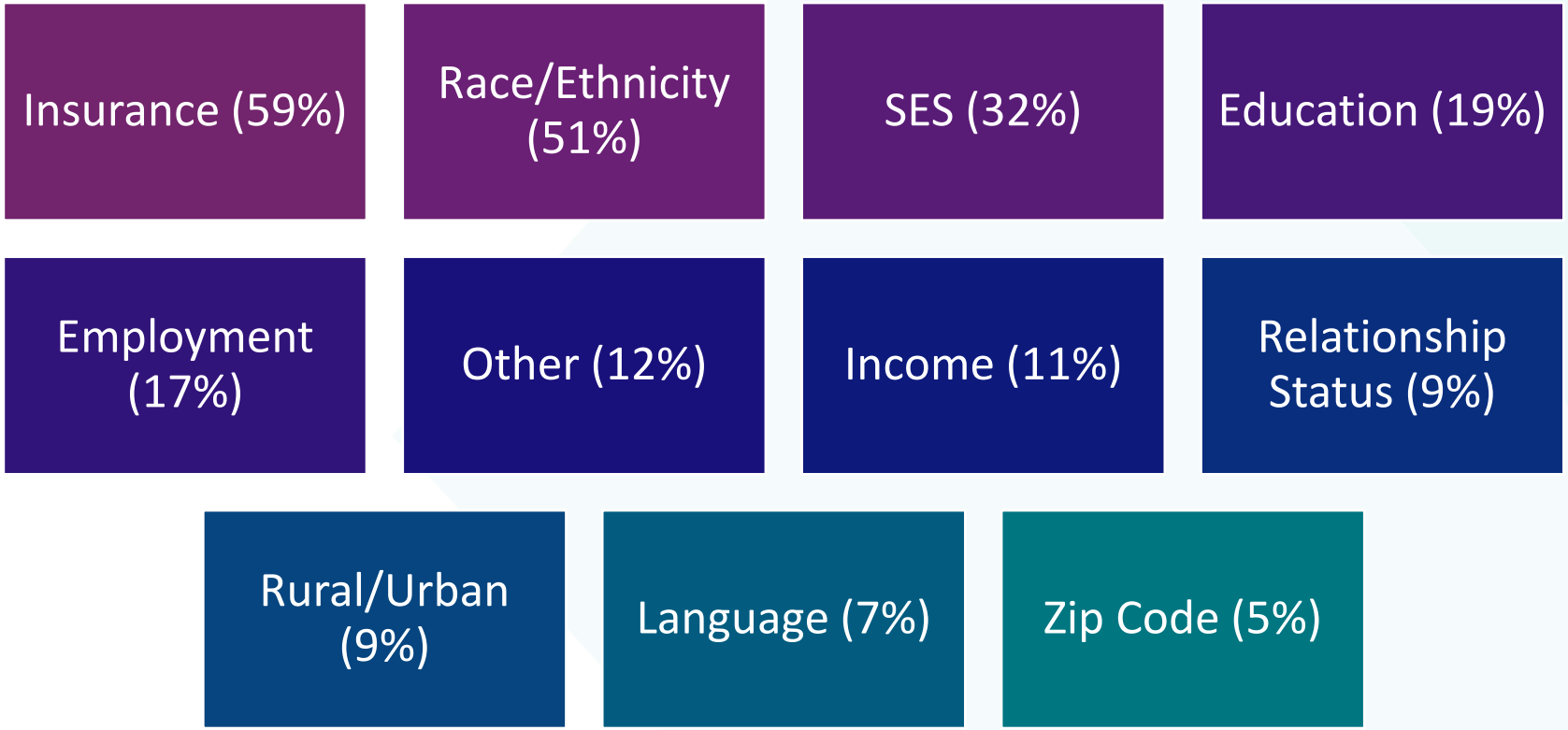
Common Social Risk Factors Considered



Key Findings from Trial 1 and Current Guidance on Risk Adjustment

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Key Findings from Trial 1

- Two key recommendations most relevant for measure submission and evaluation of social risk factors:

- **Recommendation 1**: When there is a conceptual relationship between sociodemographic factors and outcomes or processes of care and empirical evidence that sociodemographic factors affect an outcome or process of care reflected in a performance measure:
- *those sociodemographic factors should be included in risk adjustment of the performance score (using accepted guidelines for selecting risk factors) unless there are conceptual reasons or empirical evidence indicating that adjustment is unnecessary or inappropriate;*

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Key Findings from Trial 1

- **Recommendation 5:** The same guidelines for selecting clinical and health status risk factors for adjustment of performance measures may be applied to sociodemographic factors, and include the following:

  - Clinical/conceptual relationship with the outcome of interest
  - Empirical association with the outcome of interest
  - Variation in prevalence of the factor across the measured entities
  - Present at the start of care
  - Is not an indicator or characteristic of the care provided (e.g., treatments, expertise of staff)
  - Resistant to manipulation or gaming
  - Accurate data that can be reliably and feasibly captured
  - Contribution of unique variation in the outcome (i.e., not redundant)
  - Potentially, improvement of the risk model (e.g., risk model metrics of discrimination, calibration)
  - Potentially, face validity and acceptability

NQF's Current Guidance on Risk Adjustment

Current Measure Developer Guidance

- The NQF *Measure Developer Guidebook* includes instructions for completing the risk-adjustment portion of the measure submission.

Guidance within measure submission forms

- Measure Submission Form
- Evidence Attachment
- Testing Attachment
- Cost and Resource Use Measure Submission Form
- Composite Measure Submission Form
- Composite Testing Attachment

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Current Guidance continued…

- Applicable to:
  - Cost/resource use measures
  - Health outcome measures
  - PRO-PMs
  - Intermediate outcome measures
  - Potentially applicable to some process measures
- Enter patient-level social risk variables that were available and analyzed during measure development.
  - If you ARE risk-adjusting your measure, describe the conceptual description (logical rationale or theory informed by literature and content experts) of the pathway between the patient social risk factors, patient clinical factors, quality of care, and outcome.
  - If you are NOT risk-adjusting your measure, include discussion of, and data for, social risk factors as part of the rationale and analysis.

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Guidance continued…

- Enter the analyses and interpretation resulting in the decision to include or not include social risk factors
- Enter reliability and validity testing for the measure
- Enter a comparison of performance scores with and without social risk factors in the risk-adjustment model
- If a performance measure includes social risk variables in its risk-adjustment model, provide the information required to stratify a clinically-adjusted-only version of the measure results for those social risk variables
  - *This information should include the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically adjusted version of the measure when appropriate.*
- Enter the details of the final statistical risk model and variables

Final Report Recommendations

Final Report Outline

I. Background and Context
II. Summary of Trial Period 1
    i. Outline unresolved Issues
III. Implementation of the Trial Period 2
IV. Trial Period 2 Evaluation Plan
V. Overview of Performance Measures Included in the Trial Period 2
VI. Key Findings of Trial Period 2 *(data collected)*
VII. Key Challenges to the Trial Period 1 and 2
VIII. Recommendations
IX. Further Research
X. Conclusions
XI. Appendixes

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Case Studies/Comparisons from Trial 1 and Trial 2

- Three measures for Comparisons

Measure # and Title	Social Risk factors (Trial 1)	Social Risk Factors (Trial 2)
0076 (Optimal Vascular Care)	Insurance product, Stratified by insurance product for public reporting	insurance product and deprivation index
0369 (Standardized Mortality Ratio for Dialysis Facilities)	Race, ethnicity Note: Only SMR adjusts for state death rates, race, and ethnicity	Caregiver education
2651 (CAHPS Hospice Survey)	Payor, respondent education, variable indicating language of survey administration and respondents home language	Employment status 6 months prior to ESRD, Sex, Race, Ethnicity, Medicare coverage

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Results from Committee survey

Q1: Thoughts on the ideal state for collecting, analyzing and using social risk factors for quality measurement
<u>Standardization of data/collection</u> • Availability of standardized set of social risk factors • Basic social determinants screening for patients and incentivize adoption in primary care • Social risk should routinely be collected and included in risk adjustment • Standardized automated systems within EHR systems
<u>Inclusion of social risk factors</u> • SDOH should not be treated differently from other risk factors and disparities should be included if found • Making data actionable otherwise • Monitoring for unattended consequences of inclusion of social risk factors on quality • Explore clinically meaningful effects by patient vs provider
<u>Analysis</u> • Safety net clinics not unfairly penalized for lower performance on measures that are highly sensitive to income & insurance status (e.g., colon cancer screening). • transparent reporting of outcomes stratified by social status and risk adjustment • Information disseminated to patients and caregivers accounting for variations in health literacy

Results from Committee survey

Q2: What is your overall recommendation for collecting social risk factors and inclusion of these factors in data analysis in quality measurement?

- **NQF should make the consideration and analysis of social risk factors a permanent part of their endorsement process and requirement for measure evaluation**
- require them to be included if they are found to meet the requirements (rationale to include, show disparities)
- First, begin focusing on how to eliminate health/ healthcare disparities using pay for performance and other strategies
- need some level of standardization to begin

Results from Committee survey

Q3: what are your overall recommendations to the measure developers, researchers and end-users on how to approach social risk factors in the measure development and/or the application of quality measures.

Recommendations for NQF

- Continued data collection, empirical approaches to understand the impact of integrating social factors
- Focus more time and effort on the primary care core sets used in most ACO/PCMH/and HRSA measurement
- Seek and focus on standardized set of social risk factors
- Develop clear guidance re: impact assessment -- need to move beyond p-values to real world impacts.

Recommendations for Measure Developers

- Consider the impact of social risk on health outcomes in order to assure accurate reporting of quality.
- Advocate for the "right" data so we can move beyond adjustment by "gross proxy" (Eg dual status, race). Educate all groups on socioecologic models of health and the different levels therein.

Recommendations for other stakeholders

- Systematic funding to support integration of social risk factors into practice and measuring the impact on access to care and health outcomes
- Make elimination of disparities a top priority including alignment of resources
- Identify ways to improve data collection that can then impact using social risk factors in quality measurement in ways that promote but do not harm patients/providers

- Transparent public reporting of overall and stratified results. Connect important social risk adjustors to evidence-based interventions that address those factors so their influence can be mitigated in the real world and not just "adjusted away".

Draft Final Recommendations

Recommendations for NQF

- NQF should make the consideration and analysis of social risk factors a permanent part of their endorsement process and requirement for measure evaluation
- NQF should continue to track social risk factors and should take advantage of new data sources that become released
- NQF should require at a minimum descriptive assessment of key social risk factors as part of measure development.
  - » Phase the requirement in over a 1-2 yr endorsement period so measure developers have time to look for data as needed
  - » Clear and consistent communication of expectations, focused on minimum standards, is needed to ensure developers have the time/resources needed to execute.
  - » NQF should be flexible on the source of data, recognizing that patient-level data may not be directly available for all cases.
  - » NQF guidance should be vetted to ensure it applies to all levels of measurement (e.g., providers, health plans, ACOs, states, etc.)

Draft Final Recommendations

Recommendations for NQF

- Clear process on how the social risk factors can be used for risk adjustment and request feedback from measure developers about their ability to collect the data used to measure social risk factors.
- Seek and focus on standardized set of social risk factors

Recommendations for Measure Developers

- Stratify the measures, in addition to, risk adjustment to decrease the risk of masking disparities.

Recommendations for other stakeholders (researchers, end-users, etc.)

- Identify ways to improve data collection that can then impact using social risk factors in quality measurement in ways that promote but do not harm patients/providers.
- Transparent public reporting of overall and stratified results. Connect important social risk adjustors to evidence-based interventions that address those factors so their influence can be mitigated in the real world and not just "adjusted away".

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Discussion Questions

- Are the current recommendations at the right level? Should additional detail be included?
- Suggestions for additional recommendations?
  - For NQF, measure developers, other stakeholders?

Open Discussion

Opportunity for Public and Member Comment

Next Steps

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Next Steps

Task	Date
Draft Report sent to CMS	January 15, 2021
Public Commenting Period	February 26 – March 29, 2021
Disparities Standing Committee Web Meeting 7	April 14, 2021
Final Report to CMS	May 14, 2020

Adjourn

THANK YOU.

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