



Addressing Social Risk Factors through Quality Measurement

Helen Burstin, MD, MPH
Chief Scientific Officer, NQF

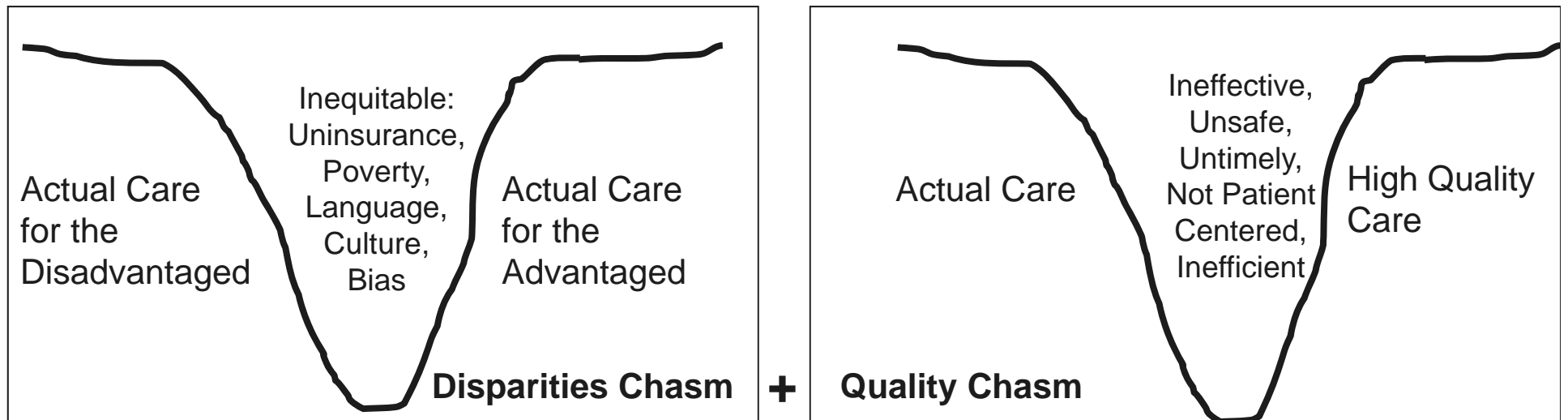
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National Quality Strategy

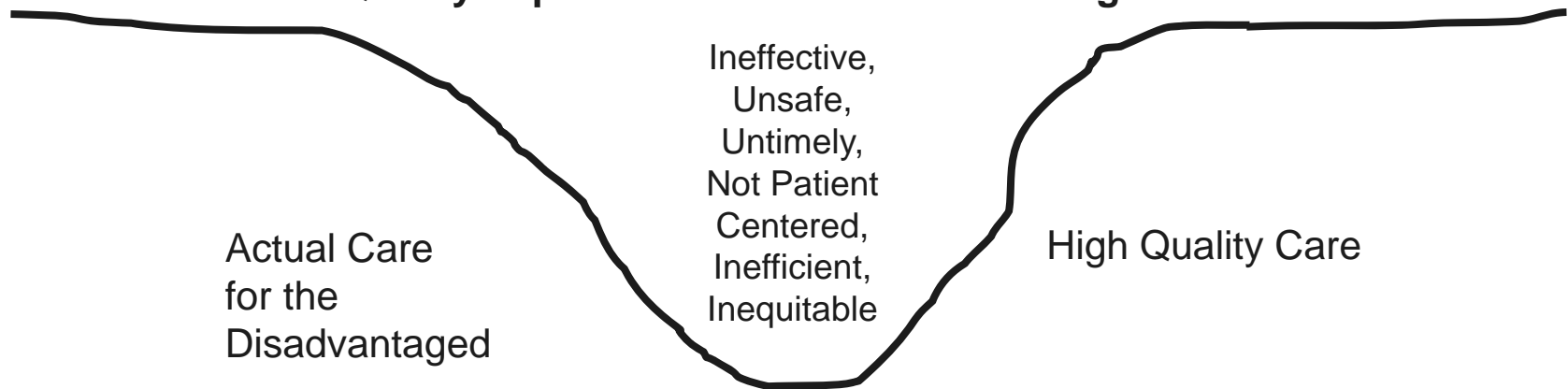
- Better Care**
- Healthier People, Healthier Communities**
- Smarter Spending**



Linking Disparities and Quality



= Quality Improvement for the Disadvantaged

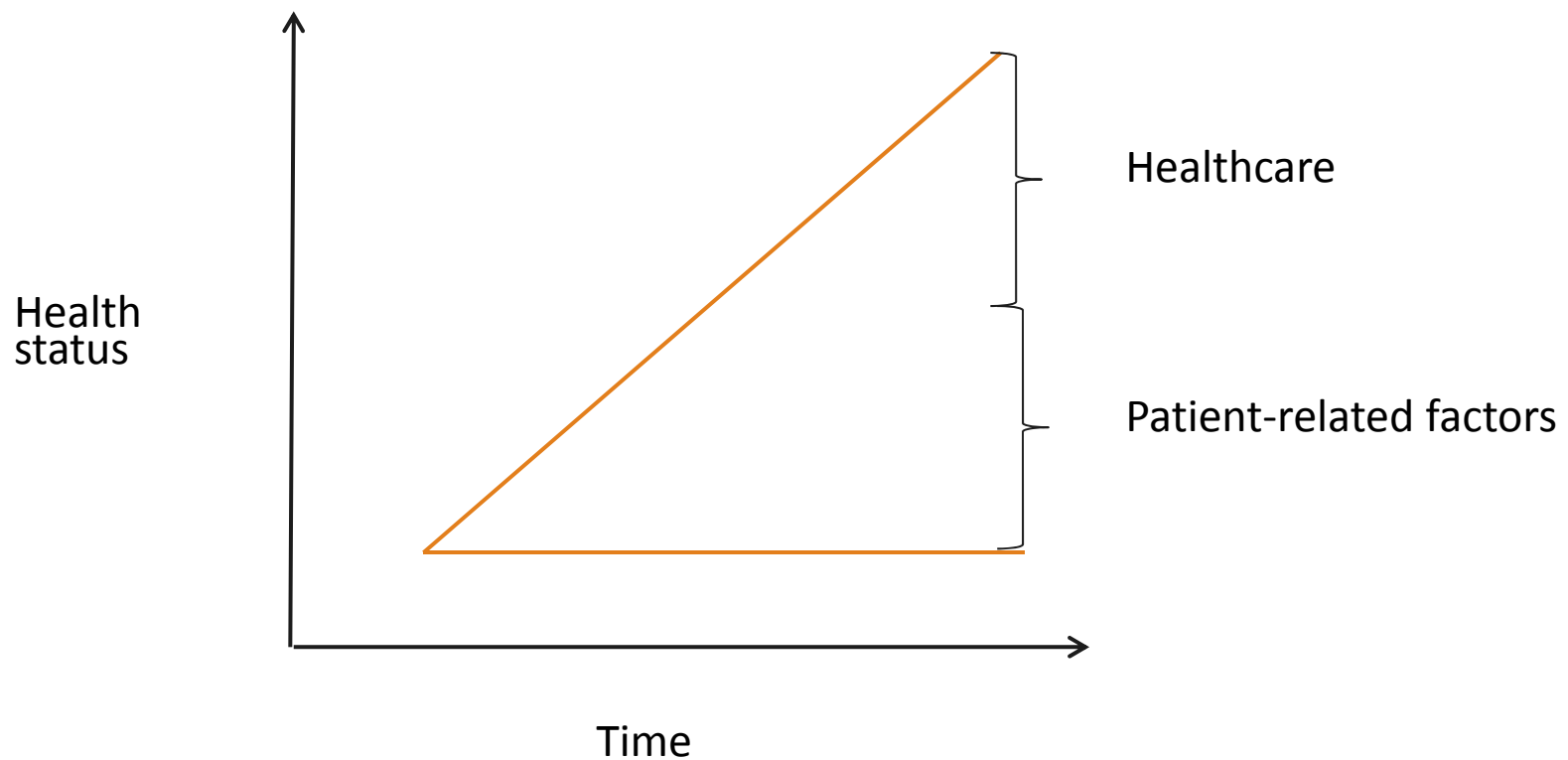


NQF Disparities Standing Committee

- NQF Disparities Standing Committee will provide guidance across all of NQF's work.
 - Develop a roadmap for how measurement can be used to proactively reduce disparities
 - Review implementation of the revised NQF policy and evaluate the SES trial period
 - Provide a cross-cutting emphasis on healthcare disparities across all of NQF's work.

Influence of Healthcare and Patient Factors

Outcome due to patient-related factors and healthcare factors



IMPACT Mandated Work

- Study of the impact of SES on quality and resource use in Medicare:
 - Using existing SES data (recent report):
 - Dual eligibility
 - Black race
 - Hispanic ethnicity
 - Residence in low income area
 - Rural residence
 - Disability
 - Using new data sources (future work)
- Future recommendations around payment adjustments
- Final report due to Congress in October 2019

IMPACT: Main Findings

- Beneficiaries with social risk factors had worse outcomes on quality measures, regardless of the providers they saw, and dual enrollment status was the most powerful predictor of poor outcomes.
- Providers that disproportionately served beneficiaries with social risk factors tended to have worse performance on quality measures, even after accounting for their beneficiary mix. These providers also had somewhat higher penalties.

IMPACT: Main Findings

- Medicare beneficiaries with social risk factors have poorer outcomes regardless of the providers they see
- Providers serving these beneficiaries have poorer performance regardless of the patients they serve, and are more often penalized
- These analyses cannot determine why patterns exist
 - higher levels of medical risk
 - living environments
 - challenges in adherence and lifestyle
 - bias or discrimination
 - Fewer provider resources
 - Poor quality

IMPACT: Options

- Adjust measures
 - More equitable comparisons, reduce risk of decreased access
 - More difficult to track and reduce disparities
 - Likely differs by measure
- Adjust payments
 - Use VBP (e.g., payment for improvement)
- Address the underlying issues
 - Equity measurement
 - Financial and technical assistance

IMPACT: 3 part strategy

Measure and report quality

- Enhance data collection for measurement and reporting of performance for beneficiaries with social risk factors
- Health equity measurement
- Monitor the financial impact of Medicare payment programs on providers disproportionately serving beneficiaries with social risk factors.

Set high quality standards for all

- Examine measures to determine if adjustment appropriate
- Determine whether differences in health status might drive relationships between social risk and performance
 - » *Would better adjustment for health status improve ability to differentiate true differences in performance between providers?*

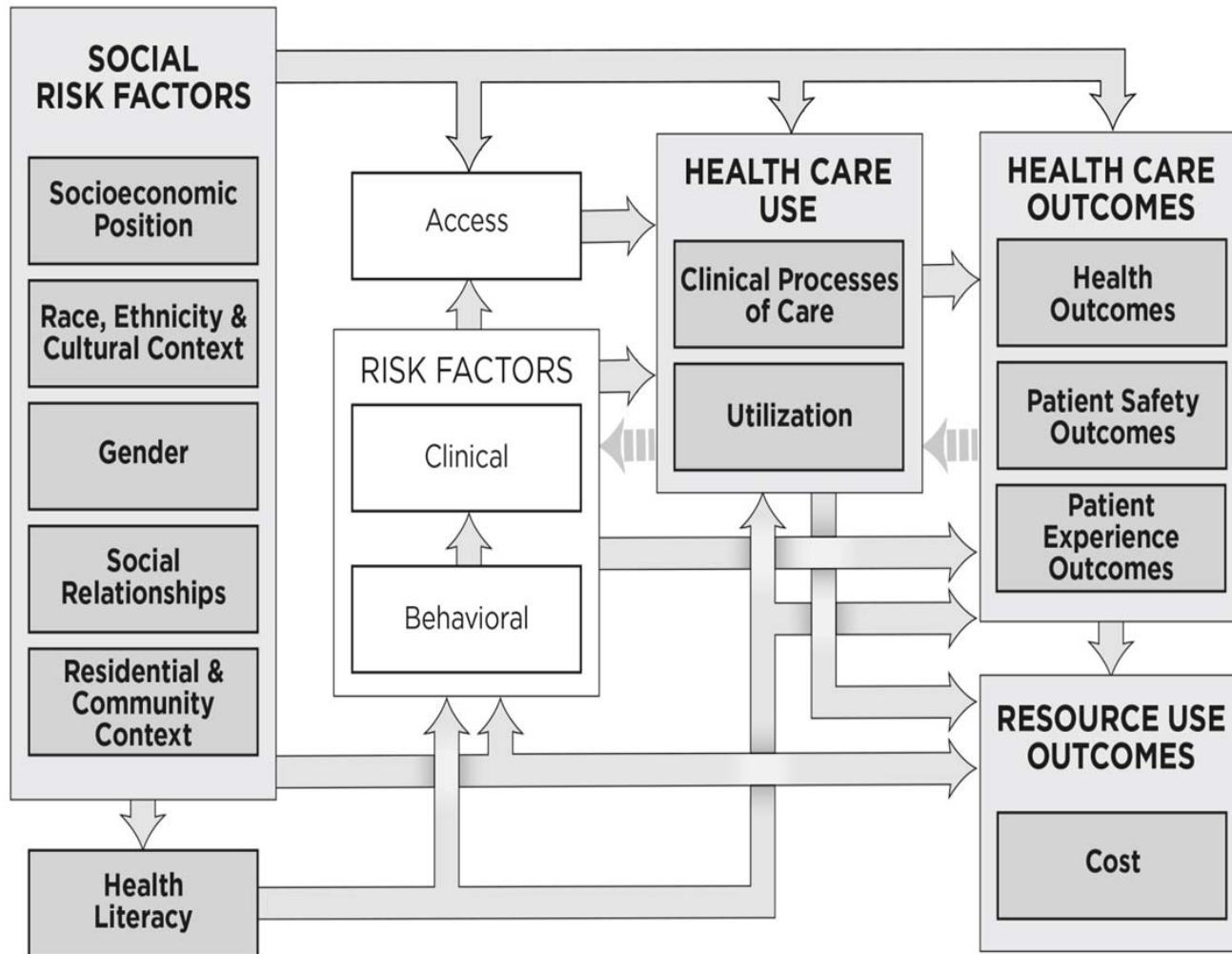
Reward and support better outcomes (e.g., demos, TA)

Should Medicare Value-Based Purchasing Take Social Risk into Account?



*“Another important component of this strategy is to **measure equity itself**. Health equity measures or domains should be developed and introduced into existing payment programs to measure disparities and provide incentives for reducing them.”*

NAM Social Risk Factor Framework



Summary of Data Availability for Social Risk Factor Indicators

SOCIAL RISK FACTOR		DATA AVAILABILITY			
Indicator	1	2	3	4	
SEP					
Income		■			
Education		■			
Dual Eligibility	■				
Wealth			■		
Race, Ethnicity, and Cultural Context					
Race and Ethnicity		■			
Language		■			
Nativity	■				
Acculturation				■	
Gender					
Gender identity				■	
Sexual orientation				■	
Social Relationships					
Marital/partnership status		■			
Living alone			■		
Social Support			■		
Residential and Community context					
Neighborhood deprivation		■			
Urbanicity/Rurality	■				
Housing		■			
Other environmental measures				■	

- 1.** Available for use now
- 2.** Available for use now for some outcomes, but research needed for improved, future use
- 3.** Not sufficiently available now; research needed for improved, future use
- 4.** Research needed to better understand relationship with health care outcomes and on how to best collect data

NQF Trial Period: Key Milestones

- Trial period ends April 15, 2017
- NQF Disparities Standing Committee Meeting:
 - » March 27-28: Discuss trial period evaluation plan and potential adjustment of measures for hospital and community level factors
 - » June 14-15: Discuss results of the trial period evaluation. The Disparities Standing Committee will make a recommendation to CSAC regarding whether to make the change in NQF policy regarding adjusting measures for SES factors permanent, extend the trial period, or rescind the temporary change in policy.
- CSAC: July 11-12: Review Disparities Committee recommendations. The CSAC will make a recommendation to the NQF Board of Directors during its July 2017 meeting.
- Board of Directors: July 20: Decide whether to make the change in NQF policy regarding adjusting measures for SES factors permanent, extend the trial period, or rescind the temporary change in policy.

Quality Imperative

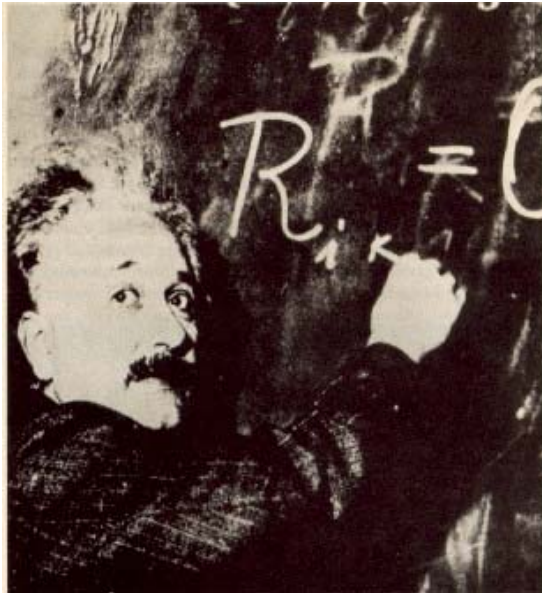
Not everything that counts can be counted, and not everything that can be counted counts

~William Bruce Cameron

But.....

You can't improve what you don't measure

~ W. Edwards Deming



Helen Burstin, MD, MPH, FACP
hburstin@qualityforum.org

 @HelenBurstin