THE LEAPFROG GROUP

April 16, 2014

Dr. Christine K. Cassel
President & CEO
National Quality Forum
1030 15th Street NW | Suite 800
Washington, DC 20005

RE: Draft Report on Risk Adjustment for Sociodemographic Factors

Dear Dr. Cassel,

We appreciate the opportunity to comment on the National Quality Forum's (NQF) draft recommendations on whether quality measures should be risk adjusted for sociodemographic factors, including Medicaid status, income, education and homelessness. Given that NQF-endorsed measures are extensively used in the Centers for Medicare & Medicaid Services (CMS) programs, we address our comments to both NQF and CMS. The Leapfrog Group is a national nonprofit representing the interests of employers and other purchasers of health care, advancing quality and safety in American hospitals.

The Technical Expert Panel (TEP) was charged with answering the question, "what, if anything should be done about sociodemographic factors in relation to outcome performance measurement?" Current NQF policy states that clinical factors, such as disease severity and comorbidities, are the only appropriate reasons for risk adjusting a performance measure. We support the continuation of this policy and do not support the recommendations for alterations.

No Support for the major recommendations from the TEP

We do not support the recommendations from the majority of the TEP that risk adjustment based on sociodemographic factors be applied to certain measures used in accountability programs (pay-for-performance and public reporting) if certain conditions are met. The recommendation was based on the belief, unsupported by evidence, that "current policy is unintentionally weakening the network of providers that serve disadvantaged populations, which could end up worsening disparities." In accordance with that view, the TEP also recommended altering the current NQF criteria to allow for sociodemographic adjustment "sometimes" instead of "never" (as reflected in existing criteria), and we do not support that alteration.

Ethically inappropriate

We do not support statistical calculations in healthcare that count some people's lives as more valued than others based on characteristics of ethnicity, income, or other demographic characteristics-- beyond the individual health status of each individual. The TEP has not made a compelling case that evidence supports such ethical compromise.

Payment policies do not justify this

The report identifies two potential problems with the current environment: (1) reduced resources for providers who serve disadvantaged patients, and (2) unwillingness of providers to serve disadvantaged patients as a result of payment implications of federal quality programs, such as the Hospital Readmissions Reduction Program.

These two problems are related to payment policy, not measurement methodology. We believe policy makers should consider alternate strategies to address these potential problems. We do believe subsidies for health systems with unusual challenges should be considered, but only when they are evidence-based and built on documented health risks, not on assumptions about the challenges posed by people of a given demographic status.

Data collection problematic

NQF policies on measurement should always account for data collection strategies, because otherwise the measures can quickly become irrelevant. The TEP recommendations are not compelling or evidence-based with regard to collection of sensitive demographic information. This can only be compounded by the unsettling purpose providers would have for requesting this sensitive personal information.

The evidence is not sufficient

The recommendations outlined in the proposal are based on a belief, not fact, that not risk adjusting may lead to lower performance scores for providers who serve disadvantaged patients. The report fails to provide sufficient evidence that the current policy harms patients to a degree that should compel the expert panel to recommend immediate action. The report does identify several studies that show a statistical association between certain sociodemographic factors and clinical outcomes, but not a causal relationship. This approach is inconsistent with NQF's standards of scientific acceptability.

Sociodemographic risk adjustment could actually hinder, rather than promote, our ability to identify and thus eliminate disparities—precisely the opposite of what performance measurement should accomplish. Though clearly not the intention of the TEP members, sociodemographic risk adjustment may obscure the many practitioners and communities that today successfully care for vulnerable patients, which in turn minimizes evidence that could be available for future researchers, practitioners, and policymakers.

We need a much better understanding of the link between demographic and community characteristics and population health status, not so much for devising risk-adjustment formulas but for better planning and use of resources to serve patients. For instance, it would be helpful to have a thorough review data collected through the CMS Value-Based Purchasing Program to determine which of the hospitals that received reduced payments from Medicare are in communities that have higher prevalence of socioeconomic/sociodemographic risk factors. This would provide information on outcomes and would allow for the opportunity to identify other factors that contribute to lower performance, as health outcomes are extremely multidimensional in nature.

The impact of the proposed change on patients is unknown

We do not believe the TEP has sufficiently explored the potential unintended consequences of risk adjusting some outcome measures. We believe risk adjustment could possibly create another set of unintended consequences entirely, such as (1) masking disparities in the outcomes of care for disadvantaged populations, (2) reducing incentives for providers to adapt the care they provide in ways that meet the needs of disadvantaged patients, (3) lowering the expectations that providers can and should provide high quality, patient-centered care for all patients, regardless of their sociodemographic characteristics, and (4) limiting accountability to only that which is directly under the provider's control instead of fostering an adaptable provider community that is responsive to unique patient needs.

Summary

The Leapfrog Group strongly advocates for an enhanced focus on developing, collecting, and publicly reporting outcomes measures. This allows for better research, better care, and healthier patients. NQF's current policy of allowing risk-adjustment only for disease severity and comorbidities is appropriate. The recommendations of the TEP are unsupported by evidence, potentially damaging to patient care and future science, and, most importantly, ethically unjustifiable.

Again, we appreciate the opportunity to provide comments on this draft report. If you have any questions, please contact me or the Leapfrog Group's Senior Director of Hospital Ratings, Missy Danforth.

Sincerely,

Leah Binder
President & CEO
The Leapfrog Group

cc: The Leapfrog Group Board of Directors

The Leapfrog Group Members