ConsumersUnion
POLICY & ACTION FROM CONSUMER REPORTS

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National Quality Forum
1030 15th Street NW
Suite 800
Washington, DC 20005

RE: *Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors*

Consumers Union, the policy and advocacy division of Consumer Reports, and the Consumer Reports Health Ratings Center appreciates the opportunity to comment on the NQF draft report *Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors* ("draft report"). We value the work done by the Expert Panel and the NQF staff to examine this issue.

However, we support the current NQF policy that, as stated in the draft report, "does not allow adjusting performance measures for sociodemographic factors, out of a desire to make disparities visible in order to motivate efforts to improve care for disadvantaged populations." We have serious concerns with the recommendation of the Expert Panel to allow for sociodemographic adjustments with certain measures.

Our primary concern is that such adjustments will hide differences in outcomes on quality and safety measures that exist when health care is delivered to patients from certain sociodemographic groups – for example, low-income, race, or age. Performance measures should reveal these differences.

We strongly oppose applying these sociodemographic adjustments to any patient safety measures. Even though the draft report carefully cautions against using such adjustments for all measures, we are concerned that justifications based on vague "unintended consequences" will lead to inclusion in safety measures. For example, the report indicates that Hospital-wide All-cause Unplanned Readmissions are "at the forefront" of this discussion. But many of these readmissions are required because of medical errors and infections that occurred during the prior hospitalization. While we agree that other factors that play into readmissions may not be within hospitals' control, we are concerned that there was no discussion about the problems associated with applying socioeconomic adjustments to the hospital-level factors (medical errors including infections) that are within the hospitals' control which contribute to a readmission.

We have concerns with how this policy might be applied in the future. Will future NQF endorsement committees be given this thorough report to ensure they don't simply come to expect all measures – even those relating to safety – to be adjusted for sociodemographic factors? Will the terms of sociodemographic adjustments be manipulated to include providers that are not serving a significant number of the

population for which the adjustment was made? Will this become institutionalized so we can never be certain about the actual quality and safety of health care being provided to these various populations? Could providers and the public be distracted from identifying and addressing disparities by adjusting for them?

Further, the plethora of feasibility challenges presented in the draft report about these adjustments seem to create significant barriers to implementing these recommendations, including:

- The lack of high quality and readily available sociodemographic data;
- The significant work that developers will have to do to assess the sociodemographic impact on their specific measure, each individually trying to find reliable data; and
- The lack of evidence tied to each specific measure that would need to be brought before each NQF endorsement committee. Simply providing committees with general assessments about disparities and outcomes would not be appropriate.

We believe the draft report provides insufficient evidence that the current NQF policy results in harm to disadvantaged populations of patients or that adjusting for sociodemographic factors would prevent such harm. NQF's core principles include reliance on scientific evidence in its endorsement process and this report appears to recommend a departure from those principles.

Consumers Union understands the concerns articulated in the draft report that the methods for calculating penalties in current pay for performance programs might result in reducing resources available to safety net hospitals that serve certain disadvantaged patient populations and may lead to diminishing access to care by these patients. But those adjustments could be addressed in the payment programs without altering public reports on quality and safety or limiting the data provided to other users. Some safety net hospitals are improving readmission rates, even though the population they serve presents significant challenges. Many have established programs that identify patients' needs following a hospitalization and refer them to community support. This progress could be undermined by a policy that adjusts for sociodemographic factors and presents an altered picture of the actual patient experience at the hands of a provider. NQF should promote the position that high quality patient-centered care can be provided in all locations. And, federal policy should directly address resource needs to provide such services as language assistance, access to needed medications, and more follow through with discharged patients, rather than interject them into quality and safety measures.

We are much more concerned about the unintended consequences as articulated by NPWF and PBGH: (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.

Our recommendations for next steps.

The draft report identified significant work that remains to be done before sociodemographic adjustments should be implemented. There are many details that need to be researched and discussed by many different parties. Consumers Union suggests that the results of this research be brought back to the Expert Panel and NQF membership in the future when completed for further consideration. We also recommend that this research include applying theories put forth in this report to actual data available on specific measures to assess their impact and to provide more evidence regarding the impact of sociodemographic factors on quality and safety measures.

We strongly recommend that sociodemographic factors not be applied to patient safety measures.

We strongly support ensuring that safety net providers primarily serving disadvantaged populations have adequate resources to deliver high quality care and improve safety. The primary focus of concern in the draft report appears to be on the financial impact of current CMS pay for performance programs. We believe changes in measurement methodology are not the most appropriate way to address these concerns. We recommend that CMS use alternative methods for adjustment in these pay for performance programs – such as stratification and peer grouping – rather than change the NQF process of endorsing measures for public reporting measures. NQF evaluation criteria should remain the same and CMS should continue making the actual measure data available to the public for research, public health and organizations, like Consumer Reports, that seek the unadjusted data to produce their own assessment of health care quality – this is fundamental to public transparency.

Sincerely,

Lisa McGiffert
Manager, Safe Patient Project
Consumers Union
lmcgiffert@consumer.org

Doris Peter
Director, Health Ratings Center
Consumer Reports
dpeter@consumer.org