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April 14, 2014

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

RE: Comments on review of Draft National Quality Forum Report, *Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors*

To Whom It May Concern,

Bi-State Primary Care Association and the Community Health Access Network, the only Health Center Controlled Network in New Hampshire, appreciates the opportunity to respond to your April 16 deadline on the recommendation to add, or not, risk adjustment on outcome measures for clinical factors.

Established in 1986, Bi-State is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont. Bi-State works with federal, state and regional health policy organizations, foundations and payers to develop strategies, policies and programs that provide and support community-based primary health care services in medically-underserved areas. Our members include Community Health Centers, which include Federally Qualified Health Centers; Rural Health Clinics; private and hospital-supported primary care practices; Community Action Programs; Healthcare for the Homeless programs; Area Health Education Centers; Clinics for the Uninsured and social service agencies.

Established in 1995, the Community Health Access Network (CHAN) has developed and supports an integrated clinical and administrative system infrastructure for its ten Federally Qualified Health Center members which include three Healthcare for the Homeless Programs. Central to CHAN's focus has been the automation of the primary care health record. CHAN's systems include a fully integrated Electronic Health Record (EHR), GE Centricity, which supports over 130 providers and partner hospitals. The EHR also has links to member reference labs and four hospitals. The EHR is linked to the GE Centricity Practice Management system and shares a common reporting tool. The providers can also securely access the system remotely to support offsite care. CHAN also provides technical assistance and system services to local collaborators and consultation to peers at a national level.

You are accurate that increasingly policymakers raise the question if measures used in accountability applications should be adjusted for sociodemographic factors in order to improve the accuracy of performance results. There is a substantial body of evidence suggesting sociodemographic factors influence a variety of patient outcomes and some processes. We represent primary care practices that see a high volume of uninsured and patients with co-morbidity and high acuity levels. We are expressing our full support to National Quality Forum (NQF) to add risk adjustments when computing outcome measures to assure a more accurate evaluation about quality of care.

Bi-State and CHAN agrees with your expert panel recommendations including that sociodemographic adjustments would provide a more accurate reflection of performance. We agree with your eight recommendations, including:

- 1) Distinguishing different methods for the different purposes of measurement: sociodemographic adjustment for accountability and stratification for identifying disparities.
- 2) Revision of the NQF criteria related to risk adjustment to include sociodemographic factors as appropriate.

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- 3) Guidelines for selecting risk factors to include appropriate sociodemographic adjustment (assuring first, however, there are no data constraints and data are standardized).
- 4) Expectations for information needed when outcome measures that may be adjusted for sociodemographic factors are submitted to NQF.
- 5) Assessing the impact of accountability applications on disadvantaged patient populations and providers serving them.
- 6) Identifying and collecting a standard set of sociodemographic variables for performance measurement and identifying disparities.
- 7) A request that NQF consider expanding its role to include guidance on implementation of performance measures for accountability.
- 8) A request that NQF clarify that endorsement pertains to performance measures as specified and tested for a specific patient population, data source, level of analysis and setting.

We understand that the National Association of Community Health Centers, an organization that represents the national network of Community, Migrant and Homeless Health Centers (aka, Federally Qualified Health Centers), will submit comments as well. Their comments provide greater detail on the recommendations than we stated above. We would like to express our full support of the comments submitted by the National Association of Community Health Centers.

As you consider adjusting performance measures for sociodemographic factors, we believe this would give the safety net providers added information and resources to treat disadvantaged populations. Thank you for the opportunity to respond to your expert panel recommendations.

Sincerely,



Tess Stack Kuenning, CNS, MS, RN
President and Chief Executive Officer
Bi-State Primary Care Association



[Suzanne signed original with permission from Rick]

Richard Silverberg, LICSW
Chairman, Board of Directors
Community Health Access Network

IMPORTANT NOTE:

Upon attempting to submit comments, it was learned that a maximum of only 3,000 characters would be allowed. With approval from Tess, Suzanne substantially cut the letter in order to get to that number. The actual submitted comments can be found on Page 3 of this letter (2,872 characters).

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Bi-State Primary Care Association and the Community Health Access Network (CHAN), the only Health Center Controlled Network in NH, appreciates the opportunity to respond to the recommendation to add, or not, the risk adjustment on outcome measures for clinical factors.

Established in 1986, Bi-State is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in NH and VT. Bi-State works with federal, state and regional health policy organizations, foundations and payers to develop strategies, policies and programs that provide and support community-based primary health care services in medically-underserved areas.

Established in 1995, CHAN developed and supports an integrated clinical and administrative system infrastructure for its Federally Qualified Health Center (FQHC) members. Central to CHAN's focus has been the automation of the primary care health record. CHAN's systems include a fully integrated Electronic Health Record, which supports over 130 providers and partner hospitals.

You are accurate that increasingly policymakers raise the question if measures used in accountability applications should be adjusted for sociodemographic factors in order to improve the accuracy of performance results. There is a substantial body of evidence suggesting sociodemographic factors influence a variety of patient outcomes and some processes. We represent primary care practices that see a high volume of uninsured and patients with co-morbidity and high acuity levels. We express our full support to NQF to add risk adjustments when computing outcome measures to assure a more accurate evaluation about quality of care.

Bi-State and CHAN agrees with your expert panel recommendations including that sociodemographic adjustments would provide a more accurate reflection of performance. We agree with your eight recommendations. With regard to the third recommendation, however, we request that you assure there are no data constraints and data are standardized.

We understand that the National Association of Community Health Centers, an organization that represents the national network of Community, Migrant and Homeless Health Centers (aka, FQHCs), will submit comments as well. Their comments provide greater detail of the recommendations than we stated above. We would like to express our full support of their comments.

As you consider adjusting performance measures for sociodemographic factors, we believe this would give the safety net providers added information and resources to treat disadvantaged populations. Thank you for the opportunity to respond to your expert panel recommendations.

Tess Kuenning, CNS, MS, RN, President/CEO, Bi-State
Rick Silverberg, LICSW, Chairman, CHAN Board of Directors