Maryland
Hospital Association

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Christine Cassel, M.D.
President and Chief Executive Officer
National Quality Forum
1030 15th St NW, Suite 800
Washington, DC 20005

RE: National Quality Forum Draft Report: Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors

Dear Dr. Cassel:

On behalf of the 66 members of the Maryland Hospital Association (MHA), we appreciate the opportunity to comment on the National Quality Forum's (NQF) draft report on risk adjustment for socioeconomic and other sociodemographic factors and commend the Expert Panel for its thoughtful consideration.

MHA strongly supports the conclusions and recommendations of this report, especially that risk adjustment for sociodemographic factors usually is needed to appropriately compare provider performance. We urge NQF members to support the recommendations of the Expert Panel. Further, we urge the Centers for Medicare and Medicaid Services to immediately recognize the need to improve the outcome measures being used in its programs. We agree that outcome measures used to assess health care provider performance for public reporting and pay-for-performance programs should be adjusted for sociodemographic factors for which there is a conceptual link to patient outcomes.

While Maryland's hospitals are currently exempt from federal quality incentive programs, we believe this is a report of landmark significance that will improve performance measurement nationally. In federal Value Based Purchasing, Hospital Acquired Conditions and in Maryland's comparable programs, it is broadly accepted that outcome measures should be adjusted for clinical severity and comorbidities, including conditions that are "present on admission" as these affect outcomes independent of the quality of care provided. Sociodemographic factors, like poverty, limited English proficiency, and homelessness, are also "present on admission." Unlike pre-existing medical conditions, these social factors are not directly affected by health care interventions, but will directly affect certain outcomes, such as 30-day readmissions. This concern is clearly reflected in the report:

> *Just as quality measures for readmission aim to account for differences between patients in disease severity that affect repeat hospitalization, the Panel thought that factors related to social disadvantage … that affect risk for readmission should also be accounted for. … A measure of true performance accounts for the level of challenge posed by the patient to achieve an outcome, whether clinical or sociodemographic.*

If such adjustments are not made, hospitals, doctors, and other health care providers are inappropriately being held accountable for circumstances like poverty and lack of appropriate social service resources in the communities they serve. Further, the public is being misled into believing the care provided by those serving disadvantaged communities is of lesser quality than it actually is and that the care provided by those serving the most advantaged populations is better than it actually is. Payment systems based on unadjusted measures unfairly limit reimbursement to those serving disadvantaged communities, reducing their ability to provide needed services to their patients, while rewarding those providers serving advantaged communities.

MHA also agrees with the report's finding that when metrics are used to understand disparities in health and health outcomes, it would be inappropriate to adjust for sociodemographic factors because that would mask the very disparities policymakers and analysts want to see. Maryland's hospitals are committed to understanding and ultimately eliminating health disparities. MHA has developed statewide education programs for hospitals to share best practices on the collection of racial, ethnic, and language data, and is partnering with the state office of Minority Health and Health Disparities to offer training in Culturally and Linguistically Appropriate Services (CLAS) Standards at hospitals and other provider settings. In addition, three of the five recently designated state Health Enterprise Zones (focused on reducing health disparities among racial and ethnic minorities and improving health care access and health outcomes in underserved communities) are led by hospitals. Appropriate adjustments for sociodemographic factors will enhance our efforts to improve health care access, promote the quality of medical outcomes, and eliminate disparities in the care delivery process.

Thank you for the opportunity to comment. We look forward to the approval of these recommendations by NQF members.

Sincerely,

Nicole Dempsey Stallings, MPP
Assistant Vice President, Quality Policy & Advocacy

cc: Patrick Conway, M.D., Centers for Medicare and Medicaid Services