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Vizient comments to the National Quality Forum (NQF) on the Measure Application Partnership's (MAP) draft recommendations for CMS

Background

Vizient, Inc. appreciates the opportunity to comment on the National Quality Forum's (NQF) Measure Application Partnership (MAP) measure development process. Vizient applauds NQF for working with stakeholders and the public on developing these important measures, as these measures significantly impact our members and the patients they serve.

Comments for MUC2022-053: Screening for Social Drivers of Health
Do we recommend this measure? Yes, under certain conditions

We commend CMS and NQF on their efforts to prioritize health equity but have ongoing concerns regarding the Screen for Social Drivers of Health measure. Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Vizient and our provider members recognize the critical need to address social drivers of health for each patient to ensure equitable health outcomes and we wholly support efforts to increase the screening of all patients for social drivers of health. However, consistent with prior comments (https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/aboutus/20220113_vizient_map_comments_for_website.pdf) to NQF and CMS, Vizient remains concerned that there is no standard definition for "screening" or "social drivers of health" as related to this measure. Whether NQF adopts an existing standard or creates a new one, clear and consistent definitions are critical to collecting data that can be meaningfully used by the healthcare system to improve outcomes for patients. Additionally, defining these terms supports identification and proper use of validated screening tools. Without consistency, it is difficult for health systems and other stakeholders to address patient needs and risks identified during the screen.

Vizient is concerned that within the measure as written, the domains of Health-Related Social Needs (HRSNs) are not clearly defined. Since CMS proposed this measure, Vizient has heard from hospitals that there is confusion around how the specific domains are defined. For example, there is no standard for what constitutes “food insecurity", so there are a range of interpretations (e.g., lack of access to any food; lack of access to healthy food; lack of access to food over a certain period of time). As a result of varying potential interpretations of the domains, hospitals are spending excessive time trying to understand and define measures, which ultimately takes time away from initiatives that would improve health equity. Vizient is concerned that failure to provide greater clarity will have the unintended consequence of negatively impacting patient and provider interactions, particularly with historically underserved populations.

We recommend that NQF work with stakeholders to more clearly define terms and domains related to this measure before it is added to other programs or made mandatory. Vizient is concerned that expanding the use of this measure in other quality programs, as written, will limit the utility and comparability of collected data. As NQF is aware, standardization is critical for ensuring that patient data collected by health systems and other providers can be effectively utilized to address patient needs and identify broader, community-wide needs to improve social drivers of health.

Although this measure has already been approved for use in the Inpatient Quality Reporting (IQR) Program, these concerns have not been addressed. Expanding the use of this measure in other quality reporting programs without refining the measure, adapting it based on more recent learnings, or considering data from its use in the IQR program will significantly limit the utility of such data sets, leading to challenges in developing more refined or targeted measures in the future. We encourage NQF to work with stakeholders, including measure stewards, hospitals and CMS, to set standards for HRSN screening and data collection, including definitions, to ensure the patient data collected will be used to promote health equity, both for the patient and the wider community.

Comments for MUC2022-050: **Screen Positive Rate for Social Drivers of Health**
Do we recommend this measure? <u>No</u>

We commend CMS and NQF for efforts to prioritize health equity, however, we continue to have concerns with the measure, Screen Positive Rate for Social Drivers of Health. Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 60% of the nation’s acute care providers, which includes 97% of the nation’s academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Our primary concern with MUC2022-050 is the lack of standardization for data collection for this metric. The current measure does not include specific definitions for the denominator (i.e., patients to be screened) or the numerator (i.e., what constitutes a positive screen). Without clear definitions of who to screen or what constitutes a positive

screen, it will be difficult to meaningfully interpret or benchmark the data collected. Without these definitions, the publicly reported data could be misleading. Additionally, MUC2022-050 does not account for geographic variations in communities and therefore may be missing an opportunity to ask or prioritize screening for certain social needs drivers that are relevant to the community. Vizient's analyses have shown significant variation in community need across large geographic areas as well as within local markets at the zip code level. If this measure does not account for geographic variation in the population, interpretation of these data points could not only be misleading, but could also take away the opportunity to prioritize asking patients about social needs that are meaningful to them. Further, hospitals or providers with higher levels of community need may be further challenged to support patients and maintain relationships of trust with patients if they perform redundant, generic screenings without having the resources or capacity to better address social needs. To help address these concerns, accommodations for geographic variation could be achieved through benchmarking using an index of local obstacles to care (i.e., the Vizient Vulnerability Index™, more information available at: https://newsroom.vizientinc.com/leveraging-vizients-clinical-data-base-newly-createdindex-supports-hospitals-health-equity-efforts.htm).

Vizient has reviewed several state and national indices intended to help provide benchmarks for community need and found an opportunity to expand upon these indices to ensure standardization across the country and tie community need to hospital performance. Vizient welcomes the opportunity to continue to work with NQF and CMS to leverage our analysis or conduct a similar analysis to evaluate current indices and address gaps before expanding the use of this measure.

Collectively, the aforementioned issues related to data collection standardization and geographic differences also limit the utility of the collected data for future analysis; namely, specific measures to promote addressing social drivers of health for patients. Before expanding the use of this measure, we recommend that NQF work with stakeholders, such as hospitals and CMS, to provide clear standards for defining the target populations for screening and clarifying how a positive screen for the target population should be measured. These definitions and instructions should be grounded in currently available data and appropriate indices (e.g., fits well to life expectancy, health care focus, includes social determinants of health domains) and should be leveraged to provide a standard approach, especially for correcting for geographic variation and improving patient care. Without these changes, Vizient is concerned that this measure will have limited use in the context of performance improvement and health equity.

Comments for MUC2022-058: **Hospital Disparity Index**
Do we recommend this measure? No

Vizient appreciates CMS's and NQF's efforts to prioritize health equity but believes that there is a need to develop a measure that focuses on provider process measures that are within a provider's locus of control, rather than readmissions measures, which are influenced by several factors beyond the provider's control. Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 60% of the nation's acute care providers,

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Regarding the Hospital Disparity Index (HDI) measure, Vizient is deeply concerned that the measure, as written, presents a significant challenge for hospitals and other providers for several reasons. The first average relies on readmission rates which can be heavily influenced by external factors outside of the provider's locus of control. Vizient suggests NQF consider process measures that better evaluate differences in provider care and decision making, rather than readmissions measures. For example, timely administration of antibiotics for sepsis patients is an example of a provider-focused locus of control that could be utilized.

Also, Vizient is concerned readmissions would be double counted with this measure, as using this measure alongside condition-specific measures and the Hospital-Wide 30-Day All-Cause, Risk-Standardized Readmission Rate following Hospitalization (HWR) measure would, effectively, double-count the rates of readmissions. If readmissions rates are to be used despite our concerns, Vizient recommends, at minimum, the measure be modified to use the all-cause readmission rate to avoid compounding the rates. Alternatively, as noted above, Vizient believes differences in provider care and decision making can be better evaluated with a measure that focuses on provider processes within their control.

Vizient also cautions that averaging standardized Within and Across Disparity Method results will result in patient data being lost when the measure is reported, which makes patient-specific interventions more challenging to identify. Similarly, since the measure would effectively average two averages, results could be distorted by presuming equal representation of patients between measures. The measure interpretation is then severely limited and misleading. Additionally, since the patient perspective is an important aspect of addressing specific social drivers of heath, NQF should not support this measure, as it does not give hospitals the opportunity to effectively manage a patient's HRSNs. This measure relies only on averages of various quality measures, which does not give hospitals actionable items to pursue to address health equity in their patient populations. Vizient urges NQF not to finalize this measure because it does not give hospitals meaningful insights regarding how to better promote health equity for their patients.

Vizient encourages NQF to work with the measure stewards to clarify the desired outcome and purpose of this measure. The measure description states, "[t]his score will summarize existing results of the Centers for Medicare and Medicaid Services (CMS) Disparity Methods (stratified measure results) across a range of measure and social and demographic risk factors, to provide more accessible information about variation in healthcare disparity across hospitals." Based on this description, it is unclear who is intended to use information from this measure or how hospitals could use this measure to drive change. Vizient encourages NQF to work with CMS to clarify the purpose of the measure so that stakeholders can suggest additional recommendations.

Finally, Vizient is concerned that when this measure is publicly reported, patients and caregivers may struggle to interpret the single score and may also fail to understand the detailed description of the data. In the preliminary analysis, this concern is highlighted as a potential unintended consequence of adding the measure to the IQR program where it will become publicly available, as all IQR measures are. Vizient shares the concern that the public availability of this measure may confuse patients and caregivers who do not read the detailed description of how the measure is calculated and therefore misunderstand what it represents. Vizient urges CMS and NQF not to approve this measure, as adding it to the IQR program and making the data publicly available may have unintended consequences, especially for populations with significant community needs.

While Vizient has provided feedback regarding this measure at NQF meetings, we reiterate to NQF that we do not recommend this measure.

Comments for MUC2022-027: **Facility Commitment to Health Equity**
Do we recommend this measure? <u>Yes, under certain conditions</u>

While the Facility Commitment to Health Equity has already been included in some CMS quality programs (e.g., IQR's Hospital Commitment to Health Equity, which will be mandatory for 2023 IQR requirements) we offer various suggestions for improvement that are relevant across settings. Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

While Vizient believes the measure may help some facilities begin efforts to address health equity, we suggest NQF work with stakeholders to better define each domain or provide more examples that would support more meaningful changes and progression. Considering the Facility Commitment to Equity measure, hospitals' activities and degree of engagement within each domain could vary drastically and such variation would not be apparent. For example, in the Quality Improvement domain, participation in quality improvement activities could be minimal or challenges could exist related to such participation in local, regional, or national quality improvement activities that may not be understood when the measure is reported. As a result, the value of the measure to drive change appears limited unless more support or clarity is provided to support facilities' long-term plans. Vizient encourages NQF to further explain the procedures for collecting data for this measure (e.g., general frequency in which certain activities should be performed, how often the domains should be reviewed and potentially modified) to inform the attestation when reported. Also, Vizient suggests NQF work with stakeholders to better understand different approaches to health equity and whether there are opportunities to better validate actions within each domain.

Further, Vizient believes that this measure may overlook common challenges to coordinated health equity responses. For example, in working with hospitals and other providers, Vizient understands that collecting information can involve identifying various efforts and breaking down silos as an initial step to understand the range of efforts underway by a given provider. Such silos make it difficult for providers to identify the correct person within the organization to work with and may require additional effort as providers contact multiple entities to identify the correct contact. This step can take additional time and resources, but may not be easily identified as reflecting a hospital's commitment to health equity. As a result, clarity, such as better defining what this measure aims to encourage internally, would reduce this burden and allow providers to more effectively collect and act on their patient data.

Comments for MUC2022-098: **Connection to Community Service Providers**
Do we recommend this measure? No

Vizient appreciates the need to develop measures that encourage providers to connect with community resources to help address HRSNs, but we believe this measure will put too much burden on providers to effectively address a patient's social needs. Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Hospitals, providers, and community-based services providers (CSPs) do not always have the resources to support all the HRSNs in a given area. As written, this measure puts a burden on providers to both identify a range of CSPs, establish communication channels with such CSPs, and confirm that contact between the CSP and patient occurred. Further, the measure does not address what a provider should do if a patient with an HRSN is identified and unable to be connected to a CSP because there is not one readily available, or if an existing CSP is unable to serve the patient. In many areas of the country, CSPs are not available or require significant time and reliable transportation to reach. Providers should not be penalized for being unable to provide a connection to a CSP that doesn't exist or that would not fully meet the patient's needs. If CMS and NQF are going to pursue implementing this measure, Vizient believes it is important that resources, education, and incentives be provided to both providers and CSPs to ensure communications are streamlined and aspects of data-sharing are clarified. In underserved areas, this could include help connecting providers with CSPs so that there is no delay if a provider doesn't have the information for a CSP immediately. As suggested by the MAP Rural Health Advisory Group, stratification of the measure could help ease the burden on rural providers who are unable to access CSPs. Further, the measure should not place the burden solely on the provider to follow-up with CSPs or patients to confirm contact was made. Vizient recommends that if this measure is used, further methodological considerations be deployed to quantify the influence of the CSP rather than simply assigning full responsibility to the provider.

Also, Vizient believes several aspects of the measure are unclear, such as definitions for HRSNs. For example, the population included in the measure may reside outside of a CSP's operating area, yet the measure would still encourage the hospital to make a connection even if the patient would not benefit. Vizient believes more work is needed to better establish provider and CSP relationships and communications, and as a result, this measure is premature. Once such communications are established, we would also suggest refinements to the measure.

Comments for MUC2022-111: **Resolution of At Least One HRSN**
Do we recommend this measure? No

Vizient appreciates efforts to ensure that HRSNs are addressed but is deeply concerned that this measure places too much burden on providers, as resolving HRSNs can often be beyond a provider's locus of control. Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

While we appreciate the intent of this measure, Vizient is concerned that this measure as written puts a significant burden on providers. Providers are in a unique position to address and help individuals with HRSNs, but once a patient leaves the hospital it is not necessarily feasible for providers to "follow the patient" and ensure they are accessing all available services. Following patients for months after a visit and ensuring that the services are provided by an outside community group is far outside the provider's locus of control and would put an untenable strain on providers who are already struggling to meet community needs. Additionally, the expectation that HRSNs may be resolved within a 12-month period does not adequately consider the drivers of HRSNs, patient complexities, or community dynamics or limitations. Also, it is unclear how this measure could be easily reported by providers, especially as technology may not yet be implemented to more easily identify patients to be included in both the numerator and denominator, and especially as the numerator would require the patient to report resolution of at least one HRSN and would require additional provider communication to confirm this information. As this measure is described, there is no clear definition of what constitutes a "resolution." Resolving long held social determinants of health for an individual may take years, with community development and interventions that are outside providers' control. The measure appears to rely on a subjective measure of whether the issue was resolved by asking the patient whether they feel the issue was effectively resolved within 12 months. This subjective report will create confusion and likely result in inconsistent data across providers and health systems, yielding unusable data, among other concerns. While it is important to reflect a patient's perspective when addressing health equity, patients still need information to help them identify whether the provider and community organizations followed a protocol and should not only rely on a patient's subjective interpretation of whether something feels resolved. Vizient urges CMS and NQF not to approve this measure.

Further, as stated in comments on other measures, Vizient remains concerned that the HRSNs are not clearly and consistently defined. If data is not clearly defined, the data collected may be unactionable and not accurately reflect what is going on in the community. Vizient urges NQF not to advance this measure, as it would be extremely challenging to implement and imposes excessive burden on providers well-beyond their locus of control.

MUC2022-052: Adult COVID-19 Vaccination Status, MUC2022-084: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) (2022 revision), Do we recommend these measures? <u>Yes, Under Certain Circumstances</u>

Vizient commends CMS and NQF for recognizing the important role COVID-19 vaccination plays in keeping the country healthy and ensuring a healthy workforce. As COVID-19 outbreaks occur, vaccination remains our strongest tool against preventing infection. However, Vizient notes our concerns of inappropriately penalizing providers with this measure and that since different geographies show variable vaccination rates, these measures may not necessarily reflect the efforts a hospital or other provider is making to increase vaccination rates or to protect staff and patients from COVID-19. In addition, Vizient requests that NQF clarify long-term use of these measures given evolving vaccination recommendations, including additional booster doses, which may vary based on individual circumstances, and provider burdens in reporting this information, given its utility (e.g. evolving measure specifications pose challenges when comparing this measure's results at different points in time).

During the December 6th MAP Health Equity Advisory Committee meeting, to address concerns regarding the usefulness of the data from this measure, Vizient and other committee members asked whether the data from these measures would be stratified. The measure developer stated that the measures are not currently designed to be stratified, but that stratification may be possible. Vizient is concerned that presenting providers with this information without stratification will not yield actionable data, including for health equity purposes. If it is unclear who in the providers' community is not vaccinated, it can be challenging to tailor efforts to address potential inequities to increase vaccination rates. Vizient encourages CMS and NQF to consider stratifying the data from these measures to help identify potential disparities in vaccination rates.

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MUC 2022-090: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date, MUC2022-089: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date, MUC2022-091: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date; MUC2022-092: COVID-19 Vaccine: Percent of Patients/Residents

Who Are Up to Date
Do we recommend these measures? No

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This measure has not been recommended for rulemaking by the MAP. Vizient supports MAP's recommendation. During the December 6th meeting of the Health Equity Advisory Group, stakeholders expressed concern about vaccine hesitancy due to cultural norms, and Vizient agrees that these issues may be difficult for providers to address without substantial support from outside organizations. Although home health and other providers may offer options to help vaccinate patients who are unable or unwilling to leave their homes, many are unable to provide the kind of education and communication needed to increase vaccination rates across the different types of vaccine hesitant groups. Therefore, Vizient suggests stopping use of this measure at this time.

Conclusion

Vizient appreciates NQF's efforts to gain additional feedback regarding these critical topics. Vizient membership includes a variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. In closing, on behalf of Vizient, I would like to thank NQF for providing the opportunity to comment on the measure development process. Please feel free to contact me, or Emily Jones at Emily.Jones@vizientinc.com if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,

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