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Rehab Provider Leaders Conference - October 5-7, 2022

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Speaker Disclosure

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Has no Relevant Financial Relationship to disclose

Relevant Non-Financial Relationships:

- Is an employee of a NARA Member Organization

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Defining Health Equity and Social Determinants of Health

October 6, 2022

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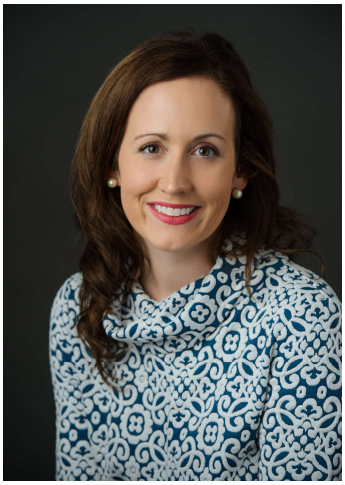
Speakers



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Definitions

- **Social determinants of health (SDH**) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.
- The SDH have an **important influence on Health Inequities** - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

Source: World Health Organization

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Definitions

- The following list provides examples of the **social determinants of health**, which can influence **health equity** in positive and negative ways:
  - Income and social protection
  - Education
  - Unemployment and job insecurity
  - Working life conditions
  - Food insecurity
  - Housing, basic amenities and the environment
  - Early childhood development
  - Social inclusion and non-discrimination
  - Structural conflict
  - Access to affordable health services of decent quality.

Source: World Health Organization

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Why These Concepts Are Important

- **Person Centered Engagement:**
  - A person-centered approach considers the individual as multifaceted, not merely as a “receiver” of services.
  - This approach demands that providers and individuals share power and responsibility in goal setting, decision-making, and care management.
  - It also requires giving people access to understandable information and decision support tools to equip them and their families with the information to manage their health and wellness, navigate the full span of the health care delivery system, and **make their own informed choices about care.**

Source: World Health Organization

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RFI – Health Equity Data Considerations

- We believe that a focused health equity measure would provide specific equity data that will help providers develop innovative and targeted interventions for impacted groups and would additionally provide transparency for beneficiaries.
- We also believe that by leveraging measures to give providers access to disparity information, they would be able to use this data to make informed decisions about their quality improvement initiatives.
- In this RFI, we are requesting feedback from stakeholders on the development and inclusion of health equity quality measures **for the SNF QRP.**

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Health Literacy Defined

- The U.S. Department of Health and Human Services (HHS) defines health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions
- Health literacy challenges may impact older adults more than other age groups. On average, adults age 65 and older have lower health literacy than adults under the age of 65. Low health literacy among older adults is associated with increased reports of poor physical functioning, pain, limitations of daily activities, poor mental health status

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Prevalence of Limited Health Literacy

POPULATION SUBGROUP	PREVALENCE
Race/ethnicity	
White	28%
Asian/Pacific Islander	31%
American Indian/Alaska Native	48%
African-American	58%
Hispanic	66%
Age (years)	
19–24	31%
25–39	28%
40–49	32%
50–64	34%
65+	59%

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Key Take Away: Methods to Improve Literacy

- Improvements in health practice that address low health literacy are needed to reduce disparities in health status.
- As limited health literacy is common and may be difficult to recognize, "experts recommend that practices assume all patients and caregivers may have difficulty comprehending health information and should communicate in ways that anyone can understand."
- Examples include:
  - Simplifying communication; confirming comprehension for all patients to minimize risk of miscommunication; making the health care system easier to navigate; and supporting patient's efforts to improve their health.

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More on Health Equity

- **Health equity** means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.
- CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

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National Quality Strategy

- **Embed Quality into the Care Journey**
- **Advance Health Equity**
- **Foster Engagement**
- **Promote Safety**
- **Strengthen Resilience**
- **Embrace the Digital Age**
- **Incentivize Innovation & Technology**
- **Increase Alignment**

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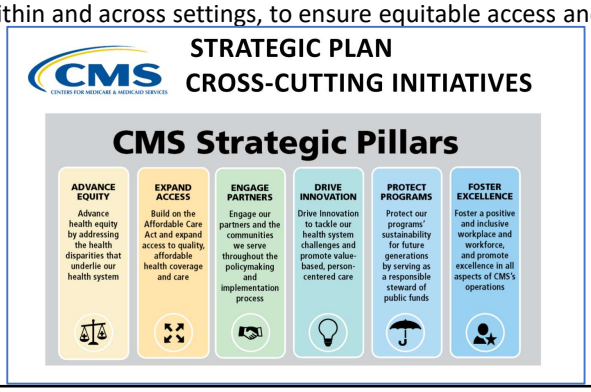
National Quality Strategy and Health Equity

- **April 2022 Updates!** What is the CMS National Quality Strategy? | CMS
- **Advance Health Equity:** Address the disparities, structural racism, and injustices that underlie our health system, both within and across settings, to ensure equitable access and care for all.



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Key Take Away- Therapy Plan of Care Development

- Questions to consider?
  - Do you teams understand definitions for social determinants of health, health literacy and their impact on equity?
  - During patient interviews and goal setting are we effectively integrating these areas in order to promote practice and safe discharge planning?

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Technical Expert Panel (TEP) for the Refinement of LTCH, IRF, SNF and HH Function Measures

- Under this project, the PAC QRP Support team supports CMS in the development and maintenance of quality measures for use in the IRF, LTCH, SNF, and HH QRPs and the Nursing Home Quality Initiative (NHQI). These measures are designed to improve care quality and to enable Medicare beneficiaries to make informed choices when selecting a healthcare provider.
- The suite of PAC QRP measures covers several domains relevant to care quality, including function – a dimension of care that is especially salient to each of the PAC settings

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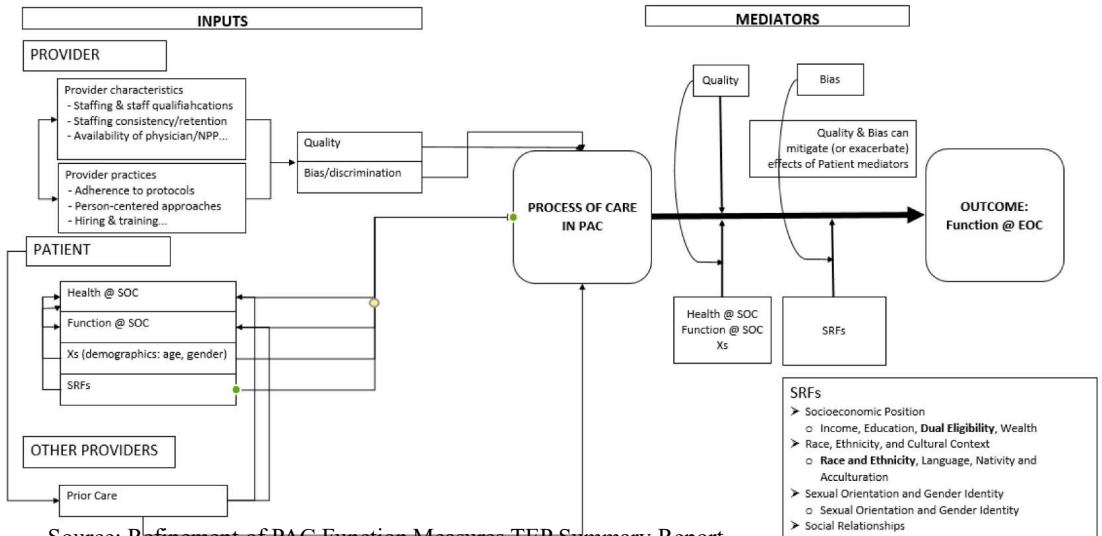
Figure 1. Conceptual Model for Functional Outcomes in PAC



Source: Refinement of PAC Function Measures TEP Summary Report March 2022

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Key Take Away- Social Risk Factors
Current Data Sources
The PAC QRP Support team reviewed a common list of SRFs in the conceptual model for PAC that have the potential to, directly or indirectly, impact patient outcomes. Bolded items indicate currently available data and italicized items indicate data elements that will be available in the future.
Socioeconomic Position
Income, Education, Dual Eligibility, Wealth
Race, Ethnicity, and Cultural Context
Race and Ethnicity, Language, Nativity and Acculturation
Sexual Orientation and Gender Identity
Social Relationships
Marital/Partnership Status, Living Alone, Social Support
Residential and Community Context
Neighborhood Deprivation, Urbanicity and Rurality, Housing, Transportation, Social Cohesion, Proximity to Services, Public Safety
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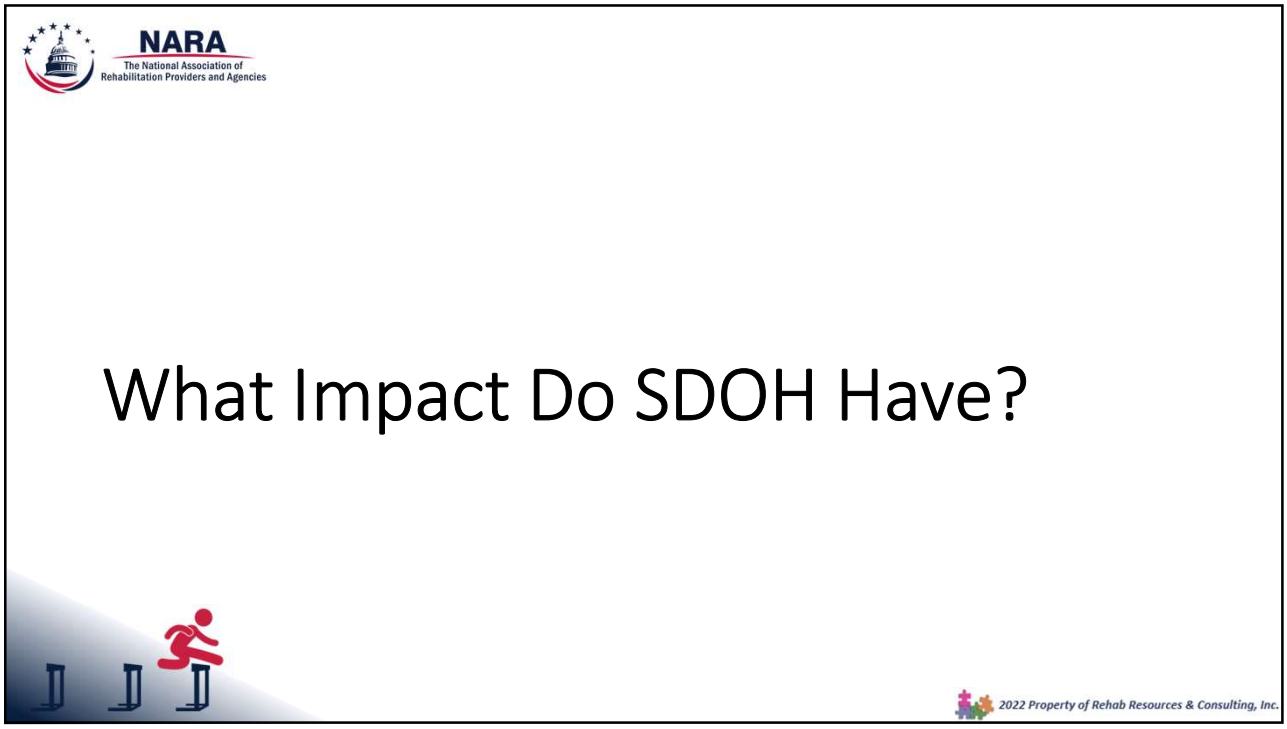
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What Impact Do SDOH Have?
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The COVID-19 Pandemic Exacerbated Health Disparities

- **Belonging to a racial or ethnic minority group; living with a disability; being a member of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community; or being near or below the poverty level is often associated with worse health outcomes.**
- **Geographic variation in excess all-cause mortality by race and Hispanic origin between January 2011 and April 2020 was:**
  - **6.8 per 10,000 for Black people,**
  - **4.3 per 10,000 for Hispanic people,**
  - **2.7 per 10,000 for Asian people, and**
  - **1.5 per 10,000 for White people.**
- **Nationwide averages mask substantial geographic variation.**
  - **Michigan and Louisiana had similar white mortality but markedly different excess Black mortality.**
  - **Pennsylvania compared with Rhode Island showed similar patterns.**
  - **Wisconsin experienced no significant White excess mortality but had significant Black excess mortality.**

Polyakova, M., et al. Racial Disparities In Excess All-Cause Mortality During The Early COVID–19 Pandemic Varied Substantially Across States. Health Affairs. 2021; 40(2): 307–316.

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Will 2023 Be the Year of Social Determinants of Health?

- Research shows that social determinants can be more important than health care or lifestyle choices in influencing health.
- Numerous studies suggest that SDOH account for between 30-55% of health outcomes.




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Healthy People 2030 Groups SDOH Into 5 Domains

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Healthy People 2030 Groups SDOH Into 5 Domains

- People need steady incomes that allow them to meet their health needs.
- In the US, 1 in 10 people live in poverty.
- Indicators include:
  - Poverty: 1 in 10 Americans live in poverty
  - Employment
  - Housing Stability: Over 21 million households in the US are cost-burdened
  - Food Security: an average of 12% of people in the U.S. are food insecure and nearly 33% of low-income households are

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Healthy People 2030 Groups SDOH Into 5 Domains

- Educational opportunities are needed for children and adolescents to do well in school.
- People with higher levels of education are more likely to be healthier and live longer and have higher earning potential.
- Indicators include:
  - Higher education: Between 2015 and 2019, only about 32% of adult >25 yo had at least a BA degree.
  - Literacy and language: 21% of American adults have a "low level" of English literacy.

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Healthy People 2030 Groups SDOH Into 5 Domains

- About 1 in 10 people in the U.S. don't have health insurance.
- Persons without a primary care provider don't get recommended health care services.
- Persons in rural areas may live too far away from health care providers and services.
- Indicators include:
  - Availability of Institutional & Non-institutional providers
  - Transportation to providers
  - Affordability of health services

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Healthy People 2030 Groups SDOH Into 5 Domains

- Many people live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks
- Some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises.
- Indicators include:
  - Access to Transportation
  - Air and Water Quality
  - Neighborhood Crime and Violence
  - Quality of Housing

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Healthy People 2030 Groups SDOH Into 5 Domains

- Positive relationships at home, work, and in the community can have a positive impact on health throughout life.
- People who face challenges and dangers they cannot control – unsafe neighborhoods, discrimination, bullying – are at risk for health-related illnesses and safety.
- Indicators include:
  - Social isolation: nearly ¼ of adults 65 and older are considered to be socially isolated

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CMS and Health Equity

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CMS Has Been Building a Portfolio to Address Equity

- 2015: CMS Equity Plan for Improving Quality in Medicare
- 2017: Meaningful Measures Initiative
- 2020: Adoption of standardized patient assessment data elements across post-acute care settings
- 2021: Meaningful Measures 2.0
- 2022: Released Inventory of Resources for Standardized Demographic and Language Data Collection

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Executive Order 13985 Sets the Tone for CMS

Executive Office of the President

- **Equity is *"the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."*** ***January 25, 2021***

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CMS' National Quality Strategy

- ***We are also committed to achieving equity in health care outcomes for our beneficiaries by supporting providers in quality improvement activities to reduce health inequities, enabling them to make more informed decisions, and promoting provider accountability for health care disparities.***

Quality Mission
- All persons receive equitable, high quality and value-based care.

Quality Vision
- As a trusted partner, shape a resilient, high-value American health care system to achieve high-quality, safe, equitable and accessible care for all.

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Meaningful Measures 2.0: Moving to Modernization

- **The goals of Meaningful Measures 2.0 is to:**
  - **1. Address measurement gaps**
  - **2. Reduce burden**
  - **3. Increase efficiency**

High value QMs | Align QMs | Outcomes & PROMs | Digital & All Payer | Social + Economic

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Meaningful Measures 2.0: 5 Interrelated Goals

1. **Empower consumers to make good health care choices through patient-directed quality measures and public transparency.**

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Meaningful Measures 2.0: 5 Interrelated Goals

1 Empower consumers to make good health care choices through patient-directed quality measures and public transparency.

- **Caregiver engagement during the measure development process.**

The TEP for the Refinement of LTCH, IRF, SNF/NF, and HH Function Measures included patient/family advocates

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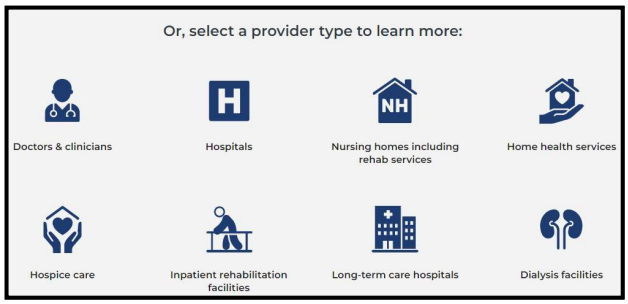
Meaningful Measures 2.0: 5 Interrelated Goals

1 Empower consumers to make good health care choices through patient-directed quality measures and public transparency.

- **Continue to modernize the Compare sites.**

2020: Functional Outcome Measures were initially reported for SNF, IRF, and LTCH



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Meaningful Measures 2.0: 5 Interrelated Goals

1 Empower consumers to make good health care choices through patient-directed quality measures and public transparency.

- **Advance Fast Healthcare Interoperability Resources® applications to allow patients to get their health information electronically.**
  - ONC Cures Act Final Rule requires certain developers of certified health IT to provide a certified, FHIR API to their customer base by 12/31/2022
  - CMS has been updating providers annually in the rules
  - CMS hosts a Post-Acute Care Interoperability (PACIO) workgroup to develop implementation guides for EHRs

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Meaningful Measures 2.0: 5 Interrelated Goals

1 Empower consumers to make good health care choices through patient-directed quality measures and public transparency.

- **Increase patient-reported outcome-based performance measures.**
  - 2022: The FY 2023 SNF PPS Rule included an RFI for the CoreQ Short-Stay (SS) Discharge measure for the SNF QRP.
  - 2021: The PROMIS Global Health, Physical measure was included in the SNF VBP RFI; the CoreQ SS measure was on the 2021 MUC list for the SNF VBP
  - 2021: A CAHPS for MIPS survey was added for MIPS participants to use as an Improvement Activity
  - MIPS: Multiple PROMs are available as QMs

CMS Quality Payment PROGRAM

NIH National Institutes of Health
Office of Strategic Coordination - The Common Fund

Patient-Reported Outcomes Measurement Information System (PROMIS)

AHRQ CAHPS for MIPS Survey

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Meaningful Measures 2.0: 5 Interrelated Goals

2 **Leverage quality measures to promote health equity and close gaps in care.**

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Meaningful Measures 2.0: 5 Interrelated Goals

2 **Leverage quality measures to promote health equity and close gaps in care.**

- **Expand confidential feedback reports stratified by dual eligibility in all CMS value-based incentive programs as appropriate.**
- **The Hospital Readmissions Reduction Program began in 2012. Since then, hospital readmission rates have decreased – both for the targeted conditions and overall.**
- **In 2018, >80% of hospitals were penalized for their readmission rates**
  - **In**
  - **en**
  - **In its FY 2023 PAC rules, CMS sought stakeholder feedback on issuing confidential feedback reports to PAC providers using social risk factor or SDOH criteria.**

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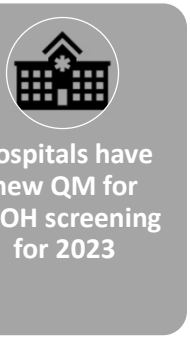
Meaningful Measures 2.0: 5 Interrelated Goals

2 Leverage quality measures to promote health equity and close gaps in care.

- **Introduce plans to close equity gaps through the pay-for-performance incentive programs.**



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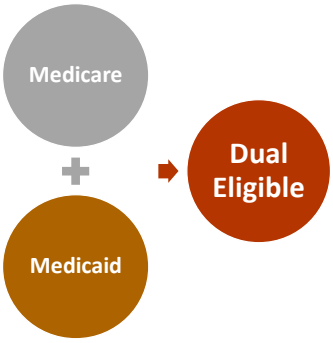
Meaningful Measures 2.0: 5 Interrelated Goals

2 Leverage quality measures to promote health equity and close gaps in care.

- **Ensure equity by supporting development of socioeconomic status (SES) measures and stratifying measures and programs by SES.**



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Meaningful Measures 2.0: 5 Interrelated Goals

2 Leverage quality measures to promote health equity and close gaps in care.

- **Partner with the Office of Minority Health regarding Health Equity Summary Score measures.**
- **The Health Equity Summary Score (HESS) is a measure developed by the CMS Office of Minority Health (OMH).**
- **It identifies and rewards Medicare Advantage [MA] plans that perform relatively well on measures of care provided to beneficiaries with social risk factors.**
  - **5 + 7 = 1 Composite Score**
  - **Within-plan improvement + national benchmarked improvement = Overall Improvement Score**

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Meaningful Measures 2.0: 5 Interrelated Goals

3 Use the Meaningful Measures Initiative to streamline quality measurement.

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Meaningful Measures 2.0: 5 Interrelated Goals

3 Use the Meaningful Measures Initiative to streamline quality measurement.

- **Leverage the Initiative to reduce burden and align measures across CMS and the federal government.**
- **Develop, prioritize and utilize measures for high priority targeted areas, such as SES, maternal mortality and kidney care.**
- **Continue to work with the Core Quality Measures Collaborative to align measures across all payers.**

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Meaningful Measures 2.0: 5 Interrelated Goals

3 Use the Meaningful Measures Initiative to streamline quality measurement.

- **Align quality measures to quality improvement activities.**
  - **PAC measures reflect QI activities.**
  - **MIPs Improvement Activities Category is all about QI.**
- **Increase the proportion of outcome measures.**
  - **CMS held a TEP last year to refine the PAC functional outcome measures.**
  - **Most of the measures in the HH VBP are outcome measures.**
  - **The first measures added to the SNF VBP were outcome measures.**

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Meaningful Measures 2.0: 5 Interrelated Goals

4 Leverage measures to drive outcome improvement through public reporting and payment systems.

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Meaningful Measures 2.0: 5 Interrelated Goals

4 Leverage measures to drive outcome improvement through public reporting and payment systems.

- **Continue to examine programs across CMS for modernization and alignment.**
- **Introduce additional Merit-based Incentive Payment System Value Pathways (MVPs).**
  - **The Part B Fee Schedule Proposed Rule included 5 new MVPs, but therapists are not eligible to participate.**
    - **Advancing cancer care**
    - **Optimal care for kidney health**
    - **Optimal care for neurological conditions**
    - **Supportive care for neurological conditions**
    - **Promoting wellness**

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Meaningful Measures 2.0: 5 Interrelated Goals

5 Improve quality measure efficiency by transitioning to digital measures and using advanced data analytics.

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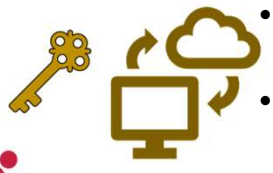
Meaningful Measures 2.0: 5 Interrelated Goals

5 Improve quality measure efficiency by transitioning to digital measures and using advanced data analytics.

- **Transform to all digital quality measures.**
- **Accelerate development of and testing electronic clinical quality measures using FHIR API technology for transmitting and receiving quality measurement.**



- **FHIR – standard for describing data formats; "resources"**
- **API – Application Programming Interface; allows computers to talk to each other while hiding internal details of how the system works**

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Meaningful Measures 2.0: 5 Interrelated Goals

5 Improve quality measure efficiency by transitioning to digital measures and using advanced data analytics.

- **Transform data collection to all CMS data – all payer data.**

- **IRFs begin collecting data on all payers beginning 10/1/24**
- **CMS proposed HHAs to begin collecting data on all payers beginning 1/1/24.**
- **Hospitals, LTCHs, Hospices and MIPS clinicians already submit data on all patients regardless of payer.**

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Meaningful Measures 2.0: 5 Interrelated Goals

5 Improve quality measure efficiency by transitioning to digital measures and using advanced data analytics.

- **Leverage centralized data analytic tools to examine programs and measures.**

- **Develop more APIs for quality measure data submission and interoperability.**
- **Transition from assessment and claims-based measures to electronic quality measures (eQMs)**
- **Work across CMS to use artificial intelligence to identify quality problems and intervene before harm comes to patients.**

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And so…..

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Hospitals, Health Plans and MCO's must incorporate SDOH into their workflow

Hospitals have new QM for 2023

Health Plans will be scored using HEDIS*

MCO's must conduct initial screenings of each enrollee

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What Can Rehabilitation Providers and Agencies Do?

- IRFs & LTCHs began collecting SDOH items 10/1/2022
- HHAs begin collecting SDOH items 1/1/2023
- Are you asking Referral sources for Z-codes?
- What else can you do?

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Consider Your Opportunities

Inputs
- Provider: Staffing, Competency, Person-centered approaches, Bias
- Patient: Health, Functional status, Age, Gender, Education, Income

Process of Care

Mediators
- Quality
- Bias

OUTCOME

HELP

HURT

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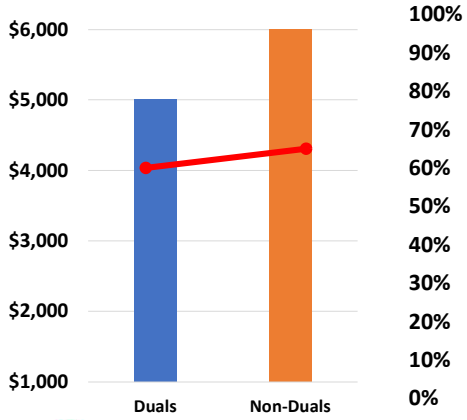
Consider Your Opportunities



- What might be contributing to the increased cost in your non-dual population?
- What 'inputs' might you consider?
- Does the functional outcomes achieved make a difference in the questions you ask?

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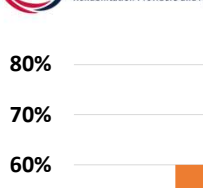

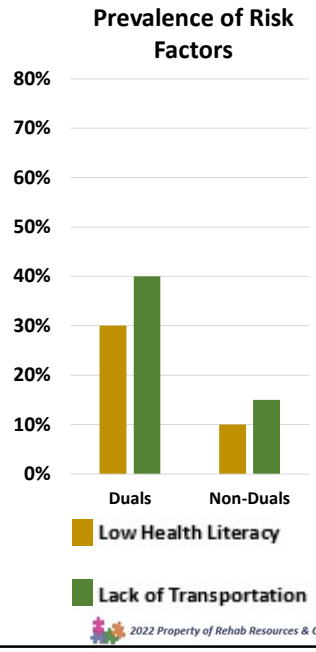

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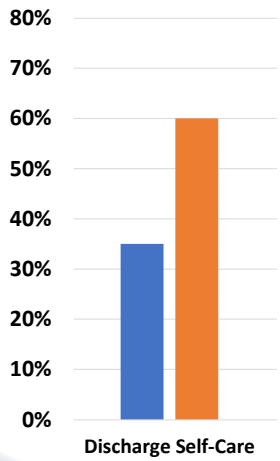
Best Rehab Agency



How much of the difference in Discharge Self-Care score is due to:

- **Low health literacy**
- **Housing instability**
- **Cultural context**

Duals Non-Duals

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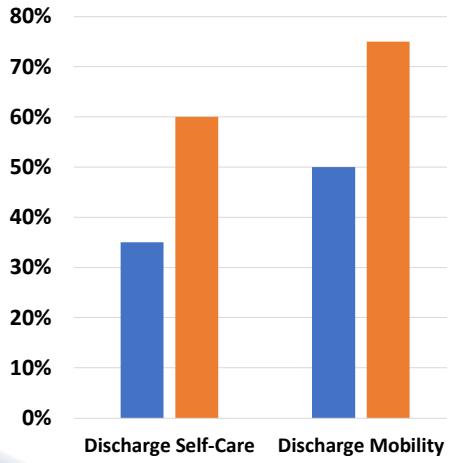
Best Rehab Agency



How much of the difference in Discharge in Mobility score is due to:

- **Low health literacy**
- **Neighborhood deprivation**
- **Food insecurity**
- **Public Safety**

Duals Non-Duals

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Resources to Help

- Community Resource Finder
  - Alzheimer's Association and AARP Family Caregiving
  - https://www.communityresourcefinder.org/
- FindHelp.org
  - https://www.findhelp.org/

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What Will You Begin to Collect?

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Speaker Contact Information

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Session Resources

- Inventory of Resources for Standardized Demographic and Language Data Collection. https://www.cms.gov/about-cms/agency-information/omh/downloads/data-collection-resources.pdf
- The CMS Equity Plan for Improving Quality in Medicare. https://www.cms.gov/about-cms/agency-information/omh/omh_dwnld-cms_equityplanformedicare_090615.pdf
- CMS National Quality Strategy. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/CMS-Quality-Strategy
- CMS Meaningful Measures 2.0. https://www.cms.gov/medicare/meaningful-measures-framework/meaningful-measures-20-moving-measure-reduction-modernization
- Health People 2030. Social Determinants of Health. https://health.gov/healthypeople/priority-areas/social-determinants-health

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Session Resources

- Social Determinants of Health, World Health Organization, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- SNF PPS FY 2023 Proposed Rule, https://www.federalregister.gov/documents/2022/04/15/2022-07906/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities
- Final Specifications for SNF QRP Quality Measures and Standardized Patient Assessment Data Elements (SPADEs), https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Final-Specifications-for-SNF-QRP-Quality-Measures-and-SPADEs.pdf
- Technical Expert Panel (TEP) for Cross-Setting Function Measure Development January 26-27, 2022 Summary Reporthttps://mmshub.cms.gov/sites/default/files/PAC-Function-TEP-Summary-Report-Jan2022-508.pdf

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