Differences in quality measure results across Medicare populations

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MEDPAC

Today's presentation

- Background
- Commission's work to date to address differences in social risk
- Examining differences in quality measure results across Medicare populations
- Other policies to encourage providers to address health disparities
- Discussion

Growing recognition of the importance of social risk for health outcomes

- Many organizations in the public and private sectors are prioritizing social risk/SDOH for quality improvement
  - Many health systems are making sizeable investments in addressing SDOH
  - CMS has recently prioritized advancing health equity across its programs, including innovation models and quality reporting programs
- Uneven COVID-19 outcomes have further elevated the role SDOHs play in health disparities

Note: SDOH (social determinants of health).

Commission's work to date to address differences in social risk

- Account for differences in providers' patient populations using peer grouping in quality programs
- Revisit payment policies to support safety-net providers
- Research interventions that address SDOH and whether those are associated with improvements in outcomes and reductions in costs

Examining differences in quality measure results across Medicare populations

- Calculated quality measure results across different beneficiary populations
- Important step to implementing strategies to decrease disparities
- Reporting disparities across beneficiary populations allows for greater transparency about where gaps in care exist

Analytic approach

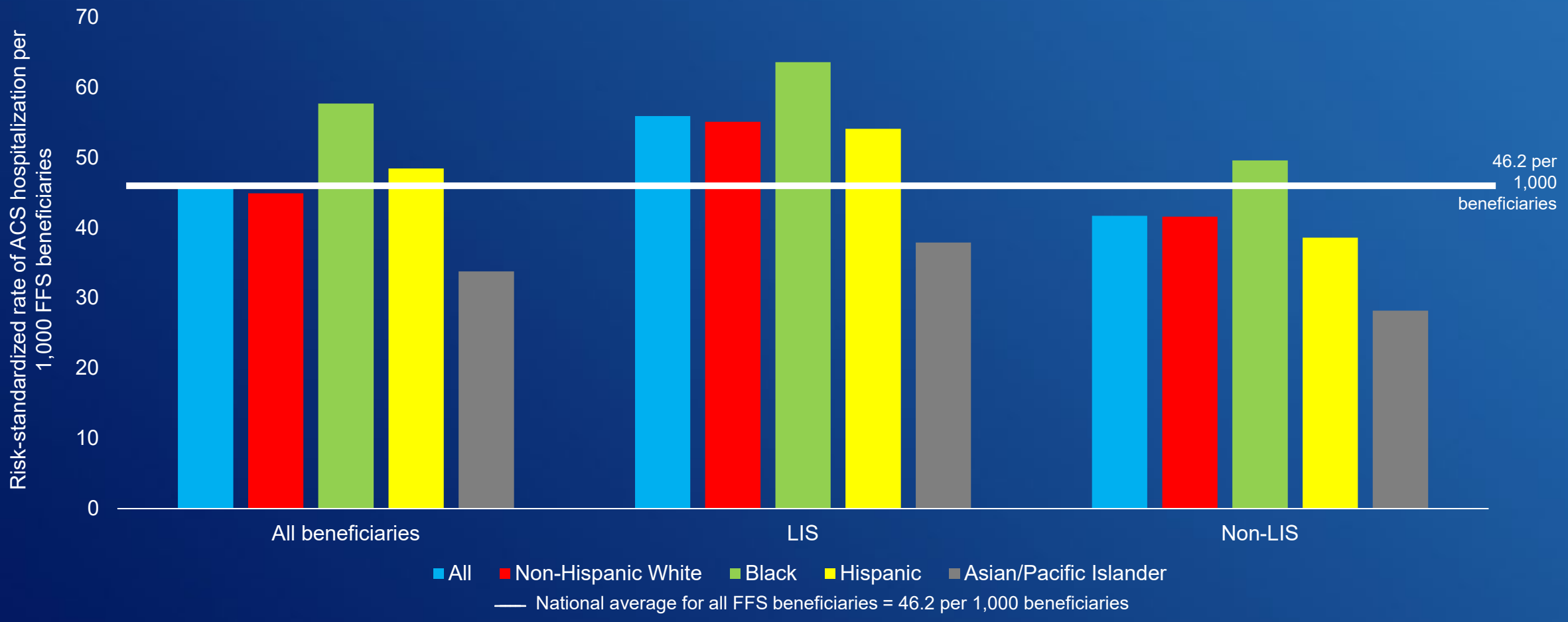
- Grouped beneficiaries by two social risk factors
  - **Race/ethnicity:** Captures social disadvantage, inequality in the distribution of resources, and psychosocial exposures
    - Non-Hispanic White, Black, Hispanic, and Asian/Pacific Islander
  - **Income level:** Captures access to material and social resources, as well as relative status
    - LIS and non-LIS as a proxy
- Calculated five MedPAC-developed, claims-based, quality measures for the groups

Note: LIS (low-income subsidy).

Ambulatory-care sensitive (ACS) hospital use

- Population-based outcome measures
- Rates of hospitalizations and ED visits for certain ACS acute and chronic conditions
  - Takes into account clinical risk factors
- Both events have adverse impacts on beneficiaries and increase the cost of care
- Conceptually, events could have been prevented with timely, appropriate, high-quality care

Risk-standardized rates of ambulatory-care sensitive hospitalizations, 2019



Note: Ambulatory-care sensitive (ACS). FFS (fee-for-service). LIS (low-income subsidy). Lower rates are better. Race and ethnicity categories are defined using the RTI race code. The "LIS" group includes beneficiaries who receive full Medicaid benefits, partial Medicaid benefits, and those who do not qualify for Medicaid benefits in their states of residence but received the Part D low-income subsidy, which provides assistance to low-income beneficiaries enrolled in Part D. Results are not weighted by beneficiary populations.

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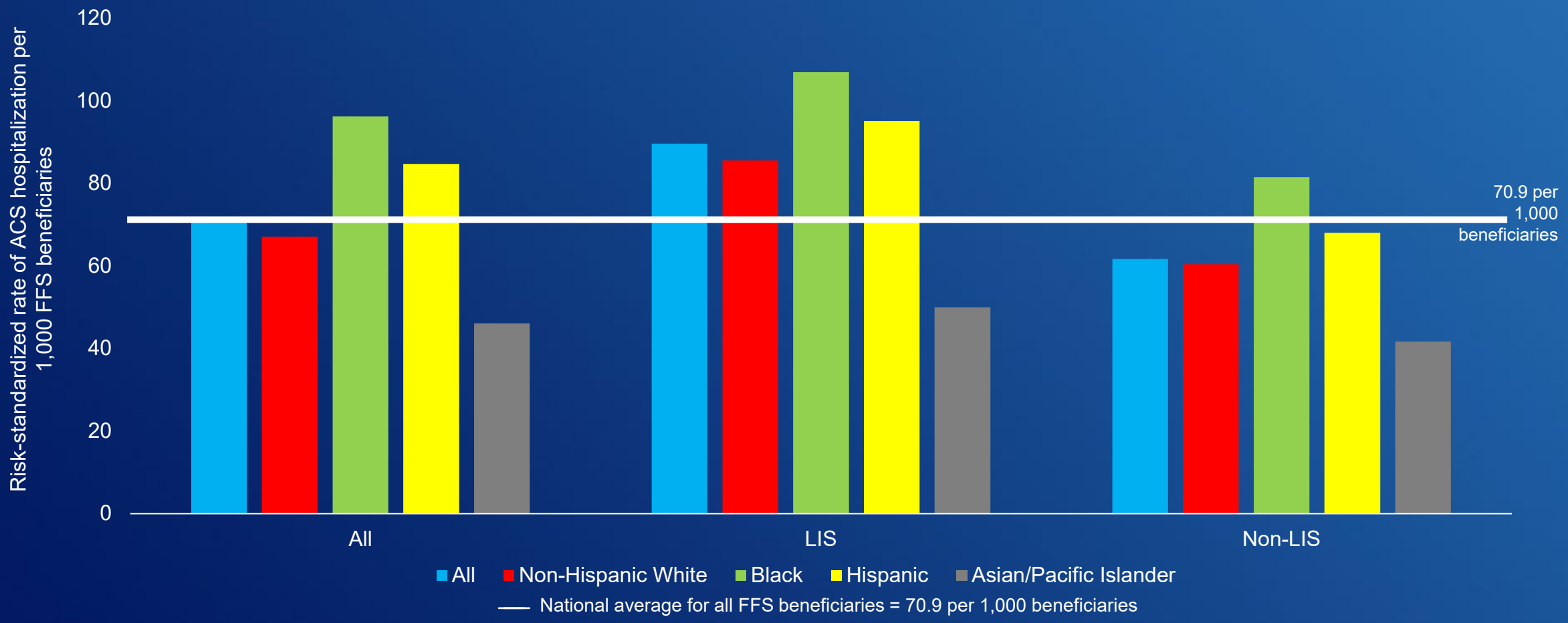
Data are preliminary and subject to change

Risk-standardized rates of ambulatory-care sensitive emergency department visits, 2019



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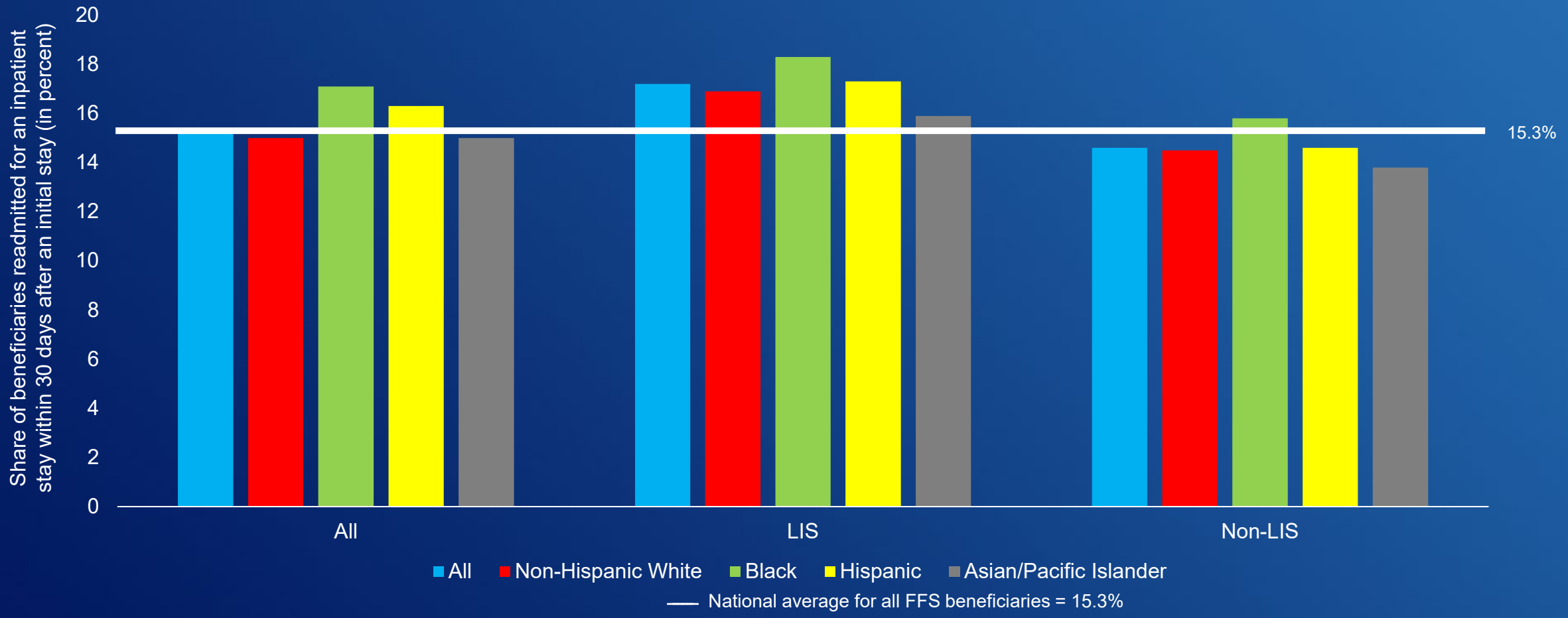
Hospital readmissions

- Outcome measure used to assess the quality of hospitals
- Rates of beneficiaries returning to the hospital within 30 days of discharge
  - Takes into account clinical risk factors
- Readmissions are disruptive to patients and costly to the health care system
- Holds hospital accountable for ensuring that patients have discharge information and coordinating with other providers

Risk-adjusted, all condition hospital readmission rates, 2019



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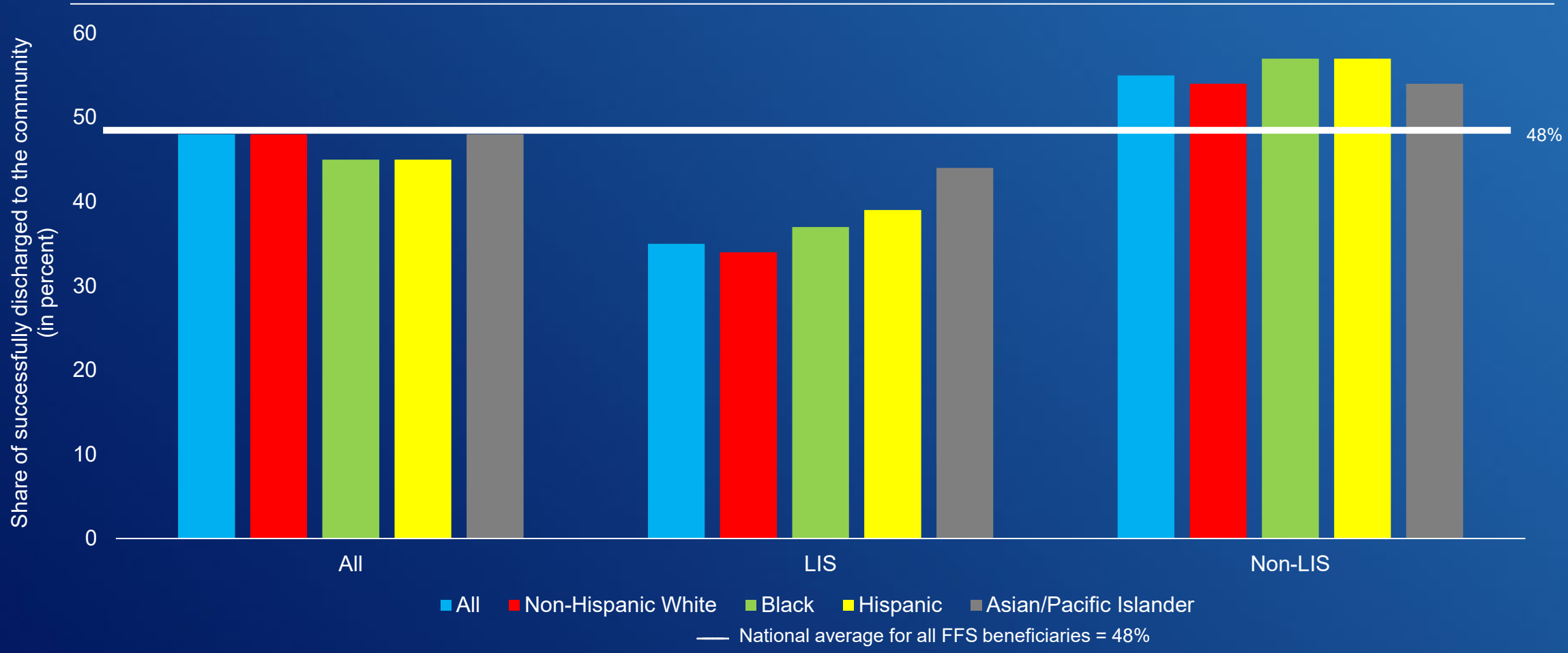
Measuring outcomes for SNFs and home health care

- Commission developed a successful discharge to the community measure:
  - Safe return to the community is a primary goal for post-hospital patients
  - Discharged from PAC with no hospitalization or death in the next 30 days
  - Common measure definition across all PAC settings
- Analysis of 2019 data for SNF and HHA

Risk-adjusted, successful discharge to community for SNF, 2019



Note: LIS (low-income subsidy). Higher rates are better. Race and ethnicity categories are defined using the RTI race code. The "LIS" group includes beneficiaries who receive full Medicaid benefits, partial Medicaid benefits, and those who do not qualify for Medicaid benefits in their states of residence but received the Part D low-income subsidy, which provides assistance to low-income beneficiaries enrolled in Part D. Results are not weighted by beneficiary populations.

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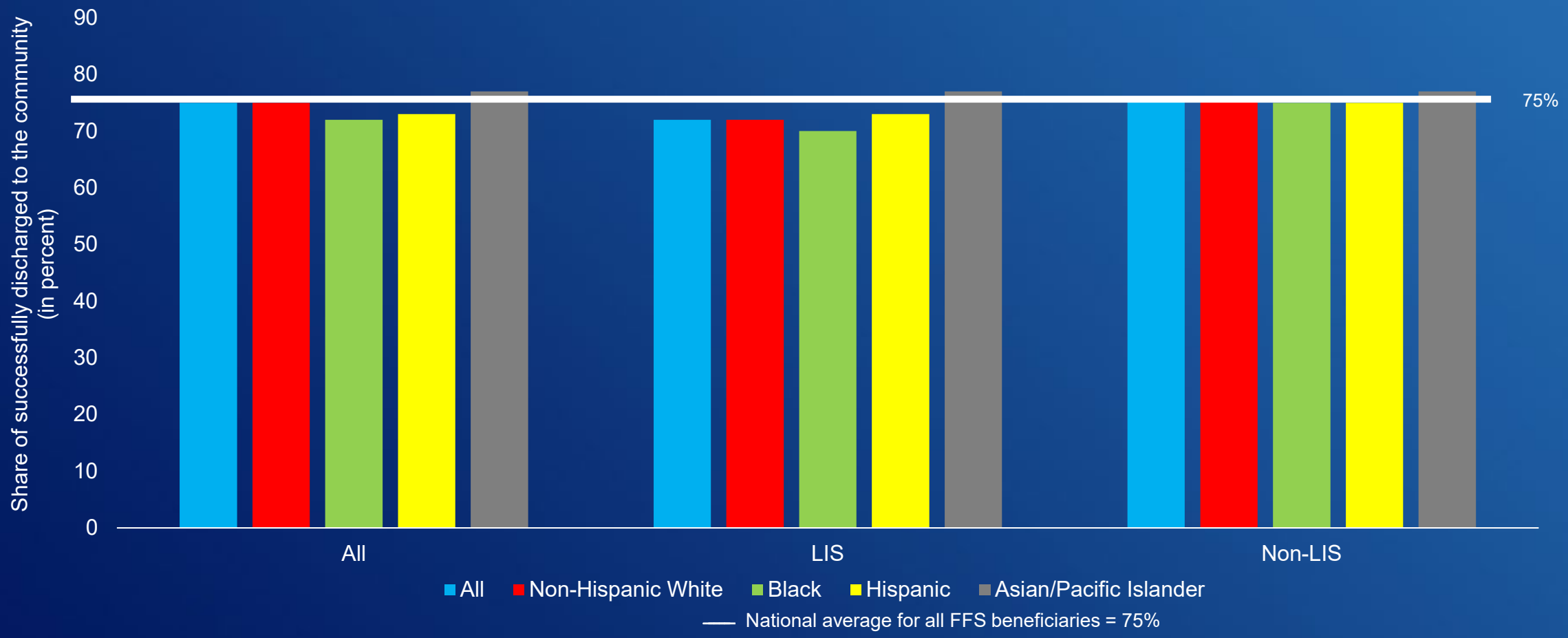
Risk-adjusted, successful discharge to community for home health care, 2019



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Analysis limitations

- Social risk factors that can be measured using administrative data
- Variables we used in our analysis
  - Another approach would be to use area-level measures of social risk but not beneficiary-specific and have other limitations
- No access to clinical data

Other policies to encourage providers to focus on health disparities

- Publicly report quality measures stratified by social risk
  - Increase accountability and competition across providers
- Focus on reducing disparities in quality payment programs
  - Add health equity measures to quality payment programs

Summary

- Reporting differences in quality across Medicare populations is an important step for transparency
- We found that both income level and race/ethnicity contributed to differential outcomes
  - Beneficiaries with low incomes were more likely to have worse outcomes across race/ethnicity groups
  - Black and Hispanic beneficiaries more likely to have worse outcomes

Discussion

- Questions?
- Feedback on the results
- Other ways the Medicare program can use quality measures to help reduce disparities in care