JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

National Quality Forum
1099 14th Street NW
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Washington DC 20005

Submitted Electronically: Via MAP MUC Comment Portal

Date: 12/06/2022

Re: 52 Quality Measures Under Consideration by the National Quality Forum

Justice in Aging appreciates the opportunity to comment on the 52 quality measures under consideration by the National Quality Forum. Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults nationwide. We use the power of the law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources, particularly populations that have been marginalized and excluded from justice such as people of color, people with disabilities, LGBTQ+ individuals, and people with limited English proficiency. We have decades of experience with Medicare and Medicaid and working with advocates who represent low-income older adults.

Justice in Aging strongly supports the deployment of evaluative measures rooted in equity to identify health disparities and enable the implementation of targeted interventions to address care inequities. For example, a higher prevalence of illness and poverty incurred by marginalized older adults and people with disabilities, combined with Medicaid's institutional bias, results in specific populations experiencing an increased risk of nursing facility placement. Standardized measures, such as those proposed within this public comment, specifically, *connection to community service providers, resolution of at least one health-related social need, facility commitment to health equity, screen positive rate for social drivers of health, hospital disparity index, appropriate screening and plan of care, documentation of goals of care, and screening for social drivers of health,* will advance health equity goals by identifying disparities in access, quality, and utilization of health and social services. These measures will advance the identification of populations experiencing inequitable access to services, prevent the exacerbation of disparities, and allow for the development of targeted strategies to address care needs amongst racial, ethnic, and other marginalized groups that have been historically disadvantaged.

In addition to supporting the health equity quality measures outlined above, Justice in Aging encourages the National Quality Forum to consider expanding the scope and applicability of health equity measures across the Medicare and Medicaid programs. The proposed equity measures only apply to specific Department of Health and Human Services programs, as opposed to more universal applications across Medicare and Medicaid programs. In an October presentation conducted by NCQA about advancing health equity, 21 health equity measures across six domains, inclusive but more expansive than the proposed measures outlined in this public comment, were discussed as vehicles to improve the overall well-being of Medicaid beneficiaries.[1] Justice in Aging encourages the National Quality Forum to consider, where possible, the implementation of standardized health equity measures that evaluate access, quality, and utilization across Medicare and Medicaid delivery systems, including home and community-based services and other long-term services and supports. We also suggest mandating reporting of standardized quality measures from every state to enable more robust quality oversight and analyses across states.

Stratifying health equity measures by demographic factors, including age, disability status, race, ethnicity, primary language, sexual orientation, and gender identity, can advance quality improvement by providing a more granular understanding of the intersectional needs and heightened vulnerabilities of particular

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[1] NCQA, "Advancing Health Equity: A National Conversation on a Measurement Framework for Accountability in Medicaid," (October 2022), available at https://www.ncqa.org/videos/advancing-health-equity-a-national-conversation-on-a-measurement-framework-for-accountability-in-medicaid/

enrollees. Variations in the quality and completeness of states' Transformed Medicaid Strategical Information System (T-MSIS), for example, a critical data source used to calculate quality information, hinder the reporting and analysis of health equity measures.[2] As part of the measure selection and implementation process, CMS must provide technical assistance to states to ensure the accuracy of administrative data in order to effectively capitalize on the potential impact of the proposed health equity measures. Additionally, we encourage the National Quality Forum to disseminate best practices used by states, such as financial incentives and penalties, to ensure that plans report accurate and complete data.

We also suggest that the National Quality Forum encourage CMS to use public outreach campaigns to specific communities who fear that reporting of demographic data could result in discrimination. These concerns, based on historical acts of targeted discrimination by government systems, reduce enrollee reporting of information on race and ethnicity, for example, and therefore impede the ability to deploy targeted interventions. Extensive consumer testing, reflective of enrollees' diversity, should occur before the release of such a campaign to ensure that messaging is culturally accessible and relevant.

Once this data is collected, the information must be presented in a transparent, user-friendly, and accessible format for the public. We encourage the National Quality Forum to consult with stakeholders about best practices to ensure the widespread availability and use of the data. For now, the TAF files from T-MSIS are only available after a significant lag and can be prohibitively expensive for many researchers and policy analysts to access. We also encourage the National Quality Forum to review innovative efforts at the state level; for example, California's forthcoming LTSS dashboard will report LTSS utilization data stratified by demographic information.[3]

Justice in Aging commends the National Quality Forum for its work to advance health equity through measurement. If any questions arise regarding our comments, please contact Hannah Diamond, Policy Advocate at Justice in Aging, at hdiamond@justiceinaging.org.

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[2] Centers for Medicare & Medicaid Services, "DQ Atlas: Race and Ethnicity (Data Year 2019)," available at https://www.medicaid.gov/dq-atlas
[3] DHCS, "California's Request for Money Follows the Person Supplemental Funding," available at https://bit.ly/3AaIXTb and "Attachment A Money Follows the Person Supplemental Funding Proposal," available at https://www.dhcs.ca.gov/ services/ltc/Documents/Money-Follows-the-Person-Supplemental-Funding-Proposal.pdf; DHCS Dashboard Initiative available at https://www.dhcs.ca.gov/provgovpart/Pages/DHCSDashboardInitiative.aspx; and Master Plan for Aging available at https://mpa.aging.ca.gov/; See also Minnesota Department of Human Services, "LTSS demographic dashboard," available at https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/public-planning-performance-reporting/performance-reports/demographic-dashboard/.

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