American Association on Health & Disability
110 N. Washington Street Suite 328-J Rockville, MD 20850
T. 301-545-6140 F. 301-545-6144 www.aahd.us

AAHD - Dedicated to better health for people with disabilities through health promotion and wellness

LAKESHORE

August 14, 2017

To: National Quality Forum

Re: **Public Comment – Draft NQF Report – Roadmap To Reduce Health and Health Disparities Through Measurement**

The American Association on Health and Disability and the Lakeshore Foundation write with observations on the NQF July 21 disparities draft report.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

Specifically:

Recognition of Disability

We appreciate the acknowledgement of persons with disabilities - Pages 2, 6, 10, 16. However, completely missing from the report is a discussion of disability as a disparity factor/consideration. We encourage the addition of a discussion of this topic. Such as discussion could include a summary of the following peer reviewed professional journal literature and related materials:

1. NQF disparities committee member, Lisa Iezzoni, M.D.. Among her many articles are April 2017 *Disability and Health Journal* on "Do prominent quality measurement surveys capture the concerns of persons with disabilities;" 2016 *Disability and Health Journal* on "Trends in Colorectal Cancer Screening Over Time for Persons with Chronic Disability;" and similar journal articles on breast cancer and disability, physical access barriers, and treatment disparities facing Medicare beneficiaries.
2. Former CDC NCBDDD division director Gloria Krahn, Ph.D. Among her many publications are February 2015 *American Journal of Public Health* on "Persons with Disabilities As An Unrecognized Health Disparity Population;" and September 8, 2015 CMS OMH health equity symposium presentation and resources on health inequity and persons with disabilities.
3. Froehlich-Grobe et al, October 2016 *Disability and Health Journal* on "Impact of Disability and Chronic Conditions on Health."
4. Henan Li, et al, March 2017 *Disability and Health Journal* on "Health of U.S. Parents with and without Disabilities."
5. Havercamp, et al, 2015 *Disability and Health Journal* on "National Health Surveillance of Adults with Disabilities, Adults with Intellectual and Development Disability, and Adults with No Disabilities."
6. Ohio Disability and Health Program 2015 free-standing publication with references, "The Double Burden: Health Disparities Among People of Color Living with Disabilities."
7. Network for Public Health Law-CDC 2017 webinar materials including April 20 on "The Built Environment as a Social Determinant of Health" and May 18 on "Housing as a Social Determinant of Health."

Further, an analysis of disparities should examine the NQF MAP December 2012 identified "high need" subgroups of persons dually eligible for Medicare and Medicaid: (1) persons with physical or sensory disabilities; (2) persons with serious mental illness and/or substance use disorder; (3) persons with cognitive impairment (e.g., dementia; intellectual disability and/or developmental disability); and (4) "medically complex adults age 65 or older with functional limitations and co-occurring chronic conditions."

Person and Family Centeredness and Experience of Care

We appreciate the pages 16-17 importance of person and family centeredness; page 21 recognition of NQF endorsed experience of care, including ECHO and CAHPS HCBS Experience of Care Survey; page 27 – the potential of CAHPS surveys on convenience, timeliness, and accessibility; and page 28 – the importance of Patient-Centered Medical Homes Patients' Experience and CAHPS HCBS Experience of Care Survey

When examining persons with disabilities, two disability quality measurement programs have each operated for over 20 years - the National Core Indicators and Personal Outcome Measures. These programs were initially designed for persons with intellectual and other developmental disabilities, but have evolved for other populations of persons with disabilities over recent years. Other NQF committees and workgroups have examined the NCI & POM and should be referenced in the disparities report.

Recognition of Mental Illness/Mental Health

Thank you for the pages 5, 24, 27, and 30 recognition of mental illness. We particularly applaud the page 19 focus – **Gaps in the integration of physical and mental health and recognition of the SAMHSA 4 Quadrant Model.**

Recognition of Low-Birth Rate

Thank you for the page 5 and 24-28 recognition of low-birth rate.

Importance of Collaboration Between Health Care and Community/Social Sectors

Particularly important are the page 7 importance of Collaboration Between Health Care and Community/Social Sectors; page 11 – Influence of Community Organizations; page 11 – health care sectors must collaborate and partner with other organizations and agencies that influence the health or individuals; page 13 – Collaboration Across Health and Health Care Sectors, Community and Health Systems Linkages, Social Inclusion; pages 18-20 discussion of Collaborations and Partnerships; and pages 36 & 37 – a step to incentivize the reduction of health disparities and achievement of health equity includes: (1) ensure that organizations that disproportionately serve individuals with social risk factors can compete in value-based purchasing, and (2) consider additional payment for organizations that fall outside the control of safety net organizations and providers.

Pivotal Role of Continuity of Care

Thank you for the page 27 identification of the pivotal role of continuity of care

Pivotal Role of Primary Care

We agree with the page 27 – pivotal role of primary care and page 34 – a step to incentivize the reduction of health disparities and achievement of health equity includes direct investment in preventive and primary care for patients with social risk factors

Population Health Management

We agree with the page 15 observation – importance of population health management – and pages 24-26 – need for better population health for individuals with social risk factors as an important measure gap.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,

E. Clarke Ross, D.P.A.
Public Policy Director
American Association on Health and Disability
1718 Reynolds Street
Crofton, MD 21114
clarkeross10@comcast.net
410-451-4295
Cell: 301-821-5410

Member, National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task force (2013-2014) http://www.qualityforum.org/) and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (http://www.c-c-d.org/). 2017 member, NQF MAP workgroup on Medicaid adult measures. 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. Member, ONC (Office of the National Coordinator for Health Information Technology) Health IT Policy Committee, Consumer Workgroup, March 2013-November 2015; Consumer Task Force, November 2015-April 2016. (http://www.healthit.gov/policy-researchers-implementers/federal-advisory-committees-facas/consumer-empowerment-workgroup). Member, SAMHSA Wellness Campaign National Steering Committee – January 2011-September 2014. (http://promoteacceptance.samhsa.gov/10by10/).

Roberta S. Carlin, MS, JD
Executive Director
American Association on Health and Disability
110 N. Washington Street, Suite 328J
Rockville, MD 20850
301-545-6140 ext. 206
301 545-6144 (fax)
rcarlin@aahd.us

Amy Rauworth
Director of Policy & Public Affairs

Lakeshore Foundation (www.lakeshore.org)
4000 Ridgeway Drive
Birmingham, Alabama 35209
205.313.7487
amyr@lakeshore.org