



American Association on Health & Disability

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



LAKESHORE

May 10, 2021

Re: NQF Social Risk Trial Final Report April 15 Draft Report for Public Comment

To: National Quality Forum public comment portal:

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments.

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. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

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.

We write to express our appreciation of this work:

Consistent Collection of Data on Race, Ethnicity, Education, and Language (pages 4 and 19).

We appreciate and support the recognition of **individuals with disabilities** in the page 4 discussion of “marginalized populations.” We agree and support the NQF recommendation for consistent collection, analysis, and public reporting of demographic data.

For future work, we encourage NQF to consider collecting, analyzing, and public reporting the applicability of the following demographics: race, ethnicity, disability status, age, sex, sexual orientation, gender identity, primary language, rural/urban environment, and service setting.

For almost the past two years, the Consortium for Citizens with Disabilities (CCD), the Disability and Aging Collaborative (DAC), and the Disability and Rehabilitation Research Coalition (DRRC) have consistently recommended consistent collection, analysis, and public reporting: The COVID-19 pandemic has reemphasized the longstanding structural inequities of our health systems. Moreover, the pandemic has exposed major holes in our data systems that prevent an effective way to even identify health disparities. Rightly, this failure has reenergized a push to improve data collection systems and build in the capabilities of those systems to collect, report, and verify data stratified by key demographic factors including by race, ethnicity, disability status, age, sex, sexual orientation, gender identity, primary language, rural/urban environment, and service setting. Data should be collected to permit intersectional analysis across multiple demographic categories, such as race and disability.

NQF Measures Adjusted for Social Risk (pages 33-36)

The report includes a variety of CAHPS surveys, but not the **CAHPS HCBS** (Home-and-Community-Based Services). The report should state applicability of the report’s approach to the CAHPS HCBS. Any expectation and desire for future analysis would be helpful to the disability and aging communities engaged in HCBS,

Consistent Use of Individual Functioning Measures (pages 33-36)

We are not expert at the current use and potential challenges of the individual functioning measures. We assume that the NQF Social Risk Adjustment analysis and report will use the almost identical functioning measures used by the NQF patient experience and functioning committee.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkross10@comcast.net.

Sincerely,



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Public Policy Director

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National Quality Forum (NQF) Involvement includes: Medicare Hospital Star Ratings Technical Expert Panel (June-November 2019 and September-October 2020); workgroup on Medicaid adult measures (appointed December 2017); Medicaid-CHIP Scorecard Committee (appointed October 2018); Measure Sets and Measurement Systems TEP (June 2019-August 2020); workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017); and NQF population health task force. Clarke was the NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (2012-2017). Dr. Ross was the 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. Clarke is the AAHD Representative to the CMS-AHIP-NQF Core Quality Measures Collaborative (2019-present).

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