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Via Electronic Submission (<http://www.qualityforum.org/>)

May 17, 2021

National Quality Forum
1099 14th Street NW
Suite 500
Washington, DC 20005

Re: *Social Risk Trial Draft Report*

To Whom it May Concern:

The Association of American Medical Colleges (AAMC) welcomes the opportunity to comment on the National Quality Forum (NQF) [Social Risk Trial Draft Report](#) (April 19, 2021).

The AAMC is a not-for-profit association dedicated to transforming health through medical education, patient care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC applauds the efforts of this second Social Risk Trial to outline recommended tasks that should be undertaken across stakeholders, including NQF itself, providers, payers, quality measure developers, and researchers. Genuine progress to eliminate health and health care inequities will require partnership and planning to define and standardize social risk factors, streamline the collection of appropriate data, and report and improve measure performance.

We commend the NQF's Social Risk Trial for acknowledging that this will be an iterative process, and that beginning with the use of demographic data capturing gender, race, ethnicity, and culture does not mean that those factors themselves represent an individual's inherent risk. Rather, such demographic factors may be critical until it is feasible to quantify social risk factors that capture the *actual* risks of bias and unjust distribution of resources and opportunity that create the social and structural conditions that heighten inequities. Additionally, we agree that the next steps in this work must begin to examine the conceptual and empirical relationships between social risk and health outcomes that precede care delivery.

Advancing measurement science necessary to support adoption and inclusion of social risk in risk adjustment can only be accomplished through enacting policies to support the collection of patient-

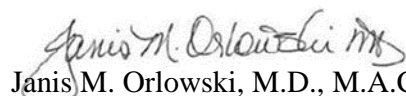
level data. The AAMC agrees with the Draft Report that this can be accomplished best by permanently formalizing the submission, analysis, and evaluation of social risk factors for all NQF measure endorsement and maintenance submissions and through evaluating and redesigning payment models to support health care equity and incentivize providers for reporting this critical data in measure reporting, health programming, and payment models.

We are heartened that a new NQF Risk Adjustment Technical Expert Panel will pick up this mantle and develop clear technical guidance for measure developers about how best to conceptualize, assess and determine whether to include social and functional status factors in quality measures. We urge the NQF to review the endorsement process for instances where submissions clearly identify where social risk factors affect a measure's health outcome, yet ultimately is not included in the measure's risk adjustment model. The AAMC has observed this recently, in particular with readmissions measures under review for maintaining endorsement. We are concerned that the inclusion of social risk factors in risk adjustment models is not treated the same as clinical risk factors. We strongly believe that accurate and unbiased quality measurement requires statistical adjustment of all factors affecting performance that are not quality of care.

Finally, the AAMC is committed to addressing the role that providers and researchers will have to play to eliminate inequity in health care and health outcomes. We agree that providers must share the responsibility of collecting, reporting, analyzing, and improving the delivery of care based on the needs of the populations and communities they serve. In regard to research, we encourage greater investment in studies that connect social risk factors to evidence-based interventions and greater understanding of socio-ecological models of health.

The AAMC appreciates the work that the National Quality Forum is doing to advance measurement science and improving risk adjustment. We look forward to supporting and commenting on the future efforts by the Risk Adjustment Technical Expert Panel to build off of the Social Risk Trial's Report to further examine the adequacy of social risk factor data and modeling approaches for measure developers to identify and include social risk factors together with clinical risk factors in measure adjustment. If you would like additional information from the AAMC, please contact Phoebe Ramsey, Senior Regulatory Analyst, at pramsey@aamc.org.

Sincerely,



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Chief Health Care Officer, AAMC

cc: Gayle Lee, J.D., AAMC
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