NATIONAL QUALITY FORUM

Memo

TO: NQF Members

FR: NQF Staff

RE: Second Round of Voting for Draft Report: *National Voluntary Consensus Standards: Pulmonary and Critical Care Consensus Standards Endorsement Maintenance: Report Addendum*

DA: January 14, 2013

Rationale for Second Round of Voting

The initial voting on the addendum to the draft report for the Pulmonary and Critical Care Endorsement Maintenance project was conducted from December 19, 2012 through January 3, 2013.

Review of the voting results revealed low voter turnout, both in the number of NQF member organizations submitting votes and the low number of councils participating. Of note is the lack of participation by councils that typically cast votes for projects.

Due to the overlap with the holidays, which may be a factor in the initial voting participation, the CSAC has approved a second round of voting to be conducted from Monday, January 14, 2013 until Wednesday, February 6, 2013 at 6pm ET.

If your organization has already voted, you do not need to vote again as it will be included in the second round of results. If you wish to change your vote, please cast your vote during this second round and any previous votes from that organization will not be included.

Background

The Pulmonary and Critical Care Maintenance Endorsement project seeks to identify and endorse performance measures that could be used in accountability and public reporting in the following topic areas for adults and children in all settings of care: asthma; chronic obstructive pulmonary disease (COPD); pneumonia; dyspnea; and intensive/critical care. NQF recently endorsed 22 consensus standards to evaluate the quality of care for pulmonary and critical care.

This addendum report recommends the continued endorsement of one measure and the endorsement of one newly submitted measure. A 21-member Steering Committee representing a range of stakeholder perspectives was appointed to evaluate 8 new measures and 28 previously endorsed measures for maintenance review. Following the initial comment period in June 2012, two measures received comments prompting actions that required additional information from the developers and further consideration by the Steering Committee. The

measures specifications were updated to address concerns raised about the harmonization and exclusions for planned readmissions, and underwent a second commenting period. The draft document, *National Voluntary Consensus Standards: Pulmonary and Critical Care Consensus Standards Endorsement Maintenance: Report Addendum* is posted on the NQF website along with the measure submission forms. On December 12, 2012, the second comment period concluded for the two measures recommended in the draft report addendum.

Comments and Revised Voting Report

A table of complete comments submitted during each comment period, with the responses to each comment and the actions taken by the Steering Committee, is posted to the project page on the NQF website, along with the measure submission forms.

The Steering Committee reviewed and responded to all comments received. Revisions to the draft report and the accompanying measure specifications are identified as red-lined changes. (Note: Typographical errors and grammatical changes have not been red-lined, to assist in reading.)

Comments and their Disposition – First Comment Period

Major Themes/ Issues of the Measures

During the first comment period, two main themes were identified pertaining to the three measures. The Steering Committee reviewed and responded to all comments received. Comments were also forwarded to the developers, who were invited to respond. A table of complete comments submitted, with responses to each comment, is posted on the project page.

Theme 1 – Outcome measures

In a letter with multiple comments from the American Hospital Association addressed several issues pertaining to the readmission measures from CMS/Yale:

0506 Thirty-day all-cause risk standardized readmission rate following pneumonia hospitalizations

1891 Thirty-day all-cause risk standardized readmission rate following COPD hospitalizations

The developer responded to the following comments:

- Failure to adjust for factors beyond the hospital's control such as patient characteristics, extreme circumstances, patient compliance and quality of post-acute care.

Developer response: "Consistent with NQF guidelines, the measures do not adjust for socioeconomic status (SES) or race. Any association between SES/race and health outcomes can be due, in part, to differences in the quality of health care received by groups of patients with varying SES or race. Risk-adjusting for patient SES/race would suggest that hospitals with low SES/minority patients are held to different standards for patient outcomes than hospitals treating higher SES patient populations. It could also mask important disparities and minimize incentives to improve outcomes for vulnerable populations. Again, the intention is for the measures to adjust for patient demographic and clinical characteristics while illuminating important quality differences."

"Although patients and other providers share responsibility for improving care outcomes, CMS expects hospitals to work to improve patient compliance and to arrange quality post acute care, and CMS believes it is therefore appropriate to hold hospitals accountable for the short-term outcomes of mortality and readmission without accounting directly for these factors. CMS is also continuing to develop quality measures, including readmission measures, for post-acute care providers."

- Reliability – A recent CMS study required by the Accountable Care Act "shows the claims-based measures are unreliable." Additional reliability analyses are provided by KNG showing similar results.

  Developer response: "[Reliability] is often a confusing issue, because there are many different meanings and definitions of "reliability"; moreover, some reliability metrics refer to "intra-class correlation" (ICC), and there are several different metrics with this name as well. The AHA remarks mention three different reliability statistics, not all of which pertain to our measure." A detailed discussion of reliability from CMS/Yale is posted on the project web page.

- Harmonization with the recently endorsed measure *1789: Hospital-wide all-cause readmission measure* to exclude planned readmissions; harmonization of exclusions in the COPD measures compared to the pneumonia measures that include exclusions for discharged alive on day 0 or 1.

  Developer response: "CMS recently developed an algorithm for identifying planned readmissions that is used in the hospital-wide measure and plans to adapt it for the COPD and pneumonia readmission measures." CMS/Yale advised the Committee that the algorithm would be available several weeks after the initial comment period.

Action Taken:

- The Committee reviewed the AHA comments and the extensive responses provided by the developer. The Committee indicated that the responses adequately addressed the issues raised by AHA.

- The Committee supports the plan of Yale/CMS to include the algorithm for planned readmissions in measures 0506 and 1891 and looks forward to reviewing the additional information in the future

Theme 2- Lack of Support for Recommended Measures

Comments indicated lack of support for several recommended measures including:

- *0356: PN3a--Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival*

Comments from APIC, SCCM and ACEP indicated lack of support for this measure, citing lack of any high level evidence that this process measure is directly linked to improved patient outcomes for pneumonia patients; the measure does not state that blood cultures should be obtained before the initiation of treatment; and the measure may create an unnecessary distraction from the delivery of more important care that needs to be delivered in the ED or ICU settings for not supporting this measure.

Action Taken:

After reviewing the comments and additional discussion with the measure developer, the Committee decided to reconsider their recommendation of the measure. The Committee reviewed the evidence that the process will improve outcomes again. On re-vote, the Committee did not recommend the measure for endorsement.

Comments and their Disposition – Second Comment Period

During the second commenting period, NQF received 17 comments from six NQF member organizations and individuals pertaining to the three measures under consideration in the addendum. The Steering Committee reviewed and responded to all comments received. Comments were also forwarded to the developers, who were invited to respond. A table of complete comments submitted, with responses to each comment, is posted on the project page.

NQF received 17 comments six member organizations during the second comment period:

Consumers – 1	Professional – 0
Purchasers – 1	Health Plans – 1
Providers – 2	QMRI – 0
Supplier and Industry – 1	Public & Community Health - 0

Major Themes/ Issues of the Measures

In addition to several comments that support the recommendations of the Steering Committee, three main themes were identified pertaining to the measures in the report addendum:

Theme 1 - Response to the concerns voiced during the initial project comment period in June 2012

A commenter commended the NQF, the Steering Committee and the measure developer (CMS/Yale) for their consideration of the concerns voiced by the American Hospital Association and other stakeholders during the initial project comment period in June 2012.

Action Taken: No action necessary.

Theme 2 - Support the planned readmission algorithm

Several commenters expressed support for the revisions that includes a new algorithm to exclude planned readmissions that is harmonized with three other NQF-endorsed readmission measures from CMS/Yale. Comments note, however, that the algorithm identifies a very small number of planned readmissions. The commenter suggested that there is an opportunity to use the field experience going forward to determine whether additional changes are warranted and request that the developer provide an assessment at the annual update. Another commenter recommended that the exclusion/inclusion selection criteria methodology be improved with frequent reviews and revisions.

Action Taken: The Committee was satisfied with the developer's response, and reaffirmed its recommendations of measures 0506 and 1891 for endorsement as specified.

Theme 3 – Concerns with the measures

Commenters voiced various concerns with the measures:

- Excluding patients with medical conditions or comorbidities that often require multiple episodes of care;
- Concerns about reliability;
- Distinguishing between related and unrelated admissions;
- Accounting for socioeconomic factors;
- Including ages 40 years and older for the COPD measure; and
- Using the hierarchical modeling in the risk adjustment methodology

Developer response: Refer the responses from the first comment period.

Action Taken:

- The Committee was satisfied with the developer's response, and reaffirmed its recommendations of measures 0506 and 1891 for endorsement. They also requested the draft report reflect the Committee's considerable discussion regarding the measure's ability to distinguish between related and unrelated admissions and socioeconomic factors.

NQF Member Voting

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted via the online voting tool.

Please note that voting concludes on Wednesday, February 6, 2013, at 6:00 pm ET – no exceptions.