



**CALL FOR MEASURES AND MEASURE CONCEPTS:
All-Cause Admissions and Readmissions**

The National Quality Forum (NQF) is seeking new measures related to all-cause admissions and hospital readmissions that can be used for accountability and public reporting for all populations and in all settings of care. This project will address topic areas including but not limited to:

- Measures from applicable settings, such as skilled nursing facilities and inpatient rehabilitation facilities
- Unplanned admission-related measures from other settings (i.e., hospitalization for patients on dialysis)
- All-Cause and condition-specific admission measures
- Condition-specific readmissions measures

Since length-of-stay (LOS) is often considered a balancing measure to readmissions, NQF is also soliciting measures of length of stay in this project.

NQF is particularly interested in:

- composite measures;
- measures applicable to more than one setting;
- measures that capture broad populations, including children and adolescents where applicable;
- measures that are harmonized with similar measures; and,
- measures that are sensitive to vulnerable populations, including racial/ethnic minorities; and Medicaid populations.

The Admissions and Readmissions project will also review seven measures that are eligible for maintenance, including measures targeting readmissions of patients with heart failure, acute myocardial infarction (AMI), and pneumonia.

This project will also include an update on measure #1789 (Hospital-Wide, All-Cause Unplanned Readmissions (CMS/Yale)), including review of the following key issues:

- Results of the CMS dry run,
- Updates to the planned readmission exclusion, and
- Harmonization with measure #1768 (Plan All-Cause Readmissions (NCQA)).

The review of CMS's dry run results is expected to include an analysis of the distribution of performance between hospitals with varying proportions of low socio-economic status (SES) patients, and the proportion of measure result variation that is attributable to providers compared to patients.



This project launched **October 14, 2013**. The final submission deadline is **February 5, 2014**.

BACKGROUND

The unpredictable nature of a patient's path once they are discharged from the hospital is a byproduct of a fragmented healthcare delivery system. This is especially true for patients who suffer from chronic and comorbid conditions. Previous studies have shown that nearly one in five Medicare patients are readmitted to the hospital within 30 days of discharge, including many patients returning via the emergency room, costing upwards of \$26 billion annually^{1,2}.

The causes of readmissions are complex and not well understood. One report by the Robert Wood Johnson Foundation suggests that communities and health systems with higher underlying admission rates also have higher readmission rates, since patients in these communities are more likely to rely on the hospital as a site of care in general.³ Other risk factors include environmental and patient characteristics, including socioeconomic status.^{4,5} A 2013 MedPAC report suggests that to succeed in reducing readmissions, policies must encourage hospitals to look beyond their walls and improve care coordination (i.e. medication reconciliation, use of case managers, discharge planning) across providers. The report suggests that reducing avoidable readmissions by 10 percent could achieve a savings of \$1 billion or more.⁶

NQF has undertaken a number of projects addressing admissions and readmissions that are condition or setting-specific. Past measure endorsement projects have included the consideration of six condition-specific readmission measures, as well as measures of acute care

¹ Dartmouth Atlas Project, PerryUndem Research & Communications. The Revolving Door: A Report on U.S. Hospital Readmissions. Princeton, NJ:Robert Wood Johnson Foundation; 2013. Available at <http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/02/the-revolving-door--a-report-on-u-s--hospital-readmissions.html>

² Medicare Payment Advisory Committee (MEDPAC). Report to the Congress: Medicare and the Health Care Delivery System, DC: MedPAC; 2013. Available at http://medpac.gov/documents/Jun13_EntireReport.pdf.

³ Dartmouth Atlas Project, PerryUndem Research & Communications. The Revolving Door: A Report on U.S. Hospital Readmissions. Princeton, NJ:Robert Wood Johnson Foundation; 2013. Available at <http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/02/the-revolving-door--a-report-on-u-s--hospital-readmissions.html>

⁴ Joynt KE, Orav EJ, Jha AK. Thirty-day readmission rates for Medicare beneficiaries by race and site of care. JAMA 2011 Feb 16;305(7):675-81.

⁵ Arbaje AI, Wolff JL, Yu Q, Powe NR, Anderson GF, Boulton C. Postdischarge environmental and socioeconomic factors and the likelihood of early hospital readmission among community-dwelling Medicare beneficiaries. Gerontologist 2008 Aug;48(4):495-504.

⁶ Medicare Payment Advisory Committee (MEDPAC). Report to the Congress: Medicare and the Health Care Delivery System, DC: MedPAC; 2013. Available at http://medpac.gov/documents/Jun13_EntireReport.pdf.



hospitalization from the home health and dialysis settings. NQF's most recent work in this area, which concluded in April 2012, was the [Readmissions Endorsement Maintenance](#) project that resulted in the endorsement of two new all-cause readmission measures.

In addition to measure endorsement projects, NQF has pursued other work related to admissions and readmissions. NQF's Measure Applications Partnership (MAP) recommended that readmission measures should be part of a suite of measures promoting a system of patient-centered care coordination. This conclusion recognized that multiple entities and individuals are jointly accountable for reducing avoidable readmissions, that assessment of performance should include measures of both avoidable admissions and readmissions, and additionally should address important care coordination processes and readmissions.⁷ As we move towards a model of accountable care organizations using readmissions measures as part of a suite in conjunction with quality measures looking at admissions and length of stay, we can achieve greater efficiencies (Lower LOS) and improvements in quality (reductions in readmissions and mortality).

MEASURE CONCEPTS

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through NQF's new Measure Inventory Pipeline. This pipeline will serve as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. It will also enable NQF to track current and planned measure development to ensure early collaboration among developers to drive harmonization and alignment of measures.

In an effort to capture comprehensive information on measures in development, NQF seeks input on several variables including:

- measure description;
- numerator statement;
- denominator statement (target population);
- planned use,
- stage of development; and
- other relevant information.

⁷ MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS. Washington, DC: National Quality Forum; 2013 Feb. Available at <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72746>



Please note that the information entered through NQF's Measure Inventory Pipeline will not be evaluated by the Steering Committee against the NQF Criteria. Submitted information will be catalogued by NQF and used to help inform the Steering Committee's measure gaps discussion. NQF will also share the information with HHS to inform CMS' Measure Inventory Pipeline, which is a reference for several stakeholders.

NQF's Measure Inventory Pipeline will be available for concept submissions in November 2013.

MEASURE SUBMISSION REQUIREMENTS

To submit a measure, please complete the following:

- [Measure Submission Form](#) You can access the online measure submission form from the project webpage.
- [Measure Steward Agreement](#) Please note that no materials will be accepted without submission of a fully executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

Please note that no materials will be accepted without submission of a fully-executed *Measure Steward Agreement Form*. Please note that no material will be accepted without submission of a fully-executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission form by 6:00 pm, ET February 5, 2014. If you have any questions, please contact, Adeela Khan, MPH, Project Manager or Andrew Lyzenga, MPP Senior Project Manager, at 202-783-100 or via e-mail at readmissions@qualityforum.org.

Conditions for Consideration:

- The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.⁸
- The intended use of the measure includes both public accountability and quality improvement.
- The measure is fully specified and [tested for reliability and validity](#). Measures that are not tested will not be accepted in this project.
- The measure developer/steward attests that [harmonization](#) with related measures and issues with competing measures have been considered and addressed, as appropriate.

⁸ Measure stewards must execute a Measure Steward Agreement with NQF.



- The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all [criteria](#) is provided.

Submission Guidance:

- [Developer guidebook](#):
 - A Developer Guidebook as has been created to assist developers with the measure submission and evaluation processes. The Guidebook contains all the information developers need to know when submitting a measure to NQF.
- ICD-10-CM/PCS:
 - Beginning April 1, 2013 measures specified with administrative claims data must submit a set of ICD-9-CM and ICD-10-CM/PCS codes. Click [here](#) for further information on this requirement.
- eMeasures:
 - Must be specified in Health Quality Measures Format (HQMF);
 - Review the [current measure evaluation criteria and guidance](#)
- Composite measures:
 - Please notify project staff if you plan to submit a composite measure.

Technical Assistance

NQF project staff will provide technical assistance to measure developers at any time during the measure submission process up to the submission deadline. Contact the project team with any questions about the criteria, how to answer the questions in the form, any technical issues with the online submission process... or anything else!

MEASURE SUBMISSION COMPLETENESS CHECKLIST

- Measure steward agreement or concept agreement is completed and signed, and attached to the submission.
- Conditions for submission are addressed.
- There are responses in all fields on measure submission form (MSF).
- Attachments included: eMeasure specifications (S.2a); data dictionary/code list (S.2b); Evidence and Measure Testing appendices.
- All URLs are active and accurate.
- Harmonization/competing measures: Did you present a plan for harmonization of the related/competing measures identified by staff during early identification/triage? (see Harmonization process in Developer Guidebook)
- Paired measures should be submitted on separate forms.
- An eMeasure must be submitted in HQMF format and the quality data model (QDM).
- Composite measures (contains individual measures with a single score) - responses to



the composite measure questions are included.

- Both ICD-9 and ICD-10 codes included.

RESOURCES FOR MEASURE DEVELOPERS AND STEWARDS

For more details on measure evaluation criteria, please see the following reports:

- [Evidence Task Force Report](#)
- [Measure Testing Task Force Report](#)
- [Harmonization Report](#)
- [Competing Measures Report](#)

Evaluation and Measure Submission Guidance:

- [eMeasure Testing Guidance Report](#)
- [Guidance on Quality Performance Measure Construction](#)
- [Evidence and Importance to Measure and Report](#)
- [Measure Testing and Scientific Acceptability of Measure Properties](#)
- [Composite Evaluation Criteria](#)
- [Resource Use Measure Evaluation Criteria](#)
- [Endorsement Maintenance Policy](#)