



TO: Board of Directors Executive Committee

FR: Helen Burstin, Chief Scientific Officer
Marcia Wilson, Senior Vice President, Quality Measurement

RE: Readmissions/Admissions Project Appeals: Measure #2496: Standardized Readmission Ratio (SRR) for Dialysis Facilities and Measure #2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

DA: February 25, 2015

Background:

On January 28, 2015, the 30-day appeals period for the All-Cause Admission and Readmission project closed. NQF received two appeals. One appeal was received from the Renal Physicians Association (RPA) for Measure #2496: Standardized Readmission Ratio (SRR) for Dialysis Facilities, developed by the Center for Medicare & Medicaid Services and the University of Michigan-Kidney Epidemiology Cost Center (CMS/UM-KECC). The second appeal was submitted by the Ambulatory Surgery Center Quality Collaboration (ASC-QC) for Measure #2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy, developed by CMS/Yale CORE. On February 10, 2015, the CSAC convened to discuss the two appeals and voted to uphold endorsement for both measures (with 92% approval).

Executive Committee Action Requested:

The Executive Committee will discuss the appeal deliberations to date and vote to ratify or overturn the CSAC's decision to uphold endorsement of the following measures:

- [Measure #2496: Standardized Readmission Ratio \(SRR\) for Dialysis Facilities](#)
- [Measure #2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy](#)

To inform the Executive Committee's discussion, the following sections present, for each appealed measure, a summary of the issues raised in the appeal as well as the responses to these issues from NQF, the measure developers, and CSAC, as applicable.

Accompanying this memo are the following documents that provide further details:

1. [Letter of Appeal: Measure 2496, submitted by the RPA](#)
2. [Developer Response: Measure 2496, submitted by UM-KECC](#)
3. [Letter of Appeal: Measure 2539, submitted by ASC-QC](#)
4. [Developer Response: Measure 2539, submitted by Yale/CORE](#)

Measure #2496: Standardized Readmission Ratio (SRR) for Dialysis Facilities

Summary of Issues Raised in the Appeal

The appellant's main contentions are that the CSAC did not sufficiently consider the Committee evaluation and member voting results in making their endorsement decision, and that there was a lack



of transparency behind this decision. The appellant noted “strongly negative assessment” by the Standing Committee and a comment period and member voting period that reflected “widespread consensus agreement that the measure should not move forward.” The appellant concluded that “the move to proceed with endorsing this measure in light of the comments provided by recognized content experts would indicate both a failure in transparency and failure to adhere to the standards of the CSAC.” They also noted that the CSAC voted to approve Measure #2496 despite its having reached only 14 percent approval among NQF Member Councils and 40 percent approval by the Standing Committee.

NQF Response:

The Admissions and Readmissions Standing Committee was unable to reach consensus on whether this measure should be recommended for endorsement during their in-person meeting. The main concern raised during the Standing Committee evaluation was the appropriateness of attributing a readmission to the dialysis facility. As per the guidance from the NQF Consensus Task Force, the Standing Committee put this measure out for member and public comment and re-voted after considering the comments. At this point, the Standing Committee was still not able to come to consensus. The CSAC considered the two “consensus not reached” votes of the Standing Committee and their deliberations on the measure’s scientific properties.

As per the approved Consensus Task Force process, the measure was put out for member vote. This measure was not approved by the membership. After considering the Standing Committee evaluation, and the member voting results, the CSAC instructed NQF to move forward with an all-member web meeting. In adherence with the recommendations and process outlined by the Consensus Task Force, this web meeting explored concerns raised by the membership and areas where consensus might be reached. There were 134 participants on this web meeting, representing members from all eight councils. A summary of the call can be found in the November CSAC Memo, available on the [NQF website](#).

The CSAC is responsible for making a final endorsement decision. Thus, following their approved procedures, the CSAC considered this feedback from the all-member call, as well as information from the Committee deliberations and the NQF Member and Public Comment Period when making a final endorsement decision during their November 2014 meeting. This meeting was open to the public, and all information reviewed during this meeting was transparent for all stakeholders on the [NQF website](#), including a public and member comment period. Ultimately, the CSAC moved this measure forward with sixty-four (64) percent of CSAC members voting to approve Measure #2496 (9-Yes; 5-No).

CSAC Response:

CSAC members acknowledged the appellant’s concerns about Measure #2496 but remained supportive of its endorsement of the measure. The CSAC noted that the process followed in the review and endorsement of this measure is consistent with the approved process for measures on which consensus is not reached. Endorsement decisions require the CSAC to balance input received from the project Standing Committee, feedback by the membership from commenting, voting, and the NQF all-member



call. The CSAC considered these transparent inputs and they were adequately considered in the final endorsement recommendation on this measure.

Measure 2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Summary of Issues Raised in the Appeal:

The appellant raised a number of issues in their appeal. The appellant's main contention was that this measure had not completed the testing necessary for NQF approval, and the testing and results need to be reexamined. The appellant also raised nine specific concerns in their [appeal](#) related to the measure testing, specifications, and actionability of the measure. Specifically, the appellant raised concerns about whether the measure sufficiently accounts for differences in claims architecture, billing policies, and coding practices between ambulatory surgery center (ASC) and hospital outpatient department (HOPD) settings, such that measure results can be considered valid and comparable across these settings. In addition, the appellant argued that measure testing showed low levels of reliability, and that federal regulations and data availability concerns limit ASCs' ability to affect or act on measure results.

Developer Response (Yale/CORE):

The developer noted that the testing completed for this measure fulfills the NQF criteria. The measure will be undergoing a national "dry run" in which facilities will have the opportunity to learn about the measure, and for CMS to further test the measure using a national sample. CMS will share the results of this dry run with stakeholders and NQF. Further, the developer clarified that while the measure uses two different types of claims—HOPDs use UB-04 claims, while ASCs use CMS-1500 claims—the measure is valid for both settings. For both claim types, the developer has gathered patient comorbidities from the different care settings, linking inpatient and outpatient claims preceding the index event (i.e., the admission or colonoscopy visit). The developer also contended that the results of reliability testing on the measure are acceptable and comparable to other NQF-endorsed outcome measures. Finally, the developer noted that the measure will be actionable in that it will facilitate quality improvement by ensuring that providers who conduct colonoscopies have an ongoing responsibility for their patients, and ensuring that each facility is jointly responsible for patients' outcomes. Details for each specific concern can be found in the [full developer response](#).

CSAC Response:

For Measure #2539, the CSAC emphasized that readmissions following colonoscopy procedures are important to measure and report, due to the high volume of procedures performed and the variability in outcomes. The CSAC noted this measure met all the must-pass criteria at the Standing Committee level and the Standing Committee strongly recommended endorsement of the measure with 94 percent approval. Additionally, the CSAC was satisfied that the developer addressed the concerns raised by the appellant and concluded that, as CMS continues to refine the measure, updates should be considered during the annual update process.